

ANNOUNCEMENT

**BUILDING PARTNERSHIPS FOR
INNOVATIVE OUTREACH AND ENROLLMENT
OF DUAL ELIGIBLES**

April 25, 2000

BUILDING PARTNERSHIPS FOR

**INNOVATIVE OUTREACH AND ENROLLMENT OF DUAL ELIGIBLES
TABLE OF CONTENTS**

I.	Introduction and Background.....	
1		
II.	Purpose.....	
3		
III.	Eligibility Requirements.....	
4		
IV.	Award Instrument and Responsibility.....	4
V.	Project Period.....	
4		
VI.	Availability of Funds.....	
4		
VII.	Monitoring and Evaluation.....	
5		
VIII.	Application Content.....	
5		
IX.	Application Format.....	
9		
X.	Reporting Requirements.....	10
XI.	Application Submission.....	11
XII.	Review of Applications and Criteria for Selection.....	11
XIII.	Acceptance of Award.....	
12		
XIV.	Inquiries	
12		
XV.	Authority.....	
12		

Attachments:

- 1 - List and Definition of Dual Eligibles
- 2 - RO Contact List
- 3 - Rating Criteria
- 4 - Project Application Forms

I. INTRODUCTION AND BACKGROUND

One of the Health Care Financing Administration's (HCFA's) central concerns is that Medicare beneficiaries are able to get the care they need when they need it, and that they are not impeded by factors such as cost, health status, location, or availability of primary care physicians or specialists. This is true not only for beneficiaries as a class, but most especially for subgroups such as persons with disabilities and members of minority and economically disadvantaged populations.

Although the Medicare program provides beneficiaries with a basic set of health benefits, they still are required to pay a significant amount out-of-pocket for premiums, deductibles, and co-insurance. This cost can be prohibitive for many beneficiaries, particularly for the approximately 12 percent who do not have private or public supplemental insurance. The HCFA has established a Government Performance and Results Act (GPRA) measure that began in Fiscal Year 1999 to target financial barriers to care for low-income elderly and disabled Medicare beneficiaries through increased enrollment in dual eligible programs.

The dual eligible programs include the Qualified Medicare Beneficiary (QMB) program, the Specified Low-Income Medicare Beneficiary program (SLMB), Qualified Disabled and Working Individual (QDWI) program, and Qualifying Individual (QI) programs, as well as all other programs where individuals receive both Medicare and Medicaid, regardless of the benefit level. (For a complete list of programs which collectively comprise the dual eligible programs, see Attachment 1.) These programs were enacted to help low-income Medicare beneficiaries with their Medicare cost-sharing expenses. Despite the existence of these programs, a substantial proportion of individuals eligible for them are not enrolled (e.g., two recent studies estimated non-participation rates for QMBs and SLMBs to range from 46-53 percent¹).

¹The HCFA contracts: Actuarial Research Corporation, "Estimating the Universe of Medicare Beneficiaries Potentially Eligible for Medicaid Buy-In," February 1999 and The Barents Group LLC: "A Profile of QMB-Eligible and SLMB-Eligible Medicare Beneficiaries," April 1999.

Research conducted as part of the GPRA measure, as well as a recent report of the General Accounting Office² and the Kaiser Family Foundation³, attributed low enrollment in Medicare buy-in programs to factors such as: limited program awareness; language and cultural barriers; physical barriers including lack of transportation, disability, lack of mobility, and inconvenient office locations; stigmas associated with welfare; and program barriers including a complex application/enrollment process consisting of lengthy applications, in-person interviews, and substantial documentation requirements. A study funded by the HCFA also found that several categories of beneficiaries have low participation rates, i.e. very elderly beneficiaries, those who do not have regular contact with the health care system, those who are married or recently widowed, beneficiaries that have a higher level of education, beneficiaries that own their home, and those who do not receive SSI or welfare assistance. These, and other similar findings suggest that more innovative and targeted outreach, along with a simplified application process that addresses physical, linguistic, and cultural restraints could increase participation in Medicare buy-in programs.

Although outreach and simplifications in the application/enrollment process are needed, it has been known that achievement of the GPRA enrollment targets (four percent increase off the baseline) is largely dependent on cooperation from other Federal agencies, States, State Health Insurance Assistance Programs (SHIPs), community-based organizations, senior advocacy groups, and providers who all play an instrumental and unique role in the enrollment of potential beneficiaries. Therefore, the HCFA believes that any successful outreach and enrollment strategy must have partnership at the core.

² General Accounting Office, HEHS-99-61, *Low-Income Medicare Beneficiaries: Further Outreach and Administrative Simplification Could Increase Enrollment*, April 9, 1999.

³The Henry J. Kaiser Foundation, *Variations in State Medicaid Buy-In Practices for Low-Income Beneficiaries: A 1999 Update*, December 1999.

In support of this belief in partnership, the HCFA conducted a number of activities that supported partnership and resource development in Fiscal Year 1998 and 1999, in partnership with other Federal agencies, States, providers, and community organizations. These activities included: development of a SHIP training manual; grants to several SHIPs, States, and ombudsmen for printing and/or innovative outreach and enrollment assistance; funding for research and evaluation of best practices and care costs for the dual eligible population; and sponsorship of a national conference and cosponsorship of five regional training sessions on partnership development and social marketing techniques. The HCFA also developed an Outreach Kit and Resource Guide specific to the dual eligible population. (Copies of reports or products can be obtained by calling Donna Wenner at (410) 786-6608.)

In Fiscal Year 2000 and beyond, the HCFA is committed to continuing to foster and support partnerships aimed at enrolling low-income elderly and disabled Medicare beneficiaries. We believe that the greatest chance of successfully enrolling vulnerable, low-income Medicare beneficiaries is partnership at the Federal, State, and local level coupled with a simplified State enrollment process.

II. PURPOSE

The purpose of this award is to foster partnerships for innovative outreach and enrollment of dual eligibles. Therefore, the award is for the purposes of establishing or supporting partnerships at the State, local, and community level. Multi-State partnerships are also encouraged. Additionally, this award should test innovative and replicable approaches to addressing barriers listed above, or known to be a problem in the States and/or community area in which the program will be implemented. To be acceptable, these approaches must test an element that is not already widely practiced in the State, or other States. Further, the approach must be one that is not so unique to a particular State that it cannot be replicated in other States if found to be successful.

The award may be used for costs associated with implementing and evaluating this outreach project such as training, travel, personnel, and informational materials. The budget should be outlined on the standard form included with the application package and detailed using the narrative section of the application.

III. ELIGIBILITY REQUIREMENTS

To be eligible for selection, the applicant must be a State agency with responsibility for operation of the Medicaid program. Additionally, the applicant must demonstrate a commitment to a partnership with a minimum of one local or community partner. Partnership(s) can be demonstrated through a memorandum of understanding, or some other similar mechanism that establishes a formal partnership, with clearly delineated responsibilities.

IV. AWARD INSTRUMENT AND RESPONSIBILITY

The award instrument will be a grant. Responsibility for the planning, direction, execution, and evaluation of the proposed project may be shared among participating partners, but is ultimately the sole responsibility of the applicant.

V. PROJECT PERIOD

The total project period for applications submitted in response to this solicitation may not exceed twelve months, and must be concluded by September 30, 2001.

VI. AVAILABILITY OF FUNDS

The HCFA expects to award approximately \$950,000 in grants. We anticipate that five to seven grants will be awarded in the range of \$135,000 to \$190,000. The State is required to contribute, through cash or in-kind contributions (e.g., use of building space, supplies, forms, etc.), a nominal amount (generally, an amount that is not less than 5 percent of the operating costs of the grant). The number of grants depends on the quality of applications and the financial requests associated with the applications. The HCFA will give preference to applications from States that have high numbers of beneficiaries that are eligible for both Medicare and Medicaid that are currently not enrolled in the programs serving those that are dually eligible. Additionally, the HCFA will give preference to applicants that target underserved segments (e.g., minority, disabled, et al.) of the unenrolled dual eligible population.

VII. MONITORING AND EVALUATION

Each awardee will be responsible for monitoring, evaluating, and reporting on the impact of the program. Each applicant must clearly include quantifiable means for evaluating the impact of the program. Acceptable approaches include an increase in enrollment and/or the number of applications processed that can be tracked to program activities, indications of application and enrollment simplifications, or other quantifiable measure.

VIII. APPLICATION CONTENT

To the extent possible, please construct your narrative in the following format:

I. Purpose of Project/Statement of Problem

- A. Existing Outreach and Enrollment Simplification Activities -
Please describe current outreach and enrollment simplification activities, including but not limited to:
 - 1. State Medicaid policies that are already in existence that will contribute to enrollment of dual eligibles such as simplified applications, mail-in applications, elimination of asset tests, estate recovery policies, out stationing of State eligibility workers, presumptive eligibility, simplified redeterminations, etc.; and
 - 2. All outreach activities that are currently employed to reach dual eligibles in target State(s) and/or target communities. Include information on other programs that you may be participating in such as the Social Security Administration Dual Eligible Demonstration, and targeted quality control pilot, etc.

- B. Demonstrated Need in State or Targeted Communities for Outreach and Enrollment -
Please describe the current need in the State for outreach and enrollment simplification, including but not limited to:
 - 1. Number of individuals in the State(s) and/or targeted communities currently enrolled in a dual eligible program, by category;

2. Estimate of the number (or proxy for number if number is not available) of individuals in the State(s) and/or targeted communities eligible but not currently enrolled in a dual eligible program; and
 3. Needs of special segments of the dual eligible populations (e.g. disabled, minority groups, widowers, etc.).
- C. Problem Identification -
Please describe the problem, barrier, etc. that the program is attempting to overcome including, but not limited to:
1. Identification of the problem, barrier, etc.; and
 2. Assumptions/reasons problem, barrier, etc. exists;

II. Project Design and Work Plan

- A. Target Programs and Population-
Please clearly identify the:
1. Dual eligible target programs (e.g. all, QDWI);
 2. Population focus including demographics, cultural, literacy, and linguistic issues, etc. (e.g working disabled individuals who are working, Native American elders living in rural tribal territory, working children of potential beneficiaries, etc.).
- B. Planned Outreach and/or Enrollment Activities/Strategies - Please describe specific goals and outcomes of the program including, but not limited to:
1. Specific deliverables and time frames;
 2. Expected outcomes;
 3. Work plan with clear delineation of responsible party/organization; and
 4. Information on how planned activities will compliment, coordinate, etc. with existing policies and activities.

- C. Budget-
Please describe the anticipated costs associated to implementation of the program and the amount and source of State funds (cash or in-kind contributions) that will be used to support the program. Additional budget information must be included as an attachment utilizing form 424A (attached).
- D. Evaluation Plan -
Please describe how the program will be monitored and formally evaluated, including but not limited to:
 - 1. Data that will be collected, data sources and analysis plans as appropriate;
 - 2. Monitoring plans; and
 - 3. Time frame for reporting.

III. Impact on Increasing Enrollment and Reducing Disparities

Please provide information on the impact the program will have on enrollment of potential dual eligibles, including but not limited to:

- A. Anticipated impact planned activities will have on barriers, problems, etc. you identified in the AProgram Focus@ section including rationale for belief;
- B. Simplification of the enrollment process;
- C. Estimated increase in number and locations of State sponsored outstationed eligibility locations (e.g. disproportionate share hospitals, community locations, community-based delivery sites, other Federal offices, etc.); and
- D. Impact on the number of enrolled beneficiaries.
- E. Impact on reducing demographic, cultural, literacy, and/or linguistic disparities.

IV. Fostering of Long-Term Partnership Opportunities

Please describe current partnerships in the area of dual eligibility, partnerships that will be expanded, and new partnerships, including but not limited to:

- A. Identity of partnerships that already exist within the State(s) and/or target communities for dual eligible activities, including a description of the nature of the partnership and partnership goal;
- B. Identity of all applicant partners with a description of existing relationship with partner(s), new areas of partnership that will be undertaken, and responsibilities of each partner;
- C. Leverage of additional funds from State, partners, other Federal agencies, foundations, and/or private sector to support enrollment activities in target State(s) and/or communities;
- D. Plans to continue partnership beyond the end of the program; and
- E. Include, as an attachment, evidence of collaboration with at least one community or local partner in the form of letters of support and/or memorandums of agreement.

V. Agency/Organizational Capacity

Describe the current organizational capacities to complete the proposed activities and accomplish the stated goals/outcomes, including but not limited to:

- A. Staffing; specify roles and capabilities of responsible individuals and organizations; and
- B. System infrastructure.

VI. Assurances with Compliance to the Solicitation Requirements -

Please submit the necessary information, statements, commitments, etc. to ensure that application is in full compliance with all of the requirements of the solicitation.

IX. APPLICATION FORMAT

The applicant must respond to all aspects specified in the solicitation. To facilitate application

review and evaluation, the applicant shall follow, to the extent practical, the following format:

- I. Cover Page (including name of applicant, program name, identity of partners, and date submitted)
- II. Table of Contents
- III. Executive Summary
- IV. Purpose of Project/Statement of Problem
- V. Project Design and Work Plan
- VI. Impact on Increasing Enrollment and Reducing Disparities
- VII. Fostering of Long-Term Partnership Opportunities
- VIII. Agency/Organizational Capacity
- IX. Assurances with Compliance to the Solicitation Requirements
 - C Attachments
 - Attachment 1
Clear agreement of partnership in the form of letters of support and/or memorandums of agreement, etc.
 - C Additional Information (sectioned and located appropriately for the application)

Although applicants should follow the above format to the extent possible, application reviewers will primarily be scoring the information content and not the format; however, clearly delineated sections make it easier to understand content and compare with other applications.

The narrative portion of the proposal should not exceed 75 double-spaced typewritten pages.

Additional documentation may be appended: however, material should be limited to information relevant to the specific scope and purpose of the grant. Applicants must provide an executive summary of not more than two pages describing how the requirements of the solicitation, i.e., goals and objectives, basic approach or methodology of the project, etc. will be met.

X. REPORTING REQUIREMENTS

Awardee will be required to submit a written progress report by March 31, 2001 that contains, at a minimum, the following:

- C An executive summary;
- C A detailed description of how the purpose of the project was actually carried out, the methods of outreach and education that were developed and systems established for assisting eligible beneficiaries in the application and enrollment process;
- C Role of each partner;
- C Coordination and integration with other, similar projects such as the Social Security Demonstration or HRSA grant;
- C Preliminary, statistical information on effect on enrollment;
- C Preliminary, statistical findings from the required evaluation process;
- C Problems encountered and corrective action plans implemented; and
- C A financial report showing by category and item, how the grant funds were used.

Awardee will also be required to submit a written, cumulative report for the total period of performance. This report shall be submitted within 90 days of end of the project, but no later than December 31, 2001, and must contain, at a minimum, the following:

- C An executive summary;
- C A detailed description of how the purpose of the project was actually carried out, the methods of outreach and education that were developed and systems established for assisting eligible beneficiaries in the application and enrollment process.
- C Role of each partner;
- C Coordination and integration with other, similar projects such as the Social Security Demonstration or HRSA grant;
- C Final, statistical information on effect on enrollment;
- C Final, statistical findings from the required evaluation process;
- C Problems encountered and corrective action plans implemented;
- C Recommendations or points for consideration by the HCFA and other partners;
- C Future plans for related activities and partnership; and
- C A financial report showing by category and item, how the grant funds were used.

Reports must also be submitted electronically in a WordPerfect, Word, or Excel format to be distributed within The HCFA.

XI. APPLICATION SUBMISSION

An original, plus nine copies of the paper application, signed by the Governor or other State official with requisite authority, should be sent directly to:

Judy Norris
Health Care Financing Administration
Acquisition and Grants Group
Mailstop C2-21-15
7500 Security Boulevard
Woodlawn, Maryland 21244-1850

A paper copy of the application, and electronic version where feasible, must be sent to your HCFA Regional Office and a second copy (paper and electronic where feasible) must be sent to:

Gina P. Clemons
Health Care Financing Administration
Disabled and Elderly Health Programs Group
Mailstop S2-14-26
7500 Security Boulevard
Woodlawn, Maryland 21244-1850

The application must be received by the HCFA no later than Monday, July 24, 2000.

An application will be considered **on time** if it is received on or before the closing date of July 24, 2000, or if it is postmarked on or before July 24, 2000. Applications must be mailed through the U.S. Postal Service or a commercial delivery service. No facsimiles will be accepted. Applications postmarked after the closing date, or postmarked before the closing date but not received in time for panel review, will be considered late applications.

XII. REVIEW OF APPLICATIONS AND CRITERIA FOR SELECTION

Acceptable applications will be referred to a technical panel for evaluation and scoring. To assist grantees in preparing the application, and to aid the technical panel in its review, we have established criteria that will be utilized. The criteria is attached as Attachment 3 **Rating Criteria**. The panel will consist of the HCFA Central Office staff including at least four representatives from the workgroup that is responsible for the GPRA goal as described in the introduction of this solicitation, and possibly staff from other Federal agencies working on related projects, such as the Social Security Administration (SSA) and the HRSA. The panel

will be convened in August 2000. Each State will receive written notification of the final award decision in September 2000.

XIII. ACCEPTANCE OF AWARD

In order to accept funding under this grant, a Letter of Acceptance must be signed and returned to The HCFA within 30 days of the date of the award. Awardees must agree to make all records relevant to this grant available to the Comptroller General, the HCFA, and any contractors of the HCFA charged with evaluating the program, or a component of the program. Further, awardees must agree to fully cooperate with a review of relevant records by HCFA, or contractor of HCFA, and must agree to allow the HCFA to distribute any products developed, or information on practices employed, to other States and stakeholders for reasons such as sharing of lessons learned.

XIV. INQUIRIES

Inquiries concerning this solicitation are welcome. Please contact your regional office representative or:

Gina P. Clemons
Health Care Financing Administration
Disabled and Elderly Health Programs Group
Mailstop S2-14-26
7500 Security Boulevard
Woodlawn, Maryland 21244-1850

A list of regional office contacts is attached as Attachment 2.

XV. AUTHORITY

Authority: Sections 1110 of the Social Security Act, CFDA 93.779

ATTACHMENTS

LIST AND DEFINITION OF DUAL ELIGIBLES

Dual Eligibles - The following describes the various categories of individuals who, collectively, are known as dual eligibles. Medicare has two basic coverages: Part A, which pays for hospitalization costs; and Part B, which pays for physician services, lab and x-ray services, durable medical equipment, and outpatient and other services. Dual eligibles are individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of Medicaid benefit.

1. Qualified Medicare Beneficiaries (QMBs) without other Medicaid (QMB Only) - These individuals are entitled to Medicare Part A, have income of 100% Federal poverty level (FPL) or less and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for full Medicaid. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and, to the extent consistent with the Medicaid State plan, Medicare deductibles and coinsurance for Medicare services provided by Medicare providers. Federal financial participation (FFP) equals the Federal medical assistance percentage (FMAP).

2. QMBs with full Medicaid (QMB Plus) - These individuals are entitled to Medicare Part A, have income of 100% FPL or less and resources that do not exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and, to the extent consistent with the Medicaid State plan, Medicare deductibles and coinsurance, and provides full Medicaid benefits. FFP equals FMAP.

3. Specified Low-Income Medicare Beneficiaries (SLMBs) without other Medicaid (SLMB Only) - These individuals are entitled to Medicare Part A, have income of greater than 100% FPL, but less than 120% FPL and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays their Medicare Part B premiums only. FFP equals FMAP.

4. SLMBs with full Medicaid (SLMB Plus) - These individuals are entitled to Medicare Part A, have income of greater than 100% FPL, but less than 120% FPL and resources that do not exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits. Medicaid pays their Medicare Part B premiums and provides full Medicaid benefits. FFP equals FMAP.

5. Qualified Disabled and Working Individuals (QDWIs) - These individuals lost their Medicare Part A benefits due to their return to work. They are eligible to purchase Medicare Part A benefits, have income of 200% FPL or less and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays the Medicare Part A premiums only. FFP equals FMAP.

6. Qualifying Individuals (1) (QI-1s) - This group is effective 1/1/98 - 12/31/02. There is an annual cap on the amount of money available, which may limit the number of individuals in the group. These individuals are entitled to Medicare Part A, have income of at least 120% FPL, but less than 135% FPL, resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays their Medicare Part B premiums only. FFP equals FMAP at 100%.

7. Qualifying Individuals (2) (QI-2s) - This group is effective 1/1/98 - 12/31/02. There is an annual cap on the amount of money available, which may limit the number of individuals in the group. These individuals are entitled to Medicare Part A, have income of at least 135% FPL, but less than 175% FPL, resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays only a portion of their part B premiums (\$2.87 for 2000). FFP equals FMAP at 100%.

8. Medicaid Only Dual Eligibles (Non QMB, SLMB, QDWI, QI-1, or QI-2) - These individuals are entitled to Medicare Part A and/or Part B and are eligible for full Medicaid benefits. They are not eligible for Medicaid as a QMB, SLMB, QDWI, QI-1, or QI-2. Typically, these individuals need to spend down to qualify for Medicaid or fall into a Medicaid eligibility poverty group that exceeds the limits listed above. Medicaid provides full Medicaid benefits and pays for Medicaid services provided by Medicaid providers, but Medicaid will only pay for services also covered by Medicare if the Medicaid payment rate is higher than the amount paid by Medicare, and, within this limit, will only pay to the extent necessary to pay the beneficiary's Medicare cost-sharing liability. Payment by Medicaid of Medicare Part B premiums is a State option; however, States may not receive FFP for Medicaid services also covered by Medicare Part B for certain individuals who could have been covered under Medicare Part B had they been enrolled. FFP equals FMAP.

ATTACHMENT 2

HCFA Regional Office Contact List

Regional Office	States Served	Contact
Boston	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	George Ghiloni (617) 565-3627 HCFA Boston Regional Office 2375 J.F.K. Federal Building Boston, MA 02203
New York	New York, New Jersey, Puerto Rico, Virgin Islands	Patricia Ryan (212) 264-8288 HCFA New York Regional Office 26 Federal Plaza Room 3811 New York, NY 10278
Philadelphia	Delaware, Washington D.C., Maryland, Pennsylvania, Virginia, West Virginia	Donna Fischer (215) 861-4221 HCFA Philadelphia Regional Office Public Ledger Building, 2nd Floor 150 S. Independence Mall West Philadelphia, PA 19106
Atlanta	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	Renard Murray (404) 562-7100 HCFA Atlanta Regional Office Atlanta Federal Center 61 Forsyth Street, S.W. Suite 4T20 Atlanta, GA 30323
Chicago	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	Jean Hall (312) 353-3746 HCFA Chicago Regional Office 233 N. Michigan Avenue Suite 600 Chicago, IL 60601
Dallas	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	Ford Blunt (214) 767-6279 HCFA Dallas Regional Office

Regional Office	States Served	Contact
		1301 Young Street Room 714 Dallas, TX 75202
Kansas City	Iowa, Kansas, Missouri, Nebraska	Barbara Cotterman (816) 426-3406 HCFA Kansas City Regional Office Richard Boling Federal Building 601 E. 12th Street, Room 235 Kansas City, MO 64106-2808
Denver	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming	Sandra White (303) 844-4723 HCFA Denver Regional Office 1600 Broadway Suite 700 Denver, CO 80202
San Francisco	Arizona, California, Guam, Hawaii, Nevada	Sue Schwab (415) 744-3579 HCFA San Francisco Regional Office 75 Hawthorne Street 4th and 5th Floor San Francisco, CA 94105-3903
Seattle	Alaska, Idaho, Oregon, Washington	Dennis Sexton (206) 615-2398 HCFA Seattle Regional Office 2201 Sixth Avenue MS RX-43 Seattle, WA 98121

RATING CRITERIA

Applications will be referred to a review panel for evaluation and scoring. Each criteria will receive a maximum points value, with a total possible of 100 points.

I. Purpose of Project/Statement of the Problem

An application must clearly describe the problem it is attempting to address and the extent of the population need for the proposed program.

Criteria: Demonstrated Need in State or Targeted Communities for Outreach and Enrollment

Points Value: 10

II. Project Design and Work Plan

An application must describe clearly how the grant funding will be used, State funds for the project (cash or in-kind contributions) what will be accomplished, program design, work plan, the results expected, etc. The proposal must contain a clear statement of achievable objectives, a management plan and timetable of not more than 12 months specifying key actions and milestones.

Criteria-1: Use of Innovative, But Replicable Approaches to Outreach and Enrollment

Points Value: 15

Criteria-2: Clear description of program with specific deliverables and time frames

Points Value: 10

- III. Impact on Increasing Enrollment and Reducing Disparities**
An application should discuss how the proposed program will have an impact on increasing enrollment and reducing disparities for dual eligibles.
- Criteria-1:** Potential to Increase Enrollment of Dual Eligible
- Points Value: 25**
- Criteria-2:** Potential to Reduce Disparities In Enrollment
- Points Value: 10**
- IV. Foster Long-term Partnership Opportunities**
An application should discuss the types and degrees of partnerships supporting the proposed program that have already been established or that may be expected between the State and a variety of organizations.
- Criteria:** Potential to Foster Long-term Partnership Opportunities
- Points Value: 20**
- V. Agency/Organizational Capacity**
An application should discuss the roles and capabilities of responsible individuals and organizations, system infrastructure, and documentation to support compliance to the solicitation requirements.
- Criteria:** Organizational Capacity
- Points Value: 10**

ATTACHMENT 4

PROJECT APPLICATION FORMS

- 9 Application for Federal Assistance - Form 424
- 9 Budget Information (Non-Construction Programs) - Form 424A including instructions
- 9 Assurances (Non-Construction Programs) - Form 424B
- 9 Proposal Narrative
- 9 Return Receipt Label
- 9 Additional Assurances
- 9 Lobbying Certification Form - including instructions
- 9 Biographical Sketch
- 9 Financial Status Report - including instructions
- 9 Author's Guidelines
- 9 Part 92 CFR