**Questions and Answers on the**

**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**
**CFDA No. 93.779**

**July 14, 2003**

## PART ONE: QUESTIONS CONCERNING PROVISIONS THAT APPLY TO ALL REAL CHOICE SYSTEMS CHANGE GRANTS.

### 1. What are the Real Choice Systems Change grants and what are their overall purposes?

The Real Choice Systems Change grants are intended to foster systems changes to enable children and adults of all ages 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.

The emphasis of these grants is on infrastructure that leads to enduring systems change. Provision of direct services is not the primary purpose of these grants.

### 2. When were the "Systems Change Grants" previously awarded?

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. To date, the Centers for Medicare & Medicaid Services (CMS) has provided $125 million 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.

**3. How are the FY 2003 Real Choice Systems Change grants different from those offered before?**

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 this initiative, please visit our 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.

**4. What are the grant opportunities that are part of the FY 2003 invitation?**

Several types of grant opportunities comprise this solicitation. They are divided into three grant categories: Feasibility Studies and Development Grants; Research and Demonstration Grants; and Technical Assistance to States, State Advisory Committees and Families. The grant opportunities that are the subject of this coordinated invitation include:

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

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

**5. What are the amounts of funding available for each grant opportunity?**

The *Federal Register* notice of May 30, 2003 announced the availability of $35 million in grant funding for the Real Choice Systems Change Grants for Community Living. These grants are a part of the President's *New Freedom Initiative*, which calls for the removal of barriers to community living for people with disabilities. CMS is the designated HHS agency with administrative responsibility for the Real Choice Systems Change Grant program. These grants are designed to assist states develop enduring infrastructures that support people of any age who have a disability or long-term illness to live and participate in their communities. Applicants include states, state instrumentalities, and other eligible entities as further described in the notice. Also included in this notice is information about the application process.

For information regarding grant opportunities and funding amounts, please refer to the table, "Real Choice Systems Change Grants for Community Living—FY 2003," found at Part One, section C.10. of the solicitation and in the table in the *Federal Register* notice that announces these grant opportunities.

On May 29, 2003 a *Federal Register* notice was published regarding the $5 million of the Real Choice Systems Change Grants for Community Living funding. In this notice, the Centers for Medicare & Medicaid Services, in collaboration with the Administration on Aging, 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) programs. Resource Center programs 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.

**6. Who may apply?**

There are several types of applicants who are eligible to apply for these grants, including States, State agencies and instrumentalities, nonprofit and faith-based organizations, and consortia of consumer-controlled organizations. To determine the types of grants for which an applicant may be eligible to apply , please refer to Part One, section C.4. of the solicitation under the heading "Who May Apply" and the *Federal Register* notice dated May 30, 2003, that announces these grant opportunities.

**7. Can a State apply for more than one grant?**

Yes, as discussed in Part One, section C.4. (Who May Apply) of the solicitation and the *Federal Register* notice that announces these grant opportunities, States may and are encouraged to apply for more than one type of grant. For specific information, please refer to the section of the solicitation mentioned above.

**8. Will every State receive Real Choice Systems Change funding?**

We strongly encourage all States to apply for this grant program. However, we cannot guarantee that each State will receive funding because of the competitive grant award process.

**9. When will grant awards be made?**

All grant awards will be made on or before October 1, 2003.

**10. What is the budget period for the Real Choice Systems Change Grants?**

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 to be completed in 18 months. Grantees should submit a budget based on total costs for the entire 36-month grant.

**11. Are "matching" funds required?**

As discussed in Part One, section C.2. of the grant solicitation, Grantees are required to make a contribution of 5% of the total grant award (including direct and indirect costs). This requirement may be met through a cash or non-cash match and is consistent with the 2001 Systems Change solicitation and final grant awards.

**12. Is a notice of intent to apply required?**

No. Submitting a notice of intent to apply is completely voluntary and does not bind the State or organization nor will it cause a proposal to be reviewed more favorably. However, we would appreciate receiving a notice of intent from each applicant because it will help us plan our review panels. For a copy of the notice of intent to apply, please see Appendix 2 of the solicitation.

**13. The Timetable in the solicitation mentions an Applicants' Teleconference. What is an Applicants' Teleconference?**

An Applicants' Teleconference (also known as a Bidders' Teleconference) was held on June 12, 2003 to give potential applicants an opportunity to request clarification about the various grant opportunities before submitting a grant application. We have incorporated the questions and answers conveyed during the June 12th public conference call into this Questions and Answers document . Until July 29, 2003, potential applicants may continue to submit questions to CMS staff through the following E-mail address: **RealChoiceFY03@cms.hhs.gov**.

**14. Do any of the grant applications have to be submitted through the States' "Single Point of Contact" or SPOC?**

Executive Order (E.O.) 12372, "Intergovernmental Review of Federal Programs," does not apply to these grants. (E.O. 12372 was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on State and local processes for the coordination and review of proposed Federal financial assistance and direct Federal development. The E.O. allows each State to designate an entity to perform this function.)

**15. How will "overhead expenses" or "indirect costs" be paid?**

Reimbursement of indirect costs under each of the grant finally awarded is governed by the provisions of OMB Circular A-87 and the regulations of the U. S. Department of Health and Human Services, 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.

**16. For The Commonwealth of the Northern Mariana Islands, Guam, the U. S. Virgin Islands, Puerto Rico, and American Samoa does grant funding received contribute towards the overall Medicaid cap?**

Grant funds are available regardless of the cap. Grant funding will not contribute towards the overall cap imposed on the territories.

**17. Can grants funds be used to provide direct services?**

There are only four grants that may use a portion of grant funds to provide direct services to consumers:

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

**18. Who will review the grant applications?**

The review panels will consist of Federal employees, individuals who are elderly or have a disability, and knowledgeable individuals outside of the Federal government with expertise in developing long-term services and support systems.

**19. Is there a specified page limit for each type of grant? What about attachments?**

A separate grant application must be submitted for each type of grant, as each application must stand on its own merits. The specified page limits for each type of grant applies to each application and can be found in Appendix 1 on p. 55 (Format and Structure of Required Application Content).

Materials submitted as attachments will not be scored; they are to be used to enhance the reviewers' understanding of the application. Therefore, applicants should include any

information they consider substantive and that they want to be used by reviewers in scoring their application in the body of their application and within the specified page limit.

**20. If a State receives funding under more than one grant, will the State be asked to coordinate the different programs? If so, can the National State-to-State Technical Assistance Program for Community Living help in that coordination?**

Each State is expected to take a comprehensive look at the long-term care system in their State and focus the application to identified areas of need. If the State receives more than one grant, we expect that these grants will be coordinated to the fullest extent possible, particularly if the target group(s) served overlap. After grant awards are made, Grantees may request technical assistance to help with grant coordination activities. However, coordination activities are primarily the Grantees' responsibility.

**21. Do Real Choice Systems Change Grants for Community Living refer only to Medicaid systems?**

Activities must focus on the Medicaid-eligible populations and the systems that support them, although the proposed systemic changes may impact individuals who are not Medicaid eligible.

**22. Do proposed changes to the long-term care system have to be available Statewide?**

"Statewideness" is not a requirement for activities under these grants. We hope that, given the anticipated size and duration of the awards, programs will be designed to have the maximum impact on the greatest number of consumers. We realize that in undertaking systems change, larger initiatives can grow from initially smaller scale endeavors.

**23. How can consumers and other stakeholders be involved in these grant projects?**

Individuals with a disability and other stakeholders should have continuous, active involvement in project's design, implementation, and evaluation. Opportunities for involvement might include membership in a project's consumer task force, as project staff, and as part of a direct feedback loop to constantly evaluate quality. Additionally, partner agencies may be actively involved in the planning and implementation of the projects.

**24. How can I ask further questions about the solicitation?**

Please send questions to our e-mail address at: **RealChoiceFY03@cms.hhs.gov.**

**25. How can I ask further questions about the application form and related materials?**

Questions regarding application forms and related materials may be directed to:

Real Choice Systems Change Grants for Community Living
Attn: Judy Norris
Centers for Medicare & Medicaid Services

OICS, AGG, Grants Management Staff
Mail Stop: C2-21-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850
(410) 786-5130
E-mail: jnorris1@cms.hhs.gov

**26. Where can I find a suggested format for the Biographical Sketch that is referenced on page 63 of the solicitation, and part of the required Appendices?**

The biographical sketch form can be found on the CMS Web site at:
http://cms.hhs.gov/states/letters/biograph.pdf

If you choose not to use this form, please substitute abbreviated resumes or curriculum vitae to demonstrate the capacity in methodology and partnerships.

**27. Can a notice of intent be submitted after the June 16th due date?**

Yes. Any notices of intent received before July 22, 2003 would be appreciated. They help us plan our review panels and provide a sense of how many grant applications to expect.

**28. Is a letter of intent binding?**

No. A letter of intent is not binding. A potential applicant may indicate that it intends to submit a proposal, and then, for whatever reason, choose not to do apply. Additionally, one state agency might submit a letter of intent, but another state agency might ultimately submit a proposal.

**29. With the System Change Grants, can we send one letter of intent that combines all the grants we intend to apply for?**

Our preference is for separate notices of intent using the form furnished in Appendix 2 of the solicitation.

**30. Do you have any preference for who signs the letter of intent?**

That is a matter for each applicant to decide.

**31. Will you accept the faxed letter of intent?**

Yes. Letters of intent may be faxed to 410-786-9004.

**32. Could states use their own Medicaid dollars for these projects without any special waivers of comparability?**

The solicitation indicates that the Secretary may waive certain Medicaid requirements for these grant projects. These waivers of requirements only apply to projects that use the grant funds.

States might use grant funds to develop a plan for services, but the services would be covered under the normal rules of Medicaid.

**33. Could a state develop a small project to enhance service availability in only one area using Medicaid dollars?**

A state could use grant or other external funds for this purpose but cannot use Medicaid dollars without first getting the appropriate waivers. Under this grant, a state could design a State Plan amendment or an application for an §1115 demonstration or a §1915(c) waiver. The resulting State Plan amendment, demonstration, or waiver would be operated using Medicaid dollars.

**34. Must territories provide matching funds?**

Yes. The territories must also provide matching funds. As is the case for all other applicants, the match can be in-kind or non-financial.

**35. How do you define instrumentality of the state?**

Whether a particular entity is a state instrumentality (i.e., has the authority to act on behalf of the state) is determined under state law, not Federal law. (See p. 18 of the solicitation for additional information.)

We suggest if you have questions concerning whether your organization or agency is an instrumentality of your state that you contact your State Attorney General's Office.

**36. I understand there are consortium entities that have designated to act on behalf of several states. Could these entities act on behalf of the states and spend Medicaid dollars if they are not instrumentalities?**

In any unusual situation, contact CMS directly for an answer.

**37. Could a coalition of states apply for these grants? If so, would the current grant limits apply?**

States that would like to use these grant funds for joint ventures may do so using one of two options:

- CMS will consider an application submitted by one state that will fund a multi-state effort. However, the maximum grant award included in the application would still apply. Thus an application that one state submitted for a "Money Follow the Person" initiative involving three states would only be eligible for a maximum grant award of $750,000.

- Each state in a collaborative effort could independently submit parallel proposals. Under this scenario, each state submitting an application would be eligible up to the maximum

grant award. States submitting parallel applications should ensure that each application stands on its own merits.

**18. If we apply for more than one of the grants, do we have to divide the amount of money? Are limitations on how much you can ask for if you apply for multiple grants?**

No. States may apply for more than one grant in different categories. We will not fund a state for more than one grant in the same category, but a state may apply for the maximum amount in each category for which it applies.

**19. Can we apply for different categories of grants?**

Yes, distinct panels will review applications for each category. Applications in each category, such as Money Following the Person, *Independence Plus* Initiative, Quality Assurance and Quality Improvement in HCBS, or Respite for Adults will be rated distinctly within their categories.

**20. Can we submit the same scope of work for multiple grants under this solicitation?**

No, states are not allowed to submit the same scope of work for multiple grants. If a state does that, we will eliminate from further competition and review all but one of the grant applications that share a scope of work.

**21. Can grant applications have complementary work plans?**

Yes, states are encouraged to coordinate their efforts. For example, under the *Independence Plus* Initiative grant, a state might want to develop an emergency backup system. At the same time, a state might also apply for a C-PASS grant with the goal of improving the recruitment or retention of direct service workers. As previously stated, however, each application must be submitted separately and be able to stand on its own merits.

**22. Is the feasibility study requirement only for the research and development grants category?**

Yes.

**23. Can we provide direct services under these grants?**

The chart on page 17 of the solicitation indicates the four grants that allow a portion of funds to be used for direct services; they are C-PASS, *Independence Plus* Initiative, "Money Follows the Person," and QA/QI in HCBS.

**24. Can we use grant funds to pay the grant writer?**

No. Grantees may not use grant funds for this purpose.

See question above on p. 5 that discusses same issue.

**25. How can state groups be involved in the development of these grants other than serving on the advisory boards or submitting the letters of support for the projects?**

A state might not know what part of the state would be most appropriate for the grant initiative but could begin dialogue with organizations with which it might partner. The application could indicate that there are potential partners and attach their letters of interest. This is a way of involving many stakeholders in the grant application.

**26. Will the deadline for applications be extended?**

No. Unfortunately because of the time needed to process, review, and award grants, we will not be able to extend the application due date.

**27. Where can I find the forms that comprise the Grant Application Kit referred to on p. 58 of the solicitation?**

You may obtain copies of these forms directly from the CMS Web site at:
http://www.cms.hhs.gov/researchers/priorities/grants.asp

## PART TWO: QUESTIONS SPECIFIC TO EACH TYPE OF REAL CHOICE SYSTEMS CHANGE GRANTS

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### 1. RESPITE FOR ADULTS

**1.1. What is respite?**

The term "respite" is defined in Appendix 5 of the solicitation as:

> [P]ersonal care and supervision of an individual who requires and is receiving continuous care in a home or community setting, provided for a limited period in order to afford temporary relief for family members or other unpaid caregivers. Personal care and supervision in the context of this project may include the provision of necessary medical, physical, or behavioral supports.

**1.2. How does respite fit into the President's *New Freedom Initiative*?**

The President's *New Freedom Initiative* includes directives to reduce institutional bias and to promote independence, responsibility, and consumer-driven services. Respite care is the service most often requested by families in an effort to keep their family member who is elderly or who has a disability or long term illness at home. Occasional periods of respite care can significantly reduce the stress in the family and enhance the ability to maintain the family member at home

and in the community. Further, we anticipate that any respite services developed will embody the principles of consumer-direction.

You may refer to Section III-37 of the *Progress on the Promise* for more information on how Respite for Adults relates to the *New Freedom Initiative*. For additional information on the *New Freedom Initiative*, please visit our New Freedom Web site at: http://www.cms.hhs.gov/newfreedom/default.asp.

**1.3. Can states target the respite feasibility studies and development grants to adults within a particular disability group?**

Yes. Adults targeted by this grant must be Medicaid-eligible. States may choose to limit the target of the project to adults within a particular disability group (i.e., those with mental illnesses, dementia, brain injury, mental retardation, etc.) The intent of this grant is to enable states to develop respite services for specific populations and to tailor those services to best meet the needs of their citizens. States may define in their application the distinct population of people to be targeted, if applicable.

**1.4. Can states apply for more than one respite feasibility study and demonstration development grant?**

Yes. However, states may apply for no more than one adult and one children's "respite feasibility study and development grant."

**1.5. What is the purpose of the respite grant opportunity? Can services be provided under this grant?**

Grant funds will help States assess the need for and discern how to best address problems in delivering respite services. States may examine the feasibility of providing respite for adults, as if it were a Medicaid service, to a limited target group. Such projects will be expected to build in elements that can be responsive to individual needs and offer the opportunity for consumer-direction. Respite grant funds may not be used to provide direct services to consumers.

**1.6. What are some of the required outcomes and products?**

Grant applications must outline plans to conduct a feasibility study. The final feasibility study research report, which is a deliverable for the grant project, 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 final feasibility study research report must include an 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. For states that already offer adult respite services, the final feasibility study research report must include analysis of the potential impact of expanding the service.

**1.7. What are the essential elements for the adult respite implementation and evaluation plans?**

Grant applications must outline plans to implement and evaluate an adult respite demonstration. The implementation and evaluation plans are a deliverable for the grant project. An implementation plan might describe activities designed to develop the tools, protocols, procedures, and other elements of the infrastructure needed to implement a respite service. Examples of infrastructure elements might include outreach materials, screening and assessment instruments, provider qualifications and agreement, payment techniques, data collection instruments, staffing plans, etc. 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) cost and utilization of Medicaid community and facility-based services.

**1.8. Is it a legitimate use of this grant to create equity across various disability respite systems within a state?**

Yes, to the extent that funds are used to plan and develop the potential to increase the degree of support that would be available across the board and the system. A state might use funds to evaluate underserved areas and develop a strategy to achieve equity by increasing supports, however any strategy that does not result in a net increase of support (e.g., reduce support for one group but increase it for another) would not be an acceptable approach to achieving equity.

**1.9. Can the respite research and demonstration grant be designed to include flexible funding given to families that can be used interchangeably with respite by the discretion of the family?**

No, this solicitation defines respite as personal care and supervision of an individual who requires and is receiving continuous care in a home or community setting and is provided for a limited period in order to afford temporary relief to family members or other unpaid caregivers. Personal care and supervision in this context may include the provision of necessary medical, physical, or behavioral supports.

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## 2. RESPITE FOR CHILDREN

**2.1. Can applicants target the respite feasibility study and development grant to children within a particular disability group?**

Yes. Children targeted by this grant must be must meet the SSI definition of disability and be Medicaid-eligible and states may chose to limit the target of the to a particular age range (i.e., 0-5 years, less than 18 years, etc.) and/or disability group. The intention of this grant is to enable states to develop respite services for specific populations and to tailor those services to best meet the needs of their citizens. States will be asked to define in their application the disability or long-term illness group(s) to be targeted.

## 2.2. What is the purpose of this grant opportunity?

The purpose of this initiative is to enable States to conduct feasibility studies and demonstration development for future multi-year Medicaid respite demonstration 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. Such projects will be expected to build in elements that can be responsive to individual needs and offer the opportunity for consumer-direction.

## 2.3. How can family members and other stakeholders be involved in this grant project?

Family members of children with a disability and other stakeholders should have continuous, active involvement in project's design, implementation, and evaluation. Opportunities for involvement might include membership in project's advisory board, as a project staff person, and as part of a direct feedback loop to constantly evaluate quality. Additionally, partner agencies may be actively involved in the planning and implementation of the project.

## 2.4. What are the essential elements for the children's respite feasibility study?

Grant applications must outline plans to conduct a feasibility study. The final feasibility study research report, which is a deliverable for the grant project, 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 final feasibility study research report must include an 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 or a variable standard applied in relation to the severity of an individual's condition and degree of caregiving. For states that already offer respite services, the final feasibility study research report must include analysis of the potential impact of expanding the service.

## 2.5. What are the essential elements for the children's respite demonstration implementation and evaluation plans?

Grant applications must outline plans to implement and evaluate a children's respite demonstration. The implementation and evaluation plans are a deliverable for the grant project. An implementation plan might describe activities designed to develop the tools, protocols, procedures, and other elements of the infrastructure needed to implement a respite service. Examples of infrastructure elements might include outreach materials, screening and assessment instruments, provider qualifications and agreement, payment techniques, data collection instruments, staffing plans, etc. 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) cost and utilization of Medicaid community and facility-based services.

### 2.6. Is it a legitimate use of this grant to create equity across various disability respite systems within a state?

Yes, to the extent that funds are used to plan and develop the potential to increase the degree of support that would be available across the board and the system. A state might use funds to evaluate underserved areas and develop a strategy to achieve equity by increasing supports, however any strategy that does not result in a net increase of support (e.g., reduce support for one group but increase it for another) would not be an acceptable approach to achieving equity.

### 2.7. Can the respite research and demonstration grant be designed to include flexible funding given to families that can be used interchangeably with respite by the discretion of the family?

No, this solicitation defines respite as personal care and supervision of an individual who requires and is receiving continuous care in a home or community setting and is provided for a limited period in order to afford temporary relief to family members or other unpaid caregivers. Personal care and supervision in this context may include the provision of necessary medical, physical, or behavioral supports.

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## 3. COMMUNITY-BASED TREATMENT ALTERNATIVES FOR CHILDREN (C-TAC)

### 3.1. What is the purpose of this grant?

Currently, home and community-based waivers can only be created as alternatives to hospitals, nursing homes or intermediate-care facilities for individuals with mental retardation. The state can use this opportunity to design a program, conduct cost analysis, decide how quality would be monitored and assessed, determine a benefits package for children with serious emotional disturbance (SED) that would be served in the community, and other necessary precursory work.

In addition, states may use the grant funds for feasibility studies and planning for alternatives to Medicaid-funded residential psychiatric treatment facilities. However, insofar as section 1915(c) waivers may not be used for such a purpose under current law, and it is unknown whether Congress will adopt the President's proposal in the 2004 budget to initiate a special demonstration program for this purpose, it would be advisable for states to include in their analysis the costs and implications of a state-only program that might achieve the same outcomes as a Medicaid-funded program. In addition, states may consider the possibility of a section 1115 demonstration program under Medicaid for this purpose, subject to the normal section 1115 budget neutrality requirements applied over the five-year period of any such demonstration.

### 3.2. If the FY 2004 budget proposal that would create a 10-year demonstration to test the demand for and cost of adding psychiatric treatment facilities to the home and community-based waiver authority (section 1915(c) of the Social Security Act) is funded, will recipients of the FY 2003 C-TAC grants be the only eligible applicants?

No. Some states have already collected valuable data on their populations of children with SED and have spent considerable time planning for these projects. These states may not wish to participate in the feasibility grants but may be well positioned to apply for the 10-year demonstration.

### 3.3. Can direct services be provided using C-TAC grant funds?

No. These grant funds are to be used to conduct feasibility studies for program planning as well as program development purposes. The funding may not be used to provide direct services.

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## 4. QUALITY ASSURANCE AND QUALITY IMPROVEMENT IN HOME AND COMMUNITY-BASED SERVICES (QA/QI IN HCBS)

### 4.1. What is quality assurance and quality improvement in HCBS?

Quality is the degree to which health services for individuals and populations increase the likelihood for desired health outcomes and are consistent with current professional knowledge. A quality assurance system for home and community based services will utilize appropriate data sources to inform decisions about health outcomes in community-based service programs. A quality improvement system will build upon compliance activities and move to *quality enhancing activities*. Quality enhancing activities will measure and improve quality of life, functional independence, and health of consumers.

We expect that QA/QI in HCBS activities will involve individuals receiving HCBS services and supports and establish appropriate safeguards for participants' health and welfare. A systematic approach for reviewing the efficacy of these safeguards must be utilized and the determination of "appropriate safeguards" must take into account the individuals' preferences, choices, and capacity for assuming risk.

### 4.2. How does QA/QI in HCBS fit into the President's New Freedom Initiative?

The President's *New Freedom Initiative* includes directives to increase accountability and address quality of care issues in home and community-based services. This initiative will assist states to design better systems of QA/QI and establishes CMS-defined quality expectations for waiver and non-waiver home and community-based services. You may refer to Section III.V.C beginning on page 46 of the HHS Report to the President, entitled *Progress on the Promise,* for more information on how QA/QI systems relate to the *New Freedom Initiative.* This report may be found on our website.

### 4.3. What is the purpose of this grant opportunity?

The purpose of the QA/QI in HCBS is to assist states to (a) fulfill their commitment to assure the health and welfare of individuals who participate in the state's HCBS waivers under section 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by use of ongoing quality improvement strategies, (c) develop improved methods to enlist individuals and community members in active roles in the quality assurance and quality improvement systems, (d) develop systems that assure quality of life as well as health and safety, and (e) develop data-driven QA/QI systems.

Although surveys, certification of providers, and inspection activities are vital in any quality assurance system, this initiative is primarily focused on helping states develop a balanced approach that relies on building quality into the 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.

### 4.4. Can direct services be provided under this grant?

Systems Change grants are intended to fund infrastructure development and are generally not intended to fund services. However, some of these grants can be used for pilot services if the applicant can identify a plan for attaching an ongoing funding stream (e.g., home and community-based waiver or state funds) if the pilot is deemed to be successful. In the case of this grant category, up to 10% of funds awarded to a state may be used for direct services. For example, if a state is developing a system for emergency backup of supports, it might pilot test various arrangements that have that 24-hour a day, 365-day a year capability to provide emergency backup. Some direct services would be provided for the pilot, so that data could be collected. That data would then provide the state with the necessary information to extend that statewide, and make enduring systems change.

### 4.5. Can funding be used to defray expenses of citizens or consumer monitors?

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 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.

### 4.6. Are there specific requirements for developing/expanding a QA/QI system under this grant?

Yes. 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 both (a) involve program participants in active roles in the quality assurance system and (b) obtain primary data directly from program participants through direct human interaction. Finally, we encourage States to consider utilizing appropriate tools to obtain information directly

from program participants and others, such as (but not limited to) the CMS-developed consumer experience survey that is available on our Web site at http://www.cms.hhs.gov/medicaid.

### 4.7. What is the HCBS Quality Framework?

The *HCBS Quality Framework* consists of four functions that are important in any QA/QI system and seven topic areas or "domains" that merit special focus in HCBS programs. The four functions in a QA/QI system are: design, discovery, remediation, and systems improvement. The seven domains for HCBS programs are participant access, participant-centered service planning and delivery, provider capacity and capabilities, participant safeguards, participant rights and responsibilities, participant outcomes and satisfaction, and system performance.

### 4.8. How can I obtain a copy of the HCBS Quality Framework?

A copy of the *HCBS Quality Framework* is available on our Web site at: http://cms.hhs.gov/medicaid/waivers/82902ltr.pdf. The grant solicitation itself contains an outline of the Framework.

### 4.9. Must a state address all HCBS Quality Framework functions and domains in the grant project?

No, we do not expect that a state's QA/QI in HCBS project will include strategies for all 7 domains. However, we believe that an effective system would include the four functions (design, discovery, remediation, and systems improvement) and the QA/QI grant project must anticipate significant improvements in at least one of those functions.

### 4.10. What is an Advance Planning Document (APD)?

APDs are the mechanism through which State agencies obtain prior federal approval and financial participation in projects that support federal programs. The term APD refers to a Planning APD, an Implementation APD, or to an Advance Planning Document Update. A complete definition of APD (45CFR95, pages 468-479) can be found at http://www.acf.dhhs.gov/programs/oss/all_acf/part95.htm

### 4.11. How can consumers and other stakeholders be involved in this grant project?

Individuals with a disability and other stakeholders should have continuous, active involvement in project's design, implementation, and evaluation. Opportunities for involvement might include membership in project's advisory board, as a project staff person, and as part of a direct feedback loop to constantly evaluate quality.

### 4.12. What are other good examples of QA/QA in CMS initiatives?

Another example of QA/QI initiatives can be seen on the *Independence Plus* waiver template. In contrast to the Quality Framework, the *Independence Plus* waiver template identifies specific

things infrastructure states must have in place in their QA/QA system in order to get approval. For example, the state must to have an emergency backup system for personal assistance services or a good incident management system. The emergency backup system is a good design feature of any system that provides participant safeguards.

**4.13. How much of the QA/QI grant should focus on technology like automating collection of data and developing an information technology plan?**

We do not have a particular profile for the allocation of grant funds because we anticipate that states will be able to more accurately assess the best uses of grant funds. Applicants should include as a primary goal improving the states ability to gather and collate data from multiple sources (e.g., surveys, incident management systems, claims data, ongoing case management, etc.) to facilitate the ability to make data-driven QA/QI decisions.

**4.14. How can a state use this grant to obtain a higher match rate for its quality efforts?**

The grants themselves will not convey a higher match rate. If a state's operations qualify for a higher match rate under existing regulations, the grant funds may be used to develop an advance-planning document (APD) that would be submitted to your CMS regional office to obtain higher match rates that are associated with utilization review and development of data systems.

**4.15. What do you mean by a sustainable database?**

An applicant must develop a database or databases that will endure once the grant funds have been expended.

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## 5. *INDEPENDENCE PLUS* INITIATIVE

**5.1. If states have existing programs that incorporate the philosophy of self-direction, could grant funding be used develop or refine program activities to meet the essential elements (person-centered planning, individual budget, self-supports brokerage, financial management services, participant protections and quality assurance and improvement) of *Independence Plus?***

Yes, grant funding may be used to improve or refine existing programs. However grant funds may not be used to finance current activities. CMS will apply the essential elements introduced in *Independence Plus* to each new application, renewal, and amendment that incorporates the self-direction concept.

**5.2. Are states free to select either the §1915(c) or the §1115 Independence Plus format to meet the obligations of the grant? Will states be held to a timeframe for such submission?**

Yes, states that propose to develop a waiver or demonstration application as a product of the grant have broad flexibility to craft their program design to meet the needs of the target population and the state's resources, and may use either the §1915(c) or the §1115 *Independence Plus* template. States should file their applications, renewals, or amendments to include self-direction before the end of the grant period.

**5.3. Are the Federal requirements for safeguarding the health and welfare of participants the same for self-directed programs using either §1915(c) or §1115 authority?**

Yes, the Federal requirements are the same for both service delivery methods; however, how States meet the requirements may differ. In order to comply with Federal regulations to assure safeguards are in place to protect the health and welfare of participants, traditionally programs implement a system of checks and balances to establish contain protections in their home and community-based service delivery system. Generally, these systems involve: (a) establishing specific provider standards, such as requiring staff certifications and training; (b) assigning contractual obligations and assurances to providers clearly delineating responsibility and accountability; (c) outlining expectations through detailed states policies and regulations; and (d) performing routine provider reviews and audits to ensure contractual obligations are met and policy is followed.

Self-direction represents a divergence from the traditional approach in that the individual or family assumes many of the responsibilities assumed by provider agencies. Thus the establishment of certification, standards, policies, regulations, reviews and audits alone may prove insufficient to meet the requirements of the regulation. The *Independence Plus* initiative places emphasis on other ways to meet Federal requirements. These include implementing the essential design elements of self-directed supports (supports brokerage and financial management services) and a quality assurance and improvement system, which includes specific participant protections (individual and state-wide back-up and an incident management system).

**5.4. Many of the items in the *Independence Plus* initiative are very similar to things that our state did under the FY01 Systems Change grant. We would like to further our efforts in this area. To what degree does the scope of work need to be different from the 2001 grant?**

This grant application cannot fund the same scope of work for which a state has previously receive a grant from CMS or another entity. These grant funds can be used to expand upon work that was conducted under another grant. Grant applications that request a scope that involves significant new activities are likely to receive a substantially higher score than an application that proposes a minor expansion.

**5.5. Must there be one statewide system of back up systems or could there be a statewide network of local systems under the Independence Plus initiative grant?**

Each person must have available a backup system that meets their individual needs. This system can either be a statewide entity or a statewide system or network of organizations.

## 6. "MONEY FOLLOWS THE PERSON" REBALANCING INITIATIVE

### 6.1. What does "Money Follows the Person" mean?

When "Money Follows the Person" in the long-term support system, the financing for services and supports move with the person to the most appropriate and preferred setting. It is a market-based approach that gives individuals more choice over the location and type of service they receive. When money follows the person, the long-term support system rebalances its community and institutional options to respond to the preferences and choices of the citizenry.

Our current solicitation is an attempt to make resources available to states using their existing tools. There are many tools available to states right now to implement the principle of Money Follows the Person. A number of states have implemented the principles of Money Follows the Person using three main strategies.

The first strategy might be called the "linkage approach." Under this approach the State creates legal linkages between existing, separate appropriations and accounts. In this method, a State may not really change the basic structure of its long term support financing (i.e., the State may continue to have a distinct nursing facility budget and a distinct home and community-based waiver budget), but moves money from one budget category to another when an individual moves from one setting to another, without needing to go through the legislative appropriation process. In this case, a State would have created a direct linkage between two different budget categories, but without reforming the fundamental structure of its financing for long term support.

A second strategy States have used is to "consolidate state budget appropriations" in one more flexible appropriation under coherent program management. Under this approach States have integrated major pieces of long term support budgeting (such as institutional and community-based care) in one appropriation at the state level or the local government level, combined with a coherent way of managing the overall long-term support system. The integration of budgets at the state and local levels for long-term supports enables money to follow the person. The state of Oregon was one of the first states to adopt this approach. Through these and related techniques Oregon was able to achieve one of the more flexible and balanced long term support systems in the country.

A third strategy is to integrate long term support appropriations at the provider level, combined with coherent management at the State level. Michigan (in the field of developmental disabilities and mental health) and Wisconsin (in its Family Care program for people who are elderly or have a developmental or physical disability) represent examples of this very broad-based approach to long term support reform.

The first approach described above has the virtue of being fast to implement and does not require extensive up-front investment. The third approach can be much more effective and powerful as a strategy, but requires much more advance planning with stakeholders, legislative bodies, and

investment in infrastructure. The purpose of our discussion here is simply to offer some examples, not to recommend any particular approach or to imply that there are not other valuable and effective strategies. Some written explanations of these and other approaches may be found in our "Promising Practices" section of the relevant CMS website (www.cms.hhs.gov\newfreedom).

### 6.2. What is the purpose of this grant opportunity?

The goal of this initiative is to assist states in developing and implementing a strategy to "level the playing field" and create a more equitable balance between institutional and community-based services spending, increase the responsiveness and cost effectiveness of the system, increase the amount of choice and control individuals are able to exert over services, and to assist states fulfill the Americans with Disabilities Act.

### 6.3. How does the Money Follows the Person Rebalancing Initiative fit into the President's New Freedom Initiative?

The President's *New Freedom Initiative* includes directives to reduce institutional bias and to promote independence, responsibility, and consumer-driven services. 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. The Money Follows the Person Rebalancing Initiative will allow states to address some barriers to transitioning individuals to the community. You may refer to Section III-35 of the *Progress on the Promise* for more information on how Money Follows the Person relates to the New Freedom Initiative.

### 6.4. Are there specific requirements for developing a Money Follows the Person Rebalancing Initiative under this grant?

Yes. States should (a) explore strategies to assist individuals who transition from institutions to the community, and vice versa, (b) explore strategies to develop the infrastructure for community services to support the needs of those who transition from institutions, and (c) determine what actions will be necessary for money to follow the person to the most appropriate setting preferred by the individual.

Further, States should incorporate the following goals into their infrastructure development plans: (a) process that facilitates the ability of individuals to make informed choices about their long-term care options; (b) finance and reimbursement systems that allow for the flexibility to cover a range of services both at the State budget and the individual services levels; (c) ensure 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.

Finally, 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.

### 6.5. Can direct services be provided under this grant?

Systems Change grants are intended to fund infrastructure development and are generally not intended to fund services. However, some of these grants can be used for pilot services if the applicant can identify a plan for attaching an ongoing funding stream (e.g., home and community-based waiver or state funds) if the pilot is deemed to be successful. In the case of this grant category, up to 10% of these funds can be used for the cost of transitioning individuals from institutional settings; however, the primary purpose of all of these grants is to create enduring systems change. For example, if a State uses the funds to transition individuals out of nursing facilities, we would then expect the state to gather information on the experience to build a program that might be paid for through existing mechanisms. Strong proposals might include transitioning people, identifying costs, and evidencing both a planning mechanism and a commitment to determine the ways in which the financing in the long-term support system could be reformed to promote the ability of money to follow the person. 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.

### 6.6. How can consumers and other stakeholders be involved in this grant project?

Individuals with a disability and other stakeholders should have continuous, active involvement in project's design, implementation, and evaluation. Opportunities for involvement might include membership in project's advisory board, as a project staff person, and as part of a direct feedback loop to constantly evaluate quality.

### 6.7. What are the expected outcomes and products from this grant opportunity?

The applicant must provide a general description of the outcomes and products of the project. In addition to applicant-defined products, the outcomes and products must include a feasibility study, implementation plan, and a plan for sustainability of system changes beyond the life of the grant.

### 6.8. Can the Money Follows the Person Rebalancing initiative be used to move a person from a nursing home to a personal care home or assisted living arrangement?

There are no specific criteria for the type of community setting that individuals must be transitioned to. However, Money Follows the Person emphasizes (a) individual choice and control and (b) a financing system that can provide support for the individual across settings and provider types. Thus, a State that plans to use grant funds to develop the financing arrangements so that supports can move across a variety of community options, including residential settings, depending on individual preference, will be scored much more highly than a State that plans to shift people predominately from institutions to assisted living or group homes. While some of the grant funds may be used for direct services that will enable individuals to transition from institutional to community settings, the preponderance of the grant effort must be devoted to enduring systems change that improve the ability of the state's financing system to permit money to follow the person. Once such systems changes are in place, the ability of individuals to

transition between settings would no longer be dependent on special grant funds being available. Instead, such effective transitions would be a normal feature and capacity of the state's long-term support system.

**6.9. Does the Money Follows the Person Rebalancing initiative apply strictly to individuals leaving nursing facilities or can we submit for a plan for people leaving ICF MR facilities? Page 38 of the solicitation only references transitioning individuals from nursing facilities.**

The solicitation applies to individuals in ICFs-MR facilities as well as well as nursing facilities.

**6.10. We heard that the Money Follows the Person Rebalancing initiative was to offer 100% federal participation for the first year a person comes out of a nursing facility included in the President's FY 2004 budget. What is the difference between this grant and the 2004 budget initiative?**

HHS has undertaken two coordinated initiatives to enable Money Follows the Person. The first is the current FY2003 "Real Choice Systems Change" grant category included in this solicitation. This grant solicitation offers states the opportunity to develop their planning and infrastructure to enable money to follow the person as a normal part of the State's long term support system. Only a small portion of the funds would be available for direct services. Congress has already acted to make these systems change funds available.

The second, coordinated opportunity is in the President's 2004 proposed budget for the New Freedom Initiative, pursuant to Executive Order 13217, and entitled "Money Follows the Person – Rebalancing Initiative." This part of the initiative requires Congressional action and legislation. Instead of funding infrastructure development, it would fund direct services.

Specifically, the President's 2004 budget proposes a major $1.75 billion initiative allocated as $350 million each year for five years. That $350 million each year would be available to states to pay 100% of the cost for a full package of home and community based services for individuals who transition from an institution that is Medicaid certified, such as an ICF-MR or nursing facility, to the community. Three major conditions would apply. First, continuity of service must be assured: that is, at the end of 12 months the state would assure that the individual would be enrolled in a home and community based waiver if not already so enrolled, or would be assured of some other form of continuous support. Secondly, the state would work, over a multi-year period, to rebalance its system to assure a better balance between institutional forms of service and community opportunities for people. Thirdly, the state would implement steps of its own design to implement the principle of money following the person: that is, make funding more flexibly available to follow people across settings. This is a proposal that is currently before Congress. If Congress passes this proposal, it would begin in the federal fiscal year 2004.

The 2004 budget initiative creates a financial incentive for States to redesign their long-term support system by providing payment for all home and community-based support costs for one year for individuals transitioned from institutions.

In contrast, the 2003 Real Choice Systems Change grant solicitation would provide funds for the development of the infrastructure for systems change that would permit existing Medicaid funding streams to follow the person, including the administrative expenses necessary to do so. For example, a State could use Systems Change funding to improve their finance models, structure of appropriations, ways of identifying people, and whatever else that would implement a system of funding that allows services and supports to follow the individual across settings and supports. Similarly, a State could develop special waiver programs that enable institutional and community funding streams to follow the person. This infrastructure will put the State in a stronger position to take advantage of the FY2004 Money Follows the Person Rebalancing funds if enacted by Congress. However, States can take action now, using existing authority and resources, to rebalance their systems and make the Money Follows the Person principles a reality.

### 6.11 Is "Rebalancing" different from "Money Follows the Person?"

Yes. "Rebalancing" refers to the effort to achieve a better balance between the proportion of Medicaid long-term support funding devoted to institutional and community forms of service. In most States, the historic institutional bias of Medicaid has resulted in a pattern of spending in which institutional forms of service predominate. Part of the reason for this imbalance is that funds have been appropriated by provider categories. For example, a certain amount would be budgeted for institutional services in its own appropriation or account, and a certain amount for home and community-based waivers in a different appropriation or account. In addition, there has usually been little or no method to reconcile pre-determined budget amounts (placed in each separate budget account) with the choices that citizens' desire.

If a State is able to organize its funding so that resources are able to follow the person, then the system is likely to rebalance itself naturally through the everyday expression of choice by the state's residents. This is the phenomenon that links the two concepts of "rebalancing" and "Money Follows the Person." While it is true that some states have been effective at achieving a better balance through direct legislative action (such as legislating a reduction in institutional beds and increasing community programs), we seek in this solicitation to support more market-based and person-centered approaches based on the principles of money following the person.

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## 7. COMMUNITY-INTEGRATED PERSONAL ASSISTANCE SERVICES AND SUPPORTS (C-PASS)

### 7.1. Who is eligible to apply for the FY 2003 Community-Integrated Personal Services and Supports (C-PASS) grants?

In the 2001 solicitation, any entity was able to apply for the Community-Integrated Personal Services and Supports grant. In the FY 2003 solicitation, these grants are restricted to States and state instrumentalities. Based upon the review of the 2001 C-PASS applications, we determined that the majority of applications came from States or state instrumentalities.;
In addition, States that had previously received a C-PASS grant are prohibited from receiving another C-PASS grant.

**7.2. Why are some States restricted from applying for FY 2003 Community-integrated Personal Services and Supports grants?**

As discussed in the 2001 solicitation, the C-PASS grants are to be awarded at the rate of one per State. In FY 2001, we awarded C-PASS grants to:

- Alaska, Arkansas, Guam, Michigan, Minnesota, Montana, Nevada, New Hampshire, Oklahoma, and Rhode Island.

In FY 2002, we awarded C-PASS grants to:

- Colorado, District of Columbia, Hawaii, Indiana, Kansas, North Carolina, Tennessee, and West Virginia.

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, we chose to retain the rate of one C-PASS grant award per state. This decision will enable more States to participate in this important program.

For additional information on the FY 2001 and FY 2002 C-PASS Grantees, please visit the following web site:: http://www.hcbs.org.

**7.3. Our state wants to address quality of in-home providers. We are interested in developing tools to assist the consumer and the family in understanding and meeting their role as an employer and as a monitor of quality. Would this be an appropriate use of the grant funds?**

Yes, to the extent that you're focusing on the role that consumers might play in directing personal assistance workers. C-PASS is designed to promote, as much as possible, self-directed personal assistance services, or personal assistance service that's incorporate good choices for individuals. There is a very important distinction between the quality of an actual service and a state quality assurance or quality improvement (QA/QI) program. A project that addresses how to best ensure that beneficiaries, as employers of direct service workers, have the training and the tools and the support that they need to do a good job in that role is consistent with the solicitation.

**7.4. What can the C-PASS initiative the money be used for?**

The grant opportunity provides states with great flexibility to build infrastructure so that consumers can have control over the supports they receive. Because States are building systems tailored to their unique history and requirements, CMS believed that it was necessary to preserve the amount of flexibility states had in determining how best to spend these funds. Potential applicants should note that Systems Change grants are intended to fund infrastructure development and are generally not intended to fund services. However, some of these grants can be used to pilot services provided that the applicant can identify a plan for attaching an ongoing

funding stream (e.g., home and community-based waiver or state funds) if the pilot is deemed to be successful. In the case of this grant category, up to 20% of the award in this category that may be used for direct services.

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## 8. NATIONAL STATE-TO-STATE TECHNICAL ASSISTANCE PROGRAM FOR COMMUNITY LIVING

### 8.1. Who can apply for the National State-to-State Technical Assistance Program for Community Living?

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

### 8.2. In planning for the budget, what expenses must this grantee cover for the national meetings--it appears that each grantee must budget for travel/hotel, etc.? Does the TA Program then pay for meeting space, food, logistics, etc.?

The grantee covers all expenses associated with non-federal, non-grantee conference speakers, including travel, hotel accommodations, per diem costs and speaker honorariums, if necessary. The grantee also covers all costs associated with conference meeting space, including audio-visual equipment and food services. Food services for the 2-3 days conference includes morning and afternoon breaks and luncheons (which may be box lunches). The grantee is **not** responsible for hotel or travel expenses for participants who are recipients of Systems Change grants.

### 8.3. How many of these meetings will there be? At one place it is noted that there will be a meeting of grantees in 2005 for 700 people. The chart lists grantee meetings with differing frequency for different initiatives. Can you clarify this?

The grantee must manage the annual conferences, and a wide variety of workshops and seminars. Beginning in 2005, the grantee will conduct a large national conference. In addition, the grantee is expected to conduct workshops and seminars as referenced on page 84, Appendix 8, of the solicitation, National State-to-State Technical Assistance Program – Anticipated Needs.

### 8.4. While the up-front guidance notes a required 5% match, on the specific information for the TA Program, this match is not mentioned. Is it required?

The 5% match is required of all Systems Change grantees, including the National State-to-State Technical Assistance Program for Community Living. This required match may be met through a non-financial contribution as noted on page 10 of the solicitation.

### 8.5. Are you expecting a preset group of activities or a set of proposed methodologies that match the requirements and might be chosen depending on the needs of the grantees and the input of CMS staff?

Please refer to the requirements listed in Appendices 1, 8 and 10 of the solicitation. Please note that technical assistance activities are also to be delivered for the Aging and Disability Resource

Center grantees (as noted on page 3, Executive Summary, of the solicitation), as the grantees for these grants are part of the larger Systems Change Grants.

**8.6. In proposing consultants and collaborating organizations, is a letter of proposed collaboration sufficient or do specific consultant names have to appear in the budget? We would hope to choose appropriate resources based on the needs of the grantees.**

Please refer to page 90 of the solicitation regarding 'Collaboration, Agreements, and Capacity." Please also refer to page 88 of the solicitation regarding "Background and Prior Experience." The application must demonstrate the applicant's prior involvement and practical experience in developing or improving systems for community living for people of any age with a disability or long-term illness. If the applicant is relying on consultants to demonstrate this experience, the application should discuss the consultant's abilities to provide technical assistance to the target audiences of this grant solicitation.

**8.7. The list of consultants that is to be developed--are these all to be paid for out of TA Center funds when used by the grantees or is this more a set of identified resources that they can engage?**

As stated in the solicitation on page 48, 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. Therefore, any and all services furnished for or on behalf of the National State-to-State Technical Assistance Program for Community Living grantee are to be funded by the grantee.

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## 9. TECHNICAL ASSISTANCE FOR CONSUMER TASK FORCES

**9.1. Who may apply for the Technical Assistance for Consumer Task Forces grant?**

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 will not possess the required expertise for all target groups, we expect the consortia concept to address

the need for commitment from a significant number of highly knowledgeable individuals and organizations. We will review the application in light of the totality of such a network.

**9.2. Will only existing consortia be eligible to apply for the Technical Assistance for Consumer Task Forces grant?**

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.

**9.3. How many grants will be awarded?**

There will be one grant award made up to $550,000.

**9.4. What does "consumer controlled organizations" mean?**

Consumer controlled organizations for persons with disabilities are those that have a majority of persons with disabilities who receive or rely on long term supports on their Board of Directors. The long-term support that an individual receives does not need be paid for using public funds (e.g., Medicaid, Older Americans Act, or from state-funded developmental disabilities program). The key factor is that the individual has a disability for which they require assistance and, therefore, are personally familiar with the needs and preferences of individuals with disabilities.

**9.5. Do family members of individuals who have a disability who serve on the board count as consumers?**

Family members who are guardians of an individual with a disability and who serve on the board would qualify as consumers. In contrast, the Family-to-Family Healthcare Information and Education Centers target children.

**9.6. What is a comprehensive consortium?**

For this grant we are looking for technical assistance for all populations with disabilities across the life span. We would like to see a board that represents all age and disability groups represented in the Real Choice grants. However, the organization should have a core set of staff and management plan so that it is ability to fulfill the major purpose of the grant, providing technical assistance to individual consumer advisory committees in each of the states.

**9.7. Is this grant only to provide technical assistance to the new wave of grantees' advisory groups?**

Yes, technical assistance will be provided to those task forces that are advising the new set of grants. However, we anticipate that the consumer advisory committees in many of the 48 states that currently have grants will act as the advisory committees for the new grants.

### 9.8. Will the grantee under this interface with the HCBS Resource Network board in the same way as the other technical assistance exchanges do currently?

Interaction between technical assistance providers evolves over time, however we believe that some coordination technical assistance efforts are beneficial. There is neither a requirement for this grantee to use the HCBS Resource Network as an advisory body, nor to contribute to the costs necessary to operate it. However, the Consortia must coordinate with the HCBS Resource Network in its advisory role to the overall technical assistance effort for the Real Choice Systems Change grants.

### 9.9. Will CMS be involved in guiding the technical assistance?

CMS' role will be to help ensure that the grantee is fulfilling its role of providing technical assistance to the grantees. To a large extent, the amount of guidance CMS will provide will depend on the actual work plan and the management plan submitted by the grantee and how proactive the grantee is about complying with this plan.

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## 10. FAMILY-TO-FAMILY HEALTH CARE INFORMATION AND EDUCATION CENTERS

### 10.1. What is a Family-to-Family Health Care Information and Education Center?

Family-to-Family Information and Education Centers (Information and Education Center) will provide, in a single, community-level location, access to information and assistance for families with children with special health care needs. Specifically, Information and Education Centers will, (a) provide education and training opportunities for families with children with special health care needs, (b) develop and disseminate needed health care and Home and Community-Based Services (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.

### 10.2. What is the purpose of this grant opportunity?

The purpose of Information and Education Centers grants is to provide assistance to families with children with special health care needs. Currently, health and long-term care systems are often complex and fragmented. Figuring out how to obtain services is difficult both for families who qualify for publicly funded supports and for those who can pay privately. Information and Education Centers will address these problems by making available, in a central location, information and education to families on how best to meet their health and long-term care needs.

### 10.3. How do the Family-to-Family Information and Education Centers Grants fit into the President's New Freedom Initiative?

The President's *New Freedom Initiative* includes directives to promote independence, responsibility, and consumer-driven services. Central to achieving these goals is the creation of an informed consumer. Information and Education Centers will inform and educate families ensuring maximum consumer involvement and independence.

**10.4. Is this Information and Education Center grant affiliated with the Health Resources and Services Administration (HSRA) program with the same name?**

The two efforts are closely coordinated between CMS and HSRSA. The CMS Family-to-Family Health Care Information and Education Centers Grants are separately funded from the HRSA projects. For this reason, States that currently operate Family-to Family Health Care Information and Education Centers funded through the Health Resources and Services Administration are ineligible for funding under this initiative, since they are similar in nature and purpose.

**10.5. Can a state apply for a grant if they have already received a HRSA family-to-family grant?**

An organization cannot receive grants from both HRSA and CMS for these very similar grants. Thus, California, Florida, Maine, Minnesota, Tennessee, and Vermont and Iowa will not be eligible to apply for the CMS Family-to-Family grant because these states have previously been awarded a Health Resources and Services Administration (HRSA) family-to-family grant. The grant to Iowa is anticipated in July). HRSA, together with Family Voices, pioneered early family-to-family health care information and education centers efforts.

**10.6. Could an organization that had previously not received funding from HRSA, but was from a state for which HRSA had provided a grant to another organization, apply for the CMS family-to-family grant?**

Organizations in States that have received HRSA Family-to-Family grants cannot apply. Similarly, if one organization in a state has a Family-to-Family grant, no other organization in that state will be eligible to apply. Our intention is to allow States that have not previously had the opportunity to develop a family-to-family network through a federal grant program the opportunity to do so. We are viewing the arena as the State, rather than individual organizations.

**10.7. What is the difference between the Family-To-Family Health Care Information and Education Centers and the Aging and Disability Resource Centers grants?**

The Family-To-Family Health Care Information and Education Centers are organizations that use the power of families educating other families, while Aging and Disability Resource Centers are government financed efforts to streamline access to services and empower individuals to make informed choices. The Family-To-Family initiative is a vehicle to harvest a family's knowledge and make it available to others in a readily accessible way. Family Voices groups pioneered this approach and have Web sites and educational programs for families to help other families. This approach is not designed as an authoritative way of accessing the system (for

example, it doesn't determine eligibility for public programs). Additionally, it focuses on one particular group (children with special health care needs), whereas the Aging and Disability Resource Centers are designed much more broadly with all ages as a focus.

The Aging and Disability Resource Centers have a very broad focus in which information and assistance on long-term support is offered in a coherent manner for people of all ages (not just children). These are mechanisms by which the government restructures how individuals can access services so that they can receive them in a more timely fashion and can make better decisions about the supports they receive.

Having both a Resource Center that serves children with special health care needs and a Family-to-Family program in the same area can benefit both organizations. By streamlining access and making information easily available, a Resource Center can allow a Family-to-Family program to spend less time assisting families to navigate eligibility mazes and more time coping with the needs of their children. By providing families with information and peer support, Family-to-Family programs can help Resource Centers fulfill their goal of ensuring that these individuals make informed choices.

**10.8. How much is the award range for the three years of the family-to-family health care information and education centers?**

The maximum that the grantee can receive is $150,000 for the entire three-year period.

**10.9. Is there a target population?**

Yes, the Information and Education centers are designed for families with children with special health care needs.

**10.10. Is there a particular disability population that the grant is focusing on?**

This grant is focusing on children with special health care needs. However, there is not a focus of any particular sub-group within this population.

**10.11. Would a disease-specific nonprofit organization be eligible for a grant if the money is used for a technology prototype or demonstration project that would be expandable or applicable to other diseases and conditions?**

A disease specific nonprofit organization would be eligible for the grant. However, an application that focused on a small subpopulation would likely be scored lower in the area of significance than proposals that target a wider audience. A project that would be applicable to other diseases and conditions would increase the score of the project.

A competitive application would be able to show how the project is relevant and useable for a broader array of families who have children with special health care needs. We want to provide

families with tools, supports, and information on how to access and engage with major forms of support. In general, the broader the breadth of the proposal, the more competitive that application would be. However, a more narrowly focused proposal with great significance would also be competitive.

**10.12. For the family-to-family health information centers, should only one application come forward from the state? Could the Governor or the state Medicaid director endorse two or three applications from their state?**

Although several organizations within a State may apply, only one grant will be awarded per State. Each application must include a letter of endorsement from the State Medicaid Director or the Governor. We encourage multiple organizations to collaboratively submit one application. This would strengthen the application and thus increase the change of being selected, while eliminating competition among organizations within a State.