CHIPRA Quality Demonstration Grants
Grantee-Specific Special Terms and Conditions

1. **Planning and Infrastructure Development Phases:** For all grant categories, there will be an opportunity to plan and subsequently implement the activities of the grant. Grant categories A (initial core set measures), B (health information technology), C (provider-based models), and E (other) will have a 9-month planning phase. Grant Category D (pediatric electronic health records), however, will have a 12 month planning and an additional 12 month infrastructure development period due to the complexity of the grant category.

The planning and infrastructure development phases will begin after notification of the grant award. During this time, grantees will work to develop a Final Operational Plan (OP) to meet the goals of the grant program. The Final Operational Plan is to be developed with input from CMS within the first 9-months of the grant award for grant categories A (initial core set measures), B (health information technology), C (provider-based models), and E (other) and is subject to CMS approval. Grantees choosing to pursue Category D (pediatric electronic health record) will have 12 months for planning, 12 months for infrastructure development, and 36 months for implementation with CMS review at significant crossroads as specified in Grant Category D. Grant Category D is the only grant project that will have an infrastructure development phase.

The CMS will provide a draft template for the Final Operational Plan within 2 weeks after award. The grantee will be required to finalize the Final Operational Plan in consultation with CMS during the planning and infrastructure development phases of its demonstration. The Final Operational Plan must be developed in consultation with a wide array of stakeholders. These stakeholders should include advocates, child health providers, consumers, and relevant State agencies, including those operating public health programs and previously awarded grant programs.

If a grantee believes it has a valid Final Operational Plan for the grant program, it does not need to wait the full 9-months (or 24-months for Grant Category D) allotted for this phase. The grantee may submit the plan for CMS review and approval at any time within the 9 month (Category A, B, C, and/or E) or 24-month (Category D) period.

A planning phase will conclude after grantees participate in a CMS exit conference and the Final Operational Plan has been approved by CMS. CMS will notify the grantee of the approval status no later than seven (7) calendar days after the conclusion of the planning phase exit conference.

All subsequent revisions to the State’s Final Operational Protocol must be submitted for review and approval by CMS. The State must submit a request to CMS for these changes no later than 30 days prior to the date of implementation of the change(s). Revisions must
include an implementation date for the proposed changes and a revised budget as appropriate.

2. **Implementation Phase:** Once the planning phase exit conference has been successfully concluded and the Final Operational Plan approved by CMS, the grantee may begin the implementation phase of the grant program. The implementation phase will continue for the remainder of the grant period of performance.

3. **Financial and Programmatic Reporting:** The grantee agrees to the following reporting requirements:

   **Financial Status Report Form (SF-269 or SF-269A):** The general terms and conditions refer to submittal of a SF-269. This mandated financial status report will account for all uses of grant monies during each reporting period. For purposes of this demonstration, the SF-269 must be submitted semi-annually (a mid-year and end-of-year report). These reports will continue to be submitted until all grant funds have been spent. See 45 CFR Part 92.

   **Web-based Progress Reports:** Web-based progress reports are required to be submitted semi-annually. The submission and approval of the grantees’ Final Operational Protocol is considered the grantees’ first progress report. Once the Operational Protocol is approved, the grantee must follow the standard reporting schedule for the semi-annual web-based reports. Reports are due August 1 for the period of operation occurring between January 1 and June 30, and February 1 for the period of operation occurring July 1 through December 31. Grantees must report even if they have not operated for a complete reporting period.

   Content of the semi-annual progress reports will be decided upon during the planning phase with input from the Grantees and the National Evaluator. Examples of the type of information that will be captured in the semi-annual reports include: the specific use(s) of grant funds, barriers to the implementation of the grant program, and best practices/lessons learned from grant program implementation. Additionally, the semi-annual report will capture grant category-specific information requested by the National Evaluator.

4. **Supplemental Award Process:** CMS will award supplemental funding after the first year of the demonstration for all subsequent years of the grant program. CMS will issue guidance on the process, timing and content of award requests. Supplemental grant funding will be provided for each year of the grant period subsequent to CMS approval of the Final Operational Plan will be contingent on a State’s performance in meeting the goals and annual benchmarks approved in the Final Operational Plan and agreed upon by the Grantee and CMS. CMS may rescind the grant award including all un-obligated balances, and issue the unspent grant funds to other projects if the grantee fails to implement key elements of the approved Final Operational Plan and meet prescribed grant program goals.

5. **Governing Requirements:** All the requirements in the statute (section 401(d) of the Children’s Health Insurance Program Reauthorization Act of 2009) and the solicitation, Medicaid And Children’s Health Insurance Programs: Children’s Health Insurance Program Reauthorization Act Of 2009 (CHIPRA): Section 401(d) CFDA 93.767, as well as
all additional information in the form of Questions and Answers or other policy statements posted on the CMS website (http://www.cms.hhs.gov/CHIPRA/) are governing components of this award. Further, the State agrees to abide by future policy issuances that further refine the Quality Grant content. For example, the State will submit any incidents from its incident reporting system that CMS in future policy guidance identifies as mandatory reporting.

6. **Cooperation with the National Evaluation Contractor.** All Grantees must continue to cooperate with the CMS contractor(s) working in support of the CHIPRA Quality Demonstration. The Grantee agrees to participate in all efforts, by CMS and its contractors, to evaluate the programmatic elements and operational components of the Grantee’s demonstration program. These activities are expected to include the following:

- Gather qualitative and quantitative information about the effectiveness of the demonstration programs implementation;
- Evaluate the impact of the demonstration programs on the health care quality of children enrolled in Medicaid and/or CHIP; and
- Assess if, and how, the demonstration programs increased transparency and consumer choice.

In so doing, each grantee should be certain to address the specific evaluation questions enumerated in the grant program solicitation (http://www.cms.hhs.gov/CHIPRA/).

In the event the Grantee decides to also conduct its own independent evaluation, the Grantee will be expected to substantiate that there is no duplication of effort in relation to the national evaluation and to submit an evaluation plan in its OP with an accompanying budget. States receiving funds under Category D (pediatric electronic health records) are specifically required to coordinate with the National Evaluation Contractor(s) to avoid duplication of effort and to facilitate any complementary evaluation activity by the Contractor focused on integration of Category D with other categories.

Due to conflict of interest concerns, grantees may not contract with the National Evaluator to conduct an independent grantee evaluation. Similarly, a grantee may not utilize any CMS contractor utilized for CHIPRA technical assistance as its independent evaluator.

7. **Cooperation with CMS and/or CMS Contractor(s) Regarding the Provision of Technical Assistance**

- Technical Assistance (TA) Needs Assessment: The Grantee must fully cooperate with CMS and/or CMS contractor(s) engaged in assessing the needs of each demonstration grantee and providing technical assistance. This includes working with CMS and/or its contractor(s) to identify and describe best practices that can serve as models for CMS and other States.

- Any targeted TA that grantees purchase using their grant funding must be limited to activities that directly aid in the implementation of the grant program (i.e., contracts for technical planning, development, and implementation) and must not be duplicative of the National TA effort. If TA is to be purchased for help in carrying out the grant
activities then the applicant must provide a TA plan and budget as part of the Final Operational Plan.

➢ Grantees receiving funds under Categories B and D should not duplicate technical assistance and outreach efforts to pediatric providers with similar activities supported by the Regional Extension Centers funded under ARRA HITECH the authority of the Health Information Technology for Economic and Clinical Health provisions of the American Recovery and Reinvestment Act (ARRA) of 2009.

8. **Bi-Annual Conferences:** All grantees will be required to attend two conferences (Spring 2011 and Spring 2013) in the Washington, DC or Baltimore, MD area sponsored by CMS. Therefore, the applicants’ budgets must include funds for at least one person to attend the CMS-sponsored conferences in the Washington, DC or Baltimore, MD area. The grantee is expected to have, at a minimum, the Demonstration Grant Project Director in attendance at this annual meeting.

9. **Product Development:** Any public use products/materials developed using grant funds have to indentify within the written product that it was developed with use of federal funds. Approval by CMS PO prior to release of any outreach/marketing materials is required. The grantee agrees that CMS shall have royalty-free, nonexclusive or irrevocable rights to reproduce, publish, or otherwise use and authorize others to use the items for Federal government purposes.

10. **Work Products and Use of Data Resulting from Grant Funds:** Any report regarding grant outcomes or findings may not be released or published by the grantee, partnering State(s) and organizations, and contractors without permission from the CMS Project Officer within the first four (4) months following the receipt of the report by the CMS Project Officer.

   The grantee agrees to include the following attribution and disclaimer on all materials developed for public distribution, which are funded under the grant:

   “This document was developed under grant CFDA 93.767 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.”

   In addition, the grantee agrees that all materials developed through Federal grant funding will be made accessible to people with special needs (e.g. 508 compliant).

   For the six (6) months after completion of the project, the Grantee shall notify the CMS Project Officer prior to formal presentation of any report or statistical or analytical material by the grantee, partnering State(s) and organizations, and contractors based on information obtained through this award. Formal presentation includes papers, articles, professional publication, speeches, and testimony.

11. **Project Coordination and Oversight:** The Grantee retains ultimate responsibility for coordination and oversight of all project-related activity, including any involvement of
partner States and organizations, regardless of the extent to which it utilizes contractual arrangements to assist with project management. Each Grantee must maintain a full-time Project Director whose salary will be 100% paid through grant funds. This individual must be a State employee, who has sufficient authority and expertise to run the demonstration program. The Project Director must not have financial conflicts of interest in the project.

12. **Partnerships:** The Grantee must coordinate its project activities with other State, local and Federal agencies that serve the population targeted by their application and maintain its partnerships with the specific State or national external associations or organizations and others such as other State agencies, child health providers, private foundations, and / or academic institutions referenced in its grant application.

13. **Administrative and National Policy Requirements:** Grantees must comply with the following additional requirements:

- Specific administrative and policy requirements of grantees as outlined in 45 CFR 74 and 45 CFR 92 apply to this grant opportunity.

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

- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the grantee’s original grant application or agreed upon subsequently with CMS and may not be used for any prohibited uses.

- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project.

- The Grantee and any partner States participating in its demonstration are expected to comply with all Medicaid and Children’s Health Insurance Program (CHIP) law and regulations, including the provision of services under the Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) benefit. Failure of the grantee or partner State(s) to comply with these requirements may cause CMS to exclude the non-complying State from participation in the demonstration or re-evaluate the appropriateness of continuing the grant award.

14. **Prohibited Uses of Grant Funds:**

- To match any other Federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under Federal or State law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited
to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.

- To provide infrastructure for which Federal Medicaid matching funds are available at the 90/10 matching rate, such as certain information systems projects.
- To supplant existing State, local, or private funding of infrastructure or services, such as staff salaries, etc.

**15. Duplication of Federal Funding -**

Grantees are not permitted to use the CHIPRA grant funding for purposes that would otherwise be fundable through other Medicaid or Federal grants, Medicaid Management Information System or HITECH administrative matching funds. Please also refer to item # 20 on Category-specific requirements. Questions related to this term and condition should be addressed to both the CHIPRA Grant Project Officer and the Regional Office HITECH/Systems Point of Contact.

**16. Other Funding Restrictions:**

**Indirect Costs** - If requesting indirect costs, an Indirect Cost Rate Agreement will be required. Applicants are required to use the rate agreed on in the state’s Indirect Cost Rate Agreement. However, if there is not an agreed upon rate, the applicant is allowed indirect costs of 10 percent. The provisions of the OMB Circular A-87 govern reimbursement of indirect costs under this solicitation. A copy of OMB Circular A-87 is available online at: [http://www.whitehouse.gov/omb/rewrite/circulars/a087/a087-all.html](http://www.whitehouse.gov/omb/rewrite/circulars/a087/a087-all.html).

**Direct Services** - Grant funds may not be used to furnish direct services to Medicaid service recipients. Direct services do not include expenses budgeted for provider and/or consumer task force member participation in conferences, provision of technical assistance, or attendance at technical assistance conferences sponsored by CMS or its National Technical Assistance providers for the benefit of CHIPRA Quality Grant grantees.

**Reimbursement of Pre-Award Costs** - No grant funds awarded under this solicitation may be used to reimburse pre-award costs.

**17. Revised Budget and Work Plan:**

- By March 22, 2010, the Grantee must submit a revised SF-424a and a revised budget narrative based on the CMS final grant award, distinct from the budget narrative originally submitted as part of the State’s grant application. These forms must be submitted to the CMS Project Officer and the CMS Office of Acquisition and Grants Management. The Grantee is also required to submit a new work plan by March 22, 2010 that reflects any changes to tasks resulting from the reduced award amount to the CMS Project Officer and the CMS Office of Acquisition and Grants Management.

- Any Grantee receiving funds under Category B must delineate in its revised budget narrative any planned HIT-related expenditures, as well as details regarding how they comport with the HIT-related requirements under special term and condition #20, below.
In the event that a partner State’s participation in the demonstration terminates, the Grantee will be expected to submit a revised work plan and budget.

18. Privacy and Security:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that access to Protected Health Information (PHI) shall be managed to guard the integrity, confidentiality, and availability of electronic PHI data. Each demonstration grantee shall ensure that appropriate policies and procedures are in place to ensure the protection and security of PHI. These security measures include all Medicaid, CHIP and dual eligible electronic health information or health care payment information, including demographic information collected from an individual, which identifies the individual or can be used to identify the individual. PHI does not include students records held by educational institutions or employment records held by employers.

19. Scope of Work:

Any changes in the scope of the project made by the Grantee, including a reduction in effort by any partnering State, requires approval by the Project Officer and the CMS Office of Acquisition and Grants Management.

20. Category-Specific Requirements:

Categories A (initial core set measures) and E (other):

Grantees developing new measures to complement the pediatric initial core set measures developed under section 401(a) of CHIPRA are required to use the criteria established by CMS and the Agency for Healthcare Research and Quality and to align activities through the Pediatric Quality Measures Program coordinating center.

Category B (HIT):

- Grantees for Category B must utilize HHS recognized health information technology (HIT)/health information exchange (HIE) standards per the certification criteria specified in final regulation and subsequent updated regulations developed by the HHS Office of the National Coordinator.

- Grantees for Category B must reflect their CHIPRA Category B grant activities in the State Medicaid HIT Plans that they will submit to CMS in order to receive 90 percent Federal financial participation for the Medicaid EHR Incentive Program under ARRA legislation. The programmatic, resource, and fiscal linkages between the CHIPRA Category B grant activities and the State’s HITECH activities to promote adoption and meaningful use of certified EHRs must be clearly delineated in the State Medicaid HIT Plan.

Categories B and D (pediatric electronic health records):

- Grantees for Categories B and D who are utilizing electronic health records, must utilize certified electronic health records (EHR), per the certification criteria
specified in final regulation and subsequent updated regulations developed by the HHS Office of the National Coordinator. Grantees using existing EHRs must upgrade to a certified EHR by December 31, 2010 (i.e., the date by which the new certification criteria are expected to be finalized and upgrades to existing EHRs are available).

- Any grant funding used to modify proprietary EHR/HIT/HIE software must result in that modified product being available to the public on a non-proprietary basis. CMS funding cannot be used to make enhancements to proprietary software unless that software is then made available on a non-proprietary basis in the public domain.

- Plans to develop or construct data repositories or data warehouses for the collection of CHIPRA quality measures should be considered along with States’ needs for similar data repositories for HITECH meaningful use data. Information technology systems modification and development that can potentially serve both CHIPRA and HITECH interests should be coordinated at the State-level. Prior approval must be received from both the CMS CHIPRA Grant Project Officer and the Regional Office HIT/Systems Points of Contact prior to proceeding with such initiatives.