



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
CENTERS FOR MEDICARE AND MEDICAID SERVICES**

---

Center for Medicaid and State Operations  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Department of Health and Human Services (DHHS)

The Centers for Medicare & Medicaid Services (CMS)

Center for Medicaid and State Operations (CMSO)

**2005 EDITION-ANNOUNCEMENT MODIFICATION**

**MEDICAID INFRASTRUCTURE GRANT**

**To Support the Competitive Employment of People with Disabilities**

Funding Opportunity Number CMS-2183-N

CFDA No. 93.768

Application due date August 6, 2004

# TABLE OF CONTENTS

---

	<b>Page</b>
<b>Timetable</b>	3
<b>Executive Summary</b>	4
<b>Purpose</b>	5
<b>Objectives</b>	5
<b>Background: Ticket to Work and Work Incentives Improvement Act of 1999</b>	6
<b>Funding Priorities</b>	8
<b>Funding Availability</b>	12
<b>Duration of Awards</b>	12
<b>Eligible Applicants</b>	13
<b>Cost Sharing or Matching</b>	15
<b>Application and Submission Information</b>	15
<b>Submission Dates and Times</b>	20
<b>Funding Restrictions</b>	21
<b>Review Criteria</b>	23
<b>Award Date</b>	29
<b>Award Administration Information</b>	29
<b>Agency Contacts</b>	30
<b>APPENDIX 1: PERSONAL ASSISTANCE SERVICES: DEFINITIONS AND CRITERIA FOR GRANT ELIGIBILITY</b>	32
<b>APPENDIX 2: EXAMPLES OF PERMITTED AND PROHIBITED USES OF GRANT FUNDS</b>	37
<b>APPENDIX 3: NOTICE OF INTENT TO APPLY</b>	41

---

**PROGRAM ANNOUNCEMENT**

**OVERVIEW INFORMATION:**

**AGENCY NAME:** DEPARTMENT OF HEALTH AND HUMAN SERVICES/CENTERS FOR MEDICARE & MEDICAID SERVICES/CENTER FOR MEDICAID AND STATE OPERATIONS

**FUNDING OPPORTUNITY TITLE:** THE MEDICAID INFRASTRUCTURE GRANT

**ANNOUNCEMENT TYPE:** MODIFICATION OF EXISTING ANNOUNCEMENT

**FUNDING OPPORTUNITY NO.:** CMS-2183-N

**CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. (CFDA):** 93.768

**DATES:**

<b>Date of Issue</b>	April 20, 2004
<b>Applicants Conference Call</b>	TBD and posted on the CMS Ticket to Work website
<b>Notice of Intent to Apply Due Date</b>	May 15, 2004
<b>Proposal Due Date</b>	August 6, 2004
<b>Award Announcement</b>	October 29, 2004
<b>Grant Period</b>	January 1, 2005 – December 31, 2005

## **Executive Summary**

### **Ticket to Work and Work Incentives Improvement Act of 1999 Medicaid Infrastructure Grants**

The Centers for Medicare & Medicaid Services (CMS) is soliciting proposals from states to develop the infrastructure to support competitive employment opportunities for people with disabilities. Section 203 of the Ticket to Work and Work Incentives Improvement Act of 1999 directs the Secretary of the Department of Health and Human Services (DHHS) to establish the Medicaid Infrastructure Grant program. Funding for this program is intended to facilitate enhancements to state Medicaid programs and services, to promote linkages between Medicaid and other employment-related service agencies and to develop a comprehensive system of employment supports for people with disabilities. CMS is the designated DHHS agency with administrative responsibility for this grant program.

Either of 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) in partnership, agreement and active participation with the single state Medicaid agency, the state Legislature, or the Office of the Governor. For purposes of this grant program, “state” is defined as each of the 50 states, the District of Columbia, Puerto Rico, Guam, the United States Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

Congress authorized the Medicaid Infrastructure Grant program for 11 years beginning in fiscal year 2001, and appropriated \$150 million in funding over the first 5 years of the program. The grant period will run 12 months from January 1, 2005 to December 31, 2005, with subsequent annual continuation requests. The minimum award to an applicant will be \$500,000 per year. No state or local matching funds are required. There is a two-tiered eligibility structure for the program that is based on the availability of personal assistance services within the applicant’s Medicaid program.

While CMS anticipates that the proposals submitted by applicants will vary, we expect that grantees participating in this program will use funding to first remove employment barriers for people with disabilities by creating systemic change throughout the Medicaid program, and later to remove employment barriers within state and local systems generally. States may develop employment systems through a progression of activities beginning with the development of core Medicaid components. The components include personal assistance services and a Medicaid buy-in program that enable people with disabilities to participate in their communities through meaningful employment opportunities. States may then use program funds to enhance these supports by building other infrastructure needed to develop a comprehensive employment system.

## FULL TEXT OF ANNOUNCEMENT

### I. Funding Opportunity Description: Request for proposals

#### A. Purpose

CMS is soliciting proposals from states to develop Medicaid infrastructure to support the competitive employment of people with disabilities by facilitating targeted improvements to the state's Medicaid program and/or developing a comprehensive employment infrastructure that coordinates disparate state service delivery systems. Section 203 of the Ticket to Work and Work Incentives Improvement Act of 1999 directed the Secretary of the Department of Health and Human Services (DHHS) to establish a grant program supporting state efforts to better serve people with disabilities who are employed. CMS is the designated DHHS agency with administrative responsibility for this grant program.

The grant program was authorized for 11 years beginning in FY 2001, and \$150 million in funding was appropriated for the first 5 years of the program. The minimum grant award to an eligible state is \$500,000 per fiscal year, subject to the sufficiency of the annual appropriation limit to cover all applicants. There is a two-tiered eligibility structure for this grant program and states are eligible to request funding in consecutive fiscal years if they meet certain qualification standards.

While CMS anticipates that the proposals submitted by the states will vary, there is the overall expectation that states participating in this grant program will use the funds to remove the barriers to employment of persons with disabilities by creating systemic change throughout the Medicaid program or by bridging Medicaid and other programs to further remove barriers. Summaries of current grantee activities can be found on the CMS website for the Ticket to Work and Work Incentives Improvement Act at: <http://www.cms.hhs.gov/twwiia/default.asp>.

The outcome of these efforts is to increase the number of people with disabilities in competitive employment.

#### B. Objectives

##### Basic Medicaid Infrastructure Development

States may propose to use funding to build basic Medicaid employment supports for people with disabilities. This use of funding allows states to implement and develop Medicaid buy-in programs, increase the availability of personal assistance services through the Medicaid state plan or waiver programs, and assure access to other health care supports that may support the employment objectives of people with disabilities.

##### Comprehensive Employment Opportunity

States that have developed effective Medicaid services with the goal of assisting employment may use Medicaid Infrastructure Grant funding to build comprehensive approaches to removing employment barriers by forming linkages between Medicaid services and other non-Medicaid programs. Such infrastructure development should continue to support the goal of removing barriers

to employment and create lasting improvements by expanding the capacity of the state to support individuals with disabilities who wish to work.

A comprehensive approach to services and supports is needed because while SSDI, SSI, Medicare and Medicaid all contain valuable work incentive provisions that can extend cash benefits and medical coverage; such incentives are under-utilized and, very often, poorly understood by both beneficiaries and professionals alike. Further, most programs work independently from one another. Removing a percentage of an individual's benefits as a result of work results in a negative net income. For example, reductions to the SSDI benefit do not consider that the person may also be losing a housing benefit under Section 8 or Food Stamp benefits. The supports lost can exceed the amount earned; therefore, work may not pay.

Significant actions were taken through the Ticket to Work and the Work Incentives Improvement Act of 1999 to lessen these barriers. However, the current system remains highly fragmented and difficult to implement in a coordinated way.

The major objectives of this competition are to develop a comprehensive employment system that:

- ✓ Maximizes employment for people with disabilities;
- ✓ Increases the state's labor force through the inclusion of people with disabilities; and
- ✓ Protects and enhances workers healthcare, other benefits, and needed employment supports.

In order to achieve these objectives, states will need to involve a significant number of programs, services, and agencies working in partnership with the common goal of a comprehensive approach that supports the individual with a disability who wants to work.

### **C. Background**

Many Americans with significant disabilities want to work but are discouraged from doing so by barriers in the current system of benefits and supports. The Ticket to Work and Work Incentives Improvement Act of 1999 seeks to address many of these barriers. This Act expands Medicare and Medicaid coverage for certain categories of employed individuals with disabilities because people with disabilities have continually identified the loss of health care coverage as one of the major obstacles that they face as they return to work. The Act also provides improvements in employment supports from other federal agencies. Most importantly, the Act is a commitment to people with disabilities that they can and should be productive members of the country's workforce.

The Act provides states the option to offer Medicaid buy-ins to employed people with disabilities through two optional eligibility groups. The first optional group is for individuals from age 16 through 64 who would meet the eligibility requirements for the Supplemental Security Income program but for higher earnings or resources. The second optional group, referred to as the Medical Improvement Group, is for people who, at one time, were eligible under the first optional group but who are determined to have medically improved at a regularly scheduled continuing disability review (CDR). These two options build upon an earlier "working disabled" eligibility category established under the Balanced Budget Act of 1997. A core objective of this grants program is for states to

implement and develop Medicaid buy-in programs offered under either the Ticket to Work and Work Incentives Improvement Act or under the Balanced Budget Act of 1997.

The Medicaid Infrastructure Grants program was created to provide financial assistance to states to facilitate the competitive employment of people with disabilities through (a) Medicaid buy-in opportunities under the Medicaid state plan, (b) significant improvements to Medicaid services that support people with disabilities in their competitive employment efforts, and (c) providing comprehensive coordinated approaches across programs to removing barriers to employment for individuals with a disability. The need for comprehensive employment systems is essential.

In spite of these and other incentives contained elsewhere in the Ticket to Work and Work Incentives Improvement Act, stakeholders continue to express concern over the limitations and complexities of the current employment system for people with disabilities.

**Expectations.** In general, society has low employment expectations for people with disabilities, in spite of example after example of individuals who have highly successful careers. We reinforce those low expectations by tying income and healthcare benefits to NOT working. Employment for many individuals is seen as a social-developmental activity, not the primary defining role that it is for people without severe disabilities. Family members, friends, service providers, and the individuals themselves share and reinforce this attitude, leading to a self-fulfilling prophesy. These low expectations often begin early in life and are repeated and reinforced as individuals mature. Equally important is the message we send to potential employers. Why should they hire people with disabilities? They can only work a few hours; they can't do certain tasks; they are unreliable; they are often sick; they have high absenteeism; ....

**Segregation.** We force people into programmatic silos based on their age, their disability, or their education. This in turn leads to limited opportunities for employment based on the particular silo they are in. We build silos based on the services and supports that are provided by specialized agencies (mental health centers, vocational rehabilitation agencies, day care centers, schools). Each has its own agenda and seeks a particular clientele. We segregate people with disabilities into day activity programs, sheltered workshops, enclaves, etc. and much of this segregation is tied to funding streams.

**Fragmentation.** Similarly, our employment support system for people, especially those with disabilities, is fragmented. It has many relatively autonomous parts. Our educational system works with children and young adults, preparing them for employment or higher education. The postsecondary education system is composed of colleges, universities, community colleges, and technical schools. The vocational rehabilitation system provides a variety of vocational services including counseling and training. Workforce Incentive Act, One-Stops provide access to job services and vocational services and supports. Mental health centers and organizations that serve people with developmental disabilities provide employment related services. All too often, these systems do not interact or interact ineffectively.

**Contradictory messages.** People with disabilities, their families and friends, and employers are being inundated with contradictory messages. To be eligible for assistance in going to work through the Social Security Administration a person must first prove he or she is so disabled that they cannot work. Congress, through this very legislation as well as other federal statutes establishes employment goals for people with disabilities, but other statutes penalize work attempts.

**Complexity.** The federal and state statutes, regulations, guidelines, and other legal documents represent a huge amount of exceedingly complex material. The rules for getting on Medicaid, and then staying on, are complex. The Social Security disability rules and regulations are different and also very elaborate. When we combine this complexity with the multiple organizations that people with disabilities must navigate, it is amazing that as many people with disabilities work as do. Prospective employers also see this complex system of red tape and multiple organizations and tend to avoid becoming involved.

These are some of the issues facing the states, their communities, employers, and people with disabilities and their families. It is this system of mixed messages, low expectations, segregation, fragmentation, contradiction, and complexity that we expect states to address through this grant program.

## **II. AWARD INFORMATION**

### **A. FUNDING PRIORITIES**

There are two activities for which grant funds are available:

1. Basic Medicaid Infrastructure Development \$750,000
2. Comprehensive Employment Systems Infrastructure Development: No limit.

A state may apply for grant funding to carry-out objectives under both of the grant activities. A state may use funds from both categories to purchase technical assistance as described below. The minimum grant award will be \$500,000 per year. The maximum award a state may request is the greater of:

- \$500,000 per year, or
- Ten percent of the Medicaid buy-in service expenditures for people with disabilities, per year subject to the limits above. States should base this calculation on service costs only and include state and federal dollars.

States are required to document their Medicaid buy-in expenditures either in the form of expenditure reports for the previous fiscal year or actual budgeted expenditure levels approved by the legislature and Governor for the previous year, the current year or as projected for the budget year. All documentation regarding the buy-in expenditures must be included with the initial application. Award amounts will be adjusted yearly according to state requests and Medicaid buy-in expenditures.

Funding above \$500,000 per budget year is at the discretion of CMS. Funding in excess of the minimum grant award of \$500,000 will be subject to a higher evaluative standard than states applying for the minimum grant award.

### **1. Basic Medicaid Infrastructure Development**

Funds may be used for infrastructure, that is, to establish or improve the capability to provide or manage necessary health care services or support for competitive employment of people with disabilities. The infrastructure may be at the state and/or local level and may be provided or contracted by government or other organizations under contract with the responsible government agency. Some examples are provided below:

**Medicaid buy-in:** Planning, design, implementation and/or effective management of any of the Medicaid buy-in options under the 1997 Balanced Budget Act (section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act) and/or the Ticket to Work and Work Incentives Improvement Act (section 1902(a)(10)(A)(ii)(XV) or (XVI) of the Social Security Act). Examples include: time-limited staff planning costs; expenses for people with disabilities to participate in state planning and implementation events; automated information and eligibility systems modifications necessary for the buy-in or for Medicaid payment of Medicare Part B premiums on behalf of subscribers to the Medicaid buy-in; automated enrollee tracking systems; basic research and evaluation, etc. Also included is outreach to people with disabilities or employers to learn about the opportunities to work and to sustain health coverage under Medicaid and/or Medicare, to enroll in the Medicaid buy-in, and to access needed supports to sustain competitive employment. Additional examples are provided in Appendix Two.

**Medicaid Services:** Planning, design, or initial management and/or evaluation of improvements to make the Medicaid state plan (or Medicaid waivers) provide more effective support to workers with disabilities. Examples include: improvements to personal care, transportation, durable medical equipment, community-based treatment, or Medicaid waiver support of employment. Coordination between the activities of other state agencies in support of working people with disabilities and the state Medicaid program is permissible. Additional examples are provided in Appendix Two.

On-going administration of Medicaid services is not a fundable activity unless such administration is part of a well-defined test of alternate and improved methods focused specifically on employment (e.g. testing, implementation and management of new prior authorization criteria under Medicaid personal care designed to assess the need for additional support when people are employed).

## **2. Comprehensive Employment Systems Infrastructure Development**

These grant funds are available to build and support comprehensive employment systems infrastructure. Essential elements of such systems are outlined below.

CMS expects that the majority of a state's effort in the first year of this grant will be devoted to the development of a strategic plan producing the framework for the last three years of the grant cycle. If a state has completed such a process it may submit the plan and, with CMS agreement, begin implementation in the first year.

**Effective Leadership.** CMS is convinced that to be effective, a comprehensive employment system must begin with strong effective leadership. There must be clear leadership at both the state and

local levels. There must be an effective high level leadership council, committee, or board. That group must include composed of business, consumer, and government leaders. Ideally, it should be organized under the auspices of the governor of the state. Successful applicants will have established such an organization and will provide the names and brief biographies for these individuals. Alternatively, they will provide a blueprint for such an organization and how it will be organized, and they will demonstrate the commitment of a high level official such as the governor of the state. The leadership plan must describe how local leadership councils are or will be formed.

**Clear Focus.** An effective comprehensive employment system must have clear principles and objectives directed at the meaningful employment of people with disabilities. We have prepared the following set of **guiding principles** to assist states in developing their comprehensive employment systems.

### **General Principles**

- People with disabilities are valuable human resources; there is a community expectation that they will participate in the labor force to the maximum extent possible.
- Anyone, regardless of disability, must have the opportunity to participate in the labor force and have the right to fair treatment in exercising that opportunity.
- Local labor market (employer) needs must be met.
- There must be a mutual benefit to the employee with a disability and the employer.
- Employment must be in typical integrated workplace settings appropriate to the type of work.
- All employment options must be available from entry-level jobs to the most advanced occupations.
- Individuals have the right to choose their employment and employer.
- Employers have the right to choose whom they hire.
- People have the right to take risks in the employment they choose.

### **System Principles**

- The system will maximize employment for people with disabilities.
- The system will provide a high quality workforce for employers.
- It will provide effective leadership at the state and local level.
- It works for all job seekers (not just persons with disabilities)
- It is responsive to the needs of employers and people with disabilities.
- It has both a local and a state structure; it is based in local communities.
- There is ease of access for employers and potential employees; simplicity of design.
- It effectively tracks employment and earnings (outcomes) and demonstrates clear measures of success.
- It is permanent—available to people whenever they need it. It must be built on a stable funding base, not competitive grant funds.
- It does not put the individual (with a disability) or the employer at risk.
- It puts a premium on communication and coordination among all the elements of the system.

## **Service and Support Principles**

- It must be as transparent as possible to both the employer and employees.
- The individual's employment choices and resulting services and supports should be based on individual person-centered designs.
- Person-centered planning tools need to focus on employment.
- Services and supports should include “whatever it takes” to achieve successful employment outcomes.
- Public and postsecondary education are key ingredients to success in a changing business world.
- Service and support practices must be “evidence based” (tested).
- Assistive technology must be accessible, universal, flexible, and replaceable.
- Technology is a critical tool to the provision of services and supports.
- Quality healthcare coverage must be available to all.
- Other employment-related services and supports must be available on an as-needed basis (e.g., transportation, child care, personal assistance, assistive technology).

CMS requires that comprehensive employment system infrastructure grants have effective management information systems that provide leadership, workers, consumers, employers, and the general public reports on the relative success of the comprehensive employment efforts within the state. Reports should include, but not be limited to, numbers of people placed in employment; promotions and job changes; employment shortage areas; employment rates of various groups, including people with disabilities; and unemployment rates. This information should be provided for sub-state areas and the whole state. Much of this information is already available through existing sources (e.g., state employment agencies), but this new infrastructure will pull together information from a variety of public and private sources.

### **3. Technical Assistance: All Grantees**

All states are required to submit a technical assistance plan in compliance with minimum requirements set by CMS as part of the grant application. States share similar objectives for grant funding and many states need similar types of assistance. To facilitate the sharing of technical assistance and contacts, the on-line reporting structure used by all grantees will be the focus of this information exchange. States will be required to post all technical assistance products purchased with grant funding and make them available for use by other states.

State-to-state technical assistance helps states plan and design needed Medicaid infrastructure; disseminate information on “lessons learned”; facilitate the sharing of knowledge among states, employers and community organizations; support efforts to involve people with disabilities in the design and management of the Medicaid buy-ins; and replicate successful programs supporting the employment of people with disabilities by eliminating health care barriers.

States must present a technical assistance plan as part of their applications. The plan must provide a reader with clear information regarding the technical assistance expectations that a state plans to make of any TA provider. The TA plan must be accompanied by a budget that corresponds to the

planned activities. States may choose to contract with established state-to-state technical assistance networks or with any other TA provider that can meet the needs of the state.

#### **4. Technical Assistance: Comprehensive Employment Systems Infrastructure Development**

**First-Year Technical Assistance.** The first year goal for Comprehensive Employment Systems grantees is the development of a state and local strategic plan. Grantees should engage a technical assistance organization with a proven strategic planning and organizational development track record. CMS expects this planning process to represent the predominant first year activity and to be tailored to particular state and local systems. We expect the content of the plans to be quite different from state to state and to reflect substantial knowledge of the individual states, their leadership, and corresponding local systems.

**Second through Forth Year Technical Assistance.** Grantees will submit a technical assistance plan as described above under “Technical Assistance: All Grantees”. This plan should be customized to the needs of the state and updated yearly to reflect goals identified through the first year strategic planning process. Each activity should be accompanied by a budget. This portion of the application will be revised each year through the continuation application process.

#### **B. FUNDING AVAILABILITY**

Funding for the Medicaid Infrastructure Grant (MIG) Program is authorized through Section 203 of the Ticket to Work and Work Incentives Improvement Act of 1999. Section 203 provides for grants to develop and establish state infrastructures to support working individuals with disabilities. A total of \$40 million has been authorized for fiscal year 2005. Any unspent funds for 2005 by law can be carried forward by CMS for use in subsequent years. Funding awarded for this program has been authorized and appropriated by Congress through fiscal year 2011. CMS expects to make between 15 and 25 awards.

Finally, the Ticket to Work and Work Incentives Improvement Act of 1999 requires that if the amount appropriated for a fiscal year is not sufficient to pay each state with an approved application that the state would receive an amount equal to the *pro rata* share of the amount made available. Given the number and amount of awards that have been and are expected to be made under the Medicaid Infrastructure Grant, CMS does not believe it will need to invoke this *pro rata* reduction formula at the present time. Should it arise, CMS will address how to implement a *pro rata* distribution at that time.

#### **C. Duration of Awards**

Award duration (and therefore cumulative award amount) depends partly upon the degree to which the state’s Medicaid personal assistance services program effectively supports competitive employment. States may only seek subsequent competitive awards (as their eligibility permits) contingent upon the expenditure or obligation of previous grant awards. States may apply under the following circumstances:

The budget period will run 12 months from January 1, 2005 through December 31, 2005, with one subsequent annual continuation request possible for states that qualify as conditionally eligible, and

with three subsequent annual continuations for states that qualify as fully eligible. The minimum grant award will be \$500,000 per year. No state or local cash matching funds are required. CMS expects to make between 15 and 25 new awards. States selected in this competition may re-compete for future funding at the fully eligible level after completing the period of performance for this grant. The period of performance is two years for conditionally eligible states and four years for fully eligible states.

### III. ELIGIBILITY INFORMATION

#### 1. ELIGIBLE APPLICANTS

Either of the following may apply to administer the Medicaid Infrastructure Grant: (a) the single state Medicaid agency; or (b) any other agency or instrumentality of a state (as determined under state law) in partnership, agreement and active participation with the single state Medicaid Agency. A letter of commitment from the single state Medicaid agency must be included in the application if a non-Medicaid state agency or instrumentality is applying for the Medicaid Infrastructure Grant.

For purposes of this grant program, “state” is defined as each of the 50 states, the District of Columbia, Puerto Rico, Guam, the United States Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

#### A. Types of State Eligibility

States may apply under the following circumstances:

**a) *Full Eligibility:*** Fully eligible states are defined in Appendix One, which contains CMS’ operational definition of an effective personal assistance service that will qualify a state for full eligibility under the grants program. Those states with statewide personal assistance services meeting the criteria in Appendix One will enjoy full eligibility and may secure multi-year funding. States with personal assistance programs that meet the criteria described in Appendix One may apply for up to four years of funding. If a multi-year commitment is requested, funding beyond the first year will be reserved for such states for future budget years subject to the continued availability of funds under the grants program. At the end of four years, such states may re-apply and be eligible for further funding, contingent upon the availability of funds on a competitive basis.

States seeking full eligibility must offer evidence that their personal assistance services under Medicaid fulfill the requirements in Appendix One of this grant solicitation.

**b.) *Conditional Eligibility:*** Conditionally eligible states are those that do not meet the criteria in Appendix One but offer statewide personal assistance services of limited scope capable of serving people with disabilities engaged in competitive employment of at least 40 hours per month. Additionally, states that commit to the improvements necessary to reach this level of service by the last day of the first full year of funding may also apply under this category. If a state applies for conditional eligibility under these circumstances (does not have a statewide program capable of offering services outside the home), *evidence that the changes needed to*

*bring the state into full compliance with conditional eligibility have been made or are imminent must be presented to the CMS project officer by the end of the first budget year.* CMS acknowledges that changing state programs may be impossible in one calendar year but states will be required to demonstrate tangible and significant progress towards full compliance with conditional eligibility requirements. CMS will not fund year two in states that do not make the necessary changes to offer statewide PAS in accordance with conditionally eligible requirements.

Conditionally eligible states may apply for up to two years of funding; however, funding after year one is subject to continued availability of funds and contingent upon the states meeting annual benchmarks that have been agreed to by CMS in the Terms and Conditions of the grants. These benchmarks must represent design changes that will significantly improve a state's personal assistance services under Medicaid and move them closer to the criteria established in Appendix One. We expect that the benchmarks will be designed with the involvement of the disability community. If the state's PAS system is not statewide and/or capable of providing services outside the home, these are benchmarks that must be acknowledged in the first year of the grant in order to participate in continuation cycles for the second year.

Subsequent funding will be released after the state has achieved the agreed upon benchmarks. If a conditionally eligible state does not meet its benchmarks for the first year, funds for the second year will be withheld until such time as the state meets that respective year's benchmarks. At the end of two years, states that have successfully met all benchmarks may re-apply for funding as a fully eligible state on a competitive basis, contingent upon the availability of funds.

In addition to future funding availability being contingent on satisfactory performance, CMS retains the right to deny subsequent competitive awards to states with existing awards if those states have not expended or obligated most of the funds awarded to them under the previous award by the time we review new grant applications.

## B. State Eligibility by Funding Category

As mentioned in section I, Funding Opportunities, the two priority funding categories are:

Basic Medicaid Infrastructure Development \$750,000; and  
Comprehensive Employment Systems Infrastructure Development: no limit.

A state that is in the "fully eligible" category described above and has a Medicaid Buy-In program with an income cap no lower than 200% of FPL may apply for either a Basic Medicaid Infrastructure Development Grant, or a Comprehensive Employment Systems Infrastructure Grant.

A conditionally eligible state may apply for the Basic Medicaid Infrastructure Development Grant.

As mentioned in Section II, Award Information, the minimum grant award will be \$500,000 per year. The maximum award a state may request is the greater of \$500,000 or ten percent of the Medicaid buy-in expenditures for people with disabilities per year, up to \$750,000 for states that are

applying for Basic Infrastructure Development. There is no limit on funding under the Comprehensive Employment Systems Infrastructure Development outside of this 10% calculation. States should base this calculation on service costs only and include state and federal dollars.

States are required to document their Medicaid buy-in expenditures either in the form of expenditure reports for the previous fiscal year or actual budgeted expenditure levels approved by the legislature and Governor for the previous year, the current year or as projected for the budget year. All documentation regarding the buy-in expenditures must be included with the initial application. Award amounts will be adjusted yearly according to state requests and Medicaid buy-in expenditures which must be certified by the state's Medicaid director.

States that are fully eligible for personal assistance services (PAS) and have a Medicaid Buy-In that has a ceiling of at least 200 percent of poverty may receive an award amount up to 10 percent of the total expenditures (including the reimbursed Federal share of such expenditures) for medical assistance provided under its Medicaid Buy-In option. (Note that this solicitation does not contain the \$1,500,000 cap of the prior solicitations.) There are at least 11 states, based on 2003 buy-in enrollments and Medicaid 4<sup>th</sup> quarter expenditures, potentially eligible for this program, assuming that they meet the full eligibility standard. Other states may be added as programmatic changes are implemented. These funds will be used to support the development of a comprehensive State and local employment system that supports people with disabilities to become a valuable part of the competitive workforce of that State.

### C. Other Eligibility Requirements

A state that currently has a Medicaid Infrastructure Grant that was awarded under a previous competitive solicitation, including continuation grants received in conjunction with the competitive solicitation, may apply if the state's carry over funding for 2004 does not exceed \$250,000 and the state has plans in place to obligate any remaining funding within 90 days of the end of the grant period. Carryover funds will be determined using the amount reported in the HHS payment management system as of October 1, 2004. CMS will also consider signed contracts obligating further funding prior to the end of the grant year (December 31, 2004). No state will be permitted to have a no cost extension on one grant and receive a second competitive grant for the same grant period.

### **2. Cost Sharing or Matching**

No state or local match is required as part of this grant program.

## **IV. Application and Submission Information**

### **1. ADDRESS TO REQUEST APPLICATION PACKAGE**

This solicitation serves as the application package for this grant and contains all the instructions that a potential applicant requires to apply for grant funding. The application should be written primarily as a narrative with the addition of standard forms required by the federal government for all grants. You may obtain copies of these forms directly from the CMS web site at <http://www.cms.hhs.gov/twwia/default.asp>.

## 2. CONTENT AND FORM OF APPLICATION SUBMISSION

### Format of the Application

Each application must include all contents described below, in the order indicated, and in conformance with the following specifications:

Use white paper only.

Use 8.5 x 11" pages (on one side only) with one-inch margins (top, bottom and sides). Paper sizes other than 8.5 x 11" will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5 x 11".

Use a font not smaller than 12-point.

Double-space all narrative pages. The project abstract may be single-spaced.

No more than 40 pages for the narrative portion, excluding budgetary information, required appendices, letters of support, assurances and certifications. Please do not repeat information detailing existing state programs.

Additional documentation may be appended; however, material should be limited to information relevant but not essential to the specific scope and purpose of the grant. Please do not include critical details in an appendix because appendices will not be included for purposes of the ratings process.

Do not bind copies. Secure pages with a binder clip, paper clip, or 3-ring binder.

### Required Contents

A complete proposal consists of the following material organized in the sequence indicated. Please ensure that the project narrative is page-numbered. The sequence is:

First:	State Agency Cover Letter
Second:	Standard Forms from the Application Forms Kit
Third:	Letter of Agreement from single state Medicaid agency ( <i>if applicable</i> )
Fourth:	Project Abstract
Fifth:	Project Narrative (including TA plan)
Sixth:	Budget Narrative/Justification (including TA budget)
Seventh:	Letters of Agreement, Endorsements and Support
Eighth:	Required Appendices
Ninth:	PAS Attestation letter for fully eligible states (only)

First: State Agency's Cover Letter

A letter from the Director of the state Medicaid agency\* or other designated state agency identifying his/her agency as the lead organization, indicating the title of the project, the project director, the amount of funding requested, and the names of all organizations collaborating in the project. The letter should indicate that the state agency has clear authority to oversee and coordinate the proposed activities and is capable of convening a suitable working group of all relevant partners.

\*For purposes of this solicitation, state Medicaid agency means the single state Medicaid agency or umbrella agency that houses the state Medicaid program.

#### Second: Standard Forms from the Application Forms Kit

The following standard forms must be completed with an original signature and enclosed as part of the proposal.

#### GRANT APPLICATION KIT

SF-424:	Application for Federal Assistance
SF-424A:	Budget Information
SF-424B:	Assurances-Non-Construction Programs
SF-LLL:	Disclosure of Lobbying Activities
	Biographical Sketch
	Additional Assurances

You may obtain copies of these forms directly from the CMS web site at <http://www.cms.hhs.gov/twwia/default.asp>

#### Third: Letter of Agreement from Single State Medicaid Agency (if applicable)

If the application is being submitted from a state entity other than the Medicaid Agency, a letter of agreement from the State Medicaid Director must be included in the application.

#### Fourth: Project Abstract

A project abstract limited to one page single-spaced. The abstract should serve as a succinct description of the proposed project and should include:

The overall goals of the project;

The level of eligibility being applied for (please also indicate on SF-424 under item 11 “**Descriptive Title of Applicant’s Project**”), number of years of funding requested, total budget; and a description of how the grant will be used to support or expand competitive employment opportunities for persons with disabilities.

Fifth: Project Narrative

The narrative application should provide a concise and complete description of the proposed project. The narrative or body of the application must not exceed 40 double-spaced pages. Please do not rely on appendices to describe key details.

This narrative should contain the information necessary for reviewers to fully understand the proposed project. (See Review Criteria: Section V.1.)

Sixth: Budget Narrative/Justification

For the budget recorded on form SF 424 A, provide a breakdown of the aggregate numbers detailing their allocation to each major set of activities. The budget narrative must separate technical assistance activity. The proposed budget for the program should distinguish the proportion of grant funding designated for each grant activity. The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners.

If your state has an approved state plan amendment establishing a Medicaid buy-in program for working individuals with disabilities and is applying for funds in excess of \$500,000 per fiscal year, please provide documentation of state and Federal spending for services for this optional categorically needy eligibility group.

Finally, if the state intends to provide emergency direct services or benefits counseling to individuals with up to 10% of the grant funds, the budget narrative must include a description of how these funds will be allocated.

*Review Criteria Standard:*

To what extent does the application evidence a reasonable and detailed budget and follows the requirements stated in the solicitation?

To what extent is the reader able to easily compare the budget to the project narrative?

Seventh: Letters of Agreement, Endorsements and Support:

Provide a set of endorsements of the support and commitments that have been pledged for the proposed project (e.g. cooperation from the disability community, other state agencies, the executive branch, the legislative branch, employers, business groups, etc.). Include individual letters of support as appropriate.

Eighth: Required Appendices

**(a) *Organizational Charts:*** Append one or more charts depicting the organizational relationship amongst the lead agency for this grant, the Single state Medicaid Agency (if different), the agency administering Home and Community-Based Services waivers (if different), and the state Vocational Rehabilitation Agency.

**(b) *Memoranda of Understanding:*** Append any relevant memoranda of understanding which might illustrate the breadth of the state's employment efforts and the extent of collaboration between relevant agencies.

(c) **Key Staff Qualifications:** Include a biographical sketch or resume of key staff describing their qualifications.

Ninth: PAS Attestation letter (fully eligible states only)

All fully eligible states must submit a letter signed by the state's Medicaid Director attesting that the state's PAS system can do the following:

- (1) A state must have criteria for reviewing and responding to requests from qualified employed individuals with disabilities who believe they require more services than determined at their individual assessment, or a different type of physical or cognitive assistance than that which has been made available. Such criteria should be developed in consultation with individuals with disabilities who use personal assistance services and are competitively employed; and
- (2) Workers receiving personal assistance services must be able to receive personal assistance services at times during both the day and night seven days a week, subject to a finding of individual need; and
- (3) Unless an individual needs only assistance with activities of daily living, medical necessity definitions used by a state must not preclude the availability of personal assistance services for instrumental activities of daily living such as cooking, cleaning or shopping if such assistance is required for an individual to remain competitively employed.

In General

*Involvement of People with Disabilities and Other Stakeholders*

States are required to build into the Medicaid Infrastructure Grants the continuous, active involvement of individuals with a disability or long-term illness in the project design, implementation and evaluation. That collaboration and partnership is vital to the success of any project.

We also encourage processes that promote the active involvement of additional stakeholders who can promote effective public/private partnerships such as other state and local agencies, employers, service providers, and advocacy groups.

*Review Process*

Panels of experts will conduct an independent review of all applications. The panelists will assess each application based on the areas specified previously to determine the merits of the proposal and the extent to which it furthers the purposes of the grant program. CMS will review the recommendations of the panel. CMS reserves the right to request that states revise or otherwise modify certain sections of their proposals based on the recommendations of the panel.

Final award decisions will be made by CMS after consideration of the comments and recommendations of the review panelists, and the availability of funds. It is anticipated that applicants will be notified of grant award on or before October 29, 2004.

## **Submitting the Application**

### *What to Send*

Applicants are required to submit (1) an original and one copy of the application and a 3 1/4" floppy disk containing the application.

For the 3 1/4" floppy disk, please send this information on a standard disk that holds at least 1.44 megabytes and is high density. We prefer that documents be submitted in Microsoft® Word and Microsoft® Excel. However, WordPerfect® will also be accepted.

Submissions by facsimile (fax) transmission will not be accepted.

## **3. SUBMISSION DATES AND TIMES**

### **When to Send the Application**

To be considered for funding under the FY2005 Medicaid Infrastructure Grant, applications must be postmarked by **August 6, 2004**. Applications mailed through the U.S. Postal Services or a commercial delivery service will be considered "on time" if received by close of business on the closing date, or postmarked (first class mail) by the date specified. If express, certified, or registered mail is used, the applicant should obtain a legible dated mailing receipt from the U. S. Postal Service. Private metered postmarks are not acceptable as proof of timely mailings. Applications that do not meet the above criteria will be considered late applications. Those submitting late applications will be notified that their applications were not considered in the competition and will be returned without review.

### **Where to Send the Application**

All application forms and related materials must be submitted to:

Medicaid Infrastructure Grant  
Attn: Nicole Nicholson  
Centers for Medicare & Medicaid Services  
Office of Operations Support  
AGG, Grants Management Staff  
Mailstop: C2-21-15  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850  
Phone: (410) 786-5158  
E-mail: [Nnicholson@cms.hhs.gov](mailto:Nnicholson@cms.hhs.gov)

Questions regarding applications for grant award should be directed to:

Medicaid Infrastructure Grant Program Manager  
Attn: Carey Appold  
Centers for Medicare & Medicaid Services  
CMSO, DEHPG, DCSI  
Mailstop: S2-14-26  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850  
Phone: (410) 786-2117  
E-mail: [CAppold@cms.hhs.gov](mailto:CAppold@cms.hhs.gov)

#### **4. INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS**

Executive Order 12372 or “Intergovernmental Review of Federal Programs” (45 CFR Part 100) is not applicable to this program.

#### **5. FUNDING RESTRICTIONS**

##### **Indirect Costs**

The provisions of OMB Circular A-87 govern reimbursement of indirect costs under this grant solicitation. This information may be accessed online at the following website address:  
<http://www.whitehouse.gov/omb/circulars/a087/a087.html>.

##### **General Restrictions**

Federal grant funds may not be used to cover costs that are reimbursable under an existing public or private program, such as social services, rehabilitation services, or education. See Appendix Two for an outline of other prohibited uses of grant funds.

Funds may not be used for the direct provision of services to people with disabilities except in two instances; 1) services may be provided on a one-time, last resort, emergency basis for the purpose of sustaining the individual’s competitive employment; and 2) up to 10% of the funding may be used for benefits counseling services to assure that individuals are benefiting from the infrastructure development and service coordination. An emergency use would consist of an intervention or support enduring no more than one day which is designed to compensate for the unexpected breakdown of a person’s normal support system and for which other resources are not readily available to sustain a person’s employment schedule or commitments. Examples might include: emergency rental of a replacement wheelchair or coverage for transportation breakdowns. Benefits counseling provided with grant funds must add to available services and must not be reimbursable from other sources.

Grant funds may not be used for services, equipment, or supports that are the responsibility of another party under federal or state law (such as vocational rehabilitation or education services) or under any civil rights laws including, but not limited to, modifications of a workplace or other

reasonable accommodations that represent an obligation of the employer or other party. Funds may not be used for infrastructure for which federal Medicaid matching funds are available at enhanced matching rates, such as certain information systems projects. Grant funds may not be used to match any other federal funds.

Many states have expressed interest in developing section 1115 demonstrations that have an employment focus. Separate and apart from this grant program CMS will consider for approval stand alone 1115 demonstration proposals that provide limited coverage to workers in lieu of state plan options under the condition that the state: (1) develop a viable policy question of interest which is researchable and (2) develop a valid budget neutrality model. Development of these demonstrations may be supported with Medicaid Infrastructure Grant funding.

Similarly, separate and apart from this grant program, CMS will consider for approval proposals to add working adults with disabilities as an optional group to comprehensive 1115 proposals including Health Insurance Flexibility and Accountability waivers (HIFA) on a case-by-case basis. In general, these proposals cover primary populations unrelated to working individuals with disabilities and may use existing savings to cover secondary populations including working individuals with disabilities. As such, they do not involve policy questions around the working disabled or include research that adds to CMS findings on employment. Therefore, the development of these proposals may not be supported with Medicaid Infrastructure Grant funding. Additionally, expenditures on populations enrolled in 1115 demonstrations (except Massachusetts which is grand-fathered) will not be considered for purposes of calculating the total grant award.

The indirect rate for the Medicaid Infrastructure Grant is limited to the single state Medicaid agency's approved indirect rate not to exceed nine percent. The nine percent indirect rate limit applies to both the direct grantee and any subcontractors under the grant.

## **6. OTHER SUBMISSION REQUIREMENTS**

### Dun and Bradstreet Number

Beginning October 1, 2003, applicants are required to have a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the following Website: [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 5 on the Form SF-424, Application for Federal Assistance), with the annotation "DUNS" followed by the DUNS number that identified the applicant. The name and address in the application should be exactly as given for the DUNS number.

## V. APPLICATION REVIEW INFORMATION

### 1. REVIEW CRITERIA

The narrative for the *Basic Infrastructure Development Grants* should be organized and will be reviewed as follows:

#### **Background Analysis: (15 points):**

Provide a description of the state's current infrastructure for supporting competitive employment for people with disabilities. Please include the following:

- A description of people with disabilities currently competitively employed in your state and current efforts to remove barriers to employment for people with disabilities;
- A description of services provided with state and federal funds to people with disabilities who are competitively employed or seeking competitive employment in your state;
- A description of personal assistance services delivery systems currently in place in your state including who is served, how services are accessed and who funds the services; and
- An overall assessment of the strengths and weaknesses of your state's capacity to support people with disabilities seeking to return to work.

Provide information regarding the current economic outlook for the targeted area. This would include, but not be limited to unemployment data, predicted job growth industries and job availability.

#### Review Criteria:

To what extent does the application evidence a thorough understanding of the characteristics of the state's current population and system and the strengths and weaknesses of that system?

#### **Use of Grant Funds: (55 points)**

Provide a description of how the grant funds will be used for Medicaid infrastructure development.

Address each of the following as applicable:

##### **A. Removal of Barriers**

Discuss the major barriers to competitive employment for people with disabilities that will be addressed with grant funds. Describe the proposed grant projects in terms of their approach to barrier elimination. Provide a succinct statement of the problems for which Medicaid infrastructure funding will be an answer.

##### **B. Health Systems Change**

Because this Infrastructure Grant program is premised upon the positive correlation between access to health care benefits and employment, please describe the health systems changes that will result from Infrastructure Grant funding. Examples of health systems change include offering a Medicaid buy-in to people with disabilities who return to work, coordinating Medicaid buy-in participants with other services and supports such

as housing or transportation, expanding personal care services, or identifying health system needs and strategies for improvement.

**C. Communication / Access Plan**

Discuss how the state intends to make known the availability of infrastructure improvement to the disability and employer communities.

**D. Partnerships**

Describe any partnership with employers, other state or local agencies and the disability community.

**E. Monitoring Plan**

Describe plans for monitoring the success of the program over time, including establishing a base estimate of the number of people with disabilities who are currently competitively employed.

**F. Research/Program Development**

Describe any ongoing research or program development efforts in this area.

Review Criteria:

*Significance (15 points):* To what extent does the application propose infrastructure development which will offer enduring and significant improvement in the ability of the system to provide adequate health coverage for people with disabilities who are competitively employed, provide needed personal assistance and other supports, and/or remove other significant employment barriers?

*Methodology (30 points):* To what extent do the methods, work plan, and timetable inspire confidence that the goals of the proposal will be met? For example, to what extent are:

- the needed partners aligned with the proposal;
- the goals and methods clearly and effectively delineated;
- the Medicaid buy-in, Medicaid services and/or Medicaid infrastructure complemented and coordinated with other important components of an effective system (e.g. benefits counseling, vocational rehabilitation, school to work programs, and other important pieces of the employment puzzle); or to what extent will the Medicaid infrastructure grant improve such coordination toward the common purpose of enabling competitive employment?

*Dissemination and Learning (10 points):*

- *Dissemination and Feedback Plan:* To what extent does the state have a plan for using its grant experiences to identify different or better ways to improve its buy-in or Medicaid services that support competitive employment efforts of people with disabilities? Does the state have a cogent plan for obtaining timely feedback from people

enrolled in the Medicaid buy-in (including the Medicaid demonstration) and from the disability community?

- *Staffing for Dissemination:* To what extent does the state's proposal indicate the staffing and technical capability to ensure such dissemination and learning (or include a cogent plan to develop/acquire such capability)?

**Products and Timeline (10 points):** The purpose of this section is to outline clearly what the state hopes to achieve with each grant. Describe milestones and work products to be accomplished during the budget period. (Examples of work products include, among others, completed program designs or legislative initiatives. The timetable for accomplishing the major tasks to be undertaken should include key dates relevant to the proposed project (e.g. state budget cycles and legislative sessions).

For states applying for *Conditional Eligibility*, states must clearly indicate the annual benchmarks for improvements to personal assistance services (PAS) that must be achieved before funding beyond the first year will be released. By year 2 of the grant program, each conditionally eligible state must be offering PAS statewide and services must be available outside the home if needed.

*Review Criteria:*

To what extent does the application evidence a clear plan and timeline for implementing the demonstration in each of the areas described above with documented benchmarks, milestones and timeframes and an identification of the responsible parties?

**Organization and Staffing (10 points):**

Describe the project organization and staffing. Include:

Proposed management structure and how key project staff will relate to the proposed project director, the Medicaid Agency, and any interagency or community working groups.

Description of the sub-contractors or partners to be involved in the demonstration and receiving funds, their management structure and organization, an outline of the specific tasks to be executed by the sub-contractor or partner and the reporting mechanisms that the state will require of each sub-contractor or partner.

Brief biographical sketches of the project director and key project personnel indicating their qualifications, and prior experience for the project. Resumes for the key project personnel should be provided as an attachment.

*Review Criteria:*

To what extent does the application include:

A qualified and sufficient staffing pattern to accomplish the goals for the demonstration including techniques to ensure that well-qualified staff are enlisted in a timely manner?

To what extent is there evidence that key project staff, by virtue of their personal and/or first-hand professional experiences with disability, have the requisite knowledge to design and implement infrastructure for a customer-responsive health coverage system and/or a comprehensive approach to removing barriers to employment?

**Technical Assistance Plan (10 Points)**

Does the application include a technical assistance plan that reflects adequate effort to identify technical assistance needs that will further the project? Does the budget reflect true costs of these services?

---

The project narrative for the *Comprehensive Employment Systems Infrastructure Development Grants* should be organized as follows:

**Environmental Analysis (15 points)**

The state must demonstrate in the application both capacity and understanding of a comprehensive approach to removing barriers to employment for individuals with a disability. This would include experience with and knowledge of how the current programs and services work and interact with one another, what the strengths and challenges are in the current system, plans to address the challenges in the system, and how the current economic outlook in the state may affect the demonstration. In order to do this, a state should provide a description of the current state infrastructure for supporting competitive employment for people with disabilities. This description should include to the extent possible demographic information on working age adults with disabilities in the state, employment rates, and such other information about the population to be served as will be helpful to a reviewer. Describe the current system for providing employment services and supports to the public, in general, and people with disabilities, in particular. Include funding sources and amounts appropriated to each component. Include numbers of people served, and include available objective outcome data. Provide a description of the state's economy and the current economic outlook for the project period. Describe any statewide and local private organizations whose mission is to promote business or economic development (e.g., economic development commissions, chambers of commerce, workforce development boards). Describe current infrastructures and efforts to create and maintain a comprehensive employment system in the state.

Review Criteria:

*To what extent does the application evidence an understanding of the state's current population, economic situation, and employment service system? Is it communicated clearly and effectively?*

**Mission and Purpose (15 points)**

Grantees must describe the commitment, or lack thereof, of key stakeholders (e.g., consumer organizations, legislative and executive leadership in government, employer organizations, and service providers) to the proposition that people with disabilities can make significant contributions to the economic success of the state through their employment. The application must contain the specific language that the state proposes to use as its purpose and mission statements. Note that these may be adjusted as a result of the strategic planning process.

Review Criteria:

*Do the mission and purpose statement clearly support this project's goals and principles?  
Does it adequately assess the commitment, or lack thereof, of key stakeholders?*

**Goals and Objectives (30 points)**

Begin this section with a narrative description of the work plan including discussions of barriers and problems anticipated. This narrative should provide the context for the goals and objectives that follow. The narrative may build on the above sections.

Include the goals and the measurable objectives that support these goals. Goals should be outcome- or results-oriented and should support the stated purpose. The measurable objectives should include a time frame for their accomplishment. Describe the activities and resources, including personnel and contracts, that will be used to achieve the objectives and, consequently, the goals. These goals will be specific to the first year operations since subsequent year goals and objectives are expected to be the result of the strategic planning process. (Should a state feel that it has already accomplished the first year tasks described above, it may submit the strategic plan and supporting documents for consideration. If that plan meets the criteria outlined in this offering, the goals and objectives contained in that plan will be substituted for first year goals and objectives.)

Review Criteria:

*Is there a clear and compelling logic to the narrative and the goals and objectives? Are objectives measurable? Do the goals support the mission and purpose? Do they support the goals of this grant offering?*

**Outcome tracking system (10 points)**

Grantees are expected to implement a management information system for tracking the progress of the comprehensive employment system in increasing the numbers of people employed, their economic progress, and their health status. The application should explain the status of current information systems and describe the modifications that will be required on the assumption that the strategic plan is funded in Year Two. Year One funds may be used to begin building this system provided the strategic planning and organizational development process will not be negatively impacted.

Review Criteria

*Will the tracking system provide information that will accurately describe the progress and assure the quality of the comprehensive employment system. Is the proposed system realistic? Can it be accomplished in a timely manner with the resources provided?*

**Communications Plan (10 points)**

The application must describe a communication plan for sharing the results of the grant activities with the public, particularly consumers, employers, service providers, and legislators.

Review Criteria:

*Will the communication provide all stakeholders with the information that will allow them to be both knowledgeable about the project and able to hold the principals accountable for its success?*

### **Partnerships (10 points)**

Describe how the agencies and organizations described in the Environmental Analysis section will participate. The description should be supported by letters of commitment. These letters should state their position regarding support for the stated mission and purpose of this project.

#### Review Criteria:

*Does the applicant have the necessary critical mass of support to make the project successful? Are there major gaps in support? Are these gaps addressed in the goals and objectives section?*

### **Organization and Staffing (10 points)**

Describe how the project will be organized and staffed. Provide brief descriptions of the intended staff positions and, to the extent known, a brief biographical sketch of the incumbents. Describe any contract or sub-contracts anticipated including the tasks to be undertaken and the approximate effort (contract amount) to be expended. Provide details of any technical assistance to be purchased above and beyond the strategic planning and organizational development contract described above.

#### Review Criteria:

*Are the organization and its staff capable of achieving the goals and objectives outlined in this proposal? Are the contracts and sub-contracts well-reasoned and necessary? Is there a good match of skills and background of the staff. Will they be able to interact effectively with state and local political and business leaders?*

### **Coherence (10 points)**

#### Review Criteria:

*Reviewers can provide up to ten additional points to reward applicants for how well the various parts of the proposal fit together.*

## **2. REVIEW AND SELECTION PROCESS**

A panel of experts will conduct an objective review of all applications. The panelists will assess each application based on the review criteria to determine the merits of the proposal and the extent to which the state evidences the capacity to implement the Medicaid Infrastructure Grant. We reserve a limited right to assure adequate reasonable geographic and other representation among states receiving grants. However, we will not exercise this right if there is a major qualitative difference between high-ranked applications and any application that would remedy a geographical imbalance.

CMS will make final award decisions based on consideration of the comments and recommendations of the review panelists and the availability of funds.

### **3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES**

CMS expects to make awards by October 29, 2004. Grantees will receive award letters, terms and conditions and Notices of Grant Award (NGA) at that time.

## **VI. Award Administration Information**

### **1. AWARD NOTICES**

Grant awards will be issued within the constraints of available Federal funds and at the discretion of CMS. The official award document is the "Notice of Grant Award (NGA)." It will provide the amount of the award, purpose of the award, terms of the agreement, duration of the project period for which funding is available, and any special terms and conditions of the grant. Once signed by the awarding office, the NGA package will be mailed directly to the authorized official as indicated on the SF 424 face page.

### **2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

General Terms and Conditions for these grants are available for reference on our website at <http://www.cms.hhs.gov/twwiia/default.asp>. In addition to General Terms and Conditions, applicants should be aware that they may be required to comply with Special Terms and Conditions that will apply specifically to a particular state's proposal. These terms and conditions are used to clarify particular grant activities and assure that grant funding is being used in a permissible manner. Because these terms and conditions are written specific to a particular grant, it is not possible to review them prior to application submission.

### **3. GRANTEE REPORTING**

States receiving awards must agree to cooperate with any Federal evaluation of the program and provide quarterly, annual and final reports in a form prescribed by CMS (including the SF-269a Financial Status Report forms). The reports will be designed to outline how grant funds were used and to describe program goals, objectives, progress and barriers. States also agree to provide data on key aspects of their system improvements, scaled to the size of their grant award. For states with Medicaid buy-in programs, such data include but are not limited to the number of subscribers, prior Medicaid eligibility status, Medicare eligibility status, presence of other public or private third-party insurance, premium collections, employment status, and the number of subscribers who increase their employment level.

For states using grant funds to improve Medicaid services that support competitive employment, we will seek data on the nature and extent of the improvements as well as the number of people who benefit from such improvements. An on-line report format will be supplied by CMS and final details will be negotiated as part of the final grant award process.

Congress imposed a reporting requirement on grantee states when it created this program which involves tracking and reporting the number of Title II and Title XVI disability beneficiaries who return to work during each year of the grant program. CMS will work with the Social Security Administration and the states to fulfill this reporting requirement.

## **VII. Agency Contacts**

Questions regarding grants administration should be submitted to:

Medicaid Infrastructure Grant  
Attn: Nicole Nicholson  
Centers for Medicare & Medicaid Services  
Office of Operations Support  
AGG, Grants Management Staff  
Mailstop: C2-21-15  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850  
Phone: (410) 786-5158  
E-mail: [Nnicholson@cms.hhs.gov](mailto:Nnicholson@cms.hhs.gov)

Questions regarding Medicaid Infrastructure Grant content should be directed to:

Medicaid Infrastructure Grant Program Manager  
Attn: Carey Appold  
Centers for Medicare & Medicaid Services  
CMSO, DEHPG, DCSI  
Mailstop: S2-14-26  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850  
Phone: (410) 786-2117  
E-mail: [CAppold@cms.hhs.gov](mailto:CAppold@cms.hhs.gov)

## **VIII. Other Information**

### Coordination with Medicare and Private Insurance

States that receive grant funds and that propose (or have) a Medicaid buy-in program or a project under the Medicaid Demonstration to Maintain Independence and Employment should plan on designing methods to coordinate the buy-in or demonstration effectively with private insurance and with Medicare (e.g. payment of Medicare Part B premiums to ensure full Medicare coverage and a reduction in eventual cost to Medicaid). CMS will provide technical assistance on design elements that may be useful for states to consider.

### Transition for On-Going Administration

States that use grant funds for any on-going administrative expenses must include a short plan for phasing out grant funds and ensuring that necessary, on-going administration will be assumed as a regular Medicaid administrative expense or paid for through other means.

### Meetings

All states receiving awards must plan to attend two meetings of grantee states. States proposing to participate in technical assistance must plan to attend two additional meetings. Proposed grant budgets must contain the necessary funds to send two representatives to the meetings which, for budgeting purposes, should be based on a Washington, D.C. or a Baltimore, MD location.

One of the required grantee meetings is the annual CMS grantees conference held in Baltimore, MD in February or March of each year. Attendance is required at the conference as well as at grant specific pre-conference sessions.

### Civil Rights

All grantees receiving awards under this grant program must meet the requirements of Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; Hill-Burton Community Service nondiscrimination provisions; and Title II, Subtitle A, of the Americans with Disabilities Act of 1990.

**APPENDIX ONE**  
**PERSONAL ASSISTANCE SERVICES: DEFINITIONS**  
**AND CRITERIA FOR GRANT ELIGIBILITY**

**Personal assistance services sufficient to enable individuals to work:**

For full eligibility under this grant program, entitling a state to receive multiple year funding, a state must offer personal assistance services statewide within and outside the home to the extent necessary to enable an individual to be engaged in full-time competitive employment. For purposes of this grant program, “personal assistance services” means:

A range of services, provided by one or more persons, designed to assist an individual with a disability to perform daily activities on and off the job that the individual would typically perform if the individual did not have a disability. Such services shall be designed to increase the individual’s control in life and the individual’s ability to perform activities on and off the job. [Ticket to Work and Work Incentives Improvement Act of 1999, Pub. L. No. 106-170, § 203 (b)(2)(B)(ii)].

Offering personal assistance services to the extent necessary to enable individuals with disabilities to remain competitively employed is defined in the following bullet points. States that achieve full eligibility for the grant program must have ALL of the following:

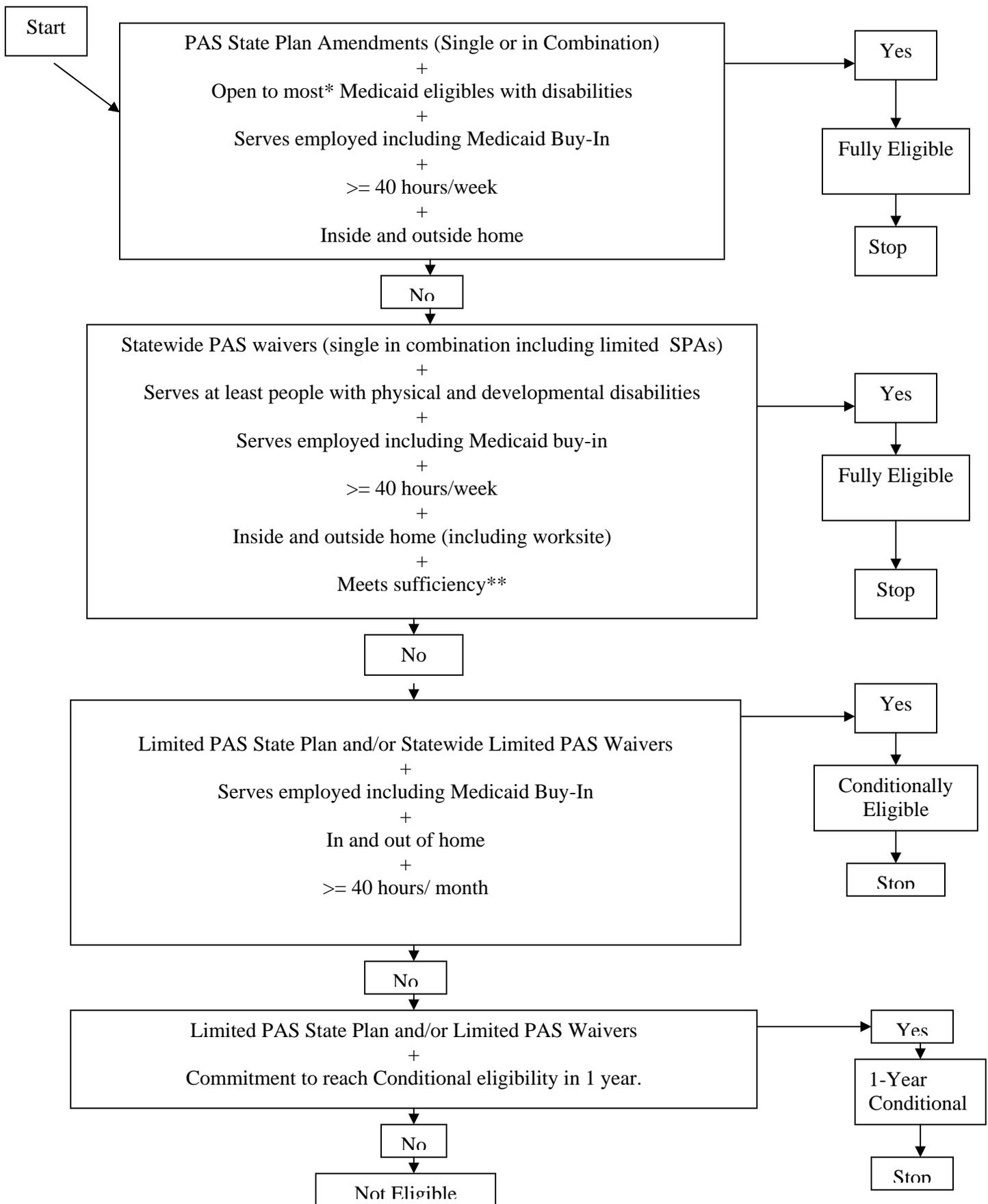
- ❖ Personal assistance services must be offered statewide through:
  - (a) the optional Medicaid personal care services benefit under the state Medicaid plan as defined in 42 CFR 440.167, or
  - (b) a section 1115 and/or section 1915(c) waiver and/or 1915(b) waiver *which substitutes for statewide personal care coverage sufficient to support employment under the state Medicaid plan as defined below*, or
  - (c) a combination of state Plan personal care option (or personal care within a Home Health state Plan service) and Medicaid waiver which collectively meet the statewideness and other criteria described below; and

For purposes of the Medicaid Infrastructure Grant program, personal assistance services are those as defined under Medicaid law that include a range of assistance provided to persons with disabilities and chronic conditions of all ages. Such assistance most often relates to performance of ADLs and IADLs. A state’s personal care benefit must be sufficient in amount, duration and scope such that an individual with a moderate to severe level of disability would be able to obtain the support needed to live, get to and from work, and perform at the worksite. This does not mean, however, that a state is responsible for providing personal assistance services at the worksite to the degree that they go beyond the scope of the Medicaid program and subsume an employer’s responsibility under the ADA.

States should base determinations of need for PAS at the worksite on an individual basis as documented in a plan of care for that individual. Evidence must be available that the state has the ability, through mechanisms including individualized assessments that account for out-of-home

settings, to match need for personal assistance services with the quantity of services delivered. Establishing caps on the number of days or the number of hours per day that services are available without regard to individual need will not satisfy this requirement although a state may establish one or more thresholds that require prior authorization, or caps that have provisions for making exceptions to the caps based upon individuals need and prior authorization review.

The flow chart of the eligibility process that follows summarizes the essential requirements for achieving full, conditional and 1-year conditional eligibility. For full eligibility through waivers a measure of the sufficiency of those waivers will be applied by CMS. CMS will use the latest available data supplied by the state Medicaid agency; otherwise, it will use the most recent data available through the Medicaid Statistical Information System (MSIS) and the 372 Reporting System.



\* SPA not limited by disability type

\*\* waivers serving MR/DD and PD populations are large enough so that >50% of those in need are served.

### **Full eligibility:**

A state can reach full eligibility if it has a state plan personal assistance service that does not have individual limits that would preclude it from serving a person with a significant disability who is employed 40 hours *per week*. In that regard, services must be available inside and outside the home and cannot be limited to assistance in transportation to medical appointments. Additionally, the service cannot be limited to persons with a particular type of disability or level of disability. If a state reaches the fully eligible criteria based on its state plan service, waivers are not considered.

If a state does not reach full eligibility through its state plan service, a state may still reach full eligibility through waivers that provide personal assistance services to potential workers with disabilities. In order to reach the fully eligible level, a state must have at least statewide MR/DD and physical disability 1915(c), 1915(b) or 1115 waiver(s). These waivers must be of sufficient size and not restricted by extremely high level of care criteria. CMS must determine that there is reasonable evidence that the waivers have the capacity to serve at least 51% of the population of individuals with disabilities in the state who are, or wish to be, employed. Additionally, if a state has a Medicaid buy-in program under either the Balanced Budget Act or the Ticket to Work and Work Incentives Improvement Act, the state must have amended their waivers to include the Medicaid buy-in group.

In addition to the requirements above, a state must attest that its system meets all of the following criteria. The state Medicaid Director must submit a letter ensuring compliance with the grant application.

- ❖ A state must have criteria for reviewing and responding to requests from qualified employed individuals with disabilities who believe they require more services than determined at their individual assessment, or a different type of physical or cognitive assistance than that which has been made available. Such criteria should be developed in consultation with individuals with disabilities who use personal assistance services and are competitively employed; and
- ❖ workers receiving personal assistance services must be able to receive personal assistance services at times during both the day and night seven days a week, subject to a finding of individual need; and
- ❖ unless an individual needs only assistance with activities of daily living, medical necessity definitions used by a state must not preclude the availability of personal assistance services for instrumental activities of daily living such as cooking, cleaning or shopping if such assistance is required for an individual to remain competitively employed.

### **Conditional Eligibility:**

States that have state plan personal assistance services that do not meet the criteria above but that do offer services outside as well as inside the home, and are capable of supporting many people with disabilities in employment, are generally considered conditionally eligible. If a state does not offer

services outside the home, even in a limited way, or if a state does not offer services sufficient to support someone who is employed 40 hours per month, the state must commit to changing its system to meet these requirements by the end of the first year of the grant.

States may achieve conditional eligibility through waivers by having both MR/DD and physical disability 1915(c), 1915(b) or 1115 waiver(s) that meet the conditional eligibility level.

**APPENDIX TWO**  
**EXAMPLES OF PERMITTED AND PROHIBITED USES OF GRANT FUNDS**

**A. Examples of Permitted Uses of Funds**

**1. Medicaid Buy-In Programs**

***Buy-In Design and Implementation:*** Design, cost-modeling, development and initial administrative implementation of Medicaid buy-ins for the eligibility groups described in sections 1902(a)(10)(A)(ii)(XIII), (XV) and (XVI) of the Social Security Act including:

- ❖ Staffing or contracting costs (and related staff expenses) for planning, cost modeling, initial implementation and management.
- ❖ Expenses incurred by people who have a disability who volunteer to participate in state planning, design, training, and implementation events.
- ❖ Expenses related to processes that actively involve people with disabilities in the design and /or implementation of the buy-in programs.
- ❖ Changes to the state's automated eligibility determination systems.
- ❖ Changes to the state's information systems necessary to: issue Medicaid cards; track enrollment; gather and track key information about enrollees (see grantee reporting requirements); manage premium collections and payments; coordinate benefits with Medicare and other third-party insurers; manage and track special asset disregards such as special earned-income savings accounts that a state may permit as part of its work incentives.
- ❖ Training materials, curricula, and events for training eligibility determination workers, SSA field staff, benefit counselors, independent living centers, advocacy organizations, and others.
- ❖ Software for managing premium collections or tracking special savings accounts permitted as an asset disregard.
- ❖ Outreach efforts to inform prospective enrollees and/or employers about the availability of the buy-in and provide information regarding costs and enrollment criteria.

***Tracking, Reporting and Learning Systems:*** Costs to build and maintain capacity to:

- ❖ Meet the reporting requirements of this grant solicitation.
- ❖ Track key enrollee data (e.g. enrollee characteristics, prior Medicaid and Medicare status, employment, etc.).
- ❖ Conduct basic research on costs of services used by enrollees, utilization, or trends over time.

- ❖ Design and conduct effective methods to obtain enrollee feedback or input on the operation of the buy-in, the effectiveness of the coverage being provided, and methods to improve the manner in which the buy-in facilitates employment.

**Coordination of benefits:** Expenses involved in designing and implementing methods to coordinate the buy-in programs effectively with Medicare and with other public or private insurance coverage.

## **2. Medicaid Services That Most Directly Support Individuals with Disabilities who are Employed**

- ❖ Personal Care Under the state Plan: Design, cost modeling, and development of a Medicaid state Plan service to cover the personal care services optional benefit under the state plan.
- ❖ Providers of PAS: Development of provider capacity and reliability to support the provision of personal assistance services (PAS) seven days a week, during the day and night as needed by competitively employed individuals with disabilities; development of effective emergency or back-up systems for people who are competitively employed.
- ❖ Adequacy of PAS: Design and/or initial implementation of changes to the state's personal assistance services that substantially improve the extent to which the service supports the competitive employment of people with disabilities, such as: conversion of across-the-board service caps to authorizations based on individual need, inclusion of cueing as a component of personal assistance services, etc.
- ❖ Training Medicaid Case Managers: Training materials, curricula and events designed to train case managers funded by Medicaid regarding: the Medicaid buy-in; the availability of vocational rehabilitation services (VR) and the procedures for working with VR agencies; the availability of Section 1619 Medicaid protections for SSI beneficiaries who work; the inner workings of the SSI provision for Programs to Achieve Self-Sufficiency (PASS); provisions of the new Ticket to Work and Work Incentives Improvement Act; changes to Medicare extended periods of eligibility, and other programs which will assist people with disabilities to be employed competitively.
- ❖ Medicaid Case Management Design: Redesigning the content, scope, activities, and outcomes of Medicaid case management activities to incorporate valued social and economic roles, defined and desired by the individual with a disability, as an element of each case plan.
- ❖ Self-Determination Designs: Incorporating the new employment possibilities in the evolving field of self-determination within the Medicaid program, or redesigning traditional Medicaid services to incorporate self-determination principles with an employment focus.
- ❖ Other Medicaid Services: Improvements in the design, cost-modeling, development and initial implementation or evaluation of other Medicaid services which have a direct and significant impact on the ability of individuals with disabilities to sustain competitive employment, such as transportation services or modifications, assistive devices, communication aids, or community mental health services.
- ❖ Coordination: Coordination activities between other state agencies with direct responsibilities to individuals with disabilities in their pursuit of competitive employment and the Single state Medicaid Agency.

### 3. Technical Assistance

- ❖ **Staffing:** Staffing or contracting costs (and related expenses) for technical assistance and resource center(s) to assist other states to design or implement Medicaid buy-ins or a Medicaid demonstration project.
- ❖ **Training and Consulting:** Training materials, curricula development, training events, travel in-state or out-of-state, etc.
- ❖ **Peer and Network Education:** Fostering forums for the sharing of knowledge amongst peers, developing effective networks among states, employers, and people with disabilities to share new information, learn new problem-solving techniques, and advance the state-of-the-art in return to work programs.
- ❖ **Direct Technical Assistance:** Provision of direct technical assistance to other state agencies, legislatures, Governors, employers, consumer forums, or others on any topic related to the buy-ins or to improving Medicaid services to support competitive employment of people with disabilities.
- ❖ **Informational Resources:** Construction of resource databases for use by others in cost modeling, tracking progress and learning of other states across the country, compiling key design features and results of different states' buy-in programs or Medicaid demonstration.
- ❖ **Outreach and Communication Resources and Services:** Developing and distributing key outreach resource materials for use in other states, including printed material, videos, testimony, audio interviews, graphics, etc. Developing and maintaining websites, links, translation services, employer outreach systems, and other communication infrastructure.

#### **B. Examples of Prohibited Uses of Funds**

- ❖ **Match:** state or local match to any services provided under the Medicaid program or other Federal program.
- ❖ **Medicaid Projects reimbursed at enhanced match rates:** Any infrastructure expense for which Federal Medicaid funds are available at the enhanced matching rates. (e.g. MMIS systems development)
- ❖ **Non-Competitive Employment:** Any costs related to employment efforts that are not entirely designed to eventuate in the competitive employment of individuals with disabilities.
- ❖ **Other Target Groups:** Any infrastructure expense that is not designed to be used primarily for the benefit of people with disabilities who are employed.
- ❖ **Premiums:** Premiums for participants in a Medicaid buy-in or other cost sharing under the Medicaid program.
- ❖ **Other Party Responsibility:** Services, equipment, or supports that are the responsibility of another party under Federal or state law (such as vocational rehabilitation or education services) or under any civil rights laws including, but not limited to, modifications of a workplace or other reasonable accommodations.
- ❖ **Direct Provision of Services:** Direct provision of services to people with disabilities except for 1) a one-time, last resort, emergency basis for the purpose of sustaining the

individual's competitive employment or 2) benefits counseling as described in Section IV "Uses of Funds".

***On-going Administration of Medicaid services:*** Ongoing administration is not a fundable activity unless such administration is part of a well-defined test of alternate and improved methods focused specifically on employment (e.g. testing, implementation and management of new prior authorization criteria under Medicaid personal care designed to assess the need for additional support when people are employed). ♦ ***Data Processing Hardware:*** Hardware in excess of the personal computers required for staff devoted to the grant project.

- ♦ ***1115 Proposals without Research Merit:*** Grant funds may not be used to develop 1115 proposals that do not have a primary research focus on employment.

**Appendix Three**  
**NOTICE OF INTENT TO APPLY**

Please return this form by **May 15, 2004** to:

**Medicaid Infrastructure Grants Program**  
Mailstop S2-14-26  
Center for Medicaid and state Operations/DEHPG  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

1. State Name: \_\_\_\_\_
2. State Agency likely to serve as lead: \_\_\_\_\_
3. Contact Name and Title: \_\_\_\_\_
4. Address: \_\_\_\_\_  
\_\_\_\_\_
5. Phone: \_\_\_\_\_
6. Fax: \_\_\_\_\_
7. E-mail: \_\_\_\_\_
8. Eligibility Category: Full \_\_\_\_\_ Conditional \_\_\_\_\_
9. Uses of Funds for Medicaid Infrastructure Grant (*Check one.*):
  - Medicaid Infrastructure Development
  - Comprehensive Employment Infrastructure Development
10. Expected Duration of Grant Request: From \_\_\_\_\_ to \_\_\_\_\_
- 11 Questions: Please attach any questions you would like to have answered before you submit your application.

Although this document is not required to apply for a Medicaid Infrastructure Grant, states are encouraged to submit a Notice of Intent to Apply to assist CMS in its grants planning. Submission of a letter of intent does not bind the state, nor will it cause a proposal to be reviewed more favorably.