Program Instructions

AOA-PI-98-06 - September 30, 1998

AOA-PI-98-06 -- Attachment: Grant Awards to State Agencies on Aging for the Support of Model State Projects to Develop Medicare Information and Referral Protocols and Reports

See also: **Grants to State Agencies on Aging for the Support of Information and Referral for Medicare Beneficiaries**

The closing date for submission of applications has been extended to: November 9, 1998.

Administration on Aging (AoA)

Grant Awards to State Agencies on Aging for the Support of Model State Projects to Develop Medicare Information and Referral Protocols and Reports

PROGRAM DESCRIPTION AND GUIDELINES FOR PREPARING AND SUBMITTING APPLICATIONS

SUMMARY: These Guidelines have two parts. *Part I* describes the program priority, **Model State Projects to Develop Medicare Information and Referral Protocols and Reports** under which the AoA is inviting State Agencies on Aging to submit grant award applications for funding. *Part II* describes the procedures for preparing and submitting the application.

All of the forms (Standard Form 424), Assurances, and Certifications necessary to complete the application are included following Part II. The deadline date for the submission of applications is October 30, 1998.

Application receipt point: U.S. Department of Health and Human Services, Administration on Aging, Office of Administration and Management, 330 Independence Avenue, S.W., Room 4643, Washington, DC 20201.

For further information contact, Department of Health and Human Services, Administration on Aging, Office of State and Community Programs, 330 Independence Avenue, S.W., Room 4747, Washington, DC 20201, telephone: (202) 619-0011.

Part I. Background Information and Program Priority

A. Statutory Authority

The statutory authority for awards made under this program priority is contained in the Older Americans Act, (42 U.S.C. 3001 et seq.), as amended by the Older Americans Act Amendments of 1992, Pub.L.102-375, September 30, 1992.

B. Eligible Applicants

Eligibility is limited to State Agencies on Aging.

C. Level of Funding

State Agencies on Aging awarded grants under this program competition shall each receive up to $75,000 for a one (1) year project grant. It is expected that five grant awards will be made.

D. Program Priority Description

Model State Projects to Develop Medicare Information and Referral Protocols and Reports

1) **Background**

The Administration on Aging (AoA) is collaborating with the Health Care Financing Administration (HCFA) in the implementation of the M+C program required by the Balanced Budget Act of 1997. HCFA has provided AoA with funding to enhance the capacity of the aging network=s information and referral (I&R) systems to provide accurate information and make appropriate referrals for M+C inquiries. Additional background on M+C and Training support for the aging network=s I&R systems is addressed in the companion application announcement, **Information and Referral for Medicare Beneficiaries**.

This model state projects announcement seeks proposals from State Agencies on Aging to collect data on the number and type of M+C inquiries made to I&R providers and to develop revised protocols for handling such inquiries in subsequent years. AoA will make up to five grants to support **Model State Projects to Develop Medicare Information and Referral Protocols and Reports**.

2) **Project Objectives and Activities**

States may compete for **Model State Projects to Develop Medicare Information and Referral Protocols and Reports** to carry out the following core activities:

Collect, record, and report on the number of inquiries, the types of referrals made, and other assistance provided to Medicare beneficiaries during the opening months of the National Medicare Education Campaign program.

On the basis of this experience with the M+C program, develop model protocols for Area Agencies on Aging and service providers to utilize in responding to beneficiary inquiries and handling referrals concerning health plan choices.

Develop, as appropriate, other complementary information systems that substantially enhance the ability of the aging network to appropriately respond to Medicare beneficiaries.

States applying for these funds must develop and propose to implement this grant in cooperation with at least one Area Agency on Aging. States with no Area Agencies on Aging may propose to develop and implement their grant in a substate region. However, a critical evaluation criterion for all applicants is that <u>the population of the target area must be sufficient to identify with confidence trends related to the types of M+C inquiries made to I&R services by older people</u>. Also, the volume of calls related to M+C must be adequate to provide for the testing, evaluation, and refinement of the new protocols, reporting systems, and methods of tracking M+C inquiries.

In many cases, these protocols and tracking systems will be directly added onto well established systems. The grant proposal and subsequent reports should describe what was in place before the M+C demands for service occurred and how the systems will be improved by both the Information and Referral for Medicare Beneficiaries grant and the Model State Project grant.

Medicare beneficiary choices will be limited in states that currently have few or no Medicare managed care plans. Program complexity and the potential for the development of instructive models will be relatively limited in those cases. Therefore, preference will be given in the awarding of grants to states where at least 10% of Medicare beneficiaries are in a managed care plan. (Attached to these application guidelines is a table showing the most recent participation rates, by states, of Medicare beneficiaries in managed care plans).

<u>Data Collection Systems</u>

AoA solicits state proposals to support data collection related to Medicare beneficiary inquiries. **<u>Monthly</u>** data collection for the model state projects must be initiated with the receipt of this grant and include at a minimum:

C The number of M+C related calls received by predetermined categories. A limited number of categories, as approved by HCFA, will be provided to grantees not later than the date that these grants are awarded.

C The numbers of referrals made to State Health Insurance Assistance Programs, Medicare Carriers, Medicare Fiscal Intermediaries, Social Security District Offices, State Insurance Commissioners, and M+C Plans.

The first data report will be for the period 11/01/98 - 01/31/99; the second for the period 02/01/99 - 04/30/99; and the third for the period 05/01/99 - 07/31/99. These reporting requirements apply only to model project granteees **not** to the Information and Referral for Medicare Beneficiaries grantees.

Model Protocols The protocols developed under this grant will focus primarily on the process that takes place when a Medicare beneficiary contacts an information and referral specialist at a State or Area Agency on Aging or located at an aging network service provider. The protocols are expected to detail the answers that will be given to specific questions and the circumstances under which certain questions will be referred to other authoritative respondents. The protocols should thoroughly describe any additional steps that are used to assure that Medicare beneficiaries receive complete, accurate, and helpful referrals responses to their questions.

In order to guide future users of the models, the protocols should be accompanied by brief descriptions of activities necessary to support this service. The supportive activities may include training, quality assurance, information gathering, ongoing coordination with other agencies, outreach, publicity, outcome measures, and perhaps other activities.

A report on the development of the protocols is due at the end of the seventh month. The report must describe improvements to the state=s I&R protocol for handling M+C requests, including a description of the protocols before funding and how the system was improved to accommodate increases in M+C calls, e.g. upgrading telephone system, training staff, etc.

Part II. Guidelines for Preparing and Submitting the Application

Part II contains guidelines for State Agencies on Aging in preparing and submitting an original (and two copies) of their grant application under the **Model State Projects to Develop Medicare Information and Referral Protocols and Reports** competition. Application forms are also provided along with instructions for preparing the application package for submittal to the AoA.

A. General Information

1. Review Process and Considerations for Funding

a. Notification: All applicants will be notified of the receipt of their application and informed of the identification number assigned to it.

b. Expert Review: Applications responsive to this program announcement will be reviewed and scored competitively against the evaluation criteria specified in Section F, below. This independent review of applications is performed by a panel consisting of qualified persons from outside the federal government and knowledgeable non-AoA federal government officials. The scores and judgments of these expert reviewers are a major factor in making award decisions.

c. <u>Decision-Making Process</u>: After the panel(s) review session, applicants may be contacted by AoA staff to furnish additional information. Applicants who are contacted should not assume that funding is guaranteed. An award is official only upon receipt of the Financial Assistance Award.

d. <u>Timeframe</u>: The State Agencies on Aging approved for funding will be notified as soon as is possible and within 20 days after the deadline for submitting their application.

2. <u>Notification Under Executive Order 12372</u>

This is not a covered program under Executive Order 12372.

B. **Deadline for Submission of Applications**

The closing date for submission of applications is October 30, 1998.

C. **Grantee Share of the Project**

Grantees are not required to share in the cost of these projects.

D. **Application Screening Criteria**

Applicants are expected to meet the following two screening criteria:

1. Applications must be either postmarked by midnight, October 30, 1998, or hand-delivered by 5:00 p.m., Eastern Time, on October 30, 1998 to:

Department of Health and Human Services
Administration on Aging
Office of Administration and Management
330 Independence Avenue, S.W., Room 4643
Washington, D.C. 20201

2. An application must be relevant and responsive to this program announcement for **Model State Projects to Develop Medicare Information and Referral Protocols and Reports**.

In addition, the applicant is asked to adhere to the following guidelines in preparing the application:

- The body of the application should **not** exceed *twenty (20) pages, double-spaced*. A suggested arrangement of the substantive portions of the application follows:
    - Summary description (suggested length: one page);
    - Narrative (suggested length: ten pages);
    - Vitae for key project personnel (suggested length: four+ pages) and;

- o Letters of commitment and cooperation (suggested length: three+ pages).
- The following forms/documents are excluded from the 20 page limitation: (1) Standard Form (SF) 424, SF 424A (including a short budget justification) and SF 424B; (2) the certification forms regarding lobbying; debarment, suspension, and other responsibility matters; and drug-free workplace requirements.

E. Indirect Costs

As a state government agency, the SUA may include indirect charges (costs) in its budget as determined in accordance with HHS requirements.

F. Evaluation Criteria

Based on the specific programmatic considerations set forth above in this program announcement, an independent panel of at least three reviewers will comment on and score the applications, focusing their comments and scoring decisions on the criteria below.

Applications are scored against four criteria, as follows:

1. Capacity to Collaborate and Implement in a Short Timeframe: Weight: 30 points

a. Does the state and its partner agencies for this project present a viable plan with respect to the capacity to quickly initiate the required minimum data collection for this project? Does the state and its partner agencies describe in the plan how the data will be used to develop and refine the I&R protocols? Does the state and its partner agencies describe existing capacity or readily available resources to implement their proposal for this grant.

b Are the proposed collaborative roles of the state, area agencies, service providers, State Health Insurance Programs, etc. substantially established, described, and supported by documentation?

2. Approach /Method - Workplan and Activities: Weight: 30 points

a. Is the project workplan clear and comprehensive? Is a well-ordered and sensible timeline for the accomplishment of tasks and objectives presented? Are the sequence and timing of events logical and realistic?

b. Will the project be implemented in an area with sufficient numbers of Medicare beneficiaries and managed care plans to demonstrate the utility of the products of this grant and trends related to older people seeking I&R related to M+C?

c. Are the roles and contributions of project staff and the collaborative organizations clearly defined and linked to specific objectives and tasks?

3. Anticipated Outcomes: Weight: 20 points

. Are the expected benefits/results clear, realistic, and consistent with the objectives and purpose of the project? Are the anticipated outcomes of the project likely to be achieved and will they significantly benefit Medicare beneficiaries?

4. Level of Effort: Weight: 20 points

a. Do the proposed project director and key staff have the background, experience, and other qualifications required to carry out their designated roles?

b. Is the budget justified with respect to the adequacy and reasonableness of resources requested? Are budget line items consistent with workplan objectives?

G. The Components of an Application

Please arrange the components of your application in the following order:

- SF 424, Application for Federal Assistance; SF 424A, Budget, accompanied by your budget justification; SF 424B (Assurances); and the certification forms regarding lobbying; debarment, suspension, and other responsibility matters; and drug-free workplace requirements. Note: The original copy of the application must have an original signature in item 18d on the SF 424;
- Project summary description;
- Program narrative; and
- Letters of commitment from participating agencies.

H. Communications with AoA

All applicants will be notified (using the information provided by the SF 424, item 5) of the receipt of their application and informed of the identification number assigned to it. This number should be referred to in all subsequent communication with AoA concerning the application.

I**. Completing the Application**

In completing the application, please recognize that the set of standardized forms is prescribed by the Office of Management and Budget and is not perfectly adaptable to the particulars of this program. If you need technical help in completing the forms, please call Al Duncker at (202) 619-1269. Please prepare your application consistent with the following guidance:

1. SF 424, Cover Page: Complete only the items specified in the following instructions:

- Item 1. Preprinted on the form.

- Item 2. Fill in the date you submitted the application. Leave the applicant identifier box blank.

- Item 3. Not applicable.

- Item 4. Leave blank.

- Item 5. Provide the legal name of the applicant; the name of the primary organizational unit which will undertake the assistance activity; the applicant address; and the name and telephone number of the person to contact on matters related to this application.

- Item 6. Enter the employer identification number (EIN) of the applicant organization as assigned by the Internal Revenue Service. Please include the suffix to the EIN, if known.

- Item 7. Preprinted on the form.

- Item 8. Preprinted on form.

- Item 9. Preprinted on form.

- Item 10. Leave blank.

- Item 11. The title should describe concisely the nature of the project. Avoid repeating the title of the priority area or the name of the applicant.

- Item 12. Preprinted on form.

- Item 13. Enter the desired start date for the project, October 30, 1998 and the end date for the project, October 29, 1999.

- Item 14. List the applicant's Congressional District and the District(s), if any, directly affected by the proposed project.

- Item 15. All budget information entered under item #15 should cover the 12 months of the project. The applicant should show the federal support requested first under sub-item 15a and then again under 15g.

- Item 16. Preprinted on form.

- Item 17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

- Item 18. To be signed by an authorized representative of the State Agency on Aging.

2. SF 424A - Budget Information

This form (SF424A) is designed to apply for funding under more than one grant program; thus, for purposes of this AoA program, most of the budget item columns/blocks are superfluous and should be regarded as not applicable. The applicant should consider and respond to only the budget items for which guidance is provided below.

Section A - Budget Summary and Section B - Budget Categories should include both federal and non-federal funding for the proposed project covering the 12 months of the project period.

Section A - Budget Summary

On line 5, enter total Federal Costs in column (e) and again in column (g). The amount shown on line 5, column (g) should be identical to that entered in Item 15 (g) Total on the SF 424 face sheet.

Section B - Budget Categories

Use only the last column under Section B, namely the column headed Total (5), to enter the total requirements for federal funds by object class category. Show the totals in row 6-k, column 5.

A separate budget justification sheet(s) should be included which shows the breakdown of budget cost items. This separate budget presentation should fully explain the major budget items: personnel, travel, other, etc., as outlined below. The full budget justification should be included in the application immediately follow the SF 424 budget forms.

Line 6a - Personnel: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants, which should be included under 6h - Other.

Justification: Identify the project director, if known. Specify the key staff, their titles, and time commitments in the budget justification.

Line 6b - Fringe Benefits: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.

Justification: Provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement insurance, etc.

Line 6c - Travel: Enter total costs of out-of-town travel (travel requiring per diem) for staff of the project. Do not enter costs for consultant's travel or local transportation.

Justification: Include the total number of trips, destinations, length of stay, transportation costs and subsistence allowances.

Line 6d - Equipment: Enter the total costs of all equipment to be acquired by the project. Equipment is defined as non-expendable tangible personal property having a useful life of more than two years and an acquisition cost of $5,000 or more per unit. If the item does not meet the $5,000 threshold, include it in your budget as part of supplies.

Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment, or a reasonable facsimile, must not be otherwise available to

the applicant or its sub-grantees. The justification also must contain plans for the use or disposal of the equipment after the project ends.

Line 6e - Supplies: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d.

Line 6f - Contractual: Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.) and, (2) contracts with secondary recipient organizations including delegate agencies. Also include any contracts with organizations for the provision of technical assistance. Do not include payments to individuals on this line.

Justification: Attach a list of contractors indicating the name of the organization, the purpose of the contract, and the estimated dollar amount. If the name of the contractor, scope of work, and estimated costs are not available or have not been negotiated, indicate when this information will be available. Whenever the applicant/grantee intends to delegate a substantial part (one-third, or more) of the project work to another agency, the applicant/grantee should provide a completed copy of Section B, Budget Categories for each contractor, along with supporting information.

Line 6g - Construction: Leave blank since new construction is not allowable and federal funds are rarely used for either renovation or repair.

Line 6h - Other: Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs; noncontractual fees and travel paid directly to individual consultants; local transportation (all travel which does not require per diem is considered local travel); space and equipment rentals; printing and publication; computer use; training and staff development costs.

Line 6i - Total Direct Charges: Show the totals of Lines 6a through 6h.

Line 6j - Indirect Charges: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none."

Line 6k - Total: Enter the total amounts of Lines 6i and 6j.

Line 7 - Program Income/Third Party In-Kind Contributions: Leave blank.

Section C - Non-Federal Resources: Leave blank.

Section D - Forecasted Cash Needs: Not applicable.

Section E - Budget Estimate of Federal Funds Needed for Balance of the Project: Not applicable.

Section F - Other Budget Information

Line 21 - Direct Charges: Not applicable

Line 22 - Indirect Charges: Enter the type of indirect rate (provisional, predetermined, final or fixed) to be in effect during the funding period, the base to which the rate is applied, and the total indirect costs.

Line 23 - Remarks: Provide any other explanations or comments deemed necessary.

3. SF 424B - Assurances

SF 424B, Assurances--Non-Construction Programs, contains assurances required of applicants. Please note that a duly authorized representative of the applicant organization must certify that the applicant is in compliance with these assurances.

4. Certification Forms

Certifications are required of the applicant regarding (a) lobbying; (b) debarment, suspension, and other responsibility matters; and (3) drug-free workplace requirements. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

5. Project Summary Description

The project summary description (page one) begins the substantive part of the application. It should be headed by two identifiers: (1) the name of the applicant organization as shown in SF 424, item 5 and (2) the program priority, namely, **Model State Projects to Develop Medicare Information and Referral Protocols and Reports**.

Please be specific and succinct. Outline the objectives of the project, the approaches to be used and the outcomes expected. At the end of the summary, list major products that will result from the proposed project (such as model protocols, model reporting systems, and dat collection instruments). The project summary description, together with the information on the SF 424, becomes the project "abstract" which is entered into AoA's computer data base. The project description provides the reviewer with an introduction to the substantive parts of the application. Therefore the summary should accurately and concisely reflects the proposal.

6. Program Narrative

The Program Narrative is the critical part of the application. It should be clear, concise, and, of course, responsive to the program priority as described above under Part I, Section D, The narrative should cover: (A) the project's purpose(s), relevance, significance, and responsiveness to the program

priority; (B) the workplan/ approach(es) the project will follow to achieve its purpose(s); (C) the anticipated outcomes/results/benefits of the project and how these will be disseminated and utilized, and; (D) the level of effort needed to carry out the project, in terms of the project director and other key staff, funding, and other resources.

Please have the narrative typed, double-spaced, on one side of 8 1/2" x 11" plain white paper with 1" margins on both sides. All pages of the narrative (including charts, tables, etc.) should be sequentially numbered, beginning with "Objectives and Need for Assistance" as page number two (2).

7. Letters of Commitment From Participating Organizations and Agencies

Include confirmation of the commitments to the project (should it be funded) made by collaborating agencies after the narrative section of the application.

J. Points to Remember

1. Please send an original and two copies of an application.

2. The summary description should accurately reflect the nature and scope of the proposed project.

3. Be sure you are satisfied that your program narrative responds fully and cogently to the four (4) evaluative criteria which will be used by reviewers to evaluate and score all applications.

4. Do <u>not</u> include testimonial letters which endorse the project in general and perfunctory terms. In contrast, letters which describe and verify tangible commitments to the project, e.g., funds, staff, space, should be included.

5. Before submitting the application, have someone other than the author(s) carry out a trial run review based upon the evaluative criteria. Consider the results of the trial run and then make whatever changes you deem appropriate.

6. The application must be mailed no later than October 30, 1998:

   o Department of Health and Human Services
   Administration on Aging
   Office of Administration and Management
   330 Independence Avenue, S.W., Room 4643
   Washington, D.C. 20201

INQUIRIES: Inquiries should be addressed to Regional Administrators on Aging, DHHS regional offices.