U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services

Notice of Funding Opportunity
Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT)) for Patients and Communities Act
Section 1003 Demonstration Project to Increase Substance Use Provider Capacity: Post-Planning Period

Notice of Funding Opportunity Type: New

Funding Opportunity Award Type: Cooperative Agreement

Notice of Funding Opportunity Number: CMS-2C2-21-001

Federal Assistance Listings Number (CFDA): 93.664

Notice of Funding Opportunity Posting Date: July 9, 2021

Applicable Dates:

Prospective Applicant Informational Webinar: July 29, 2021

Letter of Intent to Apply Due Date: August 5, 2021

Electronic Application Due Date: August 20, 2021, 3:00 pm Eastern Standard Time

Anticipated Issuance Notice(s) of Award: September 10, 2021

Anticipated Period of Performance: September 30, 2021 to September 30, 2024

Table of Contents

Executive Summary

The Centers for Medicare & Medicaid Services (CMS), in consultation with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Agency for Healthcare Research and Quality (AHRQ), is conducting a demonstration project to increase the treatment capacity of providers participating under the Medicaid state plan (or a waiver of such plan) to provide substance use disorder (SUD) treatment and recovery services. The purpose of this Notice of Funding Opportunity is to solicit applications for participation in the 36-month post-planning period of the demonstration project as originally described in NOFO CMS-2C2-19-001 (Planning Period). Only the 15 states currently participating in the planning period are eligible to apply for this funding opportunity.

Item	Description
HHS Awarding Agency	Centers for Medicare & Medicaid Services (CMS)
CMS Awarding Center	Center for Medicaid and CHIP Services (CMCS)
Notice of Funding Opportunity Title	Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act: Section 1003 Demonstration Project to Increase Substance Use Provider Capacity: Post-Planning Period
Authorization	Section 1903 of the Social Security Act (42 U.S.C. 1396b) as amended by section 1003 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act
Federal Assistance Listings Number (CFDA)	93.664
Funding Opportunity Type	New
Funding Opportunity Number	CMS-2C2-21-001
Type of Award	Cooperative Agreement
Type of Competition	Competing Continuation
Letter of Intent	CMS requires that interested applicants submit a Letter of Intent. See Section C.3 for more information.
Prospective Applicant Webinar	See Section A.5 for more information.
Application Due Date and Time	August 20th, 2021, by 3:00 pm EST (Baltimore, MD)
Anticipated Issuance Notice(s) of Award	September 10, 2021

Period of Performance Start Date	September 30, 2021
Period of Performance End Date	September 29, 2024
Anticipated Total Available Funding	Not Applicable
Estimated Maximum Award Amount	Not Applicable
Estimated Maximum Number of Awardees	Up to Five (5)

A. Program Description

A1. Purpose

The purpose of this announcement is to solicit applications for participation in the 36-month post-planning period of the Demonstration Project to Increase Substance Use Provider Capacity under the Medicaid program from the 15 states that were awarded planning grants (NOFO CMS-2C2-19-001). CMS will select not more than five states for the purposes of carrying out the activities described in Section A4, and receiving payments as described in Section B1.

A2. Authority

Section 1003 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act amended section 1903 of the Social Security Act (42 U.S.C. 1396b) in 2018 to include a new subsection that requires the Secretary of the Department of Health and Human Services, in consultation with the Assistant Secretary for Mental Health and Substance Use in the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Director of the Agency for Healthcare Research and Quality (AHRQ) as appropriate, to conduct a 54-month demonstration project to increase the treatment capacity of providers participating under the Medicaid state plan (or a waiver of such plan) to provide substance use disorder (SUD) treatment or recovery services that includes:

- planning grants awarded to at least 10 states for 18 months; and
- 36-month demonstrations with up to five states that received planning grants.

A3. Background

Consistent with section 1903(aa)(3) of the Act, in September 2019, CMCS awarded 18-month planning grants to 15 state Medicaid agencies: Alabama, Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Michigan, Nevada, New Mexico, Rhode Island, Virginia, Washington, and West Virginia, for the purposes of preparing an application to

participate in a 36-month demonstration project and for carrying out the activities set forth below. On June 30, 2020, CMS modified the end date of the planning period of the demonstration by six months to September 30, 2021, extending the performance period to 24-months, due to the COVID-19 Public Health Emergency.

Initial Assessment

During the planning period, recipients are conducting an initial assessment of the behavioral health treatment needs of the state to determine the extent to which providers are needed to address the SUD treatment and recovery needs of Medicaid beneficiaries (including the types of such providers and geographic area of need). The assessment includes information on which to base efforts for improving the network of Medicaid-participating providers that provide SUD treatment and/or recovery services including the following:

- An estimate of the number and percentage of individuals enrolled in Medicaid who have an SUD;
- Information on the capacity, qualifications, and willingness of Medicaid providers to provide SUD treatment and/or recovery services to Medicaid-eligible individuals;
- Information on the gap in Medicaid-covered SUD treatment and recovery services relative to the estimated number of individuals enrolled in Medicaid who have an SUD; and
- Information on the level and amount of coordination between primary care, mental health care, and SUD treatment and recovery services for Medicaid beneficiaries.

Development of State Infrastructure

Recipients are also conducting activities that, taking into account the results of the state's needs assessment described above, support the development of state infrastructure. These activities include recruiting prospective providers, and providing training and technical assistance to providers. In addition, recipients are conducting activities to improve reimbursement, through the provision of education, training, and technical assistance, as well as, increase the number or treatment capacity of providers to deliver SUD treatment and recovery services. Further, recipients are developing projections regarding the extent to which the state will increase the number and capacity of Medicaid providers offering SUD treatment and/or recovery services, as well as the willingness of Medicaid providers to offer SUD treatment and/or recovery services.

A4. Program Requirements

Post-Planning Period

As required by section 1903(aa)(4) of the Act, CMCS will select not more than five states from the 15 states who were awarded planning grants, for purposes of carrying out the activities described in section 1903(aa) (2) of the Act:

- Activities that support an ongoing assessment of the behavioral health treatment needs of the state;
- Activities that, taking into account the results of the assessment, support the recruitment, training, and provision of technical assistance for providers participating under the state

plan (or a waiver of such plan) that offer substance use disorder treatment or recovery services;

- Improved reimbursement for and expansion of, through the provision of education, training, and technical assistance, the number or treatment capacity of providers participating under the state plan (or waiver of such a plan) that:
    - Are authorized to dispense drugs approved by the Food and Drug Administration for individuals with SUD who need withdrawal management or maintenance treatment for such disorder;
    - Have in effect a registration or waiver under section 303(g) of the Controlled Substances Act for purposes of dispensing narcotic drugs to individuals for maintenance treatment or detoxification treatment and are in compliance with any regulation promulgated by the Assistant Secretary for Mental Health and Substance Use for purposes of carrying out the requirements of section 303(g); and
    - Are qualified under applicable state law to provide SUD treatment or recovery services; and
- Improved reimbursement for and expansion of, through the provision of education, training, and technical assistance, the number or treatment capacity of providers participating under the state plan (or waiver) that have the qualifications to address the treatment or recovery needs of:
    - Individuals enrolled under the state plan (or a waiver of such plan) who have neonatal abstinence syndrome, in accordance with guidelines issued by the American Academy of Pediatrics and American College of Obstetricians and Gynecologists relating to maternal care and infant care with respect to neonatal abstinence syndrome;
    - Pregnant women, postpartum women, and infants, particularly the concurrent treatment, as appropriate, and comprehensive case management of pregnant women, postpartum women and infants, enrolled under the state plan (or a waiver of such plan);
    - Adolescents and young adults between the ages of 12 and 21 enrolled under the state plan (or a waiver of such plan); or
    - American Indian and Alaska Natives individuals enrolled under the state plan (or a waiver of such plan).

The post-planning states will receive payment, as specified in section 1903(aa)(5) of the Act and described below, for 36 months following the planning grant. The states selected to participate in the post-planning period will, for each quarter of the post-planning period, be paid an amount equal to 80 percent (80%) of the qualified sums expended during the quarter. **Qualified sums are the amount expended by the state during the quarter that is attributable to SUD treatment or recovery services furnished by providers participating under the state plan** (or a waiver of such plan), **that exceeds one-quarter of the sums expended by the state during fiscal year 2018 that was attributable to SUD treatment or recovery services**. See Section B1 for additional information regarding the payment provisions.

A5. Technical Assistance and Information for Prospective Applicants

Prior to the application deadline, CMS will host a webinar to provide an overview of the announcement and address questions from potential applicants regarding this announcement. Information about the webinar will be posted on the SUPPORT Act section 1003 Groupsite: https://supportact1003.groupsite.com/.

SUPPORT Act section 1003 post-planning states will be required to work with the CMS national evaluation contractor and participate in all evaluation activities including the collection of data and reporting of demonstration activities. This includes completion of quarterly progress reports detailing implementation progress, challenges, barriers, solutions, outputs and outcomes. The evaluation employs both qualitative and quantitative methods to: (1) determine whether the demonstration achieved its stated goals; (2) describe the strengths and limitations of the demonstration project; and (3) propose a plan for the sustainability of the project. The evaluation will also assess the impact of the states' initiatives to expand the number, capacity, and willingness of providers to deliver SUD treatment and recovery services. In addition, the evaluation will assess the impact of the states' initiatives on the number of individuals enrolled in Medicaid who receive SUD treatment or recovery services under the demonstration and on the outcomes of Medicaid beneficiaries with SUD. The states' activities will be assessed related to: (1) the impact, benefits, barriers, and outcomes; (2) evidence of improved coordination and efficiencies in the SUD treatment and recovery system; (3) experiences of beneficiaries and providers; and (4) SUD treatment and recovery services access and utilization.

States that elect to conduct their own independent evaluation to assist in the establishment of a formative learning process and/or to serve as the interface between the grant applicant and the CMS national evaluation contractor will be required to cooperate with CMS and the CMS national evaluation contractor, including in the use of standard data sets such as the Transformed Medicaid Statistical Information System (T-MSIS).

B. Federal Award Information

B1. Total Funding

The post-planning states will receive payment, as specified in section 1903(aa)(5) of the Act and described below, for 36 months following the planning grant. The states selected to participate in the post-planning period will, for each quarter of the post-planning period, be paid an amount equal to 80 percent of the qualified sums expended during the quarter. **Qualified sums are the amount expended by the state during the quarter that is attributable to SUD treatment or recovery services furnished by providers participating under the state plan** (or a waiver of such plan), **that exceeds one-quarter of the sums expended by the state during fiscal year 2018 that was attributable to SUD treatment or recovery services**. See Appendix VII for additional information regarding the criteria for identifying SUD services.

CMS will implement the payment provision as follows:

1. Define, for each state, what expenses are considered SUD treatment and recovery services.

    a. SUD treatment and recovery expenditure services have been identified using the SUD Service Identification Value Set (procedure codes, revenue codes, national drug codes, etc.) in conjunction with the series of rules/criteria regarding how this value set interacts with SUD diagnoses to identify a SUD claim in the T-MSIS Analytic Files (TAF). The criteria for identifying a SUD service are specified in Appendix VII. The full SUD Service Identification Value Set is provided as an attachment in the NOFO Technical Supplement available for downloading at https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/substance-use-disorder-prevention-promotes-opioid-recovery-and-treatment-for-patients-and-communities-support-act-section-1003/index.html.

2. Determine the state expenses for those SUD treatment and recovery services for fiscal year 2018 ("FY 2018 expenses").
    a. Baseline SUD expenditures will be determined using the FY 2018 T-MSIS TAF and the Medicaid Budget and Expenditure System (MBES) data for each post-planning state.
    b. SUD expenditures will be summed to determine the FY 2018 baseline SUD expenditures.
3. Calculate 25% of the FY 2018 expenses.
4. For each quarter in the 36-month demonstration, determine whether the state spent at least 25% of the FY 2018 expenses on SUD treatment and recovery services. If yes, subtract 25% of FY 2018 expenses from the amount spent in the demonstration quarter. That difference is the qualified sum that is eligible for enhanced payment. If the 25 percent threshold is not met, the state's expenditures for SUD treatment and recovery services do not meet the statutory definition of qualified sums and are not eligible for the enhanced payment.
    a. Form CMS-64 will be amended such that post-planning states' quarterly CMS-64 financial submissions throughout the demonstration period will include state-reported SUD expenditures that will be used in conjunction with the baseline expenditure determinations to calculate the qualified sum. Post-planning states must provide quarterly expenditure reports using the amended Form CMS-64 to report total expenditures for SUD services provided that are included in the SUD Service Identification Value Set. The state must report SUD expenditures through the Medicaid and Children's Health Insurance Program Budget and Expenditure System (MBES/CBES), following the CMS-64 reporting instructions outlined in Section 2500 of the state Medicaid Manual, and the NOFO Technical Supplement provided by CMCS.
5. Pay the state 80% of the qualified sum. Please note that this amount cannot duplicate other federal financial participation that the state receives.

To arrive at an accurate amount, states may propose, subject to CMS approval, to perform their own calculations to determine their total FY 2018 SUD expenditures, as well as their total SUD expenditures for each quarter during the 36-month post-planning period, using the SUD Service Identification Value Set (procedure codes, revenue codes, national drug codes, etc.) in conjunction with the series of rules/criteria regarding how this value set interacts with SUD diagnoses to identify SUD claims. The full SUD Service Identification Value Set is provided as an attachment in the NOFO Technical Supplement available at

https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/substance-use-disorder-prevention-promotes-opioid-recovery-and-treatment-for-patients-and-communities-support-act-section-1003/index.html.

For SUD services provided through managed care:

1. Post-planning states will need to work with their actuaries to develop a methodology to identify the component of the capitation rate associated with SUD services (using the SUD Service Identification Value Set). This component will be used to determine the amount of the state's expenses for SUD treatment and recovery services, as described above.
2. CMS will review and approve the state's SUD services claiming methodology for managed care programs.
3. The enhanced FMAP (Federal Medical Assistance Percentage) will be applied to the reported SUD services expenditures each quarter during the 36-month post-planning period.

B2. Award Amount

Not Applicable. No grant funds will be awarded for the post-planning period.

B3. Anticipated Award Dates

CMS expects to announce recipients no later than September 15, 2021.

B4. Period of Performance

The period of performance for the post-planning period is September 30, 2021 to September 29, 2024.

B5. Number of Awards

CMS plans to select up to five post-planning states.

B6. Type of Award

The type of award issued under this announcement is a cooperative agreement. The difference between grants and cooperative agreements is the degree of federal programmatic involvement rather than the type of administrative requirements imposed. A cooperative agreement differs from a grant in that it provides for substantial involvement between the federal awarding agency and the non-federal entity in carrying out the activity contemplated by the federal award. Therefore, statutes, regulations, policies, that are applicable to grants also apply to cooperative agreements, unless the award itself provides otherwise. References throughout this announcement to grants also apply to cooperative agreements unless this announcement states otherwise. Please refer to section F4. Cooperative Agreement Terms and Conditions of Award for more information about cooperative agreements.

B7. Type of Competition
Limited Competition

This opportunity is open to the 15 state Medicaid agencies that were awarded SUPPORT Act Section 1003 Demonstration Project planning grants:

1. Alabama
2. Connecticut
3. Delaware
4. Washington DC
5. Illinois
6. Indiana
7. Kentucky
8. Maine
9. Michigan
10. New Mexico
11. Nevada
12. Rhode Island
13. Virginia
14. Washington
15. West Virginia

C. Eligibility Information

C1. Eligible Applicants

Government Organizations

- ☐ State governments
- ☐ County governments
- ☐ City of Township governments
- ☐ Special District governments
- ☐ Native American tribal governments (Federally recognized)
- ☐ Native American tribal organizations (other than federally recognized tribal governments)

Education Organizations

- ☐ Independent School Districts
- ☐ Public and State Controlled Institutions of Higher Education
- ☐ Private institutions of higher education

Public Housing Organizations

☐ Public housing authorities

☐ Indian housing authorities

Nonprofit Organizations

☐ Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education

☐ Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education

☐ For-profit Businesses (organizations other than small businesses)

☐ Small Businesses

☐ Individuals

☑ Others

☐ Unrestricted

Only the 15 State Medicaid Agencies that were awarded SUPPORT Act Section 1003 Demonstration Project planning grants may apply. One application can be submitted for a given state. The term "state Medicaid agency" means the single state agency for medical assistance provided under Title XIX of the Social Security Act (the Act).

Only applications received by the specified deadline will be reviewed and scored. Applicants are strongly encouraged to use the review criteria information provided in Section E. Application Review Information to help ensure that all of the criteria that will be used in evaluating the proposals are adequately addressed.

C2. Cost Sharing or Matching

Applicants must provide a clear explanation of non-federal resources to be utilized to support and manage activities in support of this Notice of Funding Opportunity. Cost sharing is the portion of project costs not paid by federal funds. This may include the value of allowable third party in-kind contributions, as well as expenditures by the recipient. See 45 CFR §75.2 and §75.306 Cost sharing or matching.

C3. Letter of Intent

A non-binding letter of intent to apply must be submitted by the state Medicaid agency to SubstanceUseProviderCapacity@cms.hhs.gov by August 5, 2021. Entities that do not submit a letter of intent by this deadline will be ineligible to apply. CMS will provide confirmation of receipt of the letter of intent to each prospective applicant that submits such a letter. Please include a copy of the letter of intent with the application.

C4. Ineligibility Criteria

CMS will consider the following criteria as potential reasons for applicant disqualification for award.

- **Incomplete application.** A non-exhaustive list of circumstances that

constitute an incomplete application includes:
    - Failure to meet application requirements as described.
    - Omission of required application elements as described.

- **Insufficient supporting detail** provided in the application. CMS will not review applications that merely restate the text within the NOFO. Applicants must detail their approach to achieving program goals and milestones. Reviewers will note evidence of how effectively the applicant addresses these elements in the application.

- **Inability or unwillingness to collect and share monitoring and evaluation data** with CMS or its contractors and non-compliance with the terms and conditions of award for this project during the planning period.

- **Program integrity concerns.** CMS may deny selection to an otherwise qualified applicant on the basis of information found during a program integrity review regarding the organization, community partners, or any other relevant individuals or entities.

- **Disregard of maximum page limits** stipulated in the announcement.

- **Late submission** of an application (see Section D).

C5. Single Application Requirement
Applicants may submit only one application from the state Medicaid agency.

C6. Continued Eligibility
Recipients must meet reporting and certification deadlines (as outlined in section F) to be eligible throughout the performance period.

C7. EIN, DUNS, and SAM Regulations
In order to apply, all applicants are required to have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN); a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number; and be registered in the System for Award Management (SAM) database (https://beta.sam.gov/)) to be able to submit an application at grants.gov. See Appendix II. Application and Submission Information for descriptions of EIN, DUNS, and SAM.

C8. Faith-Based Organizations
Faith-based organizations are not eligible to apply.

C9. Other Eligibility Requirements

Not Applicable

D. Application and Submission Information

D1. Address to Request Application Package

Application materials will be available at https://www.grantsolutions.gov. Please note that CMS requires electronic submission through the GrantSolutions website. Refer to Appendix II. Application and Submission Information for additional requirements and instructions.

D2. Content and Form of Application Submission

a. **Application format**

Applications determined to be ineligible, incomplete, and/or nonresponsive based on the initial screening may be eliminated from further review. However, in accordance with HHS Grants Policy, the CMS, Office of Acquisition and Grants Management (OAGM), Grants Management Officer in his/her sole discretion, may continue the review process for an ineligible application if it is in the best interests of the government to meet the objectives of the program. Each application must include all contents of the application package, in the order indicated, and conform to the following formatting specifications:

- The required page size is 8.5" x 11" letter-size pages (one side only) with 1" margins (top, bottom, and sides). CMS does not accept other paper sizes.
- All pages of the project and budget narratives as well as other required narrative documents must be paginated in a single sequence.
- Font size must be at least 12-point with an average of 14 characters per inch (CPI).
- The Project Narrative must be double-spaced. The page limit for this document is 30 pages.
- The Budget Narrative may be single-spaced. The page limit for this document is two pages.
- An attestation that there are no changes to The Business Assessment of Applicant Organization provided in the planning phase. If changes or circumstances have occurred, the applicant must indicate such. The page limit for this document is 1 page.
- Tables included within any portion of the application must have a font size of at least 12-point with a 14 CPI and may be single-spaced. Tables are counted towards the applicable page limits.
- The project abstract is restricted to a one-page summary that may be single-spaced.
  The following required application documents are excluded from the page limitations described previously: Standard Forms, Application Cover Letter/Cover Page (if applicable), copy of Letter of Intent, and Project Site Location Form, and Cost Allocation Plan.

b. **Standard forms**

The following forms must be completed with an electronic signature and enclosed as part of the application:

1. Project Abstract Summary

A one-page abstract serves as a succinct description of the proposed project and includes the goals of the project and the total budget. The abstract is often distributed to provide information to the public and Congress, so please write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Exclude personal identifying information from the abstract. In the Grants Application Package at www.GrantSolutions.gov, select the Project Abstract Summary and complete the form.

2. SF-424: Official Application for Federal Assistance

Note: On SF-424 "Application for Federal Assistance"

• On Item 15 "Descriptive Title of Applicant's Project," state the specific grant or cooperative agreement opportunity for which you are applying.

• Check "No" to item 19c, as Review by State Executive Order 12372 does not apply to this cooperative agreement funding opportunity.

• The Authorized Organizational Representative (AOR) completes and signs this form. Note: The signature of the individual that submits the application to Grants.gov populates throughout the application. The signature must match the name of the AOR. Other signatures will not be accepted.

The AOR is the designated representative of the applicant/Recipient organization with authority to act on the organization's behalf in matters related to the award and administration of grants. In signing a grant application, the AOR agrees that the organization will assume the obligations imposed by applicable Federal statutes and regulations and other terms and conditions of the award, including any assurances, if a grant is awarded. These responsibilities include accountability both for the appropriate use of funds awarded and the performance of the grant-supported project or activities as specified in the approved application.

- SF-424A: Budget Information Non-Construction
    - Complete the following:
        - Section A – Budget Summary:
            - #1., Columns (a), (b), (f) and (g)
            - #5., Columns (f) and (g)
        - Section B – Budget Categories
            - #6. Column 1 a-k
        - Section C – Non-Federal Share Resources
        - Section D – Forecasted Cash Needs
            - N/A

- SF-424B: Assurances-Non-Construction Programs

3. SF-LLL: Disclosure of Lobbying Activities

All applicants must submit this SF-LLL form. If your entity does not engage in lobbying, please insert "Non-Applicable" on the form and include the required AOR name, contact

information, and signature. Please note that the application kit available online on the Grants.gov website is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. However, this form is **required** as part of the application package and must be submitted for the application to be considered eligible for review.

4. Project Site Location Form(s)

All applicants must submit this Project Site Location form. Please note that the application kit available online in Grants.gov is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. However, this form is **required** as part of the application package and must be submitted for the application to be considered eligible for review.

c. Application cover letter or cover page

The applicant may choose to include a cover letter or cover page to detail its interest in participation in the SUPPORT Act section 1003 Demonstration Project Post-Planning Period.

d. Project Narrative

The applicant provides a project narrative that articulates in detail the proposed goals, measurable objectives, and milestones in accordance with the instructions and content requirements provided below, consistent with the criteria described in section A4. Program Requirements.

Below are the required elements (sections) of the project narrative including a brief description of the type of information required within each specific section. The project narrative is double-spaced and cannot exceed 30 pages in length. This page limit does not include resumes for key personnel, job descriptions, budget narrative, business assessments, or organizational charts.

The project narrative is expected to include the following:

- A proposed process for carrying out an ongoing assessment of the state's behavioral health treatment needs, taking into account the results of the initial assessment;
- A review of reimbursement methodologies and other policies related to SUD treatment or recovery services under the state plan (or waiver of such plan) that may create barriers to increasing the number of providers delivering such services;
- An analysis of the prevalence of SUD among Medicaid-enrolled and eligible beneficiaries comparing state prevalence with the national average (as measured by per capita opioid drug overdoses and/or substance use and opioid-related diagnoses);
- A plan that will result in long-term and sustainable provider networks under the Medicaid program that will offer a continuum of care for SUD. The plan shall include the following:
  - Specific activities to increase the number of providers (including providers that specialize in providing SUD treatment or recovery services, hospitals, health care systems, federally qualified health centers, and, as applicable, certified

community behavioral health clinics) that offer SUD treatment, recovery, or support services including short-term detoxification services, outpatient SUD services, and evidence-based peer recovery services;
  - Strategies that will incentivize providers to obtain the necessary training, education, and support to deliver SUD treatment or recovery services in the state;
  - Strategies that will address issues of equity in SUD treatment or recovery services access and utilization;
  - Milestones and timeframes for implementing the activities set forth in the plan; and
  - Specific measurable targets for increasing the number and capacity of providers in the SUD treatment and recovery provider network under the state plan (or a waiver of such plan).

- A proposed process for reporting the information required, including the following information to assess the effectiveness of the efforts of the state to expand the capacity of providers to deliver SUD treatment or recovery services during the period of the demonstration project:
  - The expected financial impact of the demonstration project on the state;
  - A description of all funding sources available to the state to provide SUD treatment or recovery services in the state;
  - A preliminary plan for how the state will sustain any increase in the capacity of providers to deliver SUD treatment or recovery services resulting from the demonstration project after the termination of the demonstration project; and
  - A description of how the state will coordinate the goals of the demonstration project with any waiver of such plan granted (or submitted by the state and pending) pursuant to section 1115 for the delivery of SUD services under the state plan, as applicable.

- T-MSIS data submission status: States selected for this opportunity will be expected to be current with their T-MSIS data submissions for data elements critical for this project: number of SUD providers; number of individuals furnished SUD services; SUD service type; and SUD expenditures. Applicants must also address how identified T-MSIS data quality issues are being addressed.

- Strategy for ensuring participation in the project's evaluation by all partners and participants, including all affiliated departments, agencies, and providers.

- State's capacity to participate in beneficiary- and program-level data collection and reporting, which may include: ensuring that any transmission of beneficiary/patient-identifiable medical information utilizes a system that complies with privacy and security standards in the HIPAA regulations at 45 C.F.R. parts 160 and 164, as well as SAMHSA's SUD data regulations at 42 C.F.R. Part 2; and gathering any required beneficiary/patient consents or authorizations.

Post-planning states will be required to consult with relevant stakeholders, including: beneficiaries, families, and caregivers; Medicaid managed care plans; health care providers; Medicaid beneficiary advocates; Indian health care providers and tribal governments; and Medicare providers for dually-eligible beneficiaries. Applicants should include a description of their plans for conducting this consultation in their application. Applicants should also describe how they comply with SUPPORT Act section 1006(b) in the provision of medication-assisted treatment.

e**. Budget narrative**

Applicants supplement Form SF-424A with a Budget Narrative that includes a yearly breakdown of costs, for each line item outlined in the SF-424A, according to a 12-month period. Applicants include a clear description of the proposed set of services covered with non-federal funds for each activity/cost within the line item. The application clearly defines the proportion of the requested funding designated for each activity and justifies the applicant's readiness to provide necessary resources to implement this demonstration. The budget separates out funding administered directly by the lead agency from funding subcontracted to other partners. For additional information and instructions for completing the SF-424A and Budget Narrative, please refer to Appendix I. Guidance for Preparing a Budget Request and Narrative.

f. **Business assessment of applicant organization (maximum 1 page)**

As required by 45 CFR §75.205 for competitive grants and cooperative agreements, CMS evaluates the risk posed by an applicant before they receive an award. This analysis of risk includes items such as financial stability, quality of management systems, internal controls and the ability to meet the management standards prescribed in 45 CFR Part 75.

Applicant will provide an attestation that there are no changes to the Business Assessment of Applicant Organization provided in the planning phase. If changes or circumstances have changed, the applicant must indicate such. The page limit for this document is one page.

D3. Unique Entity Identifier and System for Award Management (SAM)

Unless the applicant is an individual or Federal awarding agency that is excepted from those requirements under 2 CFR 25.110(b) or (c), has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)), each applicant is required to:

i. be registered in SAM before submitting its application;

ii. provide a valid unique entity identifier in its application; and

iii. continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

The Federal awarding agency may not make a Federal award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements. If an applicant has not fully complied with the requirements by the time the Federal awarding agency is ready to make a Federal award, the Federal awarding agency may determine that the applicant is not

qualified to receive a Federal award and use that determination as a basis for making a Federal award to another applicant.

D4. Submission Dates and Times

All applications must be submitted electronically and be received by the date and time set forth below via www.grantsolutions.gov. Applications received after 3:00 pm, Eastern Time, of the date set forth below will not be reviewed or considered for award.

Due Date for Applications

August 20, 2021

3:00 PM Eastern U.S. Time (Baltimore, MD)

D5. Intergovernmental Review

Program is not subject to Executive Order 12372, "Intergovernmental Review of Federal Programs" (45 CFR 100). Please check box "C" on item 19 of the SF 424 (Application for Federal Assistance) as Executive Order 12372 does not apply to these cooperative agreements.

D6. Cost Restrictions

No federal grant funds will be awarded for the post-planning period. Applicants should clearly explain how non-federal funds will be utilized to manage this cooperative agreement.

D7. Mandatory Disclosure

Submission is required for all applicants, in writing, to the awarding agency and to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to:

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
Office of Acquisition and Grants Management
Attn: Director, Division of Grants Management
7500 Security Blvd, Mail Stop B3-30-03
Baltimore, MD 21244-1850

AND

U.S. Department of Health and Human Services
Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

URL: https://oig.hhs.gov/fraud/report-fraud/index.asp

(Include "Mandatory Grant Disclosures" in subject line)

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: MandatoryGranteeDisclosures@oig.hhs.gov

Materials should be scanned and emailed to the Grants Management Specialist assigned to this NOFO.

E. Application Review Information

E1. Criteria

Applications must be submitted in the required format, no later than the deadline. If an applicant does not submit all of the required documents and does not address each of the topics described in D2. Content and Form of Application Submission Information (with cross reference to E1. Criteria), the applicant risks not being eligible and/or awarded. Applications are reviewed in accordance with criteria outlined below.

In preparing applications, applicants should review the requirements detailed in Section A4. Program Requirements. Technical review panelists will assess and score applicants' responses in accordance with the criteria below, using a scale of 100 total base points.

All applicants must submit the following:

- Standard Forms;
- A Cover Letter, if applicable;
- A Project Narrative;
- A Budget Narrative; and
- Federally Negotiated Indirect Cost Rate Agreement (if applicable)

The following are optional:

- Resumes or Curriculum Vitae for Key Personnel;
- Job Descriptions, if applicable; and
- An Organization Chart.

Below are the review criteria for the Project Narrative. All elements of the Project Narrative are used to assess and rate the application. Incomplete, unclear, and confusing proposals will receive point deductions. Project Narratives with significant content deficiencies may receive a score of zero. Proposals that merely restate the content of the NOFO, without responding to the Program Requirements and Application Review Criteria, will receive a score of zero. Each component of the Project Narrative is weighted as indicated below. The scoring criteria breakdown is reflective of the total possible number of points available, but each item is scored on a range starting from zero. Points are awarded based on the quality of the applicant's response.

Project Narrative (Maximum 80 points)

Required Elements

A. (10 points) A proposed process for carrying out an ongoing assessment of the state's behavioral health treatment needs, taking into account the results of the initial assessment;

B. (10 points) A review of reimbursement methodologies and other policies related to SUD treatment or recovery services under the state plan (or waiver of such plan) that may create barriers to increasing the number of providers delivering such services;

C. (5 points) An analysis of the prevalence of SUD among Medicaid-enrolled and eligible beneficiaries comparing state prevalence with the national average (as measured by per capita opioid drug overdoses and substance use and opioid-related diagnoses);

D. (15 points) A plan that will result in long-term and sustainable provider networks under the Medicaid program that will offer a continuum of care for SUD. The plan shall include the following:

- Specific activities to increase the number of providers (including providers that specialize in providing SUD treatment or recovery services, hospitals, health care systems, federally qualified health centers, and, as applicable, certified community behavioral health clinics) that offer SUD treatment including short-term detoxification services, outpatient SUD services, and evidence-based peer recovery services;
- Strategies that will incentivize providers to obtain the necessary training, education, and support to deliver SUD treatment or recovery services in the state;
- Milestones and timeframes for implementing the activities set forth in the plan; and
- Specific measurable targets for increasing the number and capacity of providers in the SUD treatment and recovery provider network under the state plan (or a waiver of such plan).

E. (15 points) A proposed process for reporting the information required, including the following information to assess the effectiveness of the efforts of the state to expand the capacity of providers to deliver SUD treatment or recovery services during the period of the demonstration project:

- The expected financial impact of the demonstration project on the state;
- A description of all funding sources available to the state to provide SUD treatment or recovery services in the state;
- A plan for how the state will sustain any increase in the capacity of providers to deliver SUD treatment or recovery services resulting from the demonstration project after the termination of the

demonstration project; and

- A description of how the state will coordinate the goals of the demonstration project with any waiver of such plan granted (or submitted by the state and pending) pursuant to section 1115 for the delivery of SUD services under the state plan, as applicable.

F. (5 points) A description of how the state will consult with relevant stakeholders, including beneficiaries, families, and caregivers; Medicaid managed care plans; health care providers; Medicaid beneficiary advocates; Indian health care providers and tribal governments; and Medicare providers for dually-eligible beneficiaries.

G. (10 points) T-MSIS Status: Applicants must identify their T-MSIS data submission status. States selected for this opportunity will be expected to be current with their T-MSIS data submissions for data elements critical for this project: number of SUD providers, number of individuals furnished SUD services; SUD service type; and SUD expenditures. Applicants must also address how identified T-MSIS data quality issues are being addressed.

H. (5 points) Evaluation Participation: Applicants must describe their strategy for ensuring participation in the project's evaluation by all partners and participants, including all affiliated departments, agencies, and providers.

I. (5 points) Applicants must demonstrate the state's capacity to participate in beneficiary- and program-level data collection and reporting, which may include: ensuring that any transmission of beneficiary/patient-identifiable medical information utilizes a system that complies with privacy and security standards in the HIPAA regulations at 45 C.F.R. parts 160 and 164, as well as SAMHSA's SUD data regulations at 42 C.F.R. Part 2; and gathering any required beneficiary/patient consents or authorizations.

Budget Narrative (Maximum 20 points)

A. (20 points) Detailed budget, adhering to the format outline in Appendix I, Guidance for Preparing a Budget Request and Narrative, for the period of performance. Applicants must clearly explain how non-federal funds will be utilized to manage this cooperative agreement.

Total Available Points 100

E2. Review and Selection Process

- Applications submitted for the post-planning period of the SUPPORT Act Section 1003 Demonstration Project to Increase Substance Use Provider Capacity will be reviewed and scored by an expert review panel based on the criteria described in this announcement. CMS will also give strong preference to state applicants that have a prevalence of SUD that is comparable to or higher than the national average (as measured by per capita opioid drug overdoses and/or Medicaid opioid use disorder diagnoses). CMS will also consider the geographic diversity and scale of all applications

when making final selection determinations. The application itself is not a legally binding contract and does not require any applicant or CMS to enter into a cooperative agreement. CMS will select recipients at CMS's sole discretion. Such selection will not be subject to administrative or judicial review, per Section 1115A(d)(2)(B) of the Act.

Please refer to Appendix V. Review and Selection Process for more information on the review and selection process.

E3. Federal Awardee Performance Integrity Information System (FAPIIS)

In accordance with 45 CFR Part 75:

i. CMS, prior to making a Federal award with a total amount of Federal share greater than the simplified acquisition threshold,[1] is required to review and consider any information about the applicant that is in the designated integrity and performance system accessible through SAM (currently FAPIIS) (see 41 U.S.C. 2313);

ii. An applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that the HHS awarding agency previously entered and is currently in the designated integrity and performance system accessible through SAM.

iii. CMS will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicant's integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicant as described in §75.205.

F. Federal Award Administration Information

F1. Federal Award Notices

If successful, applicants will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer. The NoA is the legal document authorizing the grant or cooperative agreement award and issued to the applicant as listed on the SF-424 and available to the applicant organization through the online grants management system used by CMS and recipient organizations. Any communication between CMS and applicant prior to issuance of the NoA is not an authorization to begin performance of a project.

If unsuccessful, CMS notifies the applicant electronically to the email address as listed on its SF-424, within 30 days of the award date.

F2. Administrative and National Policy Requirements

[1] *Simplified acquisition threshold* means the dollar amount below which a non-Federal entity may purchase property or services using small purchase methods. Non-Federal entities adopt small purchase procedures in order to expedite the purchase of items costing less than the simplified acquisition threshold. The simplified acquisition threshold is set by the Federal Acquisition Regulation at 48 CFR Subpart 2.1 (Definitions) and in accordance with 41 U.S.C. 1908.

A. National/Public Policy Requirements

By signing the application, the authorized organizational official certifies that the organization will comply with applicable public policies. Once a cooperative agreement is awarded, each recipient is responsible for establishing and maintaining the necessary processes to monitor its compliance and that of its employees and, as appropriate, sub-recipients and contractors under the cooperative agreement with these requirements. Recipients should consult the applicable Appropriations Law, Exhibit 3 of the HHS Grants Policy Statement, titled Public Policy Requirements, located in Section II, pages 3-6, as well as the terms and conditions of award for information on potentially applicable public policy requirements.

Non-Discrimination

Recipients receiving awards under this cooperative agreement project must comply with all applicable Federal statutes relating to nondiscrimination, including, but not limited to:

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. Title II, Subtitle A of the Americans with Disabilities Act of 1990;

e. Section 1557 of the Affordable Care Act;

f. Title IX of the Education Amendments of 1972; and

g. Applicable federal religious nondiscrimination laws, https://www.hhs.gov/conscience/religious-freedom/index.html, and applicable federal conscience protection and associated anti-discrimination laws https://www.hhs.gov/conscience/conscience-protections/index.html.

Accessibility Provisions

The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html; and https://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html.

- Recipients of federal financial assistance (FFA) must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.

- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see https://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sex discrimination, including sexual harassment. Please see: https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html; https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html; and https://www.eeoc.gov/eeoc-publications.
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see: https://www.hhs.gov/conscience/conscience-protections/index.html; and https://www.hhs.gov/conscience/religious-freedom/index.html.

Recipients should review and comply with the reporting and review activities regarding accessibility requests outlined in Appendix IV, Accessibility Provisions to this Notice of Funding Opportunity.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at https://www.hhs.gov/ocr/about-us/contact-us/index.html or call 1-800-368-1019 or TDD 1-800-537-7697.

B. Administrative Requirements

- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project.
- This award is subject to 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards [available at http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75], which implements 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ("Uniform Guidance") effective December 26, 2014. See below for more information.

Uniform Administrative Requirements, Cost Principles, and Audit Requirements

Applicant and recipients should take particular note of the following information found in 45 CFR Part 75:

Uniform Administrative Requirements

In accordance with 45 CFR §75.112, all award recipients receiving federal funding from CMS must establish and comply with the conflict of interest policy requirements outlined by CMS (available for applicant upon request).

In accordance with 45 CFR §75.113, Mandatory Disclosures, the non-Federal entity or applicant for a Federal award must disclose, in a timely manner, in writing to the HHS awarding agency or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII to 45 CFR Part 75 are required to report certain civil, criminal, or administrative proceedings to SAM. Failure to make the required disclosures can result in the imposition of any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR Parts 180 and 376, and 31 U.S.C. 3321). For specific information on reporting such disclosures to CMS and HHS please see Section F3. Terms and Conditions of this NOFO.

Cost Principles

CMS grant and cooperative agreement awards provide for reimbursement of actual, allowable costs incurred and are subject to the Federal cost principles. The cost principles establish standards for the allowability of costs, provide detailed guidance on the cost accounting treatment of costs as direct or indirect, and set forth allowability and allocability principles for selected items of cost. Applicability of a particular set of cost principles depends on the type of organization. Award recipients must comply with the cost principles set forth in HHS regulations at 45 CFR Part 75, Subpart E with the following exceptions: (1) hospitals must follow Appendix IX to part 75; and (2) commercial (for-profit) organizations are subject to the cost principles located at 48 CFR subpart 31.2. As provided in the cost principles in 48 CFR subpart 31.2, allowable travel costs may not exceed those established by the Federal Travel Regulation (FTR).

There is no universal rule for classifying certain costs as either direct or indirect (also known as Facilities & Administration (F&A) costs) under every accounting system. A cost may be direct with respect to some specific service or function, but indirect with respect to the Federal award or other final cost objective. Therefore, it is essential that each item of cost incurred for the same purpose is treated consistently in like circumstances either as a direct or F&A cost in order to avoid double-charging of Federal awards. Guidelines for determining direct and F&A costs charged to Federal awards are provided in 45 CFR §§75.412 to 75.419. Requirements for development and submission of indirect (F&A) cost rate proposals and cost allocation plans are contained in Appendices III-VII, and Appendix IX to Part 75.

Indirect Costs

CMS will reimburse indirect costs to recipients under an award if (1) allowable under the governing statute, regulations, or HHS grants policy; (2) the recipient requests indirect costs; and (3) the recipient has a federally approved indirect cost rate agreement covering the grant supported activities and period of performance, or the non-federal entity has never received an indirect cost rate, except for those non-Federal entities described in Appendix VII(D)(1)(b) to 45 CFR part 75, and elects to charge a de minimis rate of 10% of Modified Total Direct Costs (MTDC).

If the applicant entity has a current negotiated indirect cost rate agreement (NICRA) and is requesting indirect costs, a copy of the current NICRA must be submitted with the application.

Commercial (For-Profit) Organizations: Indirect Costs are allowable under awards to for-profit organizations. The for-profit recipient must have a federally-approved indirect cost rate agreement covering the grant supported activities and period of performance. Indirect cost rates

for for-profit entities are negotiated by DFAS in the Office of Acquisition Management and Policy, National Institutes of Health (if the preponderance of their federal awards are from HHS), available at http://oamp.od.nih.gov/dfas/indirect-cost-branch, or other Federal agency with cognizance for indirect cost rate negotiation. If there is no federally-approved indirect cost rate for the specific period of performance and the for-profit recipient has never received an indirect cost rate, then the non-federal entity may elect to charge a de minimis rate of 10% of MTDC.

Cost Allocation

In accordance with 45 CFR §75.416 and Appendix V to Part 75 – State/Local Government-wide Central Service Cost Allocation Plans, each state/local government will submit a plan to the HHS Cost Allocation Services for each year in which it claims central service costs under Federal awards. Guidelines and illustrations of central service cost allocation plans are provided in a brochure published by the HHS entitled "A Guide for State, Local and Indian Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government." A copy of this brochure may be obtained from the HHS Cost Allocation Services at https://rates.psc.gov. A current, approved cost allocation plan must be provided to CMS if central service costs are claimed.

Public Assistance Cost Allocation Plans

Appendix VI to Part 75 – Public Assistance Cost Allocation Plans, provides that state public assistance agencies will develop, document, and implement, and the Federal Government will review, negotiate, and approve, public assistance cost allocation plans in accordance with Subpart E of 45 CFR part 95. The plan will include all programs administered by the state public assistance agency. Where a letter of approval or disapproval is transmitted to a state public assistance agency in accordance with Subpart E, the letter will apply to all Federal agencies and programs. This Appendix (except for the requirement for certification) summarizes the provisions of Subpart E of 45 CFR part 95.

Audit Requirements

The audit requirements in 45 CFR Part 75, Subpart F, apply to each award recipient fiscal year that begins on or after December 26, 2014. A non-Federal entity that expends $750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of Subpart F, Audit Requirements.

Commercial Organizations (including for-profit hospitals) have two options regarding audits, as outlined in 45 CFR §75.501 (see also 45 CFR §75.216).

F3. Terms and Conditions

This Notice of Funding Opportunity is subject to the Department of Health and Human Services Grants Policy Statement (HHS GPS) at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary. Standard and program specific terms of award will accompany the NoA. Potential applicants should be aware that special requirements could apply to cooperative agreement awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review

panel. HHS regulation (45 CFR Part 75) supersedes information on administrative requirements, cost principles, and audit requirements for grants and cooperative agreements included in the current HHS Grants Policy Statement where differences are identified. Recipients must also agree to respond to requests that are necessary for the evaluation of national efforts and provide data on key elements of their own grant or cooperative agreement activities.

Awards issued under this announcement are subject to 45 CFR Part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards currently in effect or implemented during the period of award, other Department regulations and policies in effect at the time of award, and applicable statutory provisions. The Code of Federal Regulations (CFR) is available at www.ecfr.gov.

CMS may terminate any award for material noncompliance. Material noncompliance includes, but is not limited to, violation of the terms and conditions of the award; failure to perform award activities in a satisfactory manner; improper management or use of award funds; or fraud, waste, abuse, mismanagement, or criminal activity. Please review all HHS regulatory provisions for Termination at 45 CFR § 75.372

In the event a recipient or one of its sub-recipients enters into proceedings relating to bankruptcy, whether voluntary or involuntary, the Recipient agrees to provide written notice of the bankruptcy to CMS. The recipient must furnish the written notice to the CMS Grants Management Specialist and Project Officer within five (5) days of the initiation of the proceedings relating to bankruptcy filing. This notice includes:

- the date on which the bankruptcy petition was filed,
- the identity of the court in which the bankruptcy petition was filed,
- a copy of any and all of the legal pleadings,
- a listing of Government grant and cooperative agreement numbers and grant offices for all, and
- government grants and cooperative agreements against which final payment has not been made.

Intellectual Property

Recipients under this funding opportunity must comply with the provisions of 45 CFR § 75.322, Intangible property and copyrights. The non-Federal entity may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a Federal award. The Federal awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. The non-Federal entity is subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401.

The Federal Government has the right to:

(1) Obtain, reproduce, publish, or otherwise use the data produced under a Federal award; and

(2) Authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

Prohibition on certain telecommunications and video surveillance services or equipment

As described in 2 CFR 200.216, recipients and sub-recipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:
(1) Procure or obtain;

(2) Extend or renew a contract to procure or obtain; or

(3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

ii. Telecommunications or video surveillance services provided by such entities or using such equipment.

iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

F4. Cooperative Agreement Terms and Conditions of Award

The administrative and funding instrument used for this program is a cooperative agreement, an assistance mechanism used when CMS anticipates substantial CMS programmatic involvement with each recipient during the performance of the activities. Under each cooperative agreement, CMS' purpose is to support and stimulate the recipient's activities by involvement in, and otherwise working jointly with, the award recipient in a partnership role. To facilitate appropriate involvement during the period of this cooperative agreement, CMS and the recipient will be in contact at least once a month, and more frequently when appropriate.

Cooperative Agreement Roles and Responsibilities are as follows:

Centers for Medicare and Medicaid Services

CMS will have substantial involvement in program awards, as outlined below:

- Technical Assistance – CMS hosts opportunities for training and/or networking, which may include conference calls, topic-specific webinars, office hours, and other activities.
- Collaboration – CMS actively coordinates with other relevant Federal agencies including but not limited to the Substance Abuse and Mental Health Services Administration, the

Agency for Healthcare Research and Quality, Indian Health Service, the Internal Revenue Service, the Department of Homeland Security, the Administration for Children and Families, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Social Security Administration. In this way, CMS facilitates compliance with the terms of the cooperative agreement and effectively supports recipients.

- Project Officers and Monitoring – CMS assigns specific Project Officers to each cooperative agreement award to support and monitor recipients throughout the period of performance. CMS Grants Management Officers, Grants Management Specialists, and Project Officers will monitor, on a regular basis, progress of each recipient. This monitoring may be by phone, document review, on-site visit, other meeting, and other appropriate means, such as reviewing program progress reports and Federal Financial Reports (FFR or SF-425). This monitoring will be to determine compliance with programmatic and financial requirements.

Recipients

Recipients and assigned points of contact retain the primary responsibility and dominant role for planning, directing, and executing the proposed project as outlined in the terms and conditions of the cooperative agreement and with substantial CMS involvement. Recipients shall engage in the following activities:

- Reporting – comply with all reporting requirements outlined in this announcement and the terms and conditions of the cooperative agreement to ensure the timely release of funds.
- Program Evaluation – cooperate with CMS-directed evaluations.
- Technical Assistance – participate in technical assistance activities as appropriate.
- Audits and Initial Assessments – cooperate with CMS-organized audits and initial assessments of Recipient interventions, data collection, data reporting, and other model terms.
- Program Standards – comply with all applicable current and program requirements and standards, as detailed in regulations, guidance, and the cooperative agreement terms and conditions provided with the NoA.

F5. Reporting

a. Progress Reports

Post-planning states will be required to submit quarterly progress reports (QPR) and annual progress reports (APR). CMS will provide post-planning states with guidance and/or a template for the QPR and APR submissions. These reports will include narrative updates on demonstration activities as well as information on work plan targets, and SUD expenditures. CMS will use the quarterly and annual reports to track progress on demonstration goals, and identify technical assistance needs.

b. Financial Reports

Required On-Line Reporting. CMS requires Recipients to submit quarterly cash transaction and semi-annual or annual expenditure financial reporting data through PMS in a consolidated single reporting system. This consolidated single reporting system includes submission of the following required fields in the Federal Financial Report (FFR or SF-425): lines 10.a through 10.c to reflect cash transactions data and lines 10.d through 10.h to reflect expenditures, obligations, and liquidations data. Failure to submit timely reports may result in the inability to access funds.

Report Submission Deadline. Unless superseded by program-specific statute or regulations or by CMS policy, in accordance with 45 CFR 75.341, the deadline for submitting the required Federal reporting is 30 days after the end of each quarter (i.e., by January 30, April 30, July 30 and October 30) and 90 days after the project has ended.

Semi-Annual, Annual, and Final Expenditure Reporting

Recipient must also report on Federal expenditures, Recipient Share (if applicable), and Program Income (if applicable and/or allowable) at least annually via the Payment Management System. Frequency of required expenditure reporting, whether semi-annually or annually, is stipulated in the Program Terms and Conditions of award. Expenditures, Recipient Share, and Program Income is reflected through completion of lines 10.d through 10.o of the FFR. Indirect costs, if applicable, must be addressed through completion of line 11.

c. Federal Funding Accountability and Transparency Act Reporting Requirements

New awards issued under this NOFO are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109– 282), as amended by section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier sub-award of $25,000 or more in Federal funds and executive total compensation for the recipient's and sub-recipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at https://www.fsrs.gov/).

d. Audit Requirements

Recipients must comply with audit requirements outlined in HHS regulation 45 CFR Part 75 (implementing 2 CFR Part 200). See Subpart F – Audit Requirements. http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#sp45.1.75.f.

e. Payment Management System Reporting Requirements

Not Applicable

f. Government-wide Suspension and Debarment Reporting Requirements

Before you enter into a covered transaction at the primary tier, you as the participant must notify the Federal agency office that is entering into the transaction with you, if you know that you or any of the principals for that covered transaction meets any of the conditions outlined in 2 CFR 180.335. At any time after you enter into a covered transaction, you must give immediate written notice to the Federal agency office with which you entered into the transaction if you learn either that you failed to disclose or circumstances have changed as outlined in 2 CFR 180.350.

G. CMS Contacts

G1. Programmatic Questions

For Programmatic questions about this funding opportunity, please contact: SubstanceUseProviderCapacity@cms.hhs.gov.

G2. Administrative/Budget Questions

For administrative or budget questions about this funding opportunity, please contact:
Name: Kevin Hornbeak
kevin.hornbeak@cms.hhs.gov

Appendix I. Guidance for Preparing a Budget Request and Narrative

Applicants must provide an explanation of non-federal resources only for activities that will support this specific Notice of Funding Opportunity. All applicants must submit the Standard Form SF-424A as well as a Budget Narrative. The Budget Narrative provides detailed cost itemizations and narrative supporting justification for the costs outlined in SF-424A. Both the Standard Form SF-424A and the Budget Narrative must include a yearly breakdown of costs for the entire period of performance. Please review the directions below to ensure both documents are accurately completed and consistent with application requirements.

Standard Form SF-424A

All applicants must submit an SF-424A. To fill out the budget information requested on form SF-424A, review the general instructions provided for form SF-424A and comply with the instructions outlined below.

- Note: The directions in the Notice of Funding Opportunity (NOFO) may differ from those provided by Grants.gov. Please follow the instructions included in this NOFO as outlined below when completing the SF-424A.
- Note: The total requested on the SF-424 (Application for Federal Assistance) reflects the overall total requested on the SF-424A (Budget Information – Non-Construction) for the entire project period.

    - Complete the following:
        - Section A – Budget Summary:
            - #1., Columns (a), (b), (f) and (g)
            - #5., Columns (f) and (g)
        - Section B – Budget Categories
            - #6. Column 1 a-k
        - Section C – Non-Federal Share Resources
        - Section D – Forecasted Cash Needs
            - N/A

Section A – Budget Summary

- *Grant Program Function or Activity* (column a) = Enter "Name of Notice of Funding Opportunity" in row 1.
- *New or Revised Budget, Federal* (column e) = Enter $0 for the Total Federal Budget Requested for the project period in rows 1 and 5.
- *New or Revised Budget, Non-Federal* (column f) = Enter Total Amount of any Non-Federal Funds Contributed (if applicable) in rows 1 and 5.
- *New or Revised Budget, Total* (column g) = Enter Total Budget Proposed in rows 1 and 5, reflecting the sum of the amount for the Federal and Non-Federal Totals.

Section B – Budget Categories

- Enter the total non-federal costs to be utilized for each Object Class Category (Section B, number 6) for each year of the period of performance. Notice of Funding Opportunities with a 5-year project period will utilize a second SF-424A form.
- Column (1) = Enter Year 1 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges are reflected in row j. The total for direct and indirect charges for all year 1 line items is entered in column 1, row k (sum of row i and j).
- Column (2) = Enter Year 2 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges are reflected in row j. The total for direct and indirect charges for all year 2 line items is entered in column 2, row k (sum of row i and j).
- Column (3) = (If applicable) Enter Year 3 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges are reflected in row j. The total for direct and indirect charges for all year 3 line items are entered in column 3, row k (sum of row i and j).
- Column (5) = Enter total non-federal funds for the period of performance for each line item (rows a-h), direct total costs (row i), and indirect costs (row j). The total costs for all line items are entered in row k (sum of row i and j). The total in column 5, row k should match the total provided in Section A – Budget Summary, New or Revised Budget, column g, row 5.
- If the NOFO is for a 5-year period of performance, please complete a second SF-424A form and upload it as an attachment to the application (this specific attachment does not count towards the page limit). Year 5 information is included in column 1 of Section B. Then enter the total for years 1-4 (per the first SF-424A form) in column 2 of Section B. The second SF-424A form will compute columns 1 and 2, reflecting total costs for the entire project period. This total should be consistent with the total Federal costs requested on the SF-424, Application for Federal Assistance. A blank SF-424A form can be found at Grants.gov: https://www.grants.gov/web/grants/forms/sf-424-individual-family.html#sortby=1

Budget Narrative – Sample Narrative and Instructions

Applicants must complete a Budget Narrative and upload it to the Budget Narrative Attachment Form in the application kit. Applicants should indicate funding for activities already funded/supported by other funding sources. Other funding sources include other HHS grant programs, other federal funding sources and state sources, as applicable. **Insufficient budget detail and justification may negatively impact the review of the application.**

A sample Budget Narrative is included below.

A. (Personnel) Salaries and Wages

For each requested position, provide the following information: title of position; name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this

program (FTE or level of effort); total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives. These individuals must be employees of the applicant organization.

Note: As stated in applicable Appropriations Law, none of the funds appropriated shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. This salary cap applies to direct salaries and to those salaries covered under indirect costs, also known as facilities and administrative (F & A). Please consult the following link to determine the applicable current salary cap: https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/

Sample Budget

Personnel Total	*$_____*
Grant	*$_____*
Funding other than Grant	*$_____*
Sources of Funding	*_____*

Position Title	**Name (if known)**	**Annual**	**Time**	**Months**	**Amount Requested**
Project Director	Susan Taylor	$45,000	100%	12 months	$45,000
Finance Administrator	John Johnson	$28,500	50%	12 months	$14,250
Outreach Supervisor	Vacant	$27,000	100%	12 months	$27,000
Total:					$86,250

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Director - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in-service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data; responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to HHS. This position relates to all program objectives.

B. Fringe Benefits
Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation (reference NICRA if applicable). If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. This information must be provided for each position (unless the rates for all positions are identical).

Sample Budget

Fringe Benefits Total $_____
Grant $_____
Funding other than Grant $_____
Sources of Funding_____

Fringe Benefit	**Rate**	**Salary Requested**	**Amount Requested**
FICA	7.65%	$45,000	$3443
Worker's Compensation	2.5%	$14,250	$356
Insurance	Flat rate - $2,000 (100% FTE for 12 months)	$2,000	$2,000
Retirement	5%	$27,000	$1,350
Total			$7,149

C. Travel

Dollars requested in the travel category are for **applicant staff travel only**. Travel for consultants is in the consultant category. Allowable travel for other participants, advisory committees, review panel, etc. is itemized in the same way specified below and placed in the **"Other"** category. Travel incurred through a contract is in the contractual category.

Provide a narrative describing the travel staff members will perform. This narrative includes a justification of why this travel is necessary and how it will enable the applicant to complete program requirements included in the Notice of Funding Opportunity. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. The mileage rate cannot exceed the rate set by the General Services Administration (GSA). If travel is by air, provide the estimated cost of airfare. The lowest available commercial airfares for coach or equivalent accommodations is used. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Costs for

per diem/lodging cannot exceed the rates set by GSA. Include the cost of ground transportation when applicable. Please refer to the GSA website by using the following link http://www.gsa.gov/portal/content/104877.

Sample Budget

Fringe Benefits Total $_____
Grant $_____
Funding other than Grant $_____
Sources of Funding_____

Purpose of Travel	**Location**	**Item**	**Rate**	**Cost**
Site Visits	Neighboring areas of XXX	Mileage	$0.545 x 49 miles (use GSA mileage rate in effect at time of mileage incurrence) x 25 trips	$668
Training (ABC)	Chicago, IL	Airfare	$200/flight x 2 persons	$400
		Luggage Fees	$50/flight x 2 persons	$100
		Hotel	$140/night x 2 persons x 3 nights	$840
		Per Diem (meals)	$49/day x 2 persons x 4 days	$392
		Transportation (to and from airport)	$50/shuttle x 2 persons x 2 shuttles	$200
		Transportation (to and from hotel)	$25/shuttle x 2 persons x 2 shuttles	$100
				$2,700

Sample Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend a conference on the following topic XXXX held once a year in Chicago, IL. Attending this conference is directly linked to project goals/objectives and is a necessity because XXXX. The information and tools we will gather from attending this conference will help us to accomplish project objectives by XXXX. A sample itinerary is provided upon request. The Project Coordinator will also make an estimated 25 trips to birth center sites to monitor program implementation (# of birth centers, # of trips per site). We are still in the process of identifying all birth center sites, and identified an average mileage total for each site. This travel is necessary to ensure birth center sites are consistently and systematically collecting birth center data and submitting by deadlines provided. On-site monitoring will enable us to address

concerns. This travel also furthers our efforts to accomplish specific project goals for the following reasons

_____.

D. Equipment

Equipment is tangible nonexpendable personal property, including exempt property, charged directly to the award having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. However, consistent with recipient policy, lower limits may be established. Note: Technology items such as computers that do not meet the $5,000 per unit threshold or an alternative lower limit set by recipient policy that may therefore be classified as **supplies**, must still be individually tagged and recorded in an equipment/technology database. This database should include any information necessary to properly identify and locate the item, for example; serial # and physical location of equipment (e.g. laptops, tablets, etc.).

Provide justification for the use of each equipment item and relate it to specific program objectives. List maintenance or rental fees for equipment in the "Other" category. Ensure that all IT equipment is uniquely identified. Show the unit cost of each item, number needed, and total amount.

Sample Budget

Equipment Benefits Total $_____
Grant $_____
Funding other than Grant $_____
Sources of Funding_____

Item(s)	**Rate**	**Cost**
All-in-one Printer, Copier, and Scanner (large scale)	1 @ $5,800	$5,800
X-Ray Machine	1 @ $8,000	$8,000
Total:		$13,800

Sample Justification

Provide complete justification for all requested equipment, including a description of how the program utilizes the equipment. For equipment and tools shared amongst programs, please cost allocate as appropriate. Applicant should provide a list of hardware, software and IT equipment that will be required to complete this effort. Additionally, they should provide a list of non-IT equipment that will be required to complete this effort.

E. Supplies
Supplies include all tangible personal property with an acquisition cost of less than $5,000 per unit or an alternative lower limit set by recipient policy. Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. Classify technology items such as computers that do not meet the $5,000 per unit threshold or an alternative lower limit set by recipient policy as **supplies** and individually tag and record in an equipment/technology database. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

Supplies Total $_____
Grant $_____
Funding other than Grant $_____
Sources of Funding_____

Item(s)	**Rate**	**Cost**
Laptop Computer	2 @ $1,000	$2,000
Printer	1 @ $200	$200
General office supplies	12 months x $24/mo x 10 staff	$2,880
Educational pamphlets	3,000 copies @ $1 each	$3,000
Educational videos	10 copies @ $150 each	$1,500
Total:		$9,580

Sample Justification
General office supplies will be used by staff members to carry out daily activities of the program. The project coordinator will be a new position and will require a laptop computer and printer to complete required activities under this Notice of Funding Opportunity. The price of the laptop computer and printer is consistent with those purchased for other employees of the organization and is based upon a recently acquired invoice (which can be provided upon request). The pricing of the selected computer is necessary because it includes the following tools XXXX (e.g. firewall, etc.). The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Usage of these pamphlets and videos will enable us to address components one and two of our draft proposal. Word Processing Software will be used to document program activities, process progress reports, etc.

F. Consultant/Subrecipient/Contractual Costs

A complete description and cost breakdown, as outlined below, is provided for each consultant, subrecipient or contract.

REQUIRED REPORTING INFORMATION FOR CONSULTANT HIRING

This category is appropriate when hiring an individual who gives professional advice or provides services (e.g. training, expert consultant, etc.) for a fee and who is not an employee of the Recipient organization. Submit the following required information for consultants:

1. Name of Consultant: Identify the name of the consultant and describe the person's qualifications.
2. Organizational Affiliation: Identify the organizational affiliation of the consultant, if applicable.
3. Nature of Services to be Rendered: Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables.
4. Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.
5. Number of Days of Consultation: Specify the total number of days of consultation.
6. Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per diem, and supplies.
7. Justification of expected compensation rates: Provide a justification for the rate, including examples of typical market rates for this service in your area.
8. Method of Accountability: Describe how the applicant monitors progress and performance of the consultant. Identify who is responsible for supervising the consultant agreement.

REQUIRED REPORTING INFORMATION FOR SUBRECIPIENT APPROVAL

The detailed descriptions and costs of project activities to be undertaken by a subrecipient is included in this category (please use formats from 'Sample Budget' and 'Sample Justification" above. For more information on subrecipient and contractual relationships, please refer to HHS regulation 45 CFR 75.351 *Subrecipient and Contractor Determinations* and 75.352 *Requirements for pass-through entities*.

REQUIRED REPORTING INFORMATION FOR CONTRACT APPROVAL

All recipients must submit to CMS the following required information for establishing a contract to perform project activities.

1. Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.
4. Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks performed by the contractor as related to the accomplishment of program objectives. Clearly define the deliverables.
5. Method of Accountability: Describe the monitoring plan of the progress and performance of the contractor during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

G. Construction (not applicable)

H. Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Sample Budget

Other Total	*$_____*
Grant	*$_____*
Funding other than Grant	*$_____*
Sources of Funding	*_____*

Item(s)	Rate	Cost
Telephone	$45 per month x 3 employees x 12 months	$1,620
Postage	$250 per quarter x 4 quarters	$1,000
Printing	$0.50 x 3,000 copies	$1,500
Equipment Rental *specify item	$1,000 per day for 3 days	$3,000
Internet Provider Service	$20 per month x 3 employees x 12 months	$720
Word Processing Software (specify type)	1 @ $400	$400
Total:		$8,240

[Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If the item is not self-explanatory and/or the rate is excessive, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).]

Sample Justification
We are requesting costs to accommodate telephone and internet costs for the 3 new hires that will be working on this project in the new space designated. We are also requesting printing and postage costs to support producing fliers to disseminate in the community and brochures to educate participants enrolled in the program. The word processing software will be used to help us track data and compile reports. To track and compile the data, we will need to rent _____. Without this equipment, we will not be able to produce this information in an accurate and timely manner.

I. Total Direct Costs

$_____

Show total direct costs by listing totals of each category.

J. Indirect Costs

$_____

To claim indirect costs, the applicant organization must have a current approved negotiated indirect cost rate agreement (NICRA) established with the Cognizant Federal agency unless the

organization has never established one (see 45 CFR §75.414 for more information). If a rate has been issued, a copy of the most recent indirect cost rate agreement must be provided with the application.

Sample Budget

The rate is ___% and is computed on the following direct cost base of $_____.

Personnel $_____
Fringe $_____
Travel $_____
Supplies $_____
Other $_____
Total $ x ____% = Total Indirect Costs

If the applicant organization has never received an indirect cost rate, except for those non-Federal entities described in Appendix VII(D)(1)(b) to 45 CFR part 75, the applicant may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC). If the applicant has never received an indirect cost rate and wants to exceed the de minimis rate, then costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs. These costs should be outlined in the "other" costs category and fully described and itemized as other direct costs.

Appendix II. Application and Submission Information

Please CTRL/Click to access links or paste to your browser. Please note these are the most up-to-date directions and links we have. Applicants are advised to check the websites for any changes. Also, phone numbers are provided if additional assistance is needed as several websites have made recent changes to links and directions.

This NOFO contains all the instructions to enable a potential applicant to apply. The application is written primarily as a narrative with the addition of standard forms required by the Federal government for all grants and cooperative agreements.

With respect to electronic methods for providing information about funding opportunities or accepting applicants' submissions of information, CMS complies with Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d).

EIN, DUNS, AND SAM REQUIREMENTS (ALL APPLICATIONS)

Employer Identification Number

All applicants under this Notice of Funding Opportunity must have an Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN), to apply. **Please note, applicants should begin the process of obtaining an EIN/TIN as soon as possible after the Notice of Funding Opportunity is posted to ensure this information is received in advance of application deadlines. The process to obtain an EIN typically takes up to 5 weeks.**

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS Number)

All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number. The DUNS number is a nine-digit number that uniquely identifies business entities. To obtain a DUNS number access the following website: https://fedgov.dnb.com/webform/ or call 1-866-705-5711. This number is entered in block 8c (on Form SF-424, Application for Federal Assistance). The organization name and address entered in block 8a and 8e should be exactly as given for the DUNS number.

Applicants should obtain this DUNS number as soon as possible after the Notice of Funding Opportunity is posted to ensure all registration steps are completed in time.

System for Award Management (SAM)

The applicant must register in the System for Award Management (SAM) database in order to be able to submit the application. Applicants can access https://beta.sam.gov/ and complete the online registration. DUNS and EIN/TIN numbers are required to complete the registration process. To register one or more domestic entities and appoint an entity administrator, the applicant organization must send a notarized letter to SAM. **Applicants should begin the SAM registration process as soon as possible after the Notice of Funding Opportunity is posted to ensure that it does not impair your ability to meet required submission deadlines. The**

process to register in SAM typically takes up to 2 weeks following receipt of the notarized letter (additional 5 weeks if an EIN must be established first).

Each year organizations and entities registered to apply for Federal grants or cooperative agreements through Grants.gov (or GrantSolutions as applicable) must renew their registration with SAM. **Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying via Grants.gov (or GrantSolutions as applicable). Similarly, failure to maintain an active SAM registration during the application review process can prevent HHS from issuing your agency an award.**

Applicants must also successfully register with SAM prior to registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. Please also refer to F5.c (Federal Funding Accountability and Transparency Act Reporting Requirements) of this Funding Opportunity for more information. Primary awardees must maintain a current registration with the SAM database, and **may make subawards only to entities that have DUNS numbers.**

Organizations must report executive compensation as part of the registration profile at https://beta.sam.gov/ by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170).

APPLICATION MATERIALS AND INSTRUCTIONS TO APPLY VIA GRANTSOLUTIONS.GOV

Application materials will be available for download at www.grantsolutions.gov where the applicant can download a copy of the application packet, complete it off-line, and then upload and submit the application via the www.grantsolutions.gov website.

Application Submission Process - GrantSolutions

- The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with www.grantsolutions.gov for a username and password.
- Log in with your username and password.
- Click on the *Begin an Application* link to locate the Announcement (within the *My Applications List* screen).
- The *Competing Announcements – Application Kits* screen will appear. Locate the Announcement title: **SUPPORT Act Section 1003 Demonstration Project: Post-Planning Period**. Click on the link provided in the applicable announcement title to view details about the selected announcement. Click on the Apply link at the right to begin the application.
- The GrantSolutions Application Control Checklist screen will appear with the status Work in Progress.
- The checklist screen contains the following information:
    - Status: The stage of the application. Statuses include Work in Progress and

Submitted

- Print Application – Original Submission: Click the Original Submission link to view, print, or save a PDF of the entire application package (completed forms, attachments, etc.)
- Applicant, Applicant Number, and Project Information: Read-only information about the applicant and project
- Applicant Kit: Includes online forms, enclosures, attachments, and form statuses
- Verify Submission: Submit Application
- Close: Return to previous screen

- Applicant must review and comply with all requirements contained in the NOFO[2] – included under header *Grant Announcement*.
- Applicant should review the following document included under the header *Information for the Applicant*: **Quick Sheet: How to Apply**. This document contains detailed instructions on the completion and submission of the application directly to www.GrantSolutions.gov.
- Applicant must complete the following online forms:
  - SF-424 Application for Federal Assistance
  - SF-424A Budget Information – Non-Construction
  - SF-424B- Assurances – Non-Construction
  - SF-LLL Disclosure of Lobbying Activities
  - Project Site Location Form

  To electronically complete a form in GrantSolutions, click the Enter Online link for the desired form (i.e. SF-424A). Specific directions for completion of the online forms are included in the document, **Quick Sheet: How to Apply.**
- Applicant must create the following documents and upload them under the header, *Additional Information to be Submitted*:
  - Project Abstract
  - Project Narrative
  - Budget & Budget Narrative

  Specific instructions for upload of these narratives are included in the document, **Quick Sheet: How to Apply.**
- Any files uploaded or attached to the application must be PDF file format and must contain a valid file format extension in the filename. Any file submitted that is not in a PDF file format, or contains password protection, will not be accepted for processing and will be excluded from the application during the review process. In addition, the use of

[2] This may also be referred to as the Funding Opportunity Announcement in GrantSolutions.

compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. The application must be submitted in a file format that can easily be copied and read by reviewers.

- It is recommended that scanned copies not be submitted through www.grantsolutions.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced in size, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation. All documents that do not conform to the above specifications will be excluded from the application materials during the review process.
- Once all necessary forms are completed, attachments are uploaded, and there is one or more check marks in the Status column, scroll to the bottom of the screen and click the Verify Submission button. Review the page to ensure all online forms are listed. Click Final Submission. Applicant will be prompted to verify the application should be submitted. Once the application is submitted, the status of the application is updated and CMS will receive email notification that an application has been submitted.

An application must be received via www.grantsolutions.gov. An application submitted through other means will not be accepted.

Appendix III. Business Assessment of Applicant Organization

Applicants review and answer the business assessment questions outlined below. There are eleven (11) topic areas labeled A-K, with a varying number of questions within each topic area. Applicants MUST provide a brief substantive answer to each question (and supporting documentation as applicable). If the answer to any question is non-applicable, please provide an explanation. Please note, if CMS cannot complete its review without contacting the applicant for additional clarification, the applicant risks selection for award.

A. General Information

1. Provide organization:
    a. Legal name:
    b. EIN:
    c. Organizational Type:
2. What percentage of the organization's capital is from Federal funding? (percentage = total Federal funding received in previous fiscal year / organization's total gross revenue in previous fiscal year).
3. Does/did the organization receive additional oversight (ex: Correction Action Plan, Federal Awardee Performance and Integrity Information System (FAPIIS) finding, reimbursement payments for enforcement actions) from a Federal agency within the past 3 years due to past performance or other programmatic or financial concerns with the organization)?
    a. If yes, please provide the following information: Name of the Federal agency; reason for the additional oversight as explained by the Federal agency:
    b. If resolved, please indicate how the issue was resolved with the agency.
4. Does the organization currently manage grants with other U.S. Department of Health and Human Services components or other Federal agencies?
5. Explain your organization's process to ensure annual renewal in System for Award Management (to include FAPIIS).
6. Explain your organization's process to comply with (a) 45 CFR 75.113 Mandatory Disclosures and (b) your organization's process to comply with FFATA requirements.
7. Do you have conflict of interest policies? Does your organization or any of its employees have any personal or organizational conflicts of interest related to the possible receipt of these CMS award funds? If yes, please explain and provide a mitigation plan.
8. Does your organization currently, or in the past, had delinquent Federal debt in the last 3 years? If yes, please explain.
9. Has the organization obtained fidelity bond insurance coverage for responsible officials and employees of the organization in amounts required by statute or organization policy? What is that amount?
10. Do you have (and briefly describe) policies and procedures in place to meet the requirements below? If not, explain your plan and estimated timeline for establishing these policies and procedures if selected for award.
    a. make determinations between subrecipients versus contracts in

accordance with 45 CFR 75.351?

b. notify entities at the time of the award/agreement if they are a subrecipient in compliance with 45 CFR 75.352?

c. manage, assess risk, review audits, and monitor the subrecipients as necessary to ensure that subawards are used for authorized purposes in compliance with laws, regulations, and terms and conditions of the award and that established subaward performance goals are achieved (45 CFR § 75.351–75.353)?

B. Accounting System

1. Does the organization have updated (last two years) written accounting policies and procedures to manage federal awards in accordance with 45 CFR Part 75?
    a. If no, please provide a brief explanation of why not.
    b. Describe the management of federal funds and how funds are separated (not co-mingling) from other organizational funds.

2. Briefly describe budgetary controls in effect to preclude incurring obligations in excess of:
    a. Total funds available for an award.
    b. Total funds available for a budget cost category.

3. Has any government agency rendered an official written opinion within the last 3 years concerning the adequacy of the organization's accounting system for the collection, identification, and allocation of costs under Federal awards?
    a. If yes, please provide the name and address of the Agency that performed the review.
    b. Provide a summary of the opinion.
    c. How did your organization resolve any concerns?
4. How does the accounting system provide for recording the non-Federal share and in-kind contributions (if applicable for a grant program).
5. Does the organization's accounting system provide identification for award funding by federal agency, pass-through entity, Assistance Listing (CFDA), award number and period of funding? If yes, how does your organization identify awards? If not, please explain why not.

C. Budgetary Controls

1. What are the organization's controls utilized to ensure that the Authorized Organizational Representative (AOR), as identified on the SF-424, approves all budget changes for the federal award?
2. Describe the organization's procedures for minimizing the time between transfer of funds from the U.S. Treasury (e.g. Payment Management System) and disbursement for grant activities (See 45 CFR §75.305, "Payment.").

D. Personnel

1. Does the organization have a current organizational chart or similar document establishing clear lines of responsibility and authority?

a. If yes, please provide a copy.
b. If no, how are lines of responsibility and authority determined?

2. Does the organization have updated (last two years) written Personnel and/or Human Resource policies and procedures? If no, provide a brief explanation.
3. Does the organization pay compensation to Board Members?
4. Are staff responsible for fiscal and administrative oversight of HHS awards (Grants Manager, CEO, Financial Officer) familiar with federal rules and regulations applicable to grants and cooperative agreements (e.g. 45 CFR Part 75)?
5. Please describe how the payroll distribution system accounts for, tracks, and verifies the total effort (100%) to determine employee compensation.

E. Payroll

1. In preparation of payroll is there a segregation of duties for the staff who prepare the payroll and those that sign the checks, have custody of cash funds and maintain accounting records? Please describe.

F. Consultants (See appendix I in the NOFO for relevant information)

1. Are there written policies or consistently followed procedures regarding the use of consultants which detail the following (include explanation for each question below):
    a. Briefly describe the organization's method or policy for ensuring consultant costs and fees are allowable, allocable, necessary and reasonable.
    b. Briefly describe the organization's method or policy to ensure prospective consultants prohibited from receiving Federal funds are not selected.

G. Property Management

1. Briefly describe the system for property management (tangible or intangible) utilized for maintaining property records consistent with 45 CFR 75.320(d). **Refer to (45 CFR 75.2) for definitions of property to include personal property, equipment, and supplies.
2. Does the organization have adequate insurance to protect the Federal interest in equipment and real property (see 45 CFR §75.317, "Insurance coverage.")? How does the organization calculate the amount of insurance?

H. Procurement

Describe the organization's procurement procedures (in accordance with 45 CFR §75.326--§75.335, "Procurement procedures")? If there are no procurement procedures, briefly describe how your organization handles purchasing activities. A. Include individuals responsible and their roles. B. Describe the competitive bid process for procurement purchases of equipment, rentals, or service agreements that are over certain dollar amounts.

I. Travel

1. Describe the organizations written travel policy. Ensure, at minimum, that:
    a. Travel charges are reimbursed based on actual costs incurred or by use of per

diem and/or mileage rates (see 45 CFR §75.474, "Travel costs.").

b. Receipts for lodging and meals are required when reimbursement is based on actual cost incurred.
c. Subsistence and lodging rates are equal to or less than current Federal per diem and mileage rates.
d. Commercial transportation costs incurred at coach fares unless adequately justified. Lodging costs do not exceed GSA rate unless adequately justified (e.g. conference hotel).
e. Travel expense reports show purpose and date of trip.
f. Travel costs are approved by organizational official(s) and funding agency prior to travel.

J. Internal Controls

1. Provide a brief description of the applicant's internal controls that will provide reasonable assurance that the organization will manage award funds properly. (see 45 CFR §75.303, "Internal controls.")
2. What is your organization's policy on separation of duties as well as responsibility for receipt, payment, and recording of cash transactions?
3. Does the organization have internal audit or legal staff? If not, how do you ensure compliance with the award? Please describe.
4. If the organization has a petty cash fund, how is it monitored?
5. Who in the organization reconciles bank accounts? Is this person familiar with the organization's financial activities? Does your organization authorize this person to sign checks or handle cash?
6. Are all employees who handle funds required to be bonded against loss by reason of fraud or dishonesty?

K. Audit

1. What is your organization's fiscal year?
2. Did the organization expend $750,000 or more in Federal awards from all sources during its most recent fiscal year?
3. Has your organization submitted;
   (a) an audit report to the ***Federal Audit Clearing House (FAC)*** in accordance with the Single Audit Act in the last 3 years? (see 45 CFR §75.501, "Audit requirements" and 45 CFR §75.216 "Special Provisions for Awards to Commercial Organization as Recipient.") **or**

   b) an independent, external audit? If no, briefly explain. If yes, address the following:

   i. The date of the most recently submitted audit report.
   ii. The auditor's opinion on the financial statement.
   iii. If applicable, indicate if your organization has findings in the following areas: 1) *internal controls, 2) questioned or unallowable costs, 3) procurement/suspension and debarment, 4) cash management of award funds, and 5) subrecipient monitoring.*
   iv. Include (if applicable):
      1. A description of each finding classified as Material Weakness.
      2. A description of each finding classified as Significant Deficiency.

4. Does the organization have corrective actions in the past 2 years for the findings identified above (3(iii))? If yes, describe the status (closed or open) and progress made on those corrective actions.

Appendix IV: Accessibility Requirements

CMS and its recipients are responsible for complying with federal laws regarding accessibility as noted in the Award Administration Information/Administration and National Policy Requirements Section.

The Recipient may receive a request from a beneficiary or member of the public for information in accessible formats. All successful applicants under this Notice of Funding Opportunity must comply with the following reporting and review activities regarding accessibility requests:

Accessibility Requirements:

1. Public Notification: If you have a public facing website, you shall post a message no later than **30** business days after award that notifies your customers of their right to receive an accessible format. Sample language may be found at: https://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html. Your notice shall be crafted applicable to your program.
2. Processing Requests Made by Individuals with Disabilities:
    a. Documents:
        i. When receiving a request for information in an alternate format (e.g., Braille, Large print, etc.) from a beneficiary or member of the public, you must:
            1. Consider/evaluate the request according to civil rights laws.
            2. Acknowledge receipt of the request and explain your process within **2** business days.
            3. Establish a mechanism to provide the request.

        ii. If you are unable to fulfill an accessible format request, CMS may work with you in an effort to provide the accessible format as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:
            1. The e-mail title shall read "Grantee (Organization) Alternate Format Document Request."
            2. The body of the e–mail shall include:
                a. Requester's name, phone number, e-mail, and mailing address.
                b. The type of accessible format requested, e.g., audio recording on compact disc (CD), written document in Braille, written document in large print, document in a format that is read by qualified readers, etc.
                c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
                d. The document that needs to be put into an accessible format shall be attached to the e-mail.
                e. CMS may respond to the request and provide the information directly to the requester.

iii. The Recipient shall maintain record of all alternate format requests received including the requestor's name, contact information, date of request, document requested, format requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

b. Services

i. When receiving request for auxiliary aids and services (e.g., sign language interpreter) from a beneficiary or member of the public, you must:

1. Consider/evaluate the request according to civil rights laws.
2. Acknowledge receipt of the request and explain your process within **2** business days.
3. Establish a mechanism to provide the request.

ii. If you are unable to fulfill an accessible service request, CMS may work with you in an effort to provide the accessible service as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

1. The e-mail title shall read "Grantee (Organization) Accessible Service Request."
2. The body of the e–mail shall include:
   a. Requester's name, phone number, e-mail, and mailing address.
   b. The type of service requested (e.g., sign language interpreter and the type of sign language needed).
   c. The date, time, address and duration of the needed service.
   d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
   e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
   f. Any applicable documents shall be attached to the e-mail. CMS will respond to the request and respond directly to the requester.

iii. The Recipient shall maintain record of all accessible service requests received including the requestor's name, contact information, date of request, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

3. Processing Requests Made by Individuals with Limited English Proficiency (LEP):

a. Documents:

i. When receiving a request for information in a language other than English from a beneficiary or member of the public, you must:

1. Consider/evaluate the request according to civil rights laws.
2. Acknowledge receipt of the request and explain your process within **2** business days.
3. Establish a mechanism to provide the request as applicable.

ii. If you are unable to fulfill an alternate language format request, CMS may work with you in an effort to provide the alternate language format as funding

and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

1. The e-mail title shall read "Grantee (Organization) Alternate Language Document Request."
2. The body of the e–mail shall include:
    a. Requester's name, phone number, e-mail, and mailing address.
    b. The language requested.
    c. Contact information for the person submitting the e-mail – Organization (Recipient), name, phone number and e-mail.
    d. The document that needs to be translated shall be attached to the e-mail.
    e. CMS may respond to the request and provide the information directly to the requester.

iii. The Recipient shall maintain record of all alternate language requests received including the requestor's name, contact information, date of request, document requested, language requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

b. Services

i. When receiving request for an alternate language service (e.g., oral language interpreter) from a beneficiary or member of the public, you must:

1. Consider/evaluate the request according to civil rights laws.
2. Acknowledge receipt of the request and explain your process within **2** business days.
3. Establish a mechanism to provide the request as applicable.

ii. If you are unable to fulfill an alternate language service request, CMS may work with you in an effort to provide the alternate language service as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

1. The e-mail title shall read "Grantee (Organization) Accessible Service Request."
2. The body of the e–mail shall include:
    a. Requester's name, phone number, e-mail, and mailing address.
    b. The language requested.
    c. The date, time, address and duration of the needed service.
    d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
    e. Contact information for the person submitting the e-mail – Organization (Recipient), name, phone number and e-mail.
    f. Any applicable documents shall be attached to the e-mail.
    g. CMS will respond to the request and respond directly to the requester.

iii. The Recipient shall maintain record of all alternate language service requests received including the requestor's name, contact information, date of request, language requested, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

Please contact the CMS Office of Equal Opportunity and Civil Rights for more information about accessibility reporting obligations at AltFormatRequest@cms.hhs.gov.

Appendix V. Review and Selection Process

The review and selection process will include the following:

i. Applications will be screened to determine eligibility for further review using the criteria detailed in Sections C. Eligibility Information, and D. Application and Submission Information (with cross-reference to Appendix II), of this NOFO. Applications that are received late or fail to meet the eligibility requirements as detailed in this NOFO or do not include the required forms will not be reviewed. However, the CMS/OAGM/GMO, in her or her sole discretion, may continue the review process for an ineligible application if it is in the best interest of the government to meet the objectives of the program.

ii. Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. The Review criteria described in Section E1. Criteria, will be used. Applications will be evaluated by an objective review committee. The objective review committee may include Federal and/or non-Federal reviewers. Applicants should pay strict attention to addressing all of these criteria, as they are the basis upon which the reviewers will evaluate their applications.

iii. The results of the objective review of the applications by qualified experts will be used to advise the CMS approving official. Final award decisions will be made by a CMS approving official. In making these decisions, the CMS approving official will take into consideration: recommendations of the review panel; the readiness of the applicant to conduct the work required; the scope of overall projected impact on the aims; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government and anticipated results; the geographic diversity of all applications; and the likelihood that the proposed project will result in the benefits expected.

iv. As noted in 45 CFR Part 75, CMS will do a review of risks posed by applicants prior to award. In evaluating risks posed by applicants, CMS will consider the below factors as part of the risk assessment (applicant should review the factors in their entirety at §75.205):

a. Financial stability;

b. Quality of management systems and ability to meet the management standards prescribed;

c. History of performance (including, for prior recipients of Federal awards: timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous federal awards, extent to which previously awarded amounts will be expended prior to future awards);

d. Reports and findings from audits performed under Subpart F of 45 CFR Part 75 and

e. Applicant's ability to effectively implement statutory, regulatory, and other requirements imposed on non-federal entities.

v. HHS reserves the right to conduct pre-award Negotiations with potential awardees.

Appendix VI. Application Check-Off List

Required Contents

A complete proposal consists of the materials organized in the sequence below. Please ensure that the project and budget narratives are page-numbered and the below forms are completed with an electronic signature and enclosed as part of the proposal. **Everything listed below must be submitted through www.grantsolutions.gov, and formatting requirements followed.**

For specific requirements and instructions on application package, forms, formatting, please see:

Section D and Appendix II: Application and Submission Information

Section E: Application Review Information

Appendix I: Guidance for Preparing a Budget Request and Narrative

- ☐ Required Forms/Mandatory Documents (with an electronic signature by AOR)
- ☐ SF-424: Application for Federal Assistance
- ☐ SF-424A: Budget Information
- ☐ SF-424B: Assurances-Non-Construction Programs
- ☐ SF-LLL: Disclosure of Lobbying Activities
- ☐ Project Site Location Form(s)

All documents below are required unless stated otherwise.

- ☐ Applicant's Application Cover Letter (**excluded from page limitations**)
- ☐ Project Abstract (**one** page)
- ☐ Project Narrative (maximum of **thirty (30)** pages)
- ☐ Work Plan and Timeline (maximum of **five (5)** pages total)
- ☐ Budget Narrative (maximum of **two (2)** pages)
- ☐ Business Assessment of Applicant Organization Attestation (maximum of 1 pages)
- ☐ Cost Allocation Plan or Negotiated Indirect Cost Rate Agreement (NICRA), if applicable (excluded from page limitations)

Appendix VII. Criteria for Identifying an SUD Service

SUD claims are identified using a modified version of the technical specifications and algorithm used to define SUD services in the T-MSIS SUD Data Book. SUD services have been identified in the TAF by using the SUD Service Identification Value Set (available as an attachment in the NOFO Technical Supplement) in conjunction with the criteria described below. Each claim in the TAF that meets the necessary criteria is flagged as an SUD service. We note that to the extent services furnished to an Institutions for Mental Disease (IMD) resident are covered in the State under a demonstration project pursuant to the expenditure authority in section 1115(a)(2) of the Social Security Act, expenditures that would otherwise meet the criteria below would be included in determining SUD expenditures.

Rule Number	Criteria
1	**Claims with an SUD diagnosis code for diagnosis code 1 (primary diagnosis) or diagnosis code 2 (secondary diagnosis)**
2	**Claims with an SUD-specific procedure code, revenue code, or place of service code. An SUD diagnosis is not required.**
3	**National Drug Codes that indicate a SUD-specific medication**