



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Center for Medicaid and CHIP Services

APPLICATION INSTRUCTIONS FOR DIRECT SUPPLEMENT

**Money Follows the Person Rebalancing Demonstration Grant:
Tribal Initiative**

Announcement Type: Direct Supplement

**Funding Opportunity Number:
CMS-1LI-14-001**

**Competition ID Number:
CMS-1LI-14-001-018301**

CFDA 93.791

Date: July 21, 2013

Title: 93.791 – Money Follows the Person Rebalancing Demonstration
Statutory Authority: Section 2403 of the 2010 Patient Protection and Affordable Care Act (Affordable Care Act), the Money Follows the Person Rebalancing Demonstration; and Section 6071, Public Law Deficit Reduction Act of 2005, Public Law 109-171

Applicable Dates:

Funding Opportunity Announcement Released: July 22, 2013

Applicant's Teleconference: August 7, 2013, 3:00 p.m. Eastern Time (Baltimore, MD)

Call-in Phone Number: 877-267-1577 / Meeting ID: 3670

Notice of Intent to Apply (required): August 28, 2013

Electronic Grant Application Due Date: October 17, 2013 by 3:00 p.m., Eastern Time (Baltimore MD)

Anticipated Issuance of Notice of Awards: November 14, 2013

Anticipated Grant Period of Performance: November 19, 2013 through April 19, 2014

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OVERVIEW INFORMATION

Federal Agency Name:	United States Department of Health and Human Services Centers for Medicare & Medicaid Services
Funding Opportunity Title:	Money Follows the Person Rebalancing Demonstration Grant: Tribal Initiative Section 6071, Public Law Deficit Reduction Act of 2005, Public Law 109-171
Announcement Type:	Direct Supplement Agency
Funding Opportunity Number:	CMS-1L1-14-001
Competition ID:	CMS-1L1-14-001-018301
Catalog of Federal Domestic Assistance (CFDA) Number:	93.791

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I. Funding Opportunity Description

I.A. Purpose and Statutory Authority

The purpose of the Centers for Medicare & Medicaid Services (CMS) Money Follows the Person (MFP) Tribal Initiative (TI) is to offer existing MFP state grantees and tribal partners the resources to build sustainable community-based long term services and supports (CB-LTSS) specifically for Indian country. **The funds are subject to all the terms and conditions of the MFP Program¹.** The TI may be used to advance the development of an infrastructure required to implement CB-LTSS for American Indians and Alaska Natives (AI/AN) using a single, or a variety of applicable Medicaid authorities². Funding is intended to support the planning and development of:

- 1) An in-state Medicaid program CB-LTSS (as an alternative to institutional care) tailored for AI/AN who are presently receiving services in an institution; and
- 2) A service delivery structure that includes a set of administrative functions delegated by the state Medicaid agency to Tribes or Tribal organizations (T/TOs), such as enabling tribe(s) to design an effective program or package of Medicaid community-based LTSS, and operating day to day functions pertaining to the LTSS program(s).

The TI may be used to cover costs necessary to plan and implement activities consistent with the objectives of this funding and within Federal grant regulations.

MFP Administrative Funding: Most of the money provided to grantees through the MFP-TI supplemental award process, Phases One through Three of the TI, is for administration of the initiative and therefore an allowable MFP administrative expense. Funding for the administrative costs of this initiative will be included in the administrative claims portion of the existing MFP grants but will not be calculated into the 20 percent administrative funding cap calculation. Grantees will need to document the funding requests amount on the Tribal Initiative lines of the worksheet for each year of the award. On a quarterly basis, grantees must report expenditures relevant to the TI on their MFP Reporting Form.

MFP Service Funding: *Enhanced Federal Medical Assistance Percentage (FMAP)*: MFP offers an enhanced FMAP rate³ for qualified CB-LTSS and demonstration services. States are permitted to claim the MFP enhanced federal match rate for the first 365-day post-transition period for qualified demonstration participants. States are also required to continue the qualified HCBS provision after the conclusion of the demonstration program. NOTE: since the first 365 days of

¹ <https://home.grantsolutions.gov/home>

² Community-based long-term services and supports means, with respect to a State Medicaid program, home and community-based services (including home health and personal care services) that are provided under the State's qualified HCB program or that could be provided under such a program but are otherwise provided under the Medicaid program.

³ The "MFP-enhanced FMAP" for a State, for a fiscal year (as defined in Section 6071 of the DRA), is equal to the published FMAP for the State, increased by a number of percentage points equal to 50 percent of the number of percentage points by which the FMAP for the State, is less than 100 percent; but, in no case shall the MFP-enhanced FMAP for a State exceed 90 percent.

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services are covered by MFP grant funds, they do not fall under the auspices of Indian Health Service (IHS) and may not be subject to the 100 percent CMS FMAP. Beyond the first 365 days following the dates of transition, however, all individual service claims provided are expected to be eligible for enhanced federal match in accordance with the 1996 Memorandum of Agreement (MOA) between the IHS and CMS ⁴.

Supplemental Services: Reimbursement is provided for services that will only be available for the MFP Demonstration Program period and are not otherwise covered by Medicaid. These services are reimbursed at the State's published FMAP rate.

The grant period of performance will be from the date of award through April 19, 2014. **Financial support for this initiative beyond that date is requested from CMS through the MFP annual budget request process. Annual MFP supplemental grant awards to states are provided via noncompetitive, supplemental awards to existing MFP grantees through March 31, 2016.** Additionally, any supplemental funding awarded in FFY 2016 will be available for expenditure beyond that date. State applicants have the flexibility to propose the scope and focus of their demonstration program within an extended timeframe, subject to CMS approval.

I.B. Background

This Demonstration allows for existing MFP State grantees to work with qualified Tribes and/or Tribal Organization (T/TO) partners to provide Medicaid CB-LTSS to eligible tribal members. Approximately ten MFP grantees will work with T/TO partners to improve access to CB-LTSS and explore realistic strategies to rebalance long term care systems in Indian country. The funding opportunity encourages state grantees to enable T/TOs to design, manage, and provide culturally sensitive CB-LTSS programs and reduce the use of institutionally based services, eliminate barriers that prevent the use of Medicaid funds to support tribal members with long term services and support needs, and strengthen the ability of state Medicaid programs to respond to the unique needs of tribal communities while acknowledging the relationship between State, Federal and Tribal Governments. In addition, the funding opportunity assists in building the capacity of T/TOs to work with partner states in designing and managing a system of CB-LTSS focused on culturally responsive support services with continuous quality improvement. The first step in this process is to provide the opportunity for currently approved MFP state grantees to apply for a direct

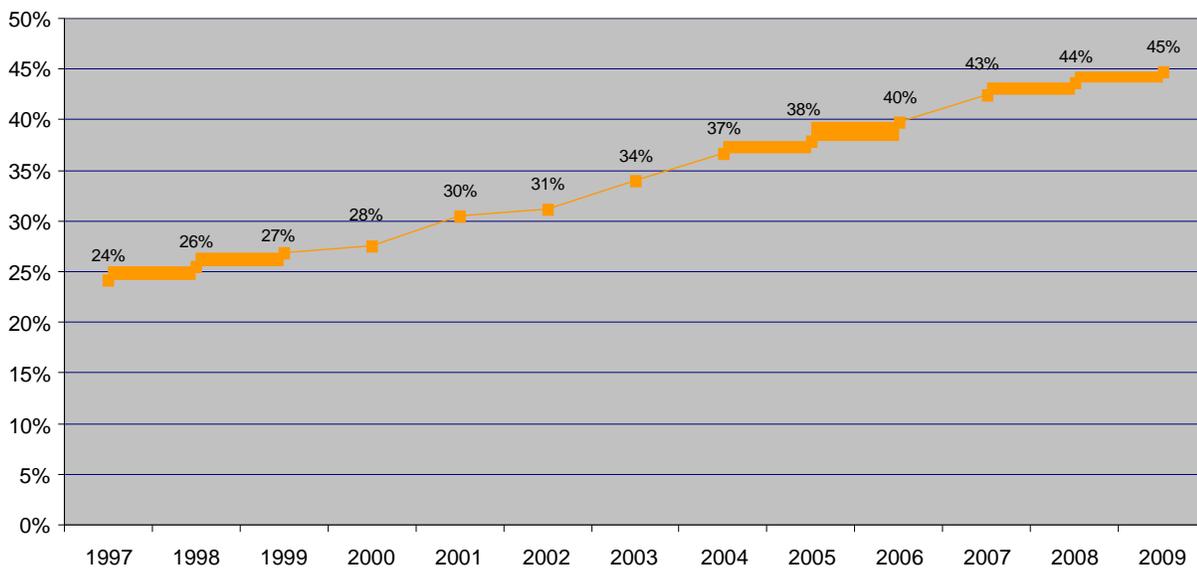
⁴ Medicaid services delivered by tribal programs are eligible for 100percent FMAP if: 1) The services are provided by a tribal facility, tribal facility employees, or contractual agency of the tribal facility, even if not on the premises of the facility, 2) The service is considered a "facility service," - that is, one within the proper scope of services which can be claimed by that facility under IHS authorities; and 3) The service is claimed by the IHS facility as a service of that facility - that is, included in the funding agreement with the IHS under the Indian Self-Determination and Education Assistance Act, P.L.93-638.

supplement to create increased access for AI/AN who wish to return to their communities and receive CB-LTSS rather than be confined in an institutional setting.

Evolution of Home and Community-Based Services in Indian Country

Medicaid long term care expenditures on nursing facilities account for the majority of Medicaid Long Term Care spending. However, the percent of HCBS expenditures reached 45 percent of total Medicaid long term care expenditures in 2009. Despite an increasing use of CB-LTSS, the organization, financing, and delivery of Medicaid-funded long-term care services still remains predisposed towards institutional care. Medicaid CB-LTSS afford the flexibility to develop and implement creative alternatives to facilities for individuals with LTSS needs.

Chart 1: Percent of Medicaid Long-Term Care Expenditures for HCBS, FY 1997 - 2009



In Indian country, the utilization of CB-LTSS is lower than average. Funding for CB-LTSS in Indian country has not been easily accessible for a variety of reasons, including geography and a lack of financing. According to the 2000 Census, six percent of the AI/AN population, an estimated 264,666 individuals are age 65 and older. The need for CB-LTSS among the AI/AN population aged 75 years and older is expected to double over the next two decades. A recent survey of tribal leaders found that 62 percent reported discussions within the past year about developing LTC services, and 29 percent indicated that their tribe has an agency or office responsible for developing or providing LTC programs⁵.

⁵ National Association of Chronic Disease Directors (2009)

I.C. Program Requirements

I.C.1. Use of Grant Funds

MFP tribal funding will be available to existing MFP states (see Appendix D for list of existing MFP states), with the expectation that the state will identify and formally partner with T/TOs.

States without a written partnership commitment with T/TOs for this initiative will not be considered for this funding. The ultimate goals of the partnership are to expand the capacity of Medicaid LTSS in tribal areas, enhance the leadership role of tribes in the design and operations of these programs, and rebalance the LTC system by transitioning, at their choice, eligible and interested tribal members to their communities.

Relevant activities that may be paid for through this initiative include, but are not limited to, the following:

- Building T/TO LTSS infrastructure and capacity to support MFP implementation;
- Strengthening partnerships between the state Medicaid agency and T/TO in support of state rebalancing initiatives;
- Developing roles the T/TO and state Medicaid agencies will play in the design and operations of the TI program;
- Deciding on geographic area(s) of the state where the collaboration activities will be implemented;
- Defining a program model and a set of services tailored to AI/AN populations consistent with the parameters of the MOA between CMS and IHS;
- Identifying T/TO community provider capacity-building needs, including IT systems changes and training, to achieve a sustainable model; and
- Transitioning AI/AN to their communities from institutions.

The project activities should build upon current MFP and tribal work within the state. By integrating with other related initiatives, the expected result is a sustained program of LTSS for AI/AN within the state by the end of the Federal MFP grant funding.

I.C.2. Description of MFP Tribal Initiative Components

The project has four distinct phases as follows:

Phase One: Concept Paper

Phase Two: Operational Protocol: Detailed Timeline and Activities

Phase Three: Execution of Operational Protocol and Program Submittal

Phase Four: Program Implementation

Each phase must be approved by CMS prior to the grantee advancing to the next phase. **NOTE: After April 19, 2014, further funding to support this initiative is subsumed into the annual MFP supplemental budget requests. The annual process is a noncompetitive, supplemental award to existing MFP grantees. All support for this initiative is tracked separately in a separate line item on the MFP expenditure reports.**

Phase One: Concept Paper

Phase One will consist of two major activities: partnership commitment and relevant tribal population characteristics. The concept paper describing these activities consists of a brief proposal of how the T/TOs and state will work together on the initiative, a general description of the scope of the tribal institutional populations, and identifying characteristics of this target group (including existing needs assessments for involved tribal communities), if available. Also required is a signed commitment agreement between the state and T/TOs. During Phase One CMS will provide technical assistance, as needed, to assist states and tribes in working through a partnership commitment.

Phase One will culminate when the State and T/TO receive approval from CMS on 1) a concept paper that outlines state-tribal partnership commitment agreement to pursue the initiative, and 2) a description of relevant tribal characteristics in the state, including a tribal needs-assessment and population details, as available.

Phase Two: Operational Protocol: Detailed Timeline and Activities

In Phase Two the parties will generally define the content details of agreements between the state and T/TO relative to their respective roles (including Medicaid delegated functions), detailed agreements among tribes or between tribes, goals and parameters of the desired program, the description or development details of tribal administrative structures to address delegated functions, and mechanisms to assure and oversee quality.

Additional specific activities under Phase Two must include the identification of:

- More detailed information on the specific number of Medicaid-eligible tribal members interested in being discharged into the community from an institution and individuals at high risk of an extended institutional placement;
- State and tribal roles in Medicaid administration, and respective interest and capacity to fulfill those roles over the life of the project and after its conclusion;
- Tribal community-based LTSS preferences, and unique design elements of interest to the T/TO;
- Medicaid statutory program authorities or state plan services that may address the identified tribal needs (to ensure that this program will not duplicate already existing programs.); and
- Delegated administrative responsibilities that allow T/TOs significant leadership

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roles in the design and operations of a Medicaid LTSS program for tribal members.

In Phase Two, grantees will provide a clear delineation of the roles and responsibilities of state and tribal staff participating in the TI, the T/TO role in the planning, design, and operations of the initiative, and consultants and partner organizations directly relevant to the project. This section should also identify challenges and barriers that might arise through this collaboration and processes by which they will be addressed.

During Phase Two CMS will provide technical assistance related to both tribal matters and Medicaid LTSS programs to assist states and tribes in the development of the TI program details.

Phase Two will culminate when the State and T/TO submit a detailed operational protocol and timeline that includes processes and activities related to the goals and parameters of the desired program, details related to respective roles, the development of tribal administrative structures to address delegated functions, and mechanisms to assure and oversee quality. CMS must approve this prior to movement to Phase Three.

Phase Three: Execution of Operational Protocol and Program Submittal

Phase Three involves the execution of the approved operational protocol. Also inherent in Phase Three is the identification of viable program authorities supporting the MFP-TI. If the state submits a request for a new SPA, 1915(c), 1915(i), 1915(b)(c), or any new request under a Medicaid authority, the CB-LTSS application should meet the goals and objectives of this funding opportunity. Work conducted in this Phase could result in the identification of barriers that require resolution, including the identification of state and federal policy issues that must be addressed in order to advance the CB-LTSS application. Phase Three requires the implementation or operationalization of partnership agreements or MOA. Ongoing TA will be available.

Phase Three culminates in the submittal of an application/proposal for a comprehensive CB-LTSS program or state plan service(s) to CMS. The program must be consistent with terms of the Agreement between CMS and IHS as follows:

- 1) The services are provided by a tribal facility, tribal facility employees, or contractual agency of the tribal facility, even if not on the premises of the facility;
- 2) The service is considered a “facility service,” - that is, one within the proper scope of services which can be claimed by that facility under IHS authorities; and
- 3) The service is claimed by the IHS facility as a service of that facility - that is, included in the funding agreement with the IHS under the Indian Self-Determination and Education Assistance Act, P.L.93-638.

The state and T/TOs will require approval from CMS for the submitted program or service application.

Phase Three activities by the state and/or T/TO include finalization of the following:

- The scope and details of delegated administrative functions handled by the T/TO and portions, if any, that will be contracted out;
- The details of the participating tribe or tribal collaborative and methods by which they will organize to implement administrative functions;
- Selected Medicaid program authority (or authorities) for the program structure that will address the AI/AN needs identified;
- The methods by which the CB-LTSS Medicaid program is crafted to assure adherence to terms of the CMS-IHS MOA relative to federal match;
- Development of program parameters to specifically address the unique needs of AI/AN, including but not limited to service delivery model, service definitions, provider qualifications, rate structure, eligibility criteria, and other factors as required in the program application;
- Development and submittal of a program proposal and/or application; and
- Program negotiations with CMS as part of the submission process leading to the approval of the Medicaid LTSS program.

Phase Three will culminate when the State and T/TO have implemented partnership agreements, engaged in necessary program development activities, and, as needed, created administrative structures for tribes to implement delegated administrative functions on behalf of the State Medicaid Agency. These program activities result in a proposal for a Medicaid CB- LTSS tailored to the needs of AI/AN, and consistent with the terms of the CMS-IHS MOA relative to federal match rate. The final step in this phase is the submittal of a program proposal to, and approval, by CMS.

Phase Four: Program Implementation

Phase Four involves implementation of the CMS approved Medicaid LTSS, meeting the conditions outlined herein. The implementation phase includes 1) transition activities related to eligible individuals moving from institutions to their communities, and 2) administrative activities related to program operations.

In this phase MFP resources may be used for the following:

- Administrative costs: Continued administrative functions related to transition, operations, and development of a sustainability plan, and
- Service costs: MFP offers an MFP enhanced federal match rate for transitioned individuals for the first 365 days. Additionally, the qualified residence requirement applies to any services for which the enhanced MFP FMAP is claimed.
- NOTE: Following the initial 365 day transition period all individual service claims associated with this initiative are expected to be eligible for federal reimbursement in accordance

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with the 1996 MOA between the IHS and CMS⁶.

The expected administrative activities in Phase Four include but are not limited to the following:

- Education of potential individual participants, their family members or legal representatives, and facility staff about CB- LTSS options, including the development of outreach and information materials;
- Transition support services to individuals through the discharge process from nursing facilities, ICF/IIDs, and hospitals;
- The establishment of community supports and resources in Indian country, which may include:
 - Identifying housing resources;
 - Teaching individuals to be their own advocates as they engage with all of the people involved in a transition;
 - Promoting participant directed service models and assisting individuals who choose participant-directed model of services;
 - Teaching individuals the skills necessary to live in the community including the promotion of successful employment outcomes;
 - Meeting the needs of AI/AN individuals with multiple chronic conditions;
 - Helping individuals to identify community resources;
 - Assisting all parties with necessary paperwork and documentation;
 - Helping individuals find appropriate personal assistants or nursing care;
 - Ensuring necessary adaptive and/or assistive technology devices are available and in place; and
 - Helping individuals access resources for minor home modifications, when necessary.
- Quality monitoring and oversight activities including regular contact post-transition to ensure adequate supports are fully in place after a return to the community;
- Execution of tasks associated with MFP and other institutional transition/diversion initiatives;
- Partnerships with public housing authorities and other organizations to link individuals with appropriate housing in the community;
- Execution of data use agreements and processes necessary to effectively share required data;
- Development and/or implementation of training for Aging and Disability Resource Center staff, Ombudsman personnel, or other key staff when necessary, on options counseling and person-centered planning or other core competency skills directly related to the TI and other institutional transition/diversion initiatives;
- Creation of data systems and management infrastructures necessary to implement the TI;

⁶ Medicaid services delivered by tribal programs are eligible for 100percent FMAP if: 1) The services are provided by a tribal facility, tribal facility employees, or contractual agency of the tribal facility, even if not on the premises of the facility, 2) The service is considered a "facility service," - that is, one within the proper scope of services which can be claimed by that facility under IHS authorities; and 3) The service is claimed by the IHS facility as a service of that facility - that is, included in the funding agreement with the IHS under the Indian Self-Determination and Education Assistance Act, P.L.93-638.

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and

- Creation of a sustainability plan that continues support for the successful activities of the TI after funding has concluded.

Phase Four activities will commence with the implementation of a sustainable CB-LTSS service model serving as an alternative to institutional care for tribal members, the transition of AI-AN from institutions, and the associated activities that support AI/AN to move from institutions to their communities.

II. AWARD INFORMATION

II.A. Total Funding and Awards Details

Award Amount:

- Phase One \$100,000 to \$300,000
- Phase Two \$100,000 to \$300,000
- Phase Three \$400,000 to \$1,000,000
- Phase Four \$ 250,000 to \$600,000

Estimated Number of Awards: 10 to 20

Estimated Project Start Date: November 19, 2013

Eligible Applicants: States with existing MFP awards, in partnership with compacted or contracted T/TOs, are eligible to submit proposals

Estimated Amount for All MFP: \$44,000,000

The deadline for submission is October 17, 2013, 3:00 p.m. Eastern Time (Baltimore MD)

Participating awardees will be expected to maintain regular contact with their CMS Project Officer and to cooperate with the CMS Technical Assistance and Evaluation contractors. Grantees will also be expected to report to CMS on all significant products and activities. Because of the nature and scope of work proposed, initiatives will vary across applications and funding levels. CMS reserves the right to offer a funding level that differs from the requested amount, including amounts less than the applicants have requested, where applicable.

II.B. Grant Program Duration

Period of Support (Budget Period): November 19, 2013 through April 19, 2014

Period of Performance (Project Period): Five months (NOTE: After April 19, 2014, further financial support for this initiative is requested from CMS through the MFP annual budget request

process.)

III. ELIGIBILITY INFORMATION

III.A. Eligible Applicants

Only states already participating in the MFP grant program may apply for this funding. The Grantee must also have an active partnership with the participating T/TO within the state for purposes of this initiative.

MFP states granted MFP Tribal supplemental budget funding will be required to submit a modified Operational Protocol, adding each TI phase as an addendum, subject to the approval of the CMS Project Officer, and as appropriate, the CMS Office of Acquisitions and Grants Management.

III.B. Cost Sharing or Matching

There is no Federal requirement for state cost sharing or state matching for administrative funds received through this grant. Enhanced federal participation would be available on MFP services in accordance with grant guidelines. (see previously released solicitation at: <http://www.grants.gov/search/search.do;jsessionid=QWTXRQkQJcFp3KF3H37qqh08918JGQ3ZTdJ9q0b1HHt2BFLyww2f!-1016918613?oppld=142173&mode=VIEW>)

III.C. Foreign and International Organizations

Foreign and international organizations are not eligible to apply.

III.D. Faith-Based Organizations

Faith-based organizations are not eligible to apply.

IV. APPLICATION AND SUBMISSION INFORMATION

IV. A. Address to Request Application Package

This Funding Opportunity Announcement serves as the solicitation package for this grant and contains all the instructions to enable a potential applicant to apply. The application should be written primarily as a narrative with the standard forms required by the Federal government for all grants.

States must submit their applications electronically through <http://www.grantsolutions.gov>. A complete electronic application package, including all required forms for this grant, is available at <http://www.grantsolutions.gov>.

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Application packages (including the FOA) specific instructions for submission of the application, forms, and the ability to upload project budget can be found at:

<http://www.grantsolutions.gov> OR by e-mail at OAGMGrantsBaltimore@cms.hhs.gov with the subject line MFP tribal initiative.

For assistance with Grantsolutions.gov, contact help@grantsolutions.gov or call 1-866-577-0771. The Funding Opportunity Announcement can also be viewed at the following:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Money-Follows-the-Person.html>

Applications cannot be accepted through any email address. Full applications can only be accepted through <http://www.grantsolutions.gov>. Full applications cannot be received via paper mail, courier, or delivery service, unless a waiver is granted per the instructions below.

The applicant must seek a waiver at least ten days prior to the application deadline in order to submit a paper application. Applicants that receive a waiver to submit paper application documents must follow the rules and timelines that are noted below.

In order to be considered for a waiver application, applicants who do not adhere to timelines and/or do not demonstrate timely action with regards to these steps will not be considered for waivers based on the inability to receive this information in advance of application deadlines.

All applications for the awards must be submitted electronically and be received through <http://www.grantsolutions.gov> by October 17, 2013 at 3:00 p.m. Eastern time. Late applications will not be reviewed.

To be considered timely, applications must be received in Grantsolutions.gov on or before the published deadline date and time. However, a general extension of a published application deadline that affects all applicants or only those applicants in a defined geographical area may be authorized by circumstances that affect the public at large, such as natural disasters (e.g.. floods or hurricanes) or disruptions of electronic (e.g., application receipt services) or other services, such as a prolonged blackout.

Please be aware of the following:

- 1) If you experience technical challenges while submitting your application electronically, please contact Grantsolutions.gov for support at: (202) 401-5282 or (866) 577-0771. Customer Support is available to address

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questions 8 AM - 6 PM Eastern Time Monday - Friday. CMS encourages applicants not to wait until close to the due date to submit the application.

- 2) If the waiver is approved, the application should be sent directly to the Division of Grants Management and received by the application due date.

IV.B. Content and Form of Application Submission

IV.B.1. Required Documents

Each application must include all contents described below:

- All pages of the project narrative must be double-spaced and paginated in a single sequence
- Font size must be no smaller than 12-point with an average character density no greater than 14 characters per inch.
- Required cover letter from the State Medicaid Director requesting funding for the MFP-TI direct supplement.
- Required description of the Medicaid Agency's structure including the Identification of the entity responsible for the development and eventual management of this grant and that entity's place in the Agency.
- Project Narrative

The project narrative must include:

- a. A description of 1) activities for developing state-tribal partnership commitment agreement to pursue the initiative, and 2) relevant tribal characteristics in the state, including a tribal needs-assessment and population details.
- b. A budget narrative: For the initial application a budget recorded on form SF-424A, and a detailed budget narrative must be included to support the development of the phases described in Program Requirements during the scope of this grant. The budget narrative must assure that financial support for this initiative will not duplicate payment for other existing services. The budget narrative is limited to two pages.
- c. The page limit for the Project Narrative is 5 pages excluding the cover letter.

IV.B.2. Standard and Required Forms and Documents

The following forms must be completed and included as part of the proposal. These forms are required but not included in the page limits.

- Application for Federal Assistance (SF-424)
- Budget Information – Non Construction Programs (SF-424A)
- Disclosure of Lobbying Activities (SF-LLL)
- Indirect Cost Rate Agreement with a federal agency

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Note: When completing the required financial forms, SF-424 and SF-424A, please adhere to the following:

Application for Federal Assistance (SF-424)

- SF-424, Section 8B-Applicant Information: Enter the legal name and EIN. Please note that the legal name and EIN listed on this application must match what is assigned by the IRS. If you have been selected for an award and the legal name and EIN do not match what is assigned by the IRS, this will cause major delays with receiving Federal funds.
- SF-424, Item 15 “Descriptive Title of Applicant’s Project.” Please indicate in this section the name of this grant funding opportunity: MFP Tribal Initiative direct supplement.
- SF-424, Section 18-Estimated Funding: Enter the amount requested for first budget period.
- SF-424, Section 19-EO 12372 Review: Check “No” as review by State Executive Order 12372 does not apply to the MFP Tribal initiative direct supplement.

Budget Information-Non Construction Programs (SF-424A)

- SF-424A, Section B-Budget Categories: In column one, enter the funding estimate for the first year budget period by object class categories that you entered on Section 18 of the SF-424. SF-424A, Section D-Forecasted Cash Needs: Enter the amount of Federal funds needed by quarter during first budget period.
- Sections E and F of the SF-424A are NOT to be completed.

IV.B.3. Cover Letter

A letter from the applicant indicating the title of the project, the principal contact person, selected Tribal Initiative Direct Supplement components, and the amount of funding requested. This letter should be addressed to the name and address below and uploaded with the application:

Mary Greene, Grants Management Officer
Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management
7500 Security Boulevard, M/S B3-30-03
Baltimore, MD 21244

IV.B.4. Notices of Intent to Apply

Applicants are required to submit a non-binding Notice of Intent to Apply. The receipt of such notices enables CMS to better plan for the application review process. These notices are to be submitted using the form in Appendix A. Notices of Intent to apply should be faxed to Anita Yuskauskas at 410-786-0268 no later than August 28, 2013.

IV.C Submission Dates And Times

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Required Notice of Intent to Apply: August 28, 2013 by 3:00 p.m. Eastern Time (Baltimore, MD)
Electronic Grant Application Due Date: October 17, 2013 by 3:00 p.m. Eastern Time (Baltimore MD)

Anticipated Issuance of Notice of Awards: November 14, 2013

IV.C.1. Applicant's Teleconference

A teleconference is scheduled for August 7, 2013 at 3:00 PM EST (877-267-1577 ID-3670). Any updates regarding the date, time and call-in number for an open applicants' teleconference will be posted on the CMS website at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Money-Follows-the-Person.html>

IV.C.2. Submittal Timeframe

All applications are due by October 17, 2013. Applications submitted through <http://www.grantsolutions.gov> before 3 p.m. Eastern Time on October 17, 2013 will be considered on time.

IV.C.3. Late Applications

Late applications will not be reviewed.

IV.C.4. Grant Awards

Anticipated award date for the planning grants is November 14, 2013.

IV.D. Intergovernmental Review

Applications for these grants are not subject to review by states under Executive Order 12372, "Intergovernmental Review of Federal Programs" (45 CFR 100). Please check Box "C" on item 19 of the SF424 (Application for Federal Assistance) as Review by State Executive Order 12371 does not apply to these grants.

IV.E. Funding Restrictions

Indirect Costs

If requesting indirect costs, a Federally Negotiated Indirect Cost Rate Agreement will be required. The provisions of 2CFR Part 225 (previously Office of Management and Budget (OMB) Circular A-87) govern reimbursement of indirect costs under this solicitation. A copy of these cost principles is available online at:

http://www.whitehouse.gov/sites/default/files/omb/fedreg/2005/083105_a87.pdf.

Reimbursement of Pre-Award Costs

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No grant funds awarded under this solicitation may be used to reimburse pre-award costs.

IV.F. Other Submission Requirements

Electronic Applications - The deadline for all applications to be submitted through <http://www.grantsolutions.gov> is before 3:00 p.m. Eastern Time on October 17, 2013. For information regarding the registration process, please visit <http://www.grantsolutions.gov>. We strongly recommend that you do **not** wait until the application deadline date to begin the application process through [grantsolutions.gov](http://www.grantsolutions.gov). We encourage applicants to submit well before the closing date, so that if difficulties are encountered, an applicant will have time to solicit help.

IV.G. System for Award Management (SAM) and Data Universal Numbering System

Effective October 1, 2010, the U.S. Department of Health and Human Services (HHS) requires all entities that plan to apply for and ultimately receive Federal grant funds from CMS or receive sub-awards directly from recipients of those grant funds to:

- Be registered in SAM prior to submitting an application or plan;
- Maintain an active SAM registration with current information at all times during which the recipient has an active award or an application or plan under consideration by CMS; and
- Provide the DUNS number in each application the recipient submits to CMS.

V. APPLICATION REVIEW INFORMATION

V.A. Review Criteria

A. Project Narrative (80 total points)

Submit a narrative consisting of no more than 5 pages containing the following:

- An overview of the existing state - tribal partnerships; (40 points)
- A description of the activities the state will take in developing the state-tribal partnership commitment agreement to pursue the initiative; (20 points)
- A description of the activities the state will undertake to assess relevant tribal characteristics in the state, including a tribal needs-assessment and population details. (20 points)

B. Budget Narrative (20 total points)

- A budget narrative must be included to support the development of Phase One. The budget narrative is limited to two pages. The budget narrative should justify all costs listed on SF-424a, and assure that financial support for this initiative will not

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duplicate payment for other existing services. Phase One budget totals are between \$100,000 and \$300,000.

C. Funding Restrictions

The following activities cannot be funded:

- Construction and/or major rehabilitation of buildings;
- Basic research (e.g. scientific or medical experiments);
- Continuation of existing projects without expansion of new and innovative approaches; and
- Activities otherwise funded through the MOA between CMS and IHS covering services to Medicaid eligible AI/AN.

V.B. Review and Selection Process

V.B.1. Review and Selection Process

An independent review of all applications will be conducted by a panel of experts. The review panel will assess each application to determine the merits of the proposal. CMS reserves the right to request that states revise or otherwise modify certain sections of their proposals based on the recommendations of the panel and the budget. Final approval of the MFP TI supplemental awards will be made by CMS after consideration of the comments and recommendations of the review panelists, program office recommendations, and the availability of funds. CMS reserves the right to approve or deny any or all proposals for funding.

Once awarded an MFP-TI direct supplement, a state begins work on Phase One. Movement to each subsequent phase requires CMS approval. That is, before a state can move to Phase Two, CMS must approve work submitted for Phase One, and so on.

V.B.2. Anticipated Announcement and Award Date

Anticipated award date is November 14, 2013.

VI. AWARD ADMINISTRATION INFORMATION

VI.A. Award Notices

Notification of TI funding will be on or after November 14, 2013. Grantees will receive a Notice of Award, signed and dated by the CMS Grants Management Officer, which sets forth the amount of the award other pertinent information. The award will include standard Terms and Conditions, and may also include additional specific grant special terms and conditions that request a work plan. Potential applicants should be aware that special requirements could apply to grant awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the review panel. The NoA is the legal document issued to notify the grant applicant that an award has been made and that Funds may be requested from the HHS payment

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system. The grant award will be sent through Grant Solutions. Any communication between CMS and applicants prior to issuance of the NoA is not an Authorization to begin performance of a project. CMS will not fund activities that are duplicative of efforts funded through its grant programs or other Federal resources.

VI.B. Administrative and National Policy Requirements

VI.B.1. Standard Requirements and Terms and Conditions

The following standard requirements apply to applications under this announcement.

- a) Specific administrative and policy requirements of grant applicants as outlined in 45 CFR 92, 2 CFR Part 225 (previously OMB Circular A-87) and OMB Circulars A-102, and A-133 apply to this grant opportunity.
- b) All awardees under these grant programs must meet the requirements of:
 - Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973;
 - The Age Discrimination Act of 1975;
 - Hill-Burton Community Service nondiscrimination provisions; and
 - Title II Subtitle A of the Americans with Disabilities Act of 1990.

Please note that howto.gov lists Federal web content requirements and best practices. Please see: <http://www.howto.gov/web-content>

- c) All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the grant applicant's original application or agreed upon subsequently with CMS in an Operational Plan, and may not be used for any prohibited uses.
- d) Beneficiaries and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project.
- e) State grant applicants must coordinate their project activities with other state, local, and federal agencies that serve the population targeted by their application (e.g., Administration for Children and Families, Administration on Developmental Disabilities, Department of Education, etc.).

Prohibited Use of Grant Funds

Grant funds may not be used for any of the following:

- To match any other federal funds.
- To provide services, equipment, or support that are the legal responsibility of another party under Federal or state law (e.g. vocational rehabilitation, criminal justice, or foster care) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations

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that are a specific obligation of the employer or other party.

- To supplant existing Federal, state, local, or private funding of infrastructure or services such as staff salaries for programs and purposes other than those disclosed in this solicitation.
- To be used by local entities to satisfy state matching requirements.
- To pay for the use of specific components, devices, equipment, or personnel that are not integrated into the project proposed.
- To lobby or advocate for changes in Federal and/or state law.

Note: A recent Government Accountability Office report number 11-43 has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (EO 13589) and Delivering Efficient, Effective and Accountable Government (EO 13576) have been issued and instruct Federal agencies to promote efficient spending. All applications will be reviewed with special regard to these guidelines, as well as any other guidelines which may be developed for conferences, meetings, and travel.

Terms and Conditions

Cooperative agreements issued under this solicitation are subject to the *Health and Human Services Grants Policy Statement (HHS GPS)* at <http://www.hhs.gov/grantsnet/adminis/gpd/>. Standard terms and special terms of award will accompany the Notice of Award. Potential awardees should be aware that special requirements could apply to awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The General Terms and Conditions that are outlined in Section II of the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Information Regarding Conferences and Conference Attendance

The Office of Management and Budget (OMB) has issued guidance requiring increased scrutiny over incurring obligations for new training, conferences, and travel (including agency-paid travel for non-agency personnel). Any grantee attending a conference or hosting a conference must go through the CMS approval process. For travel to any non-CMS sponsored conference, meeting, or other event, the grantee must also go through the CMS approval process.

VI. C. Reporting

VI.C.1. Grant Reporting Requirements

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Grant applicants must agree to cooperate with any Federal evaluation of the program. CMS will provide the format for program reporting and technical assistance necessary to complete required report forms. Grant applicants must also agree to respond to requests from CMS or contractors that are necessary for the evaluation of the national efforts and provide data on key elements of their own grant activities.

New awards issued under this funding announcement are subject to the reporting requirements of the FFATA 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 www.fsrs.gov).

CMS will not require new reporting processes for grantees. However, CMS will make minor adjustments to the current web-based reporting processes for the MFP-TI to capture information related to the goals and objectives of this funding opportunity. Specifically, the semi-annual web-based report template currently required of state MFP programs is expanded to include additional text boxes to report on formal partnerships with T/TOs, and the number of individuals transitioned into the community through this initiative. Additionally, expenditure reports will be sent to the state MFP Project Officers, with a copy to the Tribal liaison for Medicaid LTSS, Anita Yuskas (Anita.Yuskas@cms.hhs.gov). The report will include a separate expenditure breakdown for the MFP-TI for each quarter.

Quarterly Calls. Grant applicants must meet all the requirements of the demonstration grant program and state specific terms and conditions. To ensure that CMS is able to assess grant applicant progress and individual outcomes, the grant applicants must participate in quarterly TA conference calls (or other periods as defined by CMS), creating the opportunity for states to share lessons learned, develop solutions to address challenges, and provide hands on technical assistance and guidance to grant applicants.

Web-based Reporting. General information will be collected and reported in accordance with the phases of the funding opportunity. Grant applicants must provide quarterly, annual and final (at the end of the grant period) reports in an electronic form prescribed by CMS. Consistent with the other MFP program requirements, the reports will outline how grant funds are used, detail program progress, and describe barriers encountered, and outputs and measurable outcomes resulting from the program implementation.

VI.C.2. Financial Reporting Requirements

All grant applicants will be required to submit financial reporting forms on a quarterly, semi-

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annual, or annual basis. Below are brief descriptions of the required forms:

Financial Status Report, form (SF-425) – This form, submitted on a semi-annual basis accounts for all uses of grant monies during each reporting period.

VI.C.3. Audit Requirements

Awardees must comply with the audit requirements of OMB Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the internet at www.whitehouse.gov/omb/circulars

VI.C.4. Payment Management Requirements

Awardees must submit a semi-annual electronic SF-425 via the Payment Management System and to the CMS Office of Acquisition and Grants Management. The report identifies cash expenditures against the authorized funds for the cooperative agreements. Failure to submit the report may result in the inability to access funds.

The SF-425 Certification page should be faxed to the Payment Management System contact at the fax number listed on the SF-425, or it may be submitted to:

Division of Payment Management
HHS/ASAM/PSC/FMS/DPM PO
Box 6021
Rockville, MD 20852
Telephone: (877) 614-5533

VII. Agency Contacts

VII.A. Programmatic Content

CMS MFP Tribal Project Officer:

Anita Yuskauskas
Centers for Medicare & Medicaid Services

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CMCS, Disabled and Elderly Health Programs Group
7500 Security Boulevard,
Baltimore, MD 21244
Mail Stop: S2-14-26
E-mail: Anita.Yuskauskas@cms.hhs.gov

VII.B. Administrative Questions

Grant and solicitation administrative questions concerning this grant opportunity may be directed to the following mailbox: MFPTTRIBAL INITIATIVE@cms.hhs.gov. Questions submitted telephonically will not be honored.

Grants Management Contact:

OAGMGrantsBaltimore@cms.hhs.gov
Subject Line: MFP Tribal Initiative
Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management
7500 Security Boulevard,
Mail Stop: B3-30-03
Baltimore, MD 21244

VIII. Other Information

VIII.A. Applicants Teleconference

The open applicant teleconference is scheduled to take place on August 7, 2013 at 3 pm EST (Baltimore, MD). The call in phone number: **877-267-1577 / ID: 3670**

In addition, information regarding the date, time, and call-in number for the teleconference will be e- mailed to all State Medicaid Directors and tribal contacts.

APPENDICES

APPENDIX A
NOTICE OF INTENT TO APPLY

APPENDIX A DIRECT

SUPPLEMENT

Money Follows the Person Rebalancing Demonstration Grant: Tribal Initiative

NOTICE OF INTENT TO APPLY

NOTE: Completed forms must be submitted by facsimile.

If intending to apply, please complete and return by August 28, 2013 to Anita Yuskauskas, Technical Director, **Fax: 410-786-9004**

1. **Name of State:** _____

2. **Applicant Agency/Organization:** _____

3. **Contact Name and Title:** _____

4. **Address:** _____

5. **Phone:** _____ **Fax:** _____

6. **E-mail address:** _____

APPENDIX B

**MONEY FOLLOWS THE PERSON TRIBAL INITIATIVE
QUESTIONS AND ANSWERS**

**APPENDIX B:
MONEY FOLLOWS THE PERSON TRIBAL INITIATIVE
QUESTIONS AND ANSWERS**

Money Follows the Person Purpose:

The purpose of the Money Follows the Person (MFP) Rebalancing Demonstration is to assist Medicaid enrollees eligible for long-term services and supports (LTSS) to transition from institutions to the community.

Tribal Context:

The Indian Health Care Improvement Act (IHCIA) was reauthorized and amended by section 10221 of the Affordable Care Act, Pub. L. No. 111-148. Section 205 of IHCIA (25 U.S.C. § 1621d) and specifically authorizes the Indian Health Services (IHS) to provide hospice care, assisted living, long term care, and home and community based services for disabled and elderly American Indian/Alaska Native (AI/AN) persons with specific functional eligibility requirements.

What is the MFP tribal initiative?

The MFP tribal initiative (TI) provides administrative resources to eligible tribes and tribal organizations (T/TO) through existing MFP state grantees to transition eligible tribal members with disabling and chronic conditions out of institutions or inpatient facilities⁷ and into a program of community-based LTSS tailored to meet the needs of AI/AN. The additional MFP resources may be used to increase the availability of LTSS in Indian country, to expand the tribal role in state Medicaid programs, and to improve community integration of AI/AN in need of LTSS.

States are expected to work with T/TOs to design a package of Medicaid LTSS in which tribes perform delegated administrative responsibilities on behalf of state Medicaid agencies. Funding support will be awarded to state Medicaid agencies working in collaboration with eligible T/TOs. For the first 365-day post-transition period MFP offers an enhanced FMAP rate for qualified home and community-based services (HCBS) and demonstration services⁸.

Following an initial 365 day transition period all individual service claims associated with this initiative are expected to be eligible for federal reimbursement in accordance with the 1996

⁷ The term 'inpatient facility' means a hospital, nursing facility, or intermediate care facility for the individuals with intellectual disabilities. Such term includes an institution for mental diseases, but only, with respect to a State, to the extent medical assistance is available under the State Medicaid plan for services provided by such institution.

⁸ The "MFP-enhanced FMAP" for a State, for a fiscal year (as defined in Section 6071 of the DRA), is equal to the published FMAP for the State, increased by a number of percentage points equal to 50 percent of the number of percentage points by which the FMAP for the State, is less than 100 percent; but, in no case shall the MFP-enhanced FMAP for a State exceed 90 percent.

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Memorandum of Agreement (MOA) between the Indian Health Service (IHS) and CMS⁹. Correspondingly States are required to continue the qualified HCBS service provision after the conclusion of the demonstration program.

Who is eligible to apply?

States with existing MFP awards, in partnership with compacted or contracted tribes and tribal organizations (T/TOs), are eligible to submit proposals. Funding requests beyond the grant period may be submitted through an MFP supplemental budget request.

How much funding is available for the MFP T/TO?

Each proposal will be judged on its own merit and the scope of its proposal. However, we are estimating that total awards may be in the range of \$500,000 to \$2,000,000. Additional funding may be granted based on the number of participating tribes, the scope and design of the LTSS program, and the delegated responsibilities.

How will these funds be used?

The funds included in the supplemental budget request for the tribal MFP initiative may be used to advance the development of the infrastructure needed to implement community-based LTSS for AI/AN using a single or a variety of applicable Medicaid authorities¹⁰. The LTSS may include but are not limited to those provided through the following Medicaid program authorities: Section 1915(c), 1915(i), 1915(b)(c), state plan personal care, Section 1915(j), or Section 1115.

The MFP TI funding supports four distinct phases of activity for planning and developing a structure that enables T/TOs, operating in cooperation with the State Medicaid agency, to play a significant role in the design and administrative operations of a package of Medicaid community-based LTSS tailored for AI/AN.

What administrative functions could tribes perform?

Tribes could perform specifically defined administrative tasks under agreement or in partnership with the single State Medicaid Agency. Those tasks typically involve planning, designing and

⁹ Medicaid services delivered by tribal programs are eligible for 100percent FMAP if: 1) The services are provided by a tribal facility, tribal facility employees, or contractual agency of the tribal facility, even if not on the premises of the facility, 2) The service is considered a "facility service," - that is, one within the proper scope of services which can be claimed by that facility under IHS authorities; and 3) The service is claimed by the IHS facility as a service of that facility - that is, included in the funding agreement with the IHS under the Indian Self-Determination and Education Assistance Act, P.L.93-638.

¹⁰ Community-based long-term services and supports means, with respect to a State Medicaid program, home and community-based services (including home health and personal care services) that are provided under the State's qualified HCB program or that could be provided under such a program but are otherwise provided under the Medicaid program.

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managing program operations (i.e., constructing program details based on stakeholder feedback that includes service definitions, provider qualifications and rate structures), conducting intakes, providing service coordination, overseeing the provider network and quality of services provided, and a host of other day to day operational management activities of an LTSS program (i.e., operating agency functions). State Medicaid Agencies would continue to be the single State agency as required under §1902(a)(5) of the Social Security Act and CMS's regulations, and be responsible for the oversight of the administrative functions performed by tribes, including oversight of the administration of program implementation.

When will funds be available?

Funds to implement the tribal MFP initiative will be available to states beginning on November 19, 2013.

Will states and tribes be eligible for a planning grant, similar to past MFP grant programs?

This funding for the MFP TI is essentially a planning grant, designed to support the planning and development of sustainable LTSS for AI/AN. The TI award is largely intended to support programs into which eligible AI/AN individuals may transition from nursing homes or other institutions, and which can then be sustained through 100 percent FMAP. Because services delivered under the state's LTSS program, i.e., those provided through facilities operated by tribes and tribal organizations under a contract or compact with the IHS, are expected to be eligible for 100 percent federal match rate, the MFP dollars for direct services are provided only in Phase Four.

Is help available to tribes and states to work through the planning and development of this initiative?

CMS intends to provide technical assistance (TA) via contractors and CMS staff to both tribes and states to work through the anticipated complexities involved in all phases of this initiative. The TA will include expert knowledge of Medicaid LTSS authorities, MFP, and tribal health care. We anticipate the TA contractors will act as a support to tribes, states and CMS in identifying and resolving barriers and policy issues, and facilitating accomplishment.

How will we know this program worked?

CMS intends to contract with an evaluator to assess the outcomes of this program. Grantees utilizing this funding are expected to participate in the evaluation.

What are the expected outcomes of this Program?

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- To transition eligible AI/AN persons, who choose to, transition out of institutions and to their home communities.
- To demonstrate effective models of LTSS tailored to AI/AN persons.
- To demonstrate a leadership role in Medicaid programs for eligible T/TOs in the performance of delegated administrative functions related to tribal LTSS.
- To add a mechanism to serve eligible AI/AN persons, who experience significant health disparities and challenges in accessing LTSS through a sustainable (100 percent federal match) and tailored Medicaid LTSS program¹¹.
- To demonstrate and document replicable models of Medicaid LTSS for eligible AI/AN persons, receiving LTSS in programs eligible for 100 percent federal match, and which can serve as a blueprint for additional tribal-state partnerships and AI/AN tailored programs.
- To create transparency by identifying, resolving, and disseminating Medicaid policy issues that create barriers to the approval and implementation of Medicaid LTSS services for AI/AN eligible for 100 percent federal match (see footnote #4).

¹¹ NOTE: since the first 365 days of services are covered by MFP grant funds, they do not fall under the auspices of Indian Health Service (IHS) and may not be subject to the 100% CMS FMAP.

APPENDIX C
APPLICANT CHECKLIST

APPENDIX C

APPLICANT CHECKLIST FOR STATE MFP-TI

I. Initial Application

- a. *Intent of Notice to Apply* (due August 28, 2013)
- b. *Grant Application* (due October 17, 2013)
 - i. Standard Forms
 - 1. SF-424 Application for Federal Assistance
 - 2. SF-424a Budget Information Sheet
 - 3. SF-424b Assurances
 - 4. SF-LLL Lobbying
 - 5. Indirect Cost Rate Agreement (if applicable)
 - 6. Cover letter
 - ii. Review Criteria
 - 1. Project Narrative for Phase One (80 points)
 - 2. Budget Narrative for Phase One (20 points)

II. Phase One

- a. *Concept Paper*
 - i. Partnership commitment
 - ii. Relevant tribal populations and LTSS need

III. Phase Two

- a. *Operational Protocol: Detailed Timeline and Activities*
 - i. Define details of agreements between state and T/TO relative to roles
 - ii. Define detailed agreements among tribes and between tribes
 - iii. Define goals and parameters of the desired program and steps to achieve it
 - iv. Define the description or development details of tribal administrative structures to address delegated functions and mechanism to assure and oversee quality
- b. *Additional Activities*
 - i. As necessary, complete needs assessments on Medicaid-eligible tribal members interested in being discharged into the community from an institution and individuals at high risk of an extended institutional placement;
 - ii. State and tribal roles in Medicaid administration, and respective interest and capacity to fulfill those roles over the life of the project and after its conclusion;
 - iii. Tribal community based LTSS design preferences, and unique design elements of interest to the T/TO;

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- iv. Medicaid statutory program authorities or state plan services that may address the identified tribal needs;
- v. Delegated administrative responsibilities that allow T/TOs significant leadership roles in the design and operations of a Medicaid LTSS program for tribal members.

IV. Phase Three

- a. Execution of Approved Operational Protocol*
- b. Execution of Partnership Agreements or Memoranda of Understanding*
- c. CB-LTSS Program Submittal*

V. Phase Four

- a. Program Implementation of CB-LTSS tailored to AI/AN.*

APPENDIX D
EXISTING MFP STATE GRANTEES

APPENDIX D

EXISTING MFP STATE GRANTEES

Alabama	Idaho	Minnesota	New York	Virginia
Arkansas	Illinois	Missouri	Ohio	Vermont
California	Indiana	Mississippi	Oklahoma	Washington
Colorado	Kansas	Montana	Oregon	Washington D.C.
Connecticut	Kentucky	North Carolina	Pennsylvania	Wisconsin
Delaware	Louisiana	North Dakota	Rhode Island	West Virginia
Florida	Massachusetts	Nebraska	South Carolina	
Georgia	Maryland	New Hampshire	South Dakota	
Hawaii	Maine	New Jersey	Tennessee	
Iowa	Michigan	Nevada	Texas	