DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, MD 21244-1850

Invitation to Apply for "Real Choice Systems Change Grants for Community Living"

To Improve Community Services for Children and Adults Who Have a Disability or Long-Term Illness

Sponsored By The:

Centers for Medicare & Medicaid Services
CFDA No. 93.779

May 30, 2003

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Executive Summary

In FY 2003, Congress appropriated $40 million in funding for a new round of Real Choice Systems Change Grants for Community Living. Congress also passed a 0.65% general reduction in the 2003 appropriation that has been distributed across Federal programs, including this appropriation, so the final amount available will be slightly less than $40 million. In this particular solicitation, the Centers for Medicare & Medicaid Services (CMS) is inviting proposals for grants totaling up to $35 million of these funds.

A second *Federal Register* notice was published on May 29, 2003 (CMS-2185-N), for the remaining $5 million of the Real Choice Systems Change Grants for Community Living. In the second notice, the Centers for Medicare & Medicaid Services, in collaboration with the Administration on Aging (AoA), announced a competition for grants to be awarded as cooperative agreements for projects that support the development of state Aging and Disability Resource Center (Resource Center) Grant programs. Resource Centers will provide person-centered "one-stop shop" entry points into the long-term support system at the community level. Resource Centers will serve individuals who need long-term support, their family caregivers, and those planning for future long-term support needs. They will also serve as a resource for health and long-term support professionals and others who provide services to the elderly and to people with disabilities. A copy of this solicitation is available on the AoA Web site at http://www.aoa.gov and the CMS Web site at http://www.cms.hhs.gov/newfreedom/default.asp.

States and others, in partnership with their disability and aging communities, may submit proposals aimed at building infrastructure that will result in effective and enduring improvements in community long-term support systems. These systemic changes are designed to enable children and adults of any age who have a disability or long-term illness to:

a) Live in the most integrated community setting appropriate to their individual support requirements and preferences;
b) Exercise meaningful choices about their living environment, the providers of services they receive, the types of supports they use and the manner by which services are provided; and
c) Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Several grant opportunities comprise this round of "Real Choice Systems Change Grants for Community Living" and are the subject of this invitation to apply; they are titled:

Feasibility Studies and Development Grants

1. Respite for Adults
2. Respite for Children
3. Community-Based Treatment Alternatives for Children

Research and Demonstration Grants

4. Quality Assurance and Quality Improvement in Home and Community-Based Services
5. *Independence Plus* Initiative
6. Money Follows the Person Rebalancing Initiative
7. Community-Integrated Personal Assistance Services and Supports

Technical Assistance to States, State Advisory Committees and Families Grants

8. National State-to-State Technical Assistance Program for Community Living
9. Technical Assistance for Consumer Task Forces
10. Family-to-Family Health Care Information and Education Centers

Grant applications are due on July 29, 2003. All grant awards will be made prior to October 1, 2003. Grantees will have up to 36 months to expend these funds. Grantees are required to make a non-financial recipient contribution of five percent (5%) of the total grant award (including all direct and indirect costs). Non-financial recipient contributions may include the value of goods and/or services contributed by the Grantee (i.e., salary and fringe benefits of staff devoting a percentage of their time to the grant not otherwise included in the budget or derived from Federal funds).

For more details and news about events relevant to these grant opportunities, please periodically consult our Web site at: http://www.cms.hhs.gov/newfreedom/default.asp.

Timetable

MILESTONE	DATE
Notice of Funding Availability for "Real Choice Systems Change Grants for Community Living" published in the *Federal Register*	May 30, 2003
Applicants' Teleconference Information regarding the time and call-in number for this open teleconference call is available on the CMS Web site at: http://www.cms.hhs.gov/newfreedom/default.asp. Preregistration is recommended. CMS staff will be available for questions and answers on an ongoing basis.	June 12, 2003
Notice of Intent to Apply Due to CMS	June 16, 2003
Grant Application Feasibility Studies and Development Grants 1. Respite for Adults 2. Respite for Children 3. Community-Based Treatment Alternatives for Children Research and Demonstration Grants 4. Quality Assurance and Quality Improvement in Home and Community-Based Services 5. *Independence Plus* Initiative 6. Money Follows the Person Rebalancing Initiative 7. Community-Integrated Personal Assistance Services and Supports Technical Assistance to States, State Advisory Committees and Families Grants 8. National State-to-State Technical Assistance Program for Community Living 9. Technical Assistance for Consumer Task Forces 10. Family-to-Family Health Care Information and Education Center	Due Date* July 29, 2003
Grant Period Start Date—Successful applicants will receive a Notice of Grant Award (NGA) signed and dated by the CMS Grants Management Officer, Acquisition and Grants Group. The award letter and NGA will be sent through the U. S. Postal Service.	**Prior to October 1, 2003**

*Proposals that are late will not be considered for an award in this round of applications and will be returned without review to the applicant.

Invitation to Apply for

"Real Choice Systems Change Grants for Community Living"

Improving Community Services for
Children and Adults of Any Age Who Have a Disability or Long-Term Illness

Sponsored By The:

Centers for Medicare & Medicaid Services (CMS)
CFDA No. 93.779

PART ONE: PROVISIONS THAT APPLY TO ALL REAL CHOICE SYSTEMS CHANGE GRANTS FOR COMMUNITY LIVING

A. Purpose

The Centers for Medicare & Medicaid Services (CMS) is inviting proposals from states and others, in partnership with their disability and aging communities, to design and implement the second round of effective and enduring improvements in community long-term support systems. The systemic changes are designed to enable children and adults of any age who have a disability or long-term illness to:

(a) Live in the most integrated community setting appropriate to their individual support requirements and preferences;
(b) Exercise meaningful choices about their living environment, the providers of services they receive, the types of supports they use and the manner by which services are provided; and
(c) Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

B. Background

People of any age who have a disability or long-term illness, as do most other Americans, generally express the same desire to live in the community. They express a desire to live in their own homes, make their own decisions about daily activities, work, learn, and maintain important social relationships. They express a desire to contribute and participate in their communities and family life.

In 1990, Congress enacted the Americans with Disabilities Act (ADA) (Pub. L. 101-336). The ADA recognized that "society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem" [42 U.S.C. §12101(a)(2)]. The ADA gave legal expression to the desires and rights of Americans to lead lives as valued members of their own communities despite the presence of disability.

Over the past few years, a consensus for assertive new steps to improve the capacity of our long-term support systems to respond to the desires of our citizenry has been building. Federal, State and local governments have begun to take actions to renew and reaffirm a commitment to improving the systems that will support people of any age with a disability or long-term illness that wish to live in their communities.

Congress recognized that states face formidable challenges in their efforts to fulfill their legal responsibilities under the ADA. In FY 2001 and FY 2002, the Congress appropriated funds for the "Real Choice Systems Change Grants for Community Living" specifically to improve community-integrated services. CMS has provided $125 million over two years to help 48 States, the District of Columbia, and two territories design and implement enduring improvements in community long-term support programs. With this support, states are continuing to address issues such as personal assistance services, direct service worker shortages, transitions from institutions to the community, respite service for caregivers and family members, and better transportation options. CMS has an ambitious national technical assistance strategy to support states' efforts to improve community-based service systems and enhance employment supports. CMS is also helping states assist each other by posting a repository of "Promising Practices" on its Web site at: http://www.cms.hhs.gov/promisingpractices. A number of states have made further advances allowing consumers to have greater options to direct their own services and assume the responsibility of individual service budgets. CMS developed a special waiver "template" to make this option clearer to states and to remove policy confusion. To date, CMS has approved *Independence Plu*s waivers in the States of New Hampshire, South Carolina, and Louisiana and one demonstration in Florida. With the help of a waiver template and comprehensive technical assistance guide, these states will offer consumers increased control over their services.

In addition, the Administration on Aging (AoA) has funded programs in all states and territories under the National Family Caregiver Support Program and is in the process of developing a public awareness campaign to encourage caregivers to access services. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Coalition Initiative continues to assist states to develop and enhance state coalitions addressing the *Olmstead* [527 U.S. 581 (1999)] decision by developing and disseminating publications and technical assistance packages on overcoming barriers to community integration for children and adults with mental and substance abuse disabilities. In addition, the Administration on Developmental Disabilities (ADD) has been promoting community integration by targeting strategies that increase employment and housing choices for individuals with developmental disabilities. More than 50% of ADD's grant funding to State Councils on Developmental Disability is spent on community living strategies.

Fulfillment of the 1990 Americans with Disabilities Act (ADA) has been the subject of further state and Federal leadership through the President's *New Freedom Initiative*. In February 2001, President George W. Bush announced this broad new initiative to "tear down barriers to equality" and grant a "New Freedom" to children and adults of any age who have a disability or long-term illness so that they may live and prosper in their communities. For more information on the President's *New Freedom Initiative,* go to our Web site at: http://www.cms.hhs.gov/newfreedom/default.asp.

In the FY 2003, Congress appropriated additional funding for a new round of Real Choice Systems Change Grants for Community Living. The Real Choice Systems Change Grants for Community Living described in this particular solicitation represent a further expression of support for states' efforts to provide additional or improved services and supports for community living. These grants support the President's *New Freedom Initiative*, states' efforts to fulfill the requirements of the ADA, and the long-standing desire of people of any age who have a disability or long-term illness to live and participate in their communities with dignity and value.

A second *Federal Register* notice was published on May 29, 2003 (CMS-2185-N), for the remaining $5 million of the Real Choice Systems Change Grants for Community Living. In the second notice, the Centers for Medicare & Medicaid Services, in collaboration with the Administration on Aging (AoA), announced a competition for grants to be awarded as cooperative agreements for projects that support the development of state Aging and Disability Resource Center (Resource Center) Grant programs. Resource Centers will provide person-centered "one-stop shop" entry points into the long-term support system at the community level. Resource Centers will serve individuals who need long-term support, their family caregivers, and those planning for future long-term support needs. They will also serve as a resource for health and long-term support professionals and others who provide services to the elderly and to people with disabilities. A copy of this solicitation is available on the AoA Web site at http://www.aoa.gov and the CMS Web site at http://www.cms.hhs.gov/newfreedom/default.asp.

C. Overview and General Requirements of All Grants

There are several different grant opportunities that comprise this year's Real Choice Systems Change Grants for Community Living solicitation. Some of these grants are intended to assist states in assessing and exploring how to best address problems in specific topic areas that we have learned are of great concern through the *New Freedom Initiative*, National Listening Sessions, and Open Door Forums. For additional information on these initiatives, please visit the *New Freedom Initiative* Web site at: http://www.cms.hhs.gov/newfreedom/default.asp.

Other grants are intended as catalysts for the development of specific home and community-based waivers (e.g., *Independence Plus*) or for the development of quality assurance and quality improvement systems within existing home and community-based waivers. Still other grants build on previous grant opportunities by enabling states to improve personal assistance services and supports that are consumer-directed or offer maximum individual control.

The various grant opportunities that are the subject of this invitation to apply are:

Feasibility Studies and Development Grants
1. Respite for Adults
2. Respite for Children
3. Community-Based Treatment Alternatives for Children

Research and Demonstration Grants
4. Quality Assurance and Quality Improvement in Home and Community-Based Services
5. *Independence Plus* Initiative
6. Money Follows the Person Rebalancing Initiative
7. Community-Integrated Personal Assistance Services and Supports

Technical Assistance to States, State Advisory Committees and Families Grants
8. National State-to-State Technical Assistance Program for Community Living
9. Technical Assistance for Consumer Task Forces
10. Family-to-Family Health Care Information and Education Centers

Grant applications are due on July 29, 2003. All grant awards will be made prior to October 1, 2003. Grantees will have up to 36 months to expend these funds. Grantees are required to make a non-financial recipient contribution of five percent (5%) of the total grant award (including all direct and indirect costs). Non-financial recipient matching contributions may include the value of goods and/or services contributed by the Grantee (i.e., salary and fringe benefits of staff devoting a percentage of their time to the grant not otherwise included in the budget or derived from Federal funds).

For more details and news about events relevant to these grant opportunities, please periodically consult our Web site at: http://www.cms.hhs.gov/newfreedom/default.asp.

The Real Choice Systems Change Grants for Community Living are authorized pursuant to §1110 of the Social Security Act. Section 1110 (a)(1)(A) of the Social Security Act authorizes CMS make "grants to States and public and other organizations and agencies for paying part of the cost of research or demonstration projects such as those . . . which will help improve the administration and effectiveness of programs carried on or assisted under the Social Security Act and programs related thereto...." CMS has restructured its efforts under §1110 into eight themes. The Real Choice Systems Change Grants for Community Living are part of CMS's Research and Demonstration efforts under "Theme 5: Strengthening Medicaid, State Children's Health Insurance Program (SCHIP), and State Programs." This effort includes research on ways to improve access to and delivery of health care to persons served by Medicaid.

These particular grants are also a part of the President's *New Freedom Initiative*, which calls for the removal of barriers to community living for people with disabilities Funding and Congressional language was provided in the Consolidated Appropriations Resolution, 2003 (Pub. L. 108-7). Although Congress appropriated $40 million in funding for a new round of Real Choice Systems Change Grants for Community Living for FY 2003, the Congress also passed a 0.65% general reduction in the appropriation that was distributed across Federal programs, including this appropriation. Therefore, the final amount of funding available is slightly less

than $40 million. CMS is the designated HHS agency with administrative responsibility for this grant program.

1. Timing and Duration of Awards

Because funding for this program appears as part of the agency's FY 2003 budget, all awards will be made to eligible entities before October 1, 2003. Grantees may expend grant funds over a 36-month period from the date of award. While the feasibility studies and development grants may continue over the entire 36-month period, we expect the feasibility study portion of these projects will be completed in 18 months.

2. Match

Grantees are required to make a non-financial recipient contribution of five percent (5%) of the total grant award (including all direct and indirect costs). Non-financial recipient contributions may include the value of goods and/or services contributed by the Grantee (e.g., salary and fringe benefits of staff devoting a percentage of their time to the grant not otherwise included in the budget or derived from Federal funds). Recipient contributions must be included in the applicant's budget in Item 15 (Estimated Funding) on Standard Form 424A and described in the budget narrative/justification section of the application. The non-financial match requirement may also be satisfied if a third party participating in the grant makes an "in-kind contribution," provided that the Grantee's contribution and/or the third-party in-kind contribution equals five percent (5%) of the total grant award (including all direct and indirect costs). Third-party "in-kind contributions" may include the value of the time spent by consumer task force members (using appropriate cost allocation methods to the extent that non-Federal funds are involved) who specifically contribute to the design, development and implementation of the grant.

3. Indirect Costs

Reimbursement of indirect costs under each of the grant solicitations is governed by the provisions of OMB Circular A-87 and the regulations of the U. S. Department of Health and Human Services (HHS), Grants Policy Directive (GPD) Part 3.01: Post-Award – Indirect Costs and Other Cost Policies (45 CFR Part 92 - States). A copy of OMB Circular A-87 is available online at: http://www.whitehouse.gov/omb/circulars/a087/a087.html. Additional information regarding the Department's internal policies for indirect rates is available online at: http://www.hhs.gov/grantsnet/adminis/gpd/gpd301.htm.

4. Who May Apply

States may apply for any grant except the Technical Assistance for Consumer Task Forces Grant and the Family-to-Family Health Care Information and Education Center Grants. By "State" we refer to the definition provided under 45 CFR 74.2 as "any of the several states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a state exclusive of local governments." By "territory or possession" we mean Guam, the U. S. Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

Any state agency or instrumentality may apply for funding under the various grant opportunities except the Technical Assistance for Consumer Task Forces and the Family-to-Family Health Care Information and Education Centers grants. If an application is from an applicant that is not the Single State Medicaid Agency, a letter of endorsement from the Governor, State Medicaid Director, or Agency administering a relevant section of the §1915(c) home and community-based waiver must accompany the application; this requirement does not apply to applicants for the National State-to-State Technical Assistance Program for Community Living or the Technical Assistance for Consumer Task Forces grants.

In the 2001 solicitation, any entity was able to apply for the C-PASS grants which are to be awarded at the rate of one per state. There are still a number of states that have not received C-PASS grants. Based upon this year's allocation of funding and consistent with the intent of the original 2001 solicitation, CMS will retain the rate of one C-PASS grant award per state. This decision will enable more states to participate in this important program. Thus, the following states that received a C-PASS grant in FY 2001 or FY 2002 are ineligible to apply for FY 2003 C-PASS funding:

- FY 2001 C-PASS grantees: Alaska, Arkansas, Guam, Michigan, Minnesota, Montana, Nevada, New Hampshire, Oklahoma, and Rhode Island; and

- FY 2002 C-PASS grantees: Colorado, District of Columbia, Hawaii, Indiana, Kansas, North Carolina, Tennessee, and West Virginia.

For additional information on the FY 2001 and FY 2002 C-PASS grantees, please visit our contractor's Web site at: http://www.hcbs.org/formative_evaluation.htm.

Any entity may apply for the National State-to-State Technical Assistance Program for Community Living grant.

Any nonprofit organization as defined in HHS GPD 1.02 B as "[a] corporation or association whose profits may not lawfully accrue to the benefit of any private shareholder or individual" may apply for the Family-to-Family Health Care Information and Education Center grant. Nonprofits whose mission includes services to families with children with special health care needs and whose Board of Directors has a majority of parents of children with special health care needs are especially encouraged to apply. Applicants for this type of grant must also have a letter of endorsement from the State Medicaid Director or the Governor. In addition, states that currently operate Family-to-Family Family Health Care Information and Education Centers (funded through the Health Resources and Services Administration) are ineligible for funding under this initiative.

Only consortia of consumer-controlled organizations may apply for the Technical Assistance for Consumer Task Forces Grant. **"**Consumer-controlled organization" means an organization that is governed by individuals who have a disability or long-term illness. Individuals of any age who rely upon long-term supports and services as a result of a disability or long-term illness

must represent more than half of such organization's Board of Directors or other controlling structure.

Consortia that apply for this technical assistance grant must represent individuals who have a disability or long-term illness (e.g., people with a developmental disability, mental retardation, mental illness, physical disabilities) and those who are elderly. Since one organization may not possess the required expertise for all target groups, we expect the consortia to address the need for commitment from a significant number of highly knowledgeable individuals and organizations. It is not necessary for the consortia to have existed prior to this project. It can be an entity that has organized for purposes of applying for this grant, although one organization must have the capacity to receive the grant award and serve as the project lead.

States may and are encouraged to apply for more than one type of grant. For example, a state may apply for a Respite for Children grant and also for a Money Follows the Person Rebalancing Initiative grant. Also, different state agencies may apply for different grant opportunities. For example, the single State Medicaid agency might apply for the C-PASS grant and the agency administering the section 1915(c) waiver might apply for the Money Follows the Person Rebalancing Initiative Grant. However, no state may be awarded more than one grant per state per type of grant opportunity. For example, a state may not receive two C-PASS grants, two Respite for Children grants, or two *Independence Plus* Initiative grants. In addition, if an applicant submits the same scope of work or similar activities under more than one of this year's grant categories, or proposed activities are currently funded under existing grants, we will not consider the application for funding. CMS also reserves the right not to fund an application that, in its estimation, duplicates existing efforts regardless of the applicant's ranking by reviewers.

Faith-based organizations are encouraged to apply for the National State-to-State Technical Program for Community Living, Technical Assistance for Consumer Task Forces, and the Family-to-Family Health Care Information and Education Centers Grants.

CMS will not fund through this round of grants those efforts or activities that are already being funded under an existing Real Choice Systems Change Grant (funded in FY 2001 or FY 2002) or other grants. If an applicant proposes to significantly expand an earlier-funded project, the applicant must specifically describe this expansion in its application. CMS does encourage states to seek private sector grant opportunities (e.g., grants from foundations) to augment or coordinate with the Real Choice Systems Change Grants for Community Living.

Applicants will not receive official notification that their application has been received on time by CMS. In the event that CMS receives more than one application for any grant opportunity for which the "one per state" standard applies, CMS reserves the right to select which application to consider for funding.

CMS reserves the right to assure reasonable balance in the awarding of grants, in terms of key factors such as geographic distribution and broad target group representation. CMS also reserves the right to redistribute grant funds based upon the number and quality of applications per type of grant (e.g., to adjust the minimum or maximum awards permitted or adjust the aggregate amount of Federal funds allotted to a particular category of grants).

5. Involvement of Consumers, Stakeholders, and Public-Private Partnerships

For all applicants, we expect continuous and active involvement of consumers in project design, implementation, and evaluation. We encourage processes that promote the active involvement of all other stakeholders. In addition, we encourage the development of public-private partnerships that make the most effective use of each partner's expertise.

Congress expressed its preference that the grant applications "be developed jointly by the State and the Consumer Task Force" (H. Conf. Rep. No. 106-1033 at 150 and H. Conf. Rep. No. 107-342 at 101, adopting S. Rep. No. 107-84 at 17). "The task force should be composed of individuals with disabilities from diverse backgrounds (including the elderly), representatives from organizations that provide services to individuals with disabilities, consumers of long-term services and supports, and those who advocate on behalf of such individuals" (H. Conf. Rep. No. 106-1033 at 150 and H. Conf. Rep. No. 107-342 at 101, adopting S. Rep. No. 107-84 at 17). In its report accompanying, the "Consolidated Appropriations Resolution, 2003," Pub. L. No. 108-7, the conferees stated that they "continue to strongly support the Real Choice Systems Change grants and expect CMS to provide expanded technical assistance for the consumer task forces involved with the program by contracting with a consortium of consumer controlled organizations for people with disabilities," H.R. Conf. Rep. 108-10 at 1107. Applicants may elect to use or expand existing Real Choice Consumer Task Forces to meet the consumer involvement provisions of this solicitation.

We also encourage collaboration with public-private partnerships and with a broad range of public and private organizations whose primary purpose is improving access and services for people with disabilities or long-term illnesses. Examples of these organizations include State Independent Living Councils, Area Agencies on Aging, Developmental Disabilities Councils, State Mental Health Planning Councils, State Assistive Technology Act Projects, and other national and statewide consumer, disability and aging organizations. We also encourage applicants to partner with volunteer groups, employers, faith-based service providers, private philanthropic organizations, and other community-based organizations.

6. Coordinating the Different Types of Grants

Each grant opportunity is intended to stand on its own merits and be useful to states as an individual project. States may administer more than one type of grant and coordinate them to create an enduring systems change of greater intensity or scope.

By "enduring system change," we mean that the infrastructure and capacity of the community's long-term support system is so effectively enhanced that, long after the grant funds are fully expended, people with a disability or long-term illness will continue to experience a substantially greater opportunity for community living and community participation than previously existed.

7. Amount and Number of Grants to be Awarded

The Table of Real Choice Systems Change Grants for Community Living - FY 2003 (located at Part One, section C.10) indicates the expected range of awards for each type of grant. A key

consideration with respect to the amount of funding is that the size of the award correlates with the significance of the proposed endeavors, rather than with the size of the state. As described more fully in the Review Criteria for each grant we measure "significance" in terms of the breadth of the initiative (e.g., the potential number of people affected) and the degree of enduring change in the system (e.g., the "intensity" or depth of the improvement). While "innovation" is always valued, the measure of significance relates more to the extent of progress a state or eligible entity may make.

CMS reserves the right to offer a funding level that differs from the requested amount, and to negotiate with the applicant with regard to the appropriate scope and intensity of effort that would be appropriate and commensurate with the final funding level.

If an applicant submits an application in excess of the Maximum Award listed in the Timetable on pp. 17-18 of this solicitation, then we reserve the right to disqualify the application and to return it without review to the applicant.

8. General Use of Grant Funds

In determining the use of grant funds, states have exceptional flexibility to select the type of investments that they judge will yield the most significant improvement in the state's community-integrated service system.

The Medicaid requirements for statewideness and comparability [§§1902(a)(1) and 1902(a)(10), respectively] do not apply to these grant funds. There is no need to submit waivers from these traditional Medicaid requirements. These grants may be operated on less than a statewide basis and plan and provide services not otherwise available under the approved Medicaid State Plan. As part of the grant application, the applicant must define the geographic regions in which the project will operate and describe the types of services being proposed in the project.

The C-PASS and *Independence Plus* grants allow for up to 20% of grant funds to be used to provide direct services to individuals with a disability or long-term illness. The Money Follows the Person Rebalancing Initiative and the Quality Assurance and Quality Improvement in Home and Community-Based Services grants allow for up to 10% of grant funds to be used to provide direct services to individuals with a disability or long-term illness.

Applicants that propose to use grant funds for any ongoing administrative expenses must include a plan for phasing out grant funds associated with these expenses.

For additional prohibitions on the use of grant funds, please refer to Appendix 3.

9. General Provisions

Although applicants have considerable flexibility in developing their grant proposals under this Invitation to Apply, applicants must agree to the following:

- Grantee Reporting—Grantees must agree to cooperate with any Federal evaluation of the program and provide quarterly or semi-annual and final reports in a form prescribed by CMS (including the SF-269a, Financial Status Report forms). These reports will be designed to outline how grant funds were used and to describe program progress, as well as barriers and measurable outcomes. CMS will provide a format for reporting. Grantees must also agree to respond to requests that are necessary for the evaluation of the national "Real Choice Systems Change" grants efforts and provide data on key elements of their Real Choice Systems Change grant activities.

- Consumer Involvement and Direction—States must meaningfully include consumers and other stakeholders in the planning, implementation, and evaluation of the project. We expect all grant budgets to include some funding to facilitate participation on the part of individuals who have a disability or long-term illness.

- Interagency Coordination—States must coordinate their project activities with other state agencies that serve the population targeted by their application (e.g., Administration for Children and Families, Administration for Developmental Disabilities, Administration on Aging, Department of Education, etc.). Additionally, we encourage collaboration with a broad range of public and private organizations whose primary purpose is advocating for consumers or older adults, volunteer groups, employers, faith-based service providers, private philanthropic organizations, and other community-based organizations.

- Research Design—States must utilize CMS technical assistance in research design prior to initiating the feasibility study. States are also strongly encouraged to utilize CMS technical assistance in data analysis.

- Civil Rights—All Grantees receiving awards 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.

- Intergovernmental Review of Federal Programs—"Intergovernmental Review of Federal Programs," Executive Order 12372 (45 CFR Part 100), does not apply to this solicitation.

- Real Choice Systems Change Grant Conferences—All Grantees, except those only receiving awards for Feasibility Studies and Development Grants, will be required to attend one meeting per year in the Washington, DC, or Baltimore, Maryland area sponsored by CMS for the benefit of Real Choice Systems Change Grantees. In addition, we strongly suggest that the project director of the grant attend. Other representatives of the grant including the assistant project director, subcontractors, and consumer task force member may also find the conference beneficial and are encouraged to attend.

- Technical Assistance Teleconference—Feasibility Study and Development Grantees must participate in semi-annual technical assistance teleconferences with the CMS project officers for the duration of their grant.

- Transition for On-Going Administration—Applicants that use grant funds for any on-going administrative expenses must include a short plan for phasing out grant funds.

10. TABLE OF REAL CHOICE SYSTEMS CHANGE GRANTS FOR COMMUNITY LIVING –FY 2003

Grant Opportunity	Application Deadline	Who May Apply? [1]	Max. No. of Grant Awards per State per Type of Grant	Maximum Award	Anticipated Average Award	Maximum Project Period	Percent Allowable for Direct Services[2]	Estimated Number of Awards
FEASIBILITY STUDIES AND DEVELOPMENT GRANTS								
1. Respite for Adults (CFDA 93.779)	July 29, 2003	Any State Agency or Instrumentality	1	$100,000	$75,000	Up to 36 mos.	0	7-14
2. Respite for Children (CFDA 93.779)	July 29, 2003	Any State Agency or Instrumentality	1	$100,000	$75,000	Up to 36 mos.	0	7-14
3. Community-Based Treatment Alternatives for Children (CFDA 93.779)	July 29, 2003	Any State Agency or Instrumentality	1	$100,000	$75,000	Up to 36 mos.	0	7-14
RESEARCH AND DEMONSTRATION GRANTS								
4. Quality Assurance and Quality Improvement in Home and Community-Based Services (CFDA 93.779)	July 29, 2003	Any State Agency or Instrumentality	1	$500,000	$360,000	Up to 36 mos.	10	12-30
5. *Independence Plus* Initiative (CFDA 93.779)	July 29, 2003	Any State Agency or Instrumentality	1	$500,000	$360,000	Up to 36 mos.	20	8-16
6. Money Follows the Person Rebalancing Initiative (CFDA 93.779)	July 29, 2003	Any State Agency or Instrumentality	1	$750,000	$550,000	Up to 36 mos.	10	10-20
7. Community-Integrated Personal Assistance Services and Supports (CFDA 93.779)	July 29, 2003	Any State Agency or instrumentality	1[3]	$600,000	$400,000	36 mos.	20	4-10
TECHNICAL ASSISTANCE TO STATES, STATE ADVISORY COMMITTEES AND FAMILIES GRANTS								
8. National State-to-State Technical Assistance Program for Community Living (CFDA 93.779)	July 29, 2003	Any Entity	N/A	$4,400,000	$4,400,000	36 mos.	0	1
9. Technical Assistance for Consumer Task Forces (CFDA 93.779)	July 29, 2003	Any consortium of consumer-controlled organizations for people with disabilities[4]	N/A	$550,000	$550,000	36 mos.	0	1
10. Family-to-Family Health Care Information and Education Centers (CFDA 93.779)	July 29, 2003	Any Nonprofit Organization[5]	1	$150,000	$145,000	36 mos.	0	6-10

[1]The Single State Medicaid Agency or any other agency or instrumentality of a state (as determined under state law) may apply for any grant opportunity except the Technical Assistance for Consumer Task Forces grant and the Family-to-Family Health Care Information and Education Center grants. By "State" we refer to the definition provided under 45 CFR 74.2 as "any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments." "Territory or possession" is defined as Guam, the United States Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands. If an application is from an applicant that is not the Single State Medicaid Agency, a letter of endorsement from the Governor, State Medicaid Director, or Agency administering a relevant section of the §1915(c) home and community-based waiver must accompany the application; this requirement does not apply to applicants for the National State-to-State Technical Assistance Program for Community Living, the Technical Assistance for Consumer Task Forces Grants, or the Family-to-Family Health Care Information and Education Centers Grants.

[2]Direct Services do not include expenses budgeted for consumer task force member participation in Real Choice Systems Change for Community Living Conferences or technical assistance conferences sponsored by CMS or its national technical assistance providers for purposes of Real Choice Systems Change Grants for Community Living.

[3]For the Community-Integrated Personal Assistance Services and Supports Grants (C-PASS), states that received a C-PASS grant in FY 2001 or FY 2002 are ineligible to apply for FY 2003 C-PASS funding. FY 2001 C-PASS Grantees are: Alaska, Arkansas, Guam, Michigan, Minnesota, Montana, Nevada, New Hampshire, Oklahoma, and Rhode Island. FY 2002 C-PASS Grantees are: Colorado, District of Columbia, Hawaii, Indiana, Kansas, North Carolina, Tennessee, and West Virginia. Only states that did not receive a C-PASS grant in either FY 2001 or FY 2002 are eligible to apply.

[4]Consumer-controlled organization means an organization that is governed by individuals who have a disability or long-term illness. Individuals of any age, who rely upon long-term supports and services as a result of a disability or long-term illness, must represent more than half of such organization's Board of Directors or other controlling structure.

[5] Applicants for this type of grant must also have a letter of endorsement from the State Medicaid Director or the Governor. In addition, states that currently operate Family-to-Family Family Health Care Information and Education Centers (funded through the Health Resources and Services Administration) are ineligible for funding under this initiative.

PART TWO:
ADDITIONAL PROVISIONS SPECIFIC TO EACH TYPE OF REAL CHOICE SYSTEMS CHANGE GRANTS FOR COMMUNITY LIVING

In the sections that follow we describe additional provisions that apply to each individual grant solicitation:

A. Feasibility Studies and Development Grants
   1. Respite for Adults
   2. Respite for Children
   3. Community-Based Treatment Alternatives for Children

B. Research and Demonstration Grants
   4. Quality Assurance and Quality Improvement in Home and Community-Based Services
   5. *Independence Plus* Initiative
   6. Money Follows the Person Rebalancing Initiative
   7. Community-Integrated Personal Assistance Services and Supports

C. Technical Assistance to States, State Advisory Committees and Families Grants
   8. National State-to-State Technical Assistance Program for Community Living
   9. Technical Assistance for Consumer Task Forces
   10. Family-to-Family Health Care Information and Education Centers

A.1. Feasibility Studies and Development Grants: Respite for Adults

Purpose

The purpose of the Respite for Adults grants is to enable states to conduct studies assessing the feasibility of developing respite projects for caregivers of adults through Medicaid or other funding streams. States may examine the feasibility of providing respite for adults, as if it were a Medicaid service, to a limited target group (i.e., the elderly; individuals with mental illness, developmental disability, physical disability, etc.) Such projects will be expected to build in elements that can be responsive to individual needs and offer the opportunity for consumer direction. Approximately $525,000 to $1.4 million is available to assist states in this effort.

Background

Respite care is the service most often requested by families in an effort to keep their family member with a disability or long-term illness at home. Caring for a family member with a disability or long-term illness can be highly stressful and consuming. Occasional periods of respite care can significantly reduce stress in the family and enhance the ability to keep the family member at home in the community.

Without respite, family caregivers who continuously stay at home to provide care experience more than significant stress. Loss of employment, financial burdens, and marital and familial difficulties are examples. Many caregivers report that it is not safe to leave their family member at home alone. They are unable to leave their family members with another relative, and they face barriers in accessing generic day care or companion services. A respite service operated in the manner of a Medicaid service may extend the capacity of families to retain their family members at home in the community and prevent or delay the use of more restrictive and expensive care.

Medicaid requirements currently limit reimbursement for respite care to Home and Community-Based Services (HCBS) waiver programs. Such programs (a) are limited to people who already require an institutional level of care, (b) may often have long waiting lists, and (c) may be best suited to individuals who require a full package of services rather than a targeted service such as respite.

The President's FY 2004 budget proposes a demonstration that would allow states to test the offering of a respite service operated on the same principles as Medicaid State Plan services except that states could focus on particular target groups and could phase in the service by geographic areas. These grants will help states assess the need for and discern how to best provide quality respite services. These grants will enable states to explore various means and cost models of providing respite for caregivers of adults.

Grant-Specific Allowable Uses of Grant Funds

Funds are to be used to complete feasibility studies and project development that may lead to the creation of potential future Medicaid respite programs targeting adults. As

part of these efforts, grant funds may be used to hire staff and/or contractors to assist in research, planning activities and document creation.

Grant-Specific Requirements
Required grant activities include (a) meaningfully involving consumers, stakeholders and public-private partnerships in planning activities, (b) outlining how coordinated efforts will be maximized paying specific attention to how the project will improve collaboration with human services agencies and state agencies, (c) incorporating consumer direction into the design, and (d) providing a method of data collection incorporated into design.

Grant-Specific Outcomes and Products
The applicant must provide a general description of the measurable outcomes and products of the project. Two of the products must be a feasibility study and implementation and evaluation plan. Each feasibility study must include analysis of options to provide respite under current law, and may include analysis of how the state may avail itself of other sources of funding. Other sources of funding may include grant application to other governmental entities (e.g., Administration on Aging) or private foundations (e.g., Robert Wood Johnson Foundation). For more details see our Web site at: http://www.cms.hhs.gov/newfreedom.

Feasibility Study--Each grant must include feasibility research. The feasibility research will encompass identification of the relevant target group(s), scope and type of respite available, a phase-in strategy, a cost model and preliminary cost projections, estimations of the number of people likely to need and access respite support over time, and any offsetting public or private savings that may result as a by-product of the respite services. Each feasibility study must include analysis of the impact of a state-specified limit on the maximum amount of respite per annum that may be received in support of any one individual. Such a maximum might be defined in terms of a single absolute standard (e.g., no more than 24 days of respite per year) or a variable standard applied in relation to the severity of an individual's condition and degree of caregiving required (e.g., 48 days per year for those with the highest support requirements, 24 days for those with high support requirements, and 12 days for those with moderate support requirements). For states that already offer respite services, the feasibility study must include analysis of the potential impact of expanding the service.

Implementation and Evaluation Plan--Projects may, but are not required to, include activities designed to develop the tools, protocols, procedures, and other elements of the infrastructure needed to implement a respite service. Examples include outreach materials, screening and assessment instruments, provider qualifications and agreement, payment techniques, data collection instruments, staffing plans, etc.

States must cooperate with Federal evaluation of the projects. The state must also provide a plan for evaluating future respite services. Of particular interest in the evaluation plan for future respite services are: (a) target group uptake, rates, utilization, costs, types and location of effective respite services; (b) measures of caregiver well-being; (c) measures of family and individual satisfaction; and (d) existing and/or

proposed data collection to measure cost and utilization of Medicaid community and facility-based services.

A.2. Feasibility Study and Development Grants: Respite for Children

Purpose

The purpose of the Respite for Children grants is to enable states to conduct feasibility studies and explore the development for Medicaid respite projects specifically targeted for caregivers of children. States may examine the feasibility of providing respite for children, as if it were a Medicaid service, to a limited target group (e.g., children with a physical disability, mental illness, developmental disability, etc.) Such projects will be expected to build in elements are responsive to individual needs and offer the opportunity for consumer direction. Approximately $525,000 to $1.4 million is available to assist states in this effort.

Background

Respite care is the service most often requested by families in an effort to keep their family member with a disability or long-term illness at home. Caring for a family member with a disability or long-term illness can be highly stressful and consuming. Occasional periods of respite care can significantly reduce stress in the family and enhance the ability to keep the family member at home in the community.

Without respite, family caregivers who continuously stay at home to provide care experience more than significant stress. Loss of employment, financial burdens, and marital and familial difficulties are examples. Many caregivers report that it is not safe to leave their family member at home alone. They are unable to leave their family members with another relative, and they face barriers in accessing generic day care or companion services. A respite service operated in the manner of a Medicaid service may extend the capacity of families to retain their family members at home in the community and prevent or delay the use of more restrictive and expensive care.

Medicaid requirements currently limit reimbursement for respite care to Home and Community-Based Services (HCBS) waiver programs. Such programs (a) are limited to people who already require an institutional level of care; (b) may often have long waiting lists; and (c) may be best suited to individuals who require a full package of services rather than a targeted service such as respite.

The President's FY 2004 budget proposes a demonstration that would allow states to test the offering of a respite service operated on the same principles as Medicaid State Plan services except that states could focus on particular target groups and could phase in the service by geographic areas. These grants will help states assess the need for and discern how to best provide quality respite services. These grants will enable states to explore various means and cost models of providing respite for caregivers of children.

Grant-Specific Allowable Uses of Grant Funds

Funds are to be used to complete feasibility studies and project development that may lead to the creation of potential future Medicaid respite programs targeting children. As part of these efforts, grant funds may be used to hire staff and/or contractors to assist in research, planning activities and document creation.

Grant-Specific Requirements

Required grant activities include (a) meaningfully involving consumers, stakeholders and public-private partnerships in planning activities; (b) outlining how coordinated efforts will be maximized paying specific attention to how the project will improve collaboration with human services agencies and state agencies; (c) incorporating consumer direction into the design; and (d) providing a method of data collection incorporated into design.

Grant-Specific Outcomes and Products

The applicant must provide a general description of the measurable outcomes and products of the project. Two of the products must be a feasibility study and implementation and evaluation plan. Each feasibility study must include analysis of options to provide respite under current law, and may include analysis of how the state may avail itself of other sources of funding. Other sources of funding may include grant application to other governmental entities (e.g., Administration on Aging) or private foundations (e.g., Robert Wood Johnson Foundation). For more details see our Web site at http://www.cms.hhs.gov/newfreedom.

Feasibility Study--Each grant must include feasibility research. The feasibility research will encompass identification of the relevant target group(s), scope and type of respite available, a phase-in strategy, a cost model and preliminary cost projections, estimations of the number of people likely to need and access respite support over time, and any offsetting public or private savings that may result as a by-product of the respite services. Each feasibility study must include analysis of the impact of a state-specified limit on the maximum amount of respite per annum that may be received in support of any one individual. Such a maximum might be defined in terms of a single absolute standard (e.g., no more than 24 days of respite per year) or a variable standard applied in relation to the severity of an individual's condition and degree of caregiving required (e.g., 48 days per year for those with the highest support requirements, 24 days for those with high support requirements, and 12 days for those with moderate support requirements). For states that already offer respite services, the feasibility study must include analysis of the potential impact of expanding the service.

Implementation and Evaluation Plan--Projects may, but are not required to, include activities designed to develop the tools, protocols, procedures, and other elements of the infrastructure needed to implement a respite service. Examples include outreach materials, screening and assessment instruments, provider qualifications and agreement, payment techniques, data collection instruments, staffing plans, etc.

States must cooperate with Federal evaluation of the projects. The state must also provide a plan for evaluating future respite services. Of particular interest in the evaluation plan for future respite services are: (a) target group uptake, rates, utilization, costs, types and location of effective respite services; (b) measures of caregiver well-being; (c) measures of family and individual satisfaction; and (d) existing and/or proposed data collection to measure cost and utilization of Medicaid community and facility-based services.

A.3. Feasibility Study and Development Grants: Community-Based Treatment Alternatives for Children (C-TAC)

Purpose

The purpose of the C-TAC grants is to assist states in developing a comprehensive, community-based mental health service delivery system, through Medicaid, for children with serious emotional disturbance who would otherwise require care in a psychiatric residential treatment facility (PRTF). Approximately $525,000 to $1.4 million is available to assist states in this effort.

Background

Currently, Medicaid provides inpatient psychiatric services for children under age 21 in hospitals, and extends these Medicaid benefits to children in PRTFs. However, PRTFs do not meet the definition of "hospital" used by CMS so they do not qualify as institutions against which states may measure §1915(c) waiver costs. Over the last decade, PRTFs have become the primary providers for children with serious emotional disturbances requiring an institutional level of care; however, states have been unable to use §1915(c) waiver authority to provide Medicaid-funded home and community-based alternatives to care, which would keep the children in their homes and with their families.

In response to this need, the President's FY 2004 budget proposes to provide money to states to operate 10-year demonstrations of HCBS waivers for children with serious emotional disturbances. The funds available through this solicitation will assist states in assessing community-based alternative to residential treatment or institutionalization.

Grant-Specific Allowable Uses of Grant Funds

Grant funds are to be used to complete feasibility studies and development that may be useful for any future projects providing community-based treatment alternatives for children with serious emotional disturbance. As part of these efforts, grant funds may be used to hire staff and/or contractors to assist in research, planning activities, and document creation.

Grant-Specific Requirements

Required grant activities include: (a) meaningfully involving consumers, stakeholders and public-private partnerships in planning activities; (b) outlining how coordinated efforts will be maximized paying specific attention to how the project will improve collaboration with human services agencies and state agencies; (c) incorporating consumer direction into the design; and (d) providing a method of data collection incorporated into design.

The target group for these particular grants is children who are eligible for psychiatric residential treatment facilities. As defined in 42 CFR §483.452, a "Psychiatric Residential Treatment Facility" is "a facility other than a hospital, that provides

psychiatric services, as described in subpart D of part 441 of this chapter, to individuals under age 21, in an inpatient setting."

Grant-Specific Outcomes and Products

The applicant must provide a general description of the measurable outcomes and products of the project. Two of the products must be a feasibility study and implementation and evaluation plan. Each feasibility study must include analysis of options to provide community-based mental health care under current law, and may include analysis of how the state may avail itself of other sources of funding. Other sources of funding may include grant application to other governmental entities (e.g., Administration on Aging) or private foundations (e.g., Robert Wood Johnson Foundation). For more details see our Web site at http://www.cms.hhs.gov/newfreedom.

Feasibility Study--Each grant must include feasibility research. The feasibility research will encompass identification of the relevant target group(s), scope and type of community-based mental health care available, a phase-in strategy, a cost model and preliminary cost projections, estimations of the number of people likely to need and access community-based alternatives to residential treatment for mental illness over time, and any offsetting public or private savings that may result as a by-product of these services. Each feasibility study must include analysis of the appropriate package of services that would be necessary for individuals to receive intensive treatment in the community. Additionally, states should analyze the quality measures they have or could put in place to assure appropriate, safe, mental health care in the community.

Implementation and Evaluation Plan--Projects may, but are not required to, include activities designed to develop the tools, protocols, procedures, and other elements of the infrastructure needed to implement a community-based alternative to psychiatric residential treatment facilities. Examples include outreach materials, screening and assessment instruments, provider qualifications and agreement, payment techniques, data collection instruments, staffing plans, etc.

States must cooperate with Federal evaluation of the projects. The state must also provide a plan for evaluating future community-based treatment programs. Of particular interest in the evaluation plan for future community-based intensive mental health care are: (a) service utilization rates, costs, and types; (b) patient outcome measures; (c) measures of family and individual satisfaction; and (d) existing and/or proposed data collection to measure cost and utilization of Medicaid community and facility-based services.

B.4. Research and Demonstration Grants: Quality Assurance and Quality Improvement in Home and Community-Based Services (QA/QI in HCBS)

Purpose

The purpose of the QA/QI in HCBS grants is to assist states to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the state's home and community-based waivers under §1915(c) of the Social Security Act; (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies; and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems. Approximately $4,320,000 to $15 million is available to assist states in this effort.

Background

People of any age who have a disability or long-term illness generally express the desire to live in the community and have ready access to home and community-based services (HCBS). Individuals who use HCBS indicate that they: (a) wish to direct their own services to best meet their needs; (b) want services that are safe, appropriate, and effective; and (c) expect that service providers will continually strive to improve the responsiveness and quality of their services.

Federal and state initiatives are underway to increase community living opportunities for individuals with a disability or long-term illness. Medicaid policy reforms, State Plan amendments, grants, and HCBS waivers have assisted states to improve their community services systems. Additionally, states are building more consumer choice and direction into their HCBS. An integral part of these initiatives should be the design of systems that include the functions of discovery, remediation and continuous improvement of the quality of services provided to individuals.

States face special challenges in their efforts to assure quality in home and community-based services. Examples include:

> Services in the Home—Community services most often occur in an individual's own home rather than in an agency-controlled environment. This situation places a premium on methods that respect an individual's privacy and personhood. It means, among other things, that costly inspection-based systems of unannounced visits for quality assurance are both more costly and more intrusive in home and community-based services than in more controlled environments.
>
> Services Throughout the Community—Direct service workers provide help throughout the community, usually outside regular contact with either peers or supervisors, rather than in a centralized location under the continuous supervision of a professional overseer. This situation means that elderly and people with a disability or long-term illness must play a more active role in quality management

and that state programs must incorporate special provisions to address the dispersion of workers.

Assuring Health and Welfare of the Person—In home and community-based service waivers, each state makes a commitment to assure the health and welfare of *the person. This is a fundamental difference between the HCBS waivers and other programs. Assuring the health and welfare of the person is a higher standard than the obligation to ensure the quality of each service* provided under the Medicaid State Plan. For example, agencies providing Medicaid State Plan services may terminate services to an individual if they do not have staff with the skills necessary to assure the quality of the service required. The person may then be left to fend for him or herself. For a home and community-based waiver, the waiver program must ensure that the person is not abandoned. This commitment is consistent with the overall emphasis on person-centered services that under-gird the home and community-based waivers.

This commitment to the health and welfare of the person means, among other things, that back-up systems are essential in the event of service breakdowns, person-centered measurable outcomes are vital, active participation of the individual is important to defining quality and the boundaries of risk-taking, and collaboration is essential among service providers, the individual, and community supports such as family, friends and neighbors.

Grant Specifics

This grant category is focused on state systems that assure that quality is present in home and community-based services. Surveys, certification of providers, and inspection activities are vital in any quality assurance system. However, here we seek primarily to help states develop a balanced approach that relies first and foremost on building quality into the very design of the system, involving multiple "real-time" methods of feedback and information-gathering (in addition to periodic inspection processes), involving program participants and community members in active roles in the quality assurance system, and making effective use of quality improvement processes.

All projects funded under this category must utilize the CMS *HCBS Quality Framework*. The *HCBS Quality Framework* consists of four functions that are important in any quality assurance system, and seven topic areas or "domains" that merit special focus in HCBS programs.

The Four Functions in a QA/QI System

Design: To what extent is quality built into the very design of the system of services and supports in the home and community-based services program? For example, a program that fails to provide emergency back-up systems for critical services and life-support mechanisms will be liable to more quality breakdowns than those that have designed for those contingencies.

Discovery: To what extent does the program have on-going methods of gaining current information about how program participants are faring, about the performance of service providers, and about the measurable outcomes being experienced by participants? To what extent does the program have the ability to gather information directly from participants in real-time and target that information to persons who have the authority to act on the data?

Remediation: To what extent does the program have the ability to act in a timely manner to (a) evaluate incoming information; (b) discern the need for action and the appropriate timeframe needed for action; and (c) act on the information to remedy problems expeditiously and effectively. To what extent is the system designed to promote self-correcting processes of problem resolution (rather than waiting for the "annual inspection")?

Systems Improvement: To what extent can the program analyze information to identify patterns and redesign the system or processes so that future problems are prevented and higher quality prevails?

Each of the above four functions are best implemented in relation to certain high-priority subject areas that are important to quality measurable outcomes. For example, it is important that the design of the program assure adequate access on the part of the individuals who ought to benefit, that the design include certain participant safeguards, and that the program require and develop key skills for providers.

The Seven Topic Areas ("Domains") for HCBS Programs

I. Participant Access: Individuals have ready access to home and community-based services and supports in their communities.

II. Participant-Centered Service Planning and Delivery: Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community

III. Provider Capacity and Capabilities: There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants**.**

IV. Participant Safeguards: Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices.

V. Participant Rights and Responsibilities: Participants receive support to exercise their rights and in accepting personal responsibilities.

VI. Participant Outcomes and Satisfaction: Participants are satisfied with their services and achieve desired measurable outcomes.

VII. System Performance: The system supports participants efficiently and effectively and constantly strives to improve quality.

Additional information about the above *HCBS Quality Framework* and CMS efforts with states to improve quality in home and community-based services is available on our Web site at: http://cms.hhs.gov/medicaid/waivers/82902ltr.pdf.

Grant-Specific Allowable Uses of Grant Funds

Specific project activities include (a) developing infrastructure; (b) planning for sustainability; (c) developing linkages to the existing MMIS (Medicaid Management Information System); (d) automating collection of QA/QI data (including participant outcomes); (e) developing an information technology plan that supports quality improvement and ongoing case management; (f) developing a QA/QI implementation plan; and (g) developing a sustainable database for QA/QI data.

States may elect to involve consumers in the monitoring process. If a state uses consumers in the monitoring process and facilitates their involvement, we will consider those to be administrative expenses (i.e., such costs will not count toward the ten percent (10%) cap of grant funds that may be used for direct services to consumers). The means for involving consumers in the monitoring process would be determined by the state.

Grant-Specific Requirements

Required grant activities include: (a) meaningfully involving consumers, stakeholders, and public-private partnerships in planning activities; (b) outlining how coordinated efforts will be maximized paying specific attention to how the project will improve collaboration with human services agencies and state agencies; (c) incorporating *HCBS Quality Framework* in design; (d) incorporating consumer direction into the design; (e) outlining a method for data collection; and (f) showing sustainability that may involve using Quality Improvement Organizations (QIO) as part of their QA/QI in HCBS plan and linking the MMIS capacity-building and utilization efforts to data collection.

Applicants must utilize the *HCBS Quality Framework* in the design of its QA/QI in HCBS project and must include at least one activity designed to improve the ability of the state's QA/QI system to involve program participants in active roles in the quality assurance system and obtain primary data directly from program participants through direct human interaction. Finally, we encourage states to consider utilizing a CMS-developed Consumer Experience Survey that is available on our Web site at: http://www.cms.hhs.gov/medicaid/waivers/consexpsurvey.asp.

Grant-Specific Outcomes and Products

The applicant must provide a general description of the measurable outcomes and products of the project. Three of the project's measurable outcomes and products must include an advanced planning document (where needed), request for proposal document, and a plan for sustainability.

For purposes of this grant solicitation, we do not necessarily expect that a state's QA/QI efforts in its HCBS program would include strategies for all seven domains (or the 35 sub-domains that are categorized under the seven domains). However, an effective system would include the four functions (design, discovery, remediation, and systems improvement) and the quality project must include significant improvements in at least one of those functions.

B.5. Research and Demonstration Grants: *Independence Plus* Initiative

Purpose

The purpose of this initiative is to assist states in meeting the Federal expectations established by the CMS for the approval of self-directed program waivers and demonstration projects within the *Independence Plus* framework. These expectations include: Person-Centered Planning, Individual Budgeting, Self-Directed Supports (including Financial Management Services and Supports Brokerage), and Quality Assurance and Improvement Systems (including the participant protections of emergency back-up and viable incident management systems). Approximately $2,880,000 to $8 million is available to assist states in this effort.

Background

On May 9, 2002, HHS Secretary Tommy Thompson announced the *Independence Plus* Initiative. This initiative adopted self-direction, a service delivery approach that combines the principles of individual choice, control, and independence with personal decision-making and responsibility, and took its direction from the President's *New Freedom Initiative* and Executive Order 13217 signed on June 18, 2001. Specifically, *Independence Plus* expedited the ability of states to offer families and individuals with disabilities and long-term illness greater opportunities to take charge of their own health and direct their own services and supports. These programs allow families and individuals to exercise greater choice, control and responsibility for their services within cost-neutral standards. Two authorities are available to enable states to tailor the program to their preferences; these authorities are the §1115 demonstration and the §1915(c) Home and Community-based Services Waiver program.

The *Independence Plus* Initiative was built upon on the experiences and knowledge gained through program implementation and research as a result of partnerships among a number of very important entities. These included CMS, the Robert Wood Johnson Foundation (RWJF), the HHS Assistant Secretary for Program Evaluation (ASPE), and a number of pioneering states that have tested self-direction. Examples of this collaboration have included the National Cash and Counseling Demonstration and Evaluation Project in selected states (Arkansas, Florida, and New Jersey), the Independent Choices Demonstration Project (e.g., Colorado and Oregon), and the multi-year Self-Determination Project for persons with developmental disabilities and mental retardation (19 states have been funded). These programs have documented the exceptionally beneficial experiences of participants managing their own services. Participants of these innovative experiments report very positive experiences, improved qualities of life, and an increased sense of satisfaction, trust, and safety with the services and supports received in their homes.

Based upon the rich experience and successes of these programs, as well as CMS' statutory responsibility to assure the health and welfare of Medicaid beneficiaries, *Independence Plus* established a minimum set of design features that states must

incorporate into their self-directed programs. They include: Person-Centered Planning, Individual Budgeting, Self-Directed Supports (including Financial Management Services and Supports Brokerage), and Quality Assurance and Improvement Systems (including the participant protections of emergency back-up and viable incident management systems). Each is described further below:

- Person-Centered Planning—Person-centered planning is a process, directed by the participant, with assistance as needed from a representative. It is intended to identify the strengths, capacities, preferences, needs and desired measurable outcomes of the participant. The process may include other individuals freely chosen by the participant who are able to serve as important contributors to the process. The person-centered planning process enables and assists the participant to identify and access a personalized mix of paid and non-paid services and supports that assist him/her to achieve personally defined measurable outcomes in the most inclusive community settings. The identified personally-defined measurable outcomes and the training; supports, therapies, treatments and/or other services become part of the person-centered plan.

- Individual Budgeting—The individual budget is the total dollar value of the services and supports, as specified in the plan of care, under the control and direction of the program participant. An individual budget is not an expenditure cap on the amount of services an individual may receive under the waiver and is--
    - Based on actual service utilization and cost data and derived from reliable sources, preferably the State's Medicaid Management Information System (MMIS);
    - Developed using a consistent methodology to calculate the resources available to each participant;
    - Open to public inspection; and
    - Reviewed according to a specified method and frequency**.**

- Financial Management Services—Financial management services include:
    - Assisting the participant to understand billing & documentation responsibilities;
    - Performing payroll responsibilities—Key employer-related tasks include: withholding and filing Federal, state and local income and unemployment taxes; purchasing workers compensation or other forms of insurance; verifying citizenship and alien status; collecting and processing worker timesheets; calculating and processing benefits; and issuing payroll checks;
    - Purchasing approved goods and services on behalf of the participant;
    - Tracking and monitoring individual budget expenditures; and
    - Identifying expenditures that are over or under the budget.

- Supports Brokerage—The supports broker serves as a personal agent who works on behalf of the participant and is under the direction of the participant. The broker serves as a link between the participant and the program, assisting the participant with

whatever is needed to identify potential personal requirements, resources to meet those requirements, and the services and supports to sustain the participant as he/she directs his/her own services and supports.

- Participant Protections—Participant protections include:
    - A statewide emergency back-up system is a formal arrangement the state uses to respond to emergency situations. This system includes assuring emergency back-up and/or emergency response capability in the event those providers of services and supports essential to the individual's health and welfare are not available. This system may include: 1) accessing traditionally-delivered services, other waiver or state plan services; 2) implementing a worker registry; 3) designating emergency funding to purchase additional necessary services; 4) linking participants directly to the state national disaster or public emergency system; and 5) coordinating with the states' incident management system.
    - An incident management system is a formal plan, developed and implemented by the state, to define, identify, investigate, and resolve incidents, events or occurrences which jeopardize the health and welfare of participants. States must develop a definition of what constitutes an incident, identify who is responsible to review the incident, and describe how the information is shared among/between responsible parities and agencies.

It is recognized that states may need assistance in the development of the infrastructure to meet these Federal expectations.

Grant-Specific Allowable Uses of Grant Funds

Grant funds are to be used to meet Federal expectations to improve or create self-directed services for children and adults of any age who have a disability or long-term illness. As part of these efforts, grant funds may be used to hire staff and/or contractors to assist in research, planning activities and document creation. Additionally, up to 20 percent (20%) of grant funds may be used for direct services.

Grant funds **may not** be used to finance current activities. Grant funds are not intended to supplant or compete with other sources of funds or technical assistance for self-direction (e.g., RWJF).

Examples of allowable uses of grant funds are:

1) Developing new applications or amendments to existing self-directed programs using the standards of *Independence Plus*;
2) Building capacity to strengthen new or existing self-directed programs in any of the areas identified above;
3) Building provider capacity under the self-directed service option (e.g., creating and maintaining worker registries, developing worker benefit packages, etc.); and

4) Hiring personnel to research self-directed program designs or funding opportunities with the expectation of submitting an *Independence Plus* application or amendment.

Grant-Specific Requirements
Required grant activities include (a) meaningfully involving consumers, stakeholders and public-private partnerships in planning activities; (b) incorporating consumer direction into the design; and (c) providing a method of data collection, with minimum data set measures, in the design. In addition, the Grantee and agency operating the program must coordinate efforts with the Single State Medicaid Agency.

The state may select any or all target groups of individuals who have a disability or long-term illness and require assistance, provided such individuals are Medicaid-eligible or are judged by the state to be within six months of Medicaid eligibility.

Grant-Specific Outcomes and Products
The applicant must provide a general description of the measurable outcomes and products of the project. Two of the products must include an implementation plan and plan for sustainability. Products might include a waiver or demonstration application or amendment, or a grant application to other governmental entities (e.g., Administration on Aging) or private foundations (e.g., Robert Wood Johnson Foundation).

B.6. Research and Demonstration Grants: Money Follows the Person Rebalancing Initiative

Purpose

The purpose of this initiative is to enable states to develop and implement strategies to reform the financing and service designs of state long-term support systems so that: (a) a coherent package of State Plan and HCBS waiver services is available in a manner that permits funding to "follow the person" to the most appropriate and preferred setting; and (b) financing arrangements that enable transition services for individuals who transition between institution and community settings. Approximately $5.5 million to $15 million is available to assist states in this effort.

Background

On June 18, 2001, President Bush signed Executive Order 13217, "Community-Based Alternatives for Individuals with Disabilities." The President's charge to Federal agencies in the *New Freedom Initiative* and in Executive Order 13217 has a special relevance to the U. S. Department of Health and Human Services (HHS). Medicaid has a critical role to play in achieving community living and integration for individuals with a disability or long-term illness. Medicaid has assisted states in taking large steps to eliminate institutional bias in services for older adults and individuals with a disability or long-term illness through the use of Home and Community Based Services (HCBS) waivers, State Plan amendments, and demonstrations.

While states have substantially expanded home and community-based services, individuals who would prefer to live in the community continue to reside in institutional settings. Barriers to transitioning individuals to the community include existing State Plan and Home and Community Based waiver services that do not adequately address the support needs (including meaningful choices and self-direction) of individuals living in institutions who wish to live in the community, and lack of intensive transition planning and transitional services.

In his FY 2004 budget, President Bush proposed a Money Follows the Person Rebalancing Initiative that would provide assistance to help states rebalance their long-term support systems more evenly between institutional and community-based service options. A number of states have already undertaken initiatives to both rebalance their systems and to enable money to follow the person. Additional information about some of these efforts may be obtained from our Web site at:

Promising Practices http://www.cms.hhs.gov/promisingpractices

Key Principles

When "money follows the person" in the long-term support system, services, supports, and financing move with the person to the most appropriate and preferred setting. They can change as the person's needs change. It is a market-based approach that gives individuals more choice over the location and type of service they receive.

By making the individual the focus of decision-making and funding, the individual is able to make more cost-effective decisions. For example, many individuals willingly substitute more effective or less costly services in lieu of traditional or overly medicalized services, when given the choice.

When funding is truly available to "follow the person," the long-term support system achieves a balance among the type of services available that is the result of the natural expression of individual choices of the citizenry. A balanced long-term support system offers individuals a reasonable array of balanced options, particularly adequate choices of community and institutional options.

Grant-Specific Allowable Uses of Grant Funds

Grant funds are to be used to complete feasibility studies, development, and implementation of projects that promote the key principles of money following the person. Up to ten percent (10%) of the grant funds may be used for direct services that facilitate transition from nursing facilities. In exceptional circumstances, CMS reserves the right to waive the 10% cap on direct services provided the Grantee demonstrates that a comprehensive plan for infrastructure development is being funded through other sources.

Grant-Specific Requirements

Required grant activities include: (a) meaningfully involving consumers, stakeholders and public-private partnerships in planning activities; (b) outlining how coordinated efforts will be maximized paying specific attention to how the project will improve collaboration with human services agencies and state agencies; (c) incorporating into the design a plan for consumer direction that focuses on informed direction of services; (d) providing a method of data collection; (e) developing a plan for addressing the availability of HCBS; (f) planning for addressing quality improvement; and (g) developing a plan for addressing sustainability of systems changes once grant funds are expended.

In achieving these requirements, a system that is consistent with the principles of Money Follows the Person must establish infrastructure that addresses the following components: (a) a process that facilitates the ability of individuals to make informed choices about their long-term support options (e.g., a single point of entry; education and training efforts for program participants; etc.); (b) finance and reimbursement systems that allow for flexibility in covering a range of services both at the state budget and the individual services levels; (c) a range of accessible and available community services; (d) affordable, accessible housing options; and (e) a quality improvement system that is consistent with consumer-directed community-based services.

Applicants are strongly encouraged to consider utilizing, as part of the implementation plan, the Medicaid Statistical Information System (MSIS) to capture enrollment data and to track service utilization. In addition, applicants may select any or all beneficiary groups for this project.

Grant-Specific Outcomes and Products

The applicant must provide a general description of the measurable outcomes and products of the project. Three of the products must include a feasibility study, implementation plan, and a plan for sustainability of system changes beyond the life of the grant.

B.7. Research and Demonstration Grants: Community-Integrated Personal Assistance Services and Supports (C-PASS)

Purpose

Personal assistance is the most frequently used service supporting individuals with a disability or long-term illness to live in the community. Many states have taken a leadership role in designing systems that not only offer basic personal assistance services but also make these services available in a manner that affords consumers maximum control over the selection of individuals working on their behalf and the manner in which services are provided. These grant funds will be used by states to improve personal assistance services that are consumer directed or offer maximum individual control. Approximately $1.6 million to $6 million is available to assist states that did not receive a C-PASS grant in either FY 2001 or FY 2002.

These C-PASS grants are not limited to supporting people transitioning from nursing facilities or to people who meet nursing facility level of care. If a state is seeking to address the issue of the front-line worker shortage and thereby expand choice of workers, but is not seeking to also design ways to maximize consumer control, then we encourage the state to apply under the "Demonstration to Improve the Direct Service Community Workforce" grant opportunity contained in a separate solicitation rather than the C-PASS grant. (For a copy of the "Demonstration to Improve the Direct Service Community Workforce" grant solicitation, please visit our Web site at: http://www.cms.hhs.gov/newfreedom/default.asp.)

Background

As states have sought human service strategies that are more cost-effective and which resonate with the general preference of American people to direct and be responsible for their lives, they have increasingly turned to concepts of individual self-direction and self-management of services.

Over the past 20 years, Federal and State governments have worked together to expand the ways Medicaid can support the principles of individual choice, control, and responsibility. States and consumer-directed, community-integrated organizations have undertaken many initiatives to demonstrate approaches to maximize self-determination. Examples of these initiatives include: the Self-Determination Project for People with Developmental Disabilities (sponsored by the Robert Wood Johnson Foundation); the HHS' Cash and Counseling program; and the Independent Choices demonstration.

These initiatives have identified certain essential elements of a self-determined or self-directed approach to organizing and delivering services. Key elements include:

- Consumer authority and responsibility over decisions regarding the development of an individual budget that supports implementation of the individual's plan of care;

- Control over one's own individual planning process and, in particular, decisions affecting the nature of the services and supports one receives and how they are delivered; and
- The support necessary to ensure that the individual is able to personally manage services received and to make informed choice, based on comprehensive information about available options, including individually customized services and supports.

We believe that the concepts of self-direction or self-determination can help states to (a) offer services that are cost-effective, and (b) offer eligible individuals the opportunity, support, and authority to exercise more choice and more responsibility over key decisions in their lives. For such approaches to succeed, however, the individuals (and/or their legal representatives, when appropriate) must be equipped with the information, tools, and supports needed to manage the selection and provision of services or supports that meet their unique needs. These grant funds are to assist states in empowering consumers to direct their own services, exercise more control, and assume more responsibility over health care decisions.

Examples of some of the difficult questions that may be addressed by the C-PASS grants include how public agencies may:

1) Ensure that self-direction does not mean abandonment;
2) Ensure that consumers have an adequate supply of capable and committed personal assistants from which to choose;
3) Make sure that emergency back-up personal assistants are available;
4) Ensure that quality assurance includes the assured presence of an infrastructure that makes consumer satisfaction and timely problem resolution a probability rather than a possibility;
5) Ensure that individual choice is maximized without undue risk;
6) Appropriately support and/or provide required personnel activities (including wage withholding, etc.); and
7) Provide information and back up for consumers functioning as supervisors of an employee so that they can effectively carry out their supervisory duties (e.g., training, etc.)

Under this grant solicitation the term "Personal Assistance Services" is used, but the terms "Attendant Services," "Attendant Care," or "Personal Care Services" could be substituted and refer to the same service. The definition used for this grant solicitation can be found under 42 CFR 440.167 unless a state has defined it differently under an approved home and community-based waiver granted under 42 CFR 441 Subpart G. This definition is intended to include any age and disability group provided that the services meet the definitions described above.

Examples of key aspects of maximum consumer control include:

- Qualifications of personal assistance service workers;

- Methods of worker recruitment;
- Training (and methods of training) of personal assistance service workers;
- Learning opportunities for consumers and/or family members or consumer representatives in skill areas such as recruiting, hiring, conflict resolution and supervision;
- Type, array, and frequency of personal assistance;
- Manner and location of service delivery; and
- Opportunity to function as the employer of the personal assistance service worker even where payroll activities are not performed directly by the consumer.

"Maximum Consumer Control" does not necessarily mean that funds must be cashed out to consumers. States may employ a great array of models in which consumers exercise control. We explore this issue further below.

Examples and Implications of Consumer Control Models

States have utilized different approaches to fulfill the goal of optimizing consumer control. A few examples (but not all possibilities) include:

- Budget and Service Responsibility Models—In these models consumers (or their families) are responsible for managing an individualized budget and services for one or more key services. Rather than handling cash directly, most models make use of a financial management service acting at the direction of the consumer to disburse payment to workers or vendors, ensure that the required taxes are paid and W-2 forms are completed, and perform other paperwork functions.
- Service Responsibility Models—In these models consumers exercise responsibility for key decisions in the management of one or more key services (such as hiring and supervising workers and functioning as the employer of personal assistance workers), but are not responsible for managing an overall budget or directly managing funds.
- Service Choice Models—In these models the personal assistance worker is employed by another party (e.g., agency) and consumers exercise choice over key aspects of a service but do not assume responsibility for either funds or supervision and management of those services. Such key aspects of consumer choice might include selection or assignment of workers or decision-making over the schedule, location, and manner by which services are provided.

In their contracts with providers, counties, or managed care entities, some states specify that certain of these models must be offered to consumers, subject to the consumer's willingness and capability to carry out the necessary functions if provided with adequate support. The state then enacts procedures, regulations, technical assistance, or laws that make it feasible for a local program to offer these options. For example, it may be necessary to enact special provisions that clarify how unemployment compensation protections, tax payments, and emergency back up will be applied in those situations where the consumer functions as an employer.

Some states are testing integrated long-term support models that combine home and community based services waivers [§1915(c) waivers] with managed care authority [§1915 (b) authority] for the Medicaid State Plan services. In such cases the state might consider "nesting" a consumer control model within the larger contract. For example, the state might specify in its contract with the managed care entity that one or more types of consumer control models be offered within the context of the larger managed care program.

Below are some additional observations about the different consumer control models that may be useful to grant applicants:

- Budget and Service Responsibility Models: These models represent one end of the direction and control spectrum. The programs identify a cash amount that will be managed by the consumer (or family), and the consumer is responsible for the management of such funds. If an individual will handle cash directly (rather than use a financial management service), then use of Medicaid funds for such a purpose requires a §1115 research and demonstration waiver. A number of states currently have such a waiver as part of a national research and demonstration effort. One example is the "Cash and Counseling" demonstration. Another example is the Consumer Self-Direction demonstration projects. To find materials on these topics, please go to the May 28, 2003 New Freedom Initiative Open Door Forum, which focused on self-directed services; this link is available on our web site at: http://www.cms.hhs.gov/newfreedom/default.asp. We suggest that states make sure that grant applications:
    - Incorporate at least one full year of necessary infrastructure development activities before any activity is planned that will rely on waiver approval, and
    - Include a contingency plan demonstrating how the project will be viable and will maximize consumer control if the state is not able to meet the conditions necessary for a §1115 research and demonstration waiver.

In many of the self-direction models, consumers are responsible for most, or all, of the budget for their long-term support services. In other "budget responsibility" models, consumers are responsible for the budget for one or two services over which they express the greatest desire to assume control and responsibility, such as personal assistance services.

Programs in which consumers or their families assume responsibility for managing a service budget require a fairly high degree of sophistication on the part of the consumer, the local service delivery program, and the state. For example, the state must develop an effective system by which tax laws, unemployment compensation, fiscal agent responsibilities, and similar matters will be addressed. Appropriate roles between professional staff and consumers need to be redefined and reinforced. Infrastructure to support consumers in their exercise of new management responsibilities must be developed. Such infrastructure might include skills development support, recruitment of workers, assistance with worker vetting, background checks and selection, emergency

back-up support, etc. The rewards for this type of program can be substantial. Because a considerable amount of up-front investment in the infrastructure is required, this type of endeavor may be an appropriate candidate for a grant application.

Grant-Specific Allowable Uses of Grant Funds

Grant funds may be used to cover up to 20% of non-Medicaid covered services as long as they are not refinancing services and a plan for sustainability is crafted. For additional examples of how grant funds may be used, please refer to Appendix 6 (C-PASS Examples). Applicants have exceptional flexibility in the use of grant funds but should be guided by three questions:

1. To what extent will this activity promote an enduring improvement in the infrastructure to support consumer-directed, community-integrated personal assistance services and thereby advance the purpose for which these grants were made?
2. To what extent will this personal assistance strategy actively promote the ability of people to live in a community-integrated setting?
3. To what extent will this design of personal assistance services promote the maximum ability of individuals to direct the services upon which they rely?

Grant-Specific Requirements

The state may select any or all target groups of individuals who have a disability or long-term illness and require community-integrated personal assistance, provided such individuals are Medicaid-eligible or are judged by the state to be within six months of Medicaid eligibility. While there is no beneficiary age or target group restriction, we expect all applications to address the question of how individuals with the most severe disabilities may benefit from system improvements that will be promoted by the C-PASS grant.

Grant-Specific Outcomes and Products

The applicant must provide a general description of the measurable outcomes and products of the project. Two of the products must be an implementation plan and plan for sustainability.

C.8. Technical Assistance to States, State Advisory Committees and Families Grants: National State-to-State Technical Assistance Program for Community Living

Purpose

This national technical assistance grant will support all of the FY 2003 "Real Choice Systems Change Grants for Community Living" efforts. CMS expects that the grantee will engage in activities that include: (1) providing technical assistance to the FY 2003 Real Choice Systems Change grantees, the Technical Assistance for Consumer Task Forces grantee, and others; (2) providing on-site state-to-state technical assistance; (3) developing technical assistance materials; (4) developing or providing expertise for states and children and adults of any age with a disability or long-term illness; (5) working with individual states, national associations of state agencies, consumer organizations, the National Governors Association, the National Conference of State Legislatures, and others to collect, refine, and disseminate information that aids in the effective administration of programs for community living; and (6) developing, gathering, analyzing, and disseminating relevant practical information. Approximately $4.4 million is available for this grant.

Background

Effective models of long-term support abound in this country. New innovations are being tested every year, yet they are not widespread. Generally, laboring against the odds, state and local staff are inventing better models of long-term support. News of the improvements that they are able to accomplish too often fails to penetrate the organizational boundaries so that other people could make immediate use of their knowledge. The barriers of distance, attitude, or budget often limit the extent to which staff in one state can learn from others. In addition, many states have travel restrictions that severely limit the opportunity for face-to-face interactions that are often necessary for an adequate inquiry and understanding of new methods of providing services.

Timely access to needed expertise is frequently absent on the part of busy legislators, Governors, program administrators, and other people who are in a position to make system improvements. Those with practical "how to" knowledge are generally too busy to write up the results of their work, and academicians with time and support to write frequently work at considerable distance from the practical steps by which noble vision becomes actual accomplishment. People with the greatest depth of knowledge about the actual workings of the system—consumers and their families—are often not afforded the opportunity to share their knowledge and expertise with the people who can make systems change.

A National State-to-State Technical Assistance Program for Community Living grant should effectively address the above problems. The goal of this grant is to provide ways in which the states, communities, providers, consumer groups, grantees and others can learn from each other, share effective practices, gain timely access to needed expertise, and disseminate the lessons learned so that all states and stakeholders may benefit.

Grant-Specific Allowable Uses of Grant Funds
Grant funds will be used to provide technical assistance for the following subjects:

Topic Areas	Percent of Effort
Feasibility Studies and Development Grants (Respite for Adults, Respite for Children, Community-Based Treatment Alternatives for Children)	10%
Research and Demonstration Grants (Money Follows the Person Rebalancing Initiative, Quality Assurance and Quality Improvement in Home and Community-Based Services, *Independence Plus* Initiative, and Community-Integrated Personal Assistance Services and Supports)	85%
Technical Assistance to States, State Advisory Committees and Families (Technical Assistance for Consumer Task Forces Grant and Family-to-Family Health Care Information and Education Centers)	5%
TOTAL TECHNICAL ASSISTANCE	100%

Grant-Specific Requirements
Required grant activities include:

- Foster on-site state-to-state technical assistance;
- Manage conferences and seminars--Beginning in 2005, conduct a national conference for 700 participants of whom approximately 100 will be individuals with a disability or long-term illness. The Grantee must have the expertise to coordinate the logistics or have the ability to contract for all services for such an event;
- Conduct workshops or seminars on key issues;
- Provide states with a roster of experts or knowledgeable resource people who can provide assistance, without charge to the state;
- Develop training curricula and system operations materials;
- Conduct teleconferences that sponsor national or regional dialogues on important issues; and
- Facilitate direct peer-to-peer site visits, regional teleconferences, and interactive Question & Answer sessions.

Grant information collection and dissemination activities include (a) developing and maintaining a resource database of individuals and organizations that can offer specified expertise in key areas; (b) providing a Web site to serve as a clearinghouse for information; and (c) gathering, maintaining, and disseminating information on grant projects. Information to be gathered includes contact information, program progress, program barriers, promising practices, links to state and Federal project Web sites, and

information related to the nature and extent of systems improvements.

Grant-Specific Outcomes and Products
The FY 2003 Real Choice Systems Change Grants are comprised of several grant opportunities. Each type of grant (e.g., Respite for Adults, *Independence Pl*us Initiative) will require specific technical assistance from the technical assistance grantee and is viewed as a separate and distinct task. The technical assistance grantee shall provide the necessary personnel, materials, equipment, support, and supplies to accomplish the tasks shown below. The technical assistance grantee shall also complete the analyses and submit written reports of the findings to CMS. All technical assistance activities shall be performed under the general guidance of the CMS project officer or his/her representative, and is subject to the project officer's approval. These separate required tasks are included in, but not limited to, Appendix 8 (National State-to-State Technical Assistance Program—Anticipated Needs).

The applicant must provide a general description of the major measurable outcomes and products of the proposed project including the following:

1. **Training**: The organization must be able to coordinate, facilitate, and provide training and other opportunities for information-sharing by grantees on relevant issues related to systems change efforts. The grantee must provide expertise in the required activities outlined in Appendix 8 and assist states in the training of workers to perform tasks.

2**. Direct Technical Assistance**: The organization must provide direct technical assistance and facilitation of peer-to-peer technical assistance of varying intensity and duration including information and referral, short-term assistance and on-site or longer-term assistance. The grantee must provide states direct assistance in performing the required activities outlined in Appendix 8.

3. **Information Collection and Dissemination**: The applicant's proposal must include the collection, storage and dissemination of information on key activities undertaken by states and other organizations to improve the infrastructure to develop opportunities for community-living for people of any age with a disability or long-term illness. The grantee must provide states with assistance in performing the required information gathering activities outlined in Appendix 8.

Information collection must include feedback surveys completed at least annually by grantees and sent confidentially and directly to the CMS project officer or designee. The design and medium of the feedback surveys must be approved by CMS.

4. **Resource Development:** The technical assistance grantee must develop and disseminate original materials to assist states in assessing, developing, implementing, and analyzing their Real Choice Systems Change efforts. Alerts, case studies, written technical assistance materials, and an electronic newsletter must be created. Issue briefs, fact sheets, and other reports and evaluations may be created as well.

The technical assistance grantee must also provide resource materials to the organization that will provide assistance to state consumer task forces. (For additional information, see the grant opportunity titled, "Technical Assistance to Consumer Task Forces" that is included in this solicitation.)

5**. Progress, Issues, and Barriers**: The technical assistance grantee must provide input and feedback to CMS, states and Real Choice Systems Change grantees on the ongoing operations of technical assistance and training activities that may inform future policy decisions with regard to experiences in program development and implementation of systems change efforts. In order to fulfill this requirement, the technical assistance grantee must provide legal, regulatory, and policy input; identify barriers to grantees; and furnish CMS with quarterly and annual reports.

Competencies of Qualified Applicants

The applicant's proposal must demonstrate expertise in the design and management of community-integrated services that support children and adults of any age to live and participate in the community. This includes knowledge of community services and community living preferences for people with a disability or long-term illness. The required knowledge and expertise must be sufficient to design and implement an effective technical assistance program for each type of grant as described above.

We do not expect any one organization to possess all required expertise for all target groups. We do expect that a successful applicant will demonstrate the commitment of a significant number of highly knowledgeable individuals and organizations that will round out the host organization's expertise.

C.9. Technical Assistance to States, State Advisory Committees and Families Grants: Technical Assistance for Consumer Task Forces

Purpose
The purpose of this grant is, as emphasized by Congress, to "provide expanded technical assistance to the consumer task forces involved with the program by contracting with a consortium of consumer-controlled organizations for people with disabilities." Approximately $550,000 is available for this grant.

Background
People of any age who have a disability or long-term illness generally express the desire to live in the community and have ready access to home and community-based services (HCBS). Individuals who use HCBS indicate that they: (a) wish to direct their own services to best meet their needs; (b) want services that are safe, appropriate, and effective; and (c) expect that service providers will continually strive to improve the responsiveness and quality of their services. All of the grants in this solicitation further these concepts; yet, without the active input of consumers, the grant projects will not be as successful as possible. Ensuring technical assistance by and for consumers on consumer task forces is one way to support the involvement of crucial stakeholders in the Real Choice Systems Change Grants for Community Living.

Under this grant opportunity, CMS is accepting proposals from consortia of consumer-controlled organizations to provide technical assistance to the consumer task forces of the Grantees of Real Choice Systems Change Grants for Community Living

Grant-Specific Allowable Uses of Grant Funds
Project funds may be used to organize and provide technical assistance to the consumer task forces that are involved with planning and implementation of the grants funded under the Real Choice Systems Change Grants for Community Living. Project funds may be used, for example, to hire staff for this project, to hire contractor(s) to contribute to the project, to hold meetings, for travel, for publications, for training and development of new programs, and to facilitate the progress of the consumer task forces.

Grant-Specific Requirements
Required grant information collection and dissemination activities include: (a) developing and maintaining a resource database of individuals and organizations that can offer specified expertise in key areas; (b) providing a Web site to serve as a clearinghouse for information; (c) establishing a peer-to-peer resource center for the exchange of ideas; and (d) gathering, maintaining and disseminating information on consumer task force activities for each grant. Information to be gathered includes contact information, task forces progress, barriers encountered by task forces, promising practices on task force coordination, and cooperation with state agencies and others.

Grant-Specific Outcomes and Products
It will be incumbent on the Technical Assistance for Consumer Task Forces grantee to assess the needs of the consumer task forces and to program and furnish technical assistance activities that meet the identified needs.

The applicant must provide a general description of the major measurable outcomes and products of the project including:

1. **Training**—The organization must be able to coordinate, facilitate, and provide training and other opportunities to support the mission of consumer task forces. The grantee must provide expertise in performing required activities. Specific measurable outcomes and products include (a) making available, without charge to the consumer task forces, knowledgeable resource people who can provide assistance on key design or implementation issues for improving the community services system; and (b) conducting teleconferences on important issues.

2**. Direct Technical Assistance**—The organization must provide direct technical assistance and facilitation of peer-to-peer technical assistance of varying intensity and duration including information and referral, short-term assistance, and on-site or longer-term assistance. Specific measurable outcomes and products include: (a) coordinating and providing direct technical assistance site visits; (b) ensuring the availability of resource people to travel and provide direct assistance; (c) developing training curricula on key topics including leadership and policy development; (d) assisting consumer task forces in long-range strategic planning; and (e) developing a model for collaboration between the consumer task forces and other stakeholders of the grant including State Agencies and the State Legislature.

3. **Information Collection and Dissemination**—The applicant's proposal must include the collection, storage, and dissemination of information on key activities undertaken by consumer task forces and other organizations to improve the infrastructure for community-living opportunities for people of any age with a disability or long-term illness. Specific measurable outcomes and products include: (a) developing and maintaining a resource center for the consumer task forces; (b) developing and maintaining a resource database of individuals and organizations that can offer specified expertise in key areas; (c) collecting and making available to consumer task forces fact sheets, reports, bulletins, and other documents or web site links that will be of interest to those in the long-term service and support field; and (d) providing information and policy analysis regarding relevant pieces of legislation and policy affecting long-term service systems change efforts.

4. **Resource Development**—The consortium must develop and disseminate original materials to assist consumer task forces in assessing, developing, implementing and analyzing their Real Choice Systems Change efforts. Alerts, issue briefs, and a periodic newsletter are to be created, as well as case studies, fact sheets, and other reports.

5. **Progress, Issues, and Barriers**—The Grantee must provide input and feedback to CMS, consumer task forces and other Real Choice Systems Change Technical Assistance Providers on the ongoing operations of technical assistance and training activities that may inform future systems change policy decisions. Providing this service means giving legal, regulatory and policy input, identifying barriers encountered by consumer task forces, and updating CMS with quarterly and annual reports. Furthermore, the consortium will need to assist in the removal of barriers faced by the consumer task forces and assist the consumer task forces in achieving productive partnerships with other stakeholders.

C.10. Technical Assistance to States, State Advisory Committees and Families Grants: Family-to-Family Health Care Information and Education Centers

Purpose
The purpose of these grants is to support the development of Family-to-Family Health Care Information and Education Centers (Information and Education Centers). Organizations will use grant funds to establish statewide family-run centers that will: (a) provide education and training opportunities for families with children with special health care needs; (b) develop and disseminate needed health care and HCBS information to families and providers; (c) collaborate with existing Family-to-Family Health Care Information and Education Centers to benefit children with special health care needs; and (d) promote the philosophy of individual and family-directed supports. Approximately $875,000 to $1.5 million is available for these efforts.

Background
In 2001, the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, initiated a program to develop the capacities of families with children with special health care needs and assist states to meet their *Healthy People 2010* objectives for community-based services for children with special health care needs. The HRSA program is also entitled Family-to-Family Health Care Information and Education Centers. (For information on the *Healthy People 2010* initiative, please visit the Web site at: http://www.healthypeople.gov.) CMS recognizes the wealth of knowledge that exists among parents who have years of experience with the long-term care system, and the potential for this knowledge to be of assistance to both other families and service providers. The goals of this initiative are to increase both access to and choice in HCBS for families who have children with special health care needs.

Grant-Specific Allowable Uses of Grant Funds
Applicants must demonstrate that the project (a) establishes new capacity, (b) does not duplicate existing work or supplant existing funding, and (c) devotes all funding under the new proposal to endeavors that advance the goal and vision of the Information and Education Centers grant program.

Information and Education Centers grant funds may be used for design, implementation, and evaluation activities.

Design activities may include, but are not limited to:

- Obtaining and analyzing consumer and other stakeholder input on the best approaches to use in reaching families with children with special health care needs;
- Designing effective educational materials, forums, and training sessions;
- Developing or enhancing a clearinghouse of relevant information and related dissemination strategies;
- Developing or enhancing networks, resources, and collaborations to benefit children with special health care needs; and

- Developing sustainable funding sources to support the efforts of the Information and Education Center.

Implementation activities may include, but are not limited to:

- Hiring staff dedicated to the administration and operation of the Information and Education Center;
- Informing parents of the information and assistance offered;
- Hosting conferences and seminars with both consumers and providers; and
- Delivering information on HCBS services and supports, local providers, quality issues, the philosophy of consumer- and family-direction, health care, etc.

Evaluation activities may include, but are not limited to:

- Collecting and analyzing data that will result in increased understanding of measurable outcomes and strategies that are effective in serving children with special health care needs;
- Determining parent, provider, and other stakeholder satisfaction with the Information and Education Center's activities; and
- Tracking client intake, services used, utilization, and costs.

Grant-Specific Requirements

The operational configuration of the Information and Education Centers will vary from state to state. We expect that there will be at least one physical location from which the Information and Education Center will operate and that different modalities (i.e., multiple sites, Internet, fax, and/or telephone) will be used to reach parents across the state. The Information and Education Centers will serve as both a warehouse of information and an interactive technical assistance system. The Information and Education Centers will:

- Provide information and education on health care to families with children with special health care needs, parent groups, providers, and other stakeholders;
- Provide training and education on HCBS services and support for children with special health care needs, parent groups, providers, and other stakeholders;
- Provide information and referral to other programs and benefits that can help children remain in the community (i.e., respite, home health, transportation services, income support, and health promotion programs);
- Collaborate with existing Family-to-Family Health Care Information and Education Centers to benefit children with special health care needs;
- Provide a forum for peer group discussion and interaction;
- Help families assess their potential eligibility for public long-term care programs and benefits; and
- Promote the philosophy of individual and family-directed supports.

Grant-Specific Outcomes and Products

The applicant must provide a general description of the major measurable outcomes and products of the project. Major measurable outcomes and products for projects will include the following:

1. **Training:** The organization must be able to coordinate, facilitate, and provide training and other opportunities for information-sharing to parents of children with special health care needs, providers, and other stakeholders on relevant issues.

2**. Direct Technical Assistance**: The organization must provide direct technical assistance and facilitation of peer-to-peer technical assistance of varying intensity and duration including information and referral, short-term assistance, and on-site or longer-term assistance.

3. **Information Collection and Dissemination**: The applicant's proposal must include the collection, storage, and dissemination of information on issues relevant to HCBS services and supports, local providers, quality issues, the philosophy of consumer and family-direction, health care, etc.

4. **Resource Development:** The applicant's proposal must include plans to develop and disseminate original materials to assist children with special health care needs and their parents, providers and other stakeholders.

5**. Progress, Issues, and Barriers**: The Grantee must provide input and feedback to CMS and states on the ongoing operations of technical assistance and training activities that may inform future policy decisions. Providing this service means giving legal, regulatory, and policy input, identifying barriers, and updating CMS with quarterly and annual reports.