Demonstration to Improve the Direct Service Community Workforce
Questions and Answers

General Demonstration Questions

1.) What is the deadline for submitting the grant application?

The deadline is August 12, 2003. Applications must be received or postmarked by that date. No applications will be received after that date.

2.) When will applicants be notified of the awards?

Awards will be made by September 30, 2003.

3.) Should potential applicants who have yet to submit a notice of intent to apply still submit a notice even though the due date is past?

Yes. However, we ask that each organization from a particular location submit only one notice of intent to apply. Notices of Intent may be faxed to 410/786-9004.

4.) Will geographic disbursement of grant funds be considered with this program?

Usually CMS reserves the right to assure that grant funds are distributed over a wide geographic area. Because we are limited in the number of awards that we will be able to make under this demonstration program, we cannot guarantee such assurances.

5.) What type of collaborative documentation for public/private partnerships is required?

We ask you to name your partners and in the appendix give a brief history of those organizations.

6.) Is there any possibility of obtaining a list of state agencies that submitted notices of intent for this grant?

No. Until grants are final, we do not disclose information that we have received from potential grantees. It is regarded as the property of the entity that submits it.

7.) If a grantee does not start a project, will the funds be passed to the applicant that was next in line?

From the solicitation: "CMS intends to make multi-year awards that cover the entire project period (up to 36 months), however, if a state does not implement the project by expending or committing funds within 12 months, CMS reserves the right to terminate the project."

8.)   Can the partnering agency that employs direct service workers but does not provide Medicaid services still apply for funding?

No. Only organizations that provide services to people who are receiving Medicaid may apply for this demonstration.

9.)   Is there an acceptable range of administrative and oversight?

Reimbursement of indirect costs under 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.

10.)   The RFP instructs on page 15 to submit "the narrative and standard application forms over e-mail to coconnor2@cms.hhs.gov." Appendix Four directs applicants to "http://www.cms.hhs.gov/twwiia/424forms.pdf" for the standard application forms. These forms cannot be completed online. Is the expectation that every applicant will have or obtain the full version of Adobe Acrobat so the forms can be completed and submitted in electronic format? Can you advise if there is an alternative web site or other means for completing and saving the forms so they can be submitted both on-line and in hard copy?

You may download a .pdf copy of the forms from
http://forms.psc.gov/forms/SF424_LLL.pdf. This version will allow you to type information into the form and save an electronic copy of the completed form. If you do not have a copy of Adobe Acrobat, you will also find an icon on the forms web page that says "get adobe reader." You can download a copy of the Adobe program by clicking on that icon.

Eligibility for the Demonstration Program

11.)   Do states have a greater opportunity to receive funding than private 501(c)(3) organizations?

States do not have any greater chance of receiving funding. The only preference in funding will be to entities that choose to extend health insurance coverage to direct care workers.

12.)   On page 2 of the application, under the section titled: "Who May Apply" it states, By "state" we refer to the definition provided under 45 CFR 92.3 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."

Please define local governments? Does that mean a county agency cannot apply?

In most cases we anticipate that county governments are instrumentalities of a State (the second eligibility category in the solicitation) in that they receive funding from the state and have a direct relationship defined in state law. These entities are eligible to apply for the grant.

13.)   Can a fiscal intermediary apply for this grant?

The following may apply:

   (a) the Single State Medicaid Agency; or
   (b) any other agency or instrumentality of a state (as determined under state law); or
   (c) community-based organizations that provide some combination of direct services, education, training and/or outreach.

   By "state" we refer to the definition provided under 45 CFR 92.3 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.

   Community-based organizations must have a clearly defined mission of community service, be established under state law, have a formalized financial structure with the capacity for tracking and reporting on grant funds, and be able to submit proof

as part of the application that they provide services to individuals who receive Medicaid. Examples of organizations that might want to consider applying include Independent Living Centers, consumer associations, community-outreach programs, assertive-community treatment providers, workforce development programs and others. Community-based providers possess an often-underutilized source of knowledge, expertise and commitment for identifying and supporting direct service workers.

If a fiscal intermediary meets the criteria listed above it may apply.

14.)   Can a private, non-profit community-based organization providing personal care assistance services to the elderly in their own homes apply if their clients are Medicaid eligible but not Medicaid recipients. Given the long waiting lists for Medicaid services in our County (specifically our Medicaid waiver programs), the agency often serves "Medicaid eligible clients" with other funding, however, we are NOT Medicaid certified, and we do NOT receive Medicaid reimbursement for these services.

> **A. Can this type of agency apply for this grant?**

No – a more direct link to either Medicaid recipients or Medicaid providers is necessary.

> **B. If another eligible organization serves as the applicant agency for the grant, could the direct care workers at this type of agency be able to participate in this project, i.e. receive health insurance, be part of the career ladder, etc.?**

Again the answer is no. The direct service workers must provide at least a portion of their services to Medicaid recipients.

15.)   Did the grant intend to exclude direct services workers who supply services to the elderly?

The grant is inclusive of all direct service workers who provide services to anyone, regardless of age, who needs assistance with activities of daily living.

16.)   There are states in which state agencies run programs but in Indiana programs are run by private corporations, would our application score be less because we do not have a state agency to oversee our project? In addition, would our score increase if our state agency endorses the project?

No. The solicitation specifically permits participation by community-based organizations that have involvement with Medicaid recipients.

17.) Can federal funds allocated for the State developmental disabilities council be used as matching for this grant?

No. Federal funds cannot be used to match federal funds.

18.) Does for-profit status prevent application for this grant program?

No. However, you must present evidence that you are directly involved with the provision of direct care services under Medicaid in order to be eligible for the program.

19.) Will applicants under the Robert Wood Johnson Better Jobs, Better Care program receive a higher level of consideration for funding under the Demonstration to Improve the Direct Service Community Workforce?

Greater weight will not be given to applicants that competed for funding under the Robert Wood Johnson Better Jobs, Better Care program.

20.) Will extra consideration be given to an applicant that offers matching funds greater than the 5% listed in the solicitation?

Not necessarily. CMS will be reviewing applications based on the overall project concept and partnerships that have been formed, monetary or non-monetary, which will increase the likeliness of a successful demonstration project.

21.) On page 3 of the solicitation under amounts and timelines, it states "it is anticipated that these projects will most likely be run by state agencies." Will funding under this demonstration program be limited only to state agencies?

That statement refers specifically to projects where health insurance is the recruitment and retention strategy. It is not a requirement of the grant that funds be awarded to state agencies and agencies other than states may design programs that offer health insurance.

22.) Can providers who are part of large systems of care including both institutional and community-based components apply for this demonstration non behalf of their community-based entities?

Yes. However the intervention may not be run in the institutional settings. In other words, the beneficiaries of the intervention must be community-based providers.

23.) Can a community organization or consumer advocacy organization that does not directly employ direct service staff, but does provide outreach and training receive funding under this program?

Community/advocacy organizations must be able to submit proof that they have a direct impact on Medicaid providers working in the community. (i.e. a client list of Medicaid providers) If training and outreach are provided to direct service workers who provide services in the community to people receiving Medicaid than you can apply for funding under this program.

24.) Are organizations that provide services under a Home and Community Based Waiver program eligible to apply for this demonstration?

Yes. Home and Community Based Waiver programs are programs that allow for the provision of services in the community. Therefore, an agency providing services under an HCBS waiver would be eligible for funding under this demonstration program.

25.) Is a consortium of community-based providers able to apply for grant funding?

Yes as long as the provider receiving the grant funds is a Medicaid provider.

Similarly, are associations of community-based providers eligible to apply?

Yes, provided the association's members that will be participating in the demo are community-based Medicaid providers.

26.) Are the employees of ICF/DD facilities providing ADL services an appropriate target employee population for the demonstration grants?

Employees of ICF/DD or ICF/MR facilities are not an appropriate target group for this demonstration program because they are institutional providers according to Medicaid and this particular grant program is aimed at community-based providers.

27.) The Department of Mental Health is a direct service provider to individuals who are Medicaid eligible. Often times individuals require supported living following hospital discharge and supported living facilities are independent and do not receive Medicaid funds. The Department of Mental Health would like to organize these providers to apply for the grant. Is that acceptable?

In this situation, the Department of Mental Health is both a state agency and a Medicaid provider making it eligible to apply. It is not possible, however, to tell

whether or not this proposal will be scored highly based on the significance criteria in the solicitation or whether the target workers would be considered community-based providers.

Design of the Demonstration Program

28.) Could projects be phased in in different geographic areas?

Yes. As part of the project design, a grantee could implement the demonstration in one area and expand it to a larger area later.

29.) If the various applicants had different experiences on some of the criteria described in the RFP, will this experience make a difference to the scoring and how would you want to see this experience represented?

One of the areas that applicants will be scored on is staffing. For applicants to receive a high score in this area they will need to make clear that the project will be staffed with individuals who have experience in the field. Also, in order for applicants to be eligible, they must establish that they have a connection to direct care services for Medicaid recipients.

30.) If an applicant proposes a replicable model development for the project would that be as desirable as a state entity?

Applications will be ranked based on the merits of the projects proposed, the value represented in the budget and the overall quality of the application. They will not be ranked based on whether the applicant is a state or not.

31.) Can projects under this program be duplicative of those approved under the Robert Wood Johnson Better Jobs, Better Care program?

If you have been funded under the Robert Wood Johnson program, you are still eligible for and may receive funding under the Demonstration to Improve the Direct Service Workforce.   The focus of the RWJ initiative is very broad based, offering a number of different services.   In the CMS solicitation, we are focused on community integrated service workers.

If you are an RWJ grantee, you must ensure that funds under each program are used for separate purposes and that the uses of CMS funds are able to stand alone in demonstrating a recruitment and retention strategy for direct service workers in community integrated settings.

32.) Will increased consideration be given to demonstration projects that are statewide?

No. Projects under this demonstration program can be developed either on a statewide or regional basis. Given the resources and partnerships at your disposal, you should consider a target area that provides for the likelihood of a successful demonstration.   However, you should also consider whether your study population is large enough to be statistically measured in the demonstration evaluation.

33.) How many agency partnerships are considered to be a "collaboration?"

There are no limits on the number of partnerships that CMS will consider as a collaborative effort under this demonstration program.

34.) What if any percent of the funds can go directly to the support of direct service workers for such things as insurance premiums paid by the employer or for the individual DSW?

The demonstration funding is intended to cover the cost of running the demonstration intervention. If you propose a project that involves delivering health insurance to workers who previously did not have coverage, then the demonstration funding may be used to cover all or part of the cost of that coverage.

35.) Must a proposal that focuses on health insurance as the recruitment and retention strategy focus entirely on that strategy, or can it be combined with other strategies that address other barriers?

If you are applying for the $1.5 million than we would expect that all direct service workers under your project would be receiving health insurance.   You may also introduce other techniques to address barriers to increase the power of your intervention.

36.) Is salary for additional staff an allowable expense?

Yes. Administration of the grant is an allowable expense.

37.) Could grant funds be used to provide a personal stipend as an incentive for project participation?

If there is compelling reason to do so, grant funds could be used for this purpose. However, it would seem like most project interventions in and of themselves would be incentives for participation so building additional cash incentives into the program would need to be well justified.

38.) What is a complete definition of disability?

We hesitate to answer this question because it may lead people to believe that this demonstration in some way impacts Medicaid eligibility. It does not. This demonstration is simply aimed at recruitment and retention of direct service providers. It is required that these providers serve at least some clients who are Medicaid recipients and have limitations with activities of daily living (ADLs) that qualify them for services.

39.)   Will preference be given to projects that focus on one or two disabilities?

Under the President's New Freedom Initiative, CMS is focused on enhancing community supports for people of any disability or age. However, the focus of this demonstration is on recruitment and retention strategies for workers who provide direct care services, rather on services for people with disabilities.

40.)   For projects focused on the provision of health insurance, will time be allowed for planning purposes?

While we understand that providing health insurance will necessitate some planning, due to the limited timeframe for this program we would discourage applicants that would have overcome multiple hurdles and have yet to receive a commitment for the agency that will provide the health coverage.

41.)   Will statistical research methodology be the most important factor in evaluating the merit of proposals?

CMS anticipates that each applicant will include a method for providing statistical results for this demonstration. However, we expect that acceptable projects will be balanced in terms of an innovative strategy with a high probability of success and measures of that success.

42.)   Could a project focus on the provision of health care to part-time workers?

If an argument could be legitimately made that part-time workers are a potential untapped pool of direct service workers who could be recruited and retained in direct services employment with health care as an intervention, than you would be eligible to apply under this program.

43.)   Could worker's compensation or other similar programs be used as an intervention model under this demonstration?

Probably not. Generally, worker's compensation is considered a normal business obligation. CMS would discourage applicants from submitting proposals that are a normal part of business.

44.)   What is defined as basic training?

Basic training is training in core job functions or training in any of the programs that you currently offer. Training above basic training would offer a curriculum that could offer advancement above a worker's current job position.

45.) Will transportation interventions only be considered in rural areas?

No. The examples provided in the solicitation for particular interventions are not meant to be exclusive of other interventions. We welcome your ideas for this demonstration program.

Coordination with Other Grant Initiatives

46.) How is this grant different from the C-PASS grant?

C-PASS grants, or Community-Integrated Personal Assistance Services and Supports, which are part of the Systems Change rubric, are grants intended to assist states improve consumer control over personal assistance services delivery. These grants target improvements to the service itself.

The grants that are being offered under the Demonstration to Improve the Direct Service Community Workforce are grants that are intended to target improvements in the workforce rather than in service delivery. It is hoped that there will be corresponding improvements in service delivery but the intervention is different.

Additionally, under C-PASS, the focus is on consumer direction. This workforce demo does not restrict projects to those with a focus on consumer direction.

47.) Is it possible to apply for both this grant and the C-PASS grant?

Yes with certain exceptions. The C-PASS grants are only available to states (or state instrumentalities) that did not received funding in 2001 or 2002. C-PASS grants are to be awarded at a rate of one per state. In FY 2001, CMS awarded C-PASS grants to:

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

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

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

48.)   Do proposals for this grant and the C-PASS grant need to be substantially different in order to qualify? If they are similar will they both be excluded?

They will not both be excluded but they will not both be funded either. If a proposal is funded under C-PASS, it will not be funded under the Direct Service Community Workforce. As with any solicitation, proposals that do not fit all of the grant criteria will not be considered.

49.)   If a partner provided a service that could be covered under the grant, could that service be counted toward the in-kind match?

Yes.

50.)   Can partners to a joint project each be separate grantees or must all partners be sub-grantees to a single entity?

There must be one entity that serves as the primary recipient of grant funds. CMS cannot pay multiple entities on one grant.

51.)   Can the partnering agency that employs direct service workers but does not provide Medicaid services still apply for funding?

No. Only organizations that provide services to people who are receiving Medicaid or have a direct link to Medicaid may apply for this demonstration.

52.)   For organizations that have received grant funding through other programs, could funding under this demonstration be used to provide further enhancements?

An applicant could provide enhancements to an already existing project as long as those enhancements provide a new intervention that can demonstrate new findings beyond the findings of the original project.