

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, MD 21244-1850

**MEDICAID PROGRAM: REAL CHOICE SYSTEMS
CHANGE GRANTS**

**Invitation to Apply for FY2007
Real Choice Systems Change (RCSC) Grants**

Grant Categories:

State Profile Tool: Assessing a State's Long-Term Care System

Person-Centered Planning Implementation Grant

CFDA 93.779

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PART ONE OVERVIEW INFORMATION

**Department of Health and Human Services
Centers for Medicare & Medicaid Services**

MEDICAID PROGRAM: REAL CHOICE SYSTEMS CHANGE GRANTS

Initial Announcement

Invitation to Apply for FY2007:
Real Choice Systems Change (RCSC) Grants

Grant Categories:

State Profile Tool: Assessing A State's Long-Term Care System

Person-Centered Planning Implementation Grant

Agency Funding Opportunity Numbers

HHS-2007-CMS-RCS-0004

CFDA 93.779

June 8, 2007

Applicable Dates:

Voluntary Notice of Intent to Apply:	June 29, 2007
Grant Application Due Date:	July 27, 2007
Issuance of Notice of Grant Awards:	Prior to September 30, 2007
Grant Period Start Date:	September 30, 2007
Grant Period of Performance/Budget Period:	September 30, 2007- September 29, 2010 (36 months)

For more details and news about events relevant to this and other related grant opportunities, please periodically consult our Web site at www.grants.gov and <http://www.cms.hhs.gov/NewFreedomInitiative> . Please note: there is no applicant teleconference.

This information collection requirement is subject to the Paperwork Reduction Act (PRA). The burden for this collection requirement is currently approved under OMB control number 0938-0836 entitled "Real Choice Systems Change Grants" with a current expiration date of January 31, 2009.

PART TWO FULL TEXT OF THE ANNOUNCEMENT

I. Funding Opportunity Description

A. Background

In 1990, Congress enacted the Americans with Disabilities Act (ADA) (Pub. L. 101-336). The ADA recognized that “society has tended to isolate and segregate individuals with disabilities, and, despite improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem” (42 U.S.C. §12101(a)(2)). The ADA gave legal expression to the desires and rights of Americans to lead lives as valued members of their own communities despite the presence of disability.

Fulfillment of the ADA has been the subject of further State and Federal leadership through the President’s *New Freedom Initiative*. In February 2001, President George W. Bush announced this broad new initiative to “tear down the barriers to equality” and grant a “new freedom” to children and adults of all ages who have a disability or long-term illness so that they may live and prosper in their communities. For more information on the Centers for Medicare & Medicaid Services (CMS) activities related to the President’s *New Freedom Initiative*, visit <http://www.cms.hhs.gov/NewFreedomInitiative>.

Congress has recognized that States face formidable challenges in their efforts to fulfill their legal responsibilities under the ADA. Since fiscal year 2001, Congress appropriated funds for Real Choice Systems Change (RCSC) grants, specifically to improve community-integrated services. The RCSC grants are designed to assist States and others in building infrastructure that will result in effective and enduring improvements in long-term support systems. These system changes are designed to enable children and adults of any age, with any payer source, who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and preferences;
- Exercise meaningful choices about their living environment, the providers of services they receive, the types of supports they use, and the manner by which services are provided; and,
- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Through fiscal years 2001- 2006, CMS has awarded grants totaling approximately \$256.5 million to all 50 States, the District of Columbia, and two territories. With this support, States are continuing to address issues such as personal assistance services, direct service worker shortages, transitions from institutions to the community, respite service for caregivers and family members, better transportation options, access to HCBS, and quality improvement and quality assurance initiatives. CMS has also implemented an ambitious national technical assistance strategy to support States’ efforts to improve community-based service systems and enhance employment supports, providing support to States by posting a repository of “Promising Practices” on its Web site at <http://www.cms.hhs.gov/PromisingPractices> and by supporting the dissemination of technical assistance materials at <http://www.hcbs.org>.

The passage of the Deficit Reduction Act of 2005 (DRA) bolstered States' efforts to continue to improve and expand community-based services systems. By offering State plan options for self-directed care, expanded home- and community-based services, and an expansion of Title XIX (coverage for families of children with disabilities), the DRA of 2005 expanded on the groundwork of the RCSC grant program. Additionally, the DRA offers almost \$2 billion in demonstration grants over the next five years including, Money Follows the Person, Family-to-Family Health Information Centers, and Community-based Alternatives to Psychiatric Residential Treatment Facilities. This significant investment parallels and expands the goals of the RCSC grants program and will provide a more stable funding source for the initiative.

In FY 2006, CMS developed a plan for long-term care reform to improve care for Medicare and Medicaid beneficiaries now and throughout the 21st century (http://www.cms.hhs.gov/MedicaidGenInfo/07_LTCReform.asp#TopOfPage). The plan establishes overarching principles for long-term care and offers a vision to guide current and future reform activities to make long-term care sustainable in the coming decades. The central concept of CMS's vision for long-term care is that the system will be person-centered; that is, the system will be organized around the needs of the individual, rather than around the settings where care is delivered. The person-centered system of the future will:

- optimize choice and independence;
- be served by an adequate workforce;
- be transparent, encouraging personal responsibility;
- provide coordinated, high quality care;
- be financially sustainable; and,
- utilize health information technology.

Optimizing choice and independence will enable beneficiaries to have greater flexibility to choose from a broad spectrum of long-term care services, including greater access to home and community-based services as well as institutional services.

A number of States have taken steps to develop and implement strategies to reform the financing and service designs of their long-term support systems to decrease reliance on institutional forms of care and increase the utilization of community-based long-term supports. CMS has defined "rebalancing" as 'adjusting the State's Medicaid programs and services to achieve a more equitable balance between the proportion of total Medicaid long-term support expenditures used for institutional services (Nursing Facilities [NF] and Intermediate Care Facilities for the Mentally Retarded [ICF-MR]) and Hospitals, and expenditures for community-based services under a State plan and waiver options. CMS has stated that "a balanced long-term support system offers individuals a reasonable array of options, particularly, adequate choices of community and institutional options." CMS is currently working with a contractor to examine States that are in the process of "rebalancing", and research the program management techniques used by these States to provide adequate home and community-based services while effectively managing aggregate costs. See http://www.cms.hhs.gov/NewFreedomInitiative/035_Rebalancing.asp#TopOfPage for more information. In this solicitation the term "Balancing" will be used to describe the process defined above.

Although States have engaged in various State-specific initiatives to reform their systems, including tools to assess their progress, CMS has not adopted a set of common indicators for use across all

States. CMS anticipates developing indicators that can assess the capacity of a State to offer home and community-based services that assure an individual's health and quality of life.

Our challenge is to work collaboratively among disability groups and older Americans, with a broad array of public and private partners, to set a national expectation for a "balanced" system that is also "person centered".

B. Overview of Funding Priorities

The following section fully describes the general and programmatic requirements for the funding opportunity offered under this year's RCSC grants. The 2007 RCSC grants are intended to build upon previous grant opportunities and State-specific initiatives. The following two grant categories are offered this year:

- 1. State Profile Tool (SPT): Assessing a State's Long-Term Care System**
- 2. Person-Centered Planning Implementation Grant**

In preparing applications, applicants are strongly encouraged to review, Section V, *Application Review Information*. Complete applications must be submitted in the order detailed in Section IV, *Application and Submission Information*.

C. Requirements for the Real Choice Systems Change Grants

Amount of Funding Offered

CMS is offering a total of approximately \$13 million in RCSC grants to qualifying States based on a competitive award process in two grant categories, each of which is described below.

Category #1 State Profile Tool (SPT): Assessing a State's Long-Term Care System:

Three-year grants to States are to be awarded in the amount of \$350,000 to \$500,000 per grant. Only one grant per State can be awarded.

Purpose

Many States are making great strides to balance their long-term support systems by reducing institutionalization and increasing opportunities for persons living with disabilities to live in the community. However, a consistent and systematic way to measure the degree and success of these balancing efforts has been lacking. With the release of this grant invitation, CMS is simultaneously releasing a request for proposals to national health policy experts to assist CMS explore and establish a set of qualitative and quantitative indicators of a balanced system. It is critical that we develop indicators of success that measure the capacity of State systems to offer community-based alternatives including characteristics correlated with improved qualities of life for individuals.

The purpose of this grant is two fold:

1. To help States take a critical first step in assessing their individual state long-term support systems with the completion of the "State Profile Tool". The "State Profile Tool" was recently developed by CMS in conjunction with stakeholder input, to systematically describe State long-term support systems; and

2. To provide support to States so that they may actively engage CMS and the National Balancing Indicator Contractor (NBIC) in the development of national balancing indicators and in enhancing State data systems capacity.

Grant Category # 1: The State Profile Tool (SPT) provides a standardized format for gathering information and data in order for a State to describe its long-term care system. From 2006-2007, the SPT was developed by CMS in concert with stakeholder input and consulting services, including ongoing input and a statewide pilot test of the tool by Pennsylvania, a volunteer pilot State.

Important: A copy of the tool and Technical Assistance Guide (i.e., instructions) can be found at: http://www.cms.hhs.gov/NewFreedomInitiative/037_StateProfiles.asp#TopOfPage.

By using the SPT, a State can:

- Provide policymakers and stakeholders with a high-level view of the long-term support system, to ensure that all are working from the same knowledge base;
- Identify opportunities for improved coordination among long-term support programs and with other health and social services;
- Acknowledge the success that has occurred;
- Identify service gaps; and
- Provide a framework for comparing rebalancing efforts across States.

The purpose of the NBIC is to develop a set of national indicators to assess States' efforts to balance their long-term support system between institutional and community-based supports including characteristics correlated with improved qualities of life for individuals. The contractor will work closely with FY 07 Real Choice Systems Change Grantees awarded "State Profile Tool Grants" to develop and test a set of measures and provide technical assistance to help build the data infrastructure necessary to support on-going collection of the measures. The technical assistance provided to Grantee States will be customized to each States' specific needs.

Target Population

Applicants shall include the following groups of individuals in the development of their State profile:

- Older Adults
- People with Physical Disabilities
- People with Mental Retardation/Developmental Disabilities
- People with Mental Illness
- Children

Who May Apply

This grant opportunity is open only to States and the District of Columbia. The State Profile Tool is not designed for use by Territories. Specific requirements pertaining to eligible applicants in a State and the required supporting documentation can be found in, Section III., *Eligibility Information*. Failure to comply with all requirements of this solicitation will result in withdrawal of the application from competitive status.

Requirements of the Grant

This grant opportunity allows funding to support the completion of the State Profile Tool, such as:

- Obtaining continual feedback from stakeholders, particularly consumers (e.g., convening a state-wide Balancing Task Force or Advisory Group);
- Utilizing consulting services;
- Traveling to a National Conference: Grantees should include in their budget funding for three State participants to attend a National Conference (two Grantee/State staff , one consumer/ consumer representative
- Indicator development, testing and implementation. Budget for a one-time State-wide measurement of indicators. This expense includes the testing of the data bases for accuracy/ “cleanliness” of data; and,
- Other infrastructure-related costs (e.g., costs related to information technology, such as data base analyses, additional data collections).

The grant is divided into two 18-month phases over 36 months. The activities during the two phases include:

- Completing the CMS State Profile Tool;
- Collaborating with the NBIC to define and implement draft and final balancing indicators;
- Working with State stakeholders to determine which indicators to measure. In this regard, the grantee is encouraged to convene a Statewide Balancing Task Force/ Advisory Group composed of stakeholders to guide the processes and products;
- Submitting the completed **SPT** to CMS in electronic format;
- Hiring a consultant(s) to assist with the above tasks; and,
- Completing two progress reports for CMS which are due 60-days after the conclusion of each 18-month phase.

Phase I (Initial 18 months):

During Phase I, the grantee is required to complete the SPT for the target populations, as defined in this solicitation. The grantee may also want to analyze sub-populations, such as persons living with HIV/AIDs infections and/or traumatic brain injuries, but this is not required.

Phase II (Last 18 months):

The Grantee will analyze their qualitative findings from Phase I and collaborate with the NBIC to:

- Adopt balancing indicators for their State; and ,
- Work on building their data infrastructure to apply the indicators. The grantee will participate in discussions with the NBIC for the purpose of refining the indicators.

Minimum Requirements

Narrative: (maximum five single-spaced pages)

- Describe how the SPT processes and information gained from the tool will support current balancing initiatives for the target populations.
- List challenges that could impede the completion of the SPT and application of balancing indicators and discuss potential remedies to these challenges.

Grant Category #2: Person-Centered Planning Implementation Grant:

Three-year grants to States are to be awarded in the amount of \$350,000-\$500,000/Grantee. States may apply for more than one grant from this category as long as it can be demonstrated that the

grants will support different target populations and there will be no duplication of effort between the grants. This grant opportunity allows funding to be used for costs related to:

- Developing and implementing a distinct Person-Centered Planning (PCP) model;
- Developing and formally instituting an “informal support” assessment and intervention process for the consumer’s informal support system, and an “informal community network” assessment and intervention process to create enduring friendships and meaningful ties to organizations in her/his community; and
- Developing and implementing any of the six Optional Components:
 - Self-Direction
 - Comprehensive Community-based Resource Directory (web-based)
 - Comprehensive Risk Management Strategy
 - Web-based Care Planning Tool
 - Evidence-based Practice(s)
 - Planning for Youth with Co-occurring Disorders (MH/DD/SA)

Who May Apply

This grant opportunity is open to any single State Medicaid Agency, State mental health agency, State mental retardation and developmental disabilities agency, State Department of Aging or an instrumentality of the State. Specific requirements pertaining to eligible applicants in a State and the required supporting documentation can be found in, Section III., *Eligibility Information*. Failure to comply with all requirements of this solicitation will result in withdrawal of the application from competitive status.

Target Population

There is no prescribed target population for the RCSC grants. Applicants can choose to target one or more of the following groups of individuals who are Medicaid-eligible and:

- Live with chronic care needs;
- Live with mental illness;
- Live with mental retardation/intellectual disabilities and developmental disabilities;
- Are youth-in-transition to adult status;
- Are children with special health care needs and their families;
- Children and youth with co-occurring developmental disabilities and emotional/substance disorders; and/or
- Live with any of the above disabilities and whose problems are compounded by other socioeconomic and psychosocial ailments, such as homelessness and unemployment.

Purpose

The purpose of this grant is to fund the planning and implementation of models of Personal-Centered Planning (PCP). CMS defines PCP as a process, directed by the individual, with assistance as needed from family or desired from a representative of the individual’s choosing. It is intended to identify the strengths, capacities, preferences, needs, and desired health and quality of life outcomes of the individual. The person-centered planning process must incorporate tools into the system infrastructure that support the consumer’s informal support system and expand the consumer’s informal community network (i.e., connections to community members and organizations).

The process may include other persons, freely chosen by the individual, who are able to serve as important contributors to the process. The PCP process enables and assists the individual to identify

personally defined goals in the most inclusive community settings and access a personalized mix of formal (paid) and informal (non-paid) services and supports that assist him/her to achieve those goals. Personally defined goals often include self-directing services and supports, having access to the community of choice, developing meaningful relationships, employment, access to and control over transportation, and control over one's home and daily life. Services and supports that may assist an individual in achieving these goals include personal care, homemaker services, respite care, financial management services brokerage, and many other Medicaid and non-Medicaid covered services.

Examples of PCP models include, but are not limited to: Essential Lifestyle Planning (ELP), Making Action Plans (MAPs), Planning Alternative Tomorrows with Hope (PATH), and Wellness Recovery Action Planning (WRAP).

Regardless of the PCP model to be selected in this grant, two elements of all PCP models are to: 1) assist in developing mutually supportive relationships outside of the formal roles of the provider/consumer relationship, and 2) assist informal supports. Persons need to be supported through mechanisms such as the PCP to develop relationships within an individually-defined range of social situations. This framework is one which CMS wants to further and support. It enlarges the traditional focus of the consumer assessment and care planning processes on formal service needs and group recreational activities (e.g., going to the mall) to include "supporting" the person's individual choices and informal caregivers by developing and expanding friendships, and creating opportunities for the person to be a contributing community-member. Connecting the person in his/her community is a necessary, yet often overlooked part of a PCP.

Informal Supports and Making Community Connections

Families and friends have been, and continue to be, both the major coordinators and the providers of every day long-term care. For example, about two out of three older persons living in the community (67 percent) rely solely on informal help. These individuals who provide informal support are both providers and consumers themselves. As providers, they give much of the practical help with personal care and essential daily tasks that make community living possible for consumers. As consumers, caregivers frequently experience physical and emotional stress that affects their own well-being. Some individuals have no family members or friends. The PCP can be invaluable for this consumer, who otherwise would live in extreme social isolation. This disconnectedness is scientifically linked to depression and other poor health outcomes, as well as a much lower quality of life.

The PCP grant emphasizes the importance of informal supports and the need for interpersonal relationships that go beyond providing care to the consumer, but create lasting emotional supports—simply stated, "friendships". Systematic assessment of those needs, and better linkages to resources that can meet those needs, will help the consumer, family and friends supporting the consumer. Survey results show the increasing recognition and assistance by States in supporting informal caregivers. What is often lacking in providing more PCP is the use of standardized assessment tools when working with informal supports to better understand individual preferences and needs. CMS wants to improve the level of support available for the consumers' informal caregivers and strengthen the ties of the consumer to his/her community network.

The PCP Grant focuses on:

- Strengthening and expanding the use of current PCP models in the State;
- Assuring the PCP systematically incorporates informal support and community network assessment tools;

- Training of professionals (including hospital discharge planners) working in critical pathways to long-term supports and services on these new assessment tools; and,
- Developing new interventions to support the caregivers and building ongoing ties for the consumer to their community network of organizations and friendships.

Definitions

For this solicitation, a consumer is defined as a person of any age or disability who seeks to reside in the community with the support of public funding. Persons included are patients being discharged from hospitals, rehabilitation facilities, nursing homes ICF-MR and other types of institutional settings, and those individuals in community settings being evaluated for publicly funded health services.

Informal Supports are defined as family members, neighbors or friends whose regular assistance helps the consumer reside in the community. The consumer chooses support from the family caregiver(s) as part of the PCP process for community living.

Informal Community Network is defined as the consumer's current and potential friends and other social connections that do not provide continual care to the person, but provide social support and may help intermittently with tasks and chores.

Long-term care "pathways" refers to persons whose occupation places them in direct and frequent contact with consumers including those that are directly involved in assessment and monitoring the care for persons needing long-term care assistance. Examples of these individuals include case managers (public and private organizations), hospital and other institutional discharge planners, physicians, provider staff, aging and disability resource center staff (www.adrc-tae.org), and independent learning center staff.

Requirements for the Application

The maximum length for the narrative addressing the Mandatory Component requirements is **five pages**. *For each Optional Component, submit **one additional page maximum**.*

It is important to understand the conceptual framework of this grant. There is a Mandatory Component and six Optional Components. The Optional Components are building blocks to PCP. CMS is offering options for this grant to recognize States are at varying levels with PCP implementation. CMS' grant design offers States flexibility through the PCP Options. Applicants are required to address all of the Mandatory Components.

Critical in the PCP process is acknowledging and applying the principle:

The initial step in the assessment and care planning process is eliciting, documenting, and incorporating the consumer's preferences. Upon understanding her/his preferences, discussions regarding formal and informal services ("choices") can be discussed to create a "customized plan" for the consumer and her/his informal supports.

The Three Mandatory Components are:

1. A distinct PCP model is selected, refined, and expanded including a systematic "informal support" assessment and intervention process for the consumers' informal support caregivers.
2. An "informal community network" assessment and intervention process for the consumer to create enduring and meaningful ties to organizations in her/his community.
3. A proposed evaluation of quantifiable outcomes.

Optional Components

An applicant **may** also choose to design and implement one or more of the following Components:

- Self-Direction
- Comprehensive Community-based Resource Directory (web-based)
- Comprehensive Risk Management Strategy
- Web-based Care Planning Tool
- Evidence-based Practice(s)
- Planning for Youth with Co-occurring Disorders (MH/DD/SA)

For the purposes of this solicitation, the definitions of the Optional Components are provided below to convey the requirements and areas of flexibility that the PCP Grant offers to applicants under each option.

Self-direction

The purpose of this PCP grant component is to develop, or build upon, a self-directed service delivery system. The self-directed service delivery model presents older individuals and individuals with disabilities and long-term care needs and/or their families [hereafter “individuals”] the opportunity for choice and control in identifying, accessing, and managing the services and supports they need to meet their personal assistance and other health related needs.

Self-direction is an essential component of systemic transformation, because the exercise of choice and control over one’s services and supports assists individuals to overcome service delivery barriers encountered in the traditional agency-delivered model. While both models are intended to assist individuals to remain as independent as possible and in community settings, certain barriers to receiving care have been encountered in the agency-delivered model. These barriers include:

- Shortage of available and qualified personal care assistants.
- Inability of individuals to schedule personal care assistants at the times and places needed and desired.
- Frequent worker absences that jeopardize the health and welfare of individuals.
- Failure of Medicaid services and supports to actually be delivered as authorized in the plan of care.
- Frequent worker turnover that contributes to disruptions in care.
- Fear that strangers will steal from individuals or harm them.

Evaluations of the self-directed service delivery model have shown that self-direction increases the likelihood that individuals will actually receive their authorized services, that services and supports already existing in the community will be accessed, that consumers will be more satisfied with their care, that the quality of their life is improved, and that individuals will be better able to engage in community life (including productive employment).

CMS recognizes that existing Medicaid waiver programs may incorporate varying levels of self-directed service delivery options. CMS also recognizes incremental growth and encourages flexibility in the design of self-directed programs. Consequently, there is no requirement in this solicitation for an applicant to demonstrate compliance with the entirety of the *Independence Plus* objectives at the time it submits a Section 1915 (c) waiver application or a Section 1115 demonstration application. The proposed program may incorporate some elements of a self-directed service delivery model and accompanying requirements but does not have to be comprehensive in scope.

CMS also recognizes that States are currently examining the opportunities created by the DRA. By offering new State plan options for self-directed care, expanded home and community-based services, and an expansion of Title XIX coverage for families of children with disabilities, and over \$2 billion in demonstration grants, the DRA vastly expands the groundwork of the RCSC program and can bolster the effects of the systems transformation.

States may develop or build upon self-direction through developing or enhancing individual budgeting, developing participant-employer options, and ensure self-directed supports.

Comprehensive Community-Based Resource Directory

The purpose of this component is to develop and implement a comprehensive planning approach which systematically reviews all available community-based services, develops a web-based Resource Directory, and provides training on how to access and use this information. Persons working in all the long-term care pathways would be targeted to receive training on the Directory. The Directory would include the content, availability, and location of community-based services within all geographic areas in a State. Access to the on-line Directory by people with disabilities and their informal supports is encouraged.

Linking or integrating the Resource Directory to other web-based programs that will support the ability of professionals, persons with disabilities, and informal supports to evaluate the person's eligibility for private and public benefits is encouraged. For example, www.benefitscheckup.org is a free web-based program that helps determine eligibility for over 1,500 benefits for persons needing long term and other social services, including the Medicare prescription drug benefit.

Comprehensive Risk Management Strategy

The purpose of this component is to develop and integrate risk assessment, mitigation, and management tools into the State's HCBS quality management systems. The applicant must address how these tools propose to balance concerns for health and safety with consumer choice, and how these tools can be applied under self-directed models of care. CMS does not expect that a comprehensive risk management strategy and implementation will occur as a result of this grant, but does expect the grantee to pilot test the developed risk management strategy.

Key issues to discuss in your application in developing and testing a comprehensive risk assessment, mitigation and management system are:

- Strategies to develop a process whereby the consumer is well-informed of the risks with their community living options;
- Assurances that the care plan will reflect the risks to the individual;
- How the State will acknowledge the risk;
- What possible strategies can be instituted to mitigate the risks;
- Strategies to assure that there are enough providers in place to cover the high risk persons with disabilities; and,
- Explanation of the utility of examining the State's nurse practice act to determine how it relates and may be able to further the expectations under a risk management system.

Web-based Care Planning Tool

The purpose of this component is to implement, refine or expand upon the development of a web-based care planning tool. The care planning tool incorporates the screening and assessment information for a consumer and guides professionals through a care planning process that is person-

centered, focuses on community-based care options, optimizes the informal support system and community network, and avoids crisis-driven care plans. Some States have implemented web-based care planning tools that are accessible to people with disabilities and their informal supports to provide them with the greatest control in the development of a service plan.

Linkage of the care planning tool to other information technology data bases and web-based tools, including the “Resource Directory”, is strongly encouraged.

Evidence-based Practice(s)

The purpose of this component is to implement evidence-based practices for PCP that link the programmatic interventions to the quality of health outcomes for persons with disabilities including older adults. Evidence-based practices must demonstrate sufficient empirical evidence that when provided will likely lead to positive health/social/behavioral outcomes.

An example of a evidence-based practice is the “Supported Employment Model” (which includes rapid individualized job search, follow along supports, and maintaining permanent employment). For more information on developing and implementing an effective supported employment service see the following website:

<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/>

Planning for Youth with Co-Occurring Disorders (Mental Health, Developmental Disabilities and/or Substance Abuse)

Through a PCP process children with co-occurring disorders and their families will participate in the development of a child's care plan. The grantee will develop best practices in training professionals in identifying youth with co-occurring disorders. This training will enable child and adolescent healthcare professionals to develop appropriate interventions, and systems of care to address a child's PCP.

Children and youth with co-occurring disorders are individuals from birth to 21 years who have one or more of the full range of developmental disabilities, including autism and intellectual disabilities, and who also have mental health and/or substance abuse disorders. Their service needs are often not being met at the State or local levels, and as a result, they are more likely to have serious behavior problems that are not identified and being addressed in their care plans such as problems keeping up in school, dropping out of high school, becoming institutionalized, and become homeless and/or incarcerated.

To complete this component, the applicant is to explain how they will develop best practices in training professionals in identifying youth with co-occurring disorders and in developing person-centered planning process that includes meaningful input and decision making by the child and their family. In developing this training, systems of care and coordinating or braiding of multiple program resources must be a component. These programs include Title XIX of the Social Security Act- Medicaid and the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program, Title XXI - State Children’s Health Improvement Program (S-CHIP), Head Start Program, Title IV-A - Temporary Assistance for Needy Families (TANF) Program, Title IV-B - Child Welfare/Family Preservation and Support Services, Department of Education, and local school districts and State school service providers, local child boards, the Department of Juvenile Justice, The Mental Health Agency, the Developmental Disability Agency and the Agency for Substance Abuse. Additional information regarding co-occurring disabilities may be found at <http://www.hhs.gov/od/> under "Health and Human Services".

Minimum Requirements for the Narrative:

The PCP grant departs from prior RCSC grants in that the narrative section is required to be more succinct resulting in a more limited application. A more “succinct” proposal should be developed by answering the questions presented under “Minimum Requirements” with answers that are focused on “how” a requirement will be accomplished described in concrete operational terms.

If you are addressing only the Mandatory Component section of the application the **maximum length is five pages**. If you are addressing one or more of the Optional Components, a maximum of **one additional page per selected Optional Component may be submitted**. The maximum number of pages submitted can be no more than 11 pages, if all the Optional Components were selected.

Minimum Requirements:

1. What is your PCP Vision? Include:
 - Which consumers are the target population(s);
 - Geographic reach (statewide or regional);
 - Who and/or which organizations will participate in the grant processes in order to meet the vision, and
 - Which, if any, of the Optional Components will be implemented?
2. What are your Strategies for Achieving your Vision? Explain step-by-step how you will make your vision a systematic, operational reality. Include:
 - A description of the PCP model to be implemented/expanded;
 - How the consumers’ preferences will be elicited and customized choices developed;
 - Who will be trained on the model; and,
 - Describe the caregiver needs assessment tool (or describe the selection process), the training that will be provided and sustained on the tool, how customized interventions based on the assessment will be developed for the consumer’s informal supports, and time intervals and criteria for reassessment.

Helpful information may be accessed at the following websites:

Caregiver Assessment: Principles, Guidelines & Strategies for Change. Vol. I. April 2006.
http://www.caregiver.org/caregiver/jsp/content/pdfs/v1_consensus.pdf

Caregiver Assessment: Voices and Views From the Field. Vol. II. April 2006.
http://www.caregiver.org/caregiver/jsp/content/pdfs/v2_consensus.pdf

Caregivers Count Too. An Online Toolkit to Help Practitioners Assess the Needs of Family Caregivers. June 2006.
http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=1695

Feinberg, Lynn Friss. *The State of the Art: Caregiver Assessment in Practice Settings.* September 2002.
http://www.caregiver.org/caregiver/jsp/content/pdfs/op_2002_state_of_the_art.pdf

- Describe how the connections to the community network and “friendships” will be systematically included in the PCP. Include in this description the tool that will be used to assess the preferences and opportunities for the consumer to create sustainable friendships and activities in her/his community. An important part of this process is how the questions are posed to the consumer and the type of “interview process” that occurs with the consumer.

- Outline a proposed process for developing statewide policies and procedures to systematically incorporate the PCP model into the State infrastructure.
3. How will you address the following outcome questions?
- Did the consumer believe that they had a meaningful level of involvement into the PCP:
 - Was their input into the plan valued by the professional staff?
 - Was that input incorporated in the plan?
 - Was the plan implemented and the identified services and supports provided?
 - Did the consumer feel that their needs were met by the plan?
4. Optional Components (for each option chosen)
- Describe how your option will enhance a PCP process.
 - Describe how you will incorporate your option into your process.
 - Describe potential barriers you may encounter
 - Identify an outcome expected based on the inclusion of your selected option in PCP.

Technical Assistance

In order to accomplish the goals and objectives proposed by the applicant grant funds can be used to purchase technical assistance. For purposes of this solicitation, technical assistance is defined as the provision of consulting services from individuals who are not part of the grant staff to complete grant goals. Thus, technical assistance contractors are not grant staff (either State employees and/or contracted staff). They are contracted consultants. The technical assistance purchased can be used for the development and/or implementation of this RCSC grant. It is not to be used for the following two functions: *to hire a project manager or to hire a project director*. Only State/State Personnel Contract grant staff may be permitted to carry out these roles.

II. Award Information

A. TABLE OF REAL CHOICE SYSTEMS CHANGE GRANTS FY2007

This solicitation discusses the available funding from CMS for RCSC Grants for FY 2007. The appropriation for this Grant Program may be found in the Joint Resolution, Public Law P.L. 110-5, § 20615. These grants are authorized by the President’s Executive Order 13217 “Community-Based Alternatives for Individuals with Disabilities” and pursuant to §1110 of the Social Security Act (the Act). This solicitation for the Real Choice Systems Change Grants is also available at <http://www.cms.hhs.gov/RealChoice/>

Note: The amounts listed in the “maximum award” column span the entire project period (36 months).

CFDA 93.779 Grant Opportunity	Total Funding	Who May Apply?	Max. No. of Grant Awards per State per Type of Grant	Maximum Award*	Project Period	Percent Allowable for Direct Services **	Estimated Number of Awards
Person-centered Planning Implementation Grant	Approx. \$5. M	Single State Medicaid Agency, State Mental Health Agency, State MRDD or State Instrumentality**	-	\$500,000	36 months	0	8-10
State Profile Tool: Assessing a State’s Long Term Care System	Approx. \$7.8M	This grant opportunity is open only to States and the District of Columbia. The State Profile Tool is not designed for use by Territories	1	\$350,000- \$500,000	36 months	0	10-15

**The single State Medicaid Agency, State Mental Health Agency, State Mental Retardation or Developmental Disability Agency or instrumentality of a State (as defined under State law) may apply for the RCSC Grants. By “State” we refer to the definition provided under 45 CFR 74.2 as “any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments.” “Territory or possession” is defined as Guam, the United States Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

B. Anticipated Award Date

Awards will be announced by September 30, 2007.

C. The Period of Performance

The period of performance for both grant categories will be September 30, 2007 to September 29, 2010 (36 months).

D. Renewal or Supplements of Existing Projects are eligible to compete for these new awards.

All Entities that meet the eligibility requirements as stated in **Section III, Eligibility Information** are eligible to apply if they also have existing projects.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

State Profile Tool (SPT): Assessing a State's Long-Term Care System Grant

This grant opportunity is open only to States and the District of Columbia. The State Profile Tool is not designed for use by Territories. Only one grant may be awarded per State.

Person-Centered Planning Implementation Grant

This grant opportunity is open to any single State Medicaid Agency, State Mental Health Agency, State Mental Retardation or Developmental Disability Agency or instrumentality of a State (as defined under State law) may apply for the Real Choice Systems Change Grants. By "State" we refer to the definition provided under 45 CFR 74.2 as "any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments."

"Territory or possession" is defined as Guam, the United States Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

States may apply for more than one grant from this category as long as it can be demonstrated that the grants will support different target populations and there will be no duplication of effort between the grants.

2. Cost Sharing or Matching

Grantees are required to make a non-financial contribution of 5 percent of the total approved cost of the project (including all direct and indirect costs). Non-financial contributions may include the value of goods and/or services contributed by the grantee (e.g., salary and fringe benefits of staff devoting a percentage of their time to the grant not otherwise included in the budget or derived from Federal funds). The non-financial contribution requirement may also be satisfied if a third party participating in the grant makes an "in-kind contribution," provided that the grantee's contribution and/or the third-party in-kind contribution total 5 percent of the total grant award (including all direct and indirect costs). Third-party in-kind contributions may include the value of the time spent by consumer task force members (using appropriate cost allocation methods to the extent that non-Federal funds are involved) who specifically contribute to the design, development, and implementation of the grant. Non-financial contributions must be included in the applicant's budget

in Item 15 (Estimated Funding) on Standard Form 424A and described in the Budget Requirements subsection of the application (see Section V.3).

3. Other

Not applicable.

4. Foreign and International Organizations

Foreign and International Organizations are not eligible to apply.

5. Faith-Based Organizations

Faith-Based Organizations are not eligible to apply.

IV. APPLICATION AND SUBMISSION INFORMATION

Applications not received by the application deadline will not be reviewed.

Even though an application may be reviewed and scored, it will not be funded if the application fails to meet any of the requirements as outlined in, Section III, *Eligibility Information* and, Section IV, *Application and Submission Information*.

Applicants are **strongly encouraged** to use the review criteria information provided in Section V., *Application Review Criteria and Information*, to help ensure that you adequately address all the criteria that will be used in evaluating the proposals.

1. Address to Request Application Package

Applicants must submit their applications electronically through <http://www.grants.gov>. *Please note when submitting your application electronically, you are required, additionally, to mail a signed SF-424 only to Nicole Nicholson, Centers for Medicare & Medicaid Services, Office of Acquisition and Grants Management, C2-21-15 Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850. The mailed SF-424 form must be received at the Centers for Medicare & Medicaid Services within two (2) business days of the application closing date.*

Up-to-date information about the RCSC grants may be accessed at <http://www.cms.hhs.gov/RealChoice/>.

A complete electronic application package, including all required forms, for the RCSC grants is available at <http://www.grants.gov>.

Standard application forms and related instructions are available online at http://www.grants.gov/agencies/approved_standard_forms.jsp#1 and http://apply.grants.gov/forms/sample/SSA_AdditionalAssurances-V1.0.pdf

Standard application forms and related instructions are also available from Nicole Nicholson, Centers for Medicare & Medicaid Services, Office of Acquisition and Grants Management, C2-21-15 Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850 or by e-mail at Nicole.Nicholson@cms.hhs.gov.

2. Content and Form of Application Submission

In the event that the electronic submission of the application has failed through <http://www.grants.gov>, please mail the complete paper application and CD to Nicole Nicholson. You must include a copy of the failed submission notice from <http://www.grants.gov> with the paper

application as evidence of attempted submission. If you have successfully submitted an electronic application through grants.gov, please do **not** mail in a paper application as well. Only the signed SF-424 form should be mailed.

A. Form of Application Submission for Failed Electronic Application Submission

- Paper applications should be submitted on white paper only.
- Paper applications may not be bound, stapled, or include tabs.
- Paper applications may use colored ink on the cover of the application; however, black ink is required for all other pages of the application.
- The only acceptable paper size or formatting for paper size is 8.5” x 11” letter-size pages with 1” margins (top, bottom, and sides).
- Paper applications must be single-sided.
- All pages of the project narrative must be paginated in a single sequence. The proposed budget must directly follow the narrative and be paged within the same page sequencing.
- Font size must be no smaller than 12-point with an average character density no greater than 14 characters per inch.
- The narrative portions of the application must be **SINGLE-SPACED**.
- The Project Abstract should be no more than one page long.
- For RCSC grant applications, the titles and sequence of the headings in the project narrative must coincide with the wording and sequencing used in the solicitation.
- The System Profile Tool Grant can be a maximum of five single-spaced pages. The PCP Grant can be a maximum of five single-space pages plus one additional page for each Optional Component addressed and appendices.

B. Required Contents

For a RCSC grant, a complete application consists of the following materials organized in the following sequence:

Notice of Intent to Apply

Applicants are encouraged to submit a non-binding Notice of Intent to Apply. Notices of Intent to Apply are not required and their submission or failure to submit a notice has no bearing on the scoring of proposals received. But receipt of such notices enables CMS to better plan for the application review process. These may be submitted in any format; however, a sample is included in Attachment 1. *Notices of Intent to Apply are due June 29, 2007 and should be faxed to Tricia Grannell at 410-786-9004.*

Application Check Off Cover Sheet

Complete the check-off cover sheet as indicated; refer to Attachment 3.

Standard Forms (SF)

Standard forms are available as detailed in, Section IV.A, *Address to Request Application Package*. The following standard forms must be completed with an original signature and enclosed as part of the proposal:

SF 424: Official Application for Federal Assistance (see **Note** below)

SF 424A: Budget Information Non-Construction

SF 424B: Assurances—Non-Construction Programs

SF LLL: Disclosure of Lobbying Activities

Additional Assurances Certifications :

http://apply.grants.gov/forms/sample/SSA_AdditionalAssurances-V1.0.pdf

Note: On SF 424 “Application for Federal Assistance”:

- State the specific RCSC grant category for which you are applying: Real Choice Systems Change grant on Item 15 “Descriptive Title of Applicant’s Project.”
- Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these grants.

Required Letters of Endorsement

State Profile Tool (SPT): Assessing a State’s Long-Term Care System

A letter of support from the State Medicaid Director must be included. Additional letters of endorsement from the major partners that are not the single State Medicaid Agency are encouraged, such as from the agency administering a relevant §1915 (c) home and community-based waiver, the State Mental Health agency, the Office of Mental Retardation and Developmental Disabilities and the Office on Aging.

Person-Centered Planning Implementation Grant

The applicant must submit a letter of support from the lead agency/department that will programmatically and financially manage the grant. Additional letters of endorsement from the major partners that are not the lead agency are encouraged, such as from the agency administering a relevant §1915(c) home and community-based waiver, the State Mental Health Agency, the Office of Mental Retardation and Developmental Disabilities and the Office on Aging.

Failure to include the required letters of support will result in an incomplete application, which is not eligible for review and award.

Project Abstract

A one-page abstract should serve as a succinct description of the proposed project and should include the goals of the project, the total budget, a description of how the grant will be used to develop or improve community-based services.

Applicant’s Application Cover Letter

A letter from the applicant must identify the agency serving as the lead organization, indicating the title of the project, the principal contact person (with contact information), amount of funding requested, category of the RCSC grant proposal, and the names of the major partners actively collaborating in the project. The letter must also clearly identify the Principal Investigator/Project Director of the grant project with contact information.

The letter should indicate that the submitting agency has clear authority to oversee and coordinate the proposed activities and is capable of convening a suitable working group of all relevant partners. This letter should be addressed to:

Nicole Nicholson
Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management
Mail Stop C2-21-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Applicant's Budget

The applicant is required to provide a detailed budget for the three-year grant period.

The budget presentation must include the following:

- Estimated Budget Total. Provide the budget broken down by the requested Federal grant funding request and the required 5 percent State match contribution.
- Total estimated budget broken down by year, and then by Federal and State funding.
- Total estimated funding requirements for each of the following line items, and a break down for each line item by grant year—provide estimated funding requirements for:
 - Personnel
 - Fringe benefits.
 - Contractual costs, including consultant contracts.
 - Indirect charges, by Federal regulation.
 - Travel
 - Supplies
 - Equipment
 - Other costs
 - Completion of the Budget Form 424A remains a requirement for consideration of your application. This Estimated Budget Presentation is an important part of your proposal and will be reviewed carefully by CMS staff. It will not, however, be evaluated and scored by grant panel reviewers.
 - If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.

Appendices

- Letters of support
- Required Attachments

Required Attachments (Placed in Appendix)

Attachment 1: Notice of Intent to Apply (Faxed to CMS as instructed in 2.B of this section)

Attachment 2: Prohibited Use of Grant Funds

Attachment 3: Resumes (Key project staff) (Project Director, Assistant Director only)

3. Submission Dates and Times

Notices of Intent to Apply

Voluntary Notices of Intent to Apply for a grant are due by June 29, 2007 and should be faxed to Tricia Grannell at (410) 786-9004. It is not mandatory for an applicant to submit a Notice of Intent to Apply; however, such submissions help CMS plan its review process, including its review panels. Submission of a Notice of Intent to Apply does not bind the applicant to apply; nor will it cause a proposal to be reviewed more favorably.

Grant Applications

All grant applications are due by July 27, 2007. Applications submitted through <http://www.grants.gov> until 11:59 p.m. Eastern time on July 27, 2007 will be considered “on time.” All applications will receive an automatic time stamp upon submission and applicants will receive an automatic e-mail reply acknowledging the application’s receipt.

Please note when submitting your application electronically, you are required, to *mail* a signed SF-424 only to Nicole Nicholson, Centers for Medicare & Medicaid Services, Office of Acquisition and Grants Management, C2-21-15 Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850. The mailed SF-424 form must be received at the Centers for Medicare & Medicaid Services within two (2) business days of the application closing date.

4. Intergovernmental Review

Applications for these grants are not subject to review by States under Executive Order 12372, “Intergovernmental Review of Federal Programs” (45 CFR 100). Please check box “C” to item 19 of the SF-424 (Application for Federal Assistance) as Review by State Executive Order 12372 does not apply to these grants.

5. Funding Restrictions

Indirect Costs

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/circulars/a087/a087.html>

Direct Services

Grant funds are **not** to be used to pay for direct services to consumers.

Reimbursement of Pre-Award Costs

No grant funds awarded under this solicitation may be used to reimburse pre-award costs.

6. Other Submission Requirements

Electronic Applications

The deadline for all applications to be submitted through <http://www.grants.gov> is July 27, 2007. For information on how to register with Grants.gov, please visit http://www.grants.gov/applicants/get_registered.jsp . **We strongly recommend that you do not wait until the application deadline date to begin the application process through Grants.gov.** We recommend you visit Grants.gov at least 20 days prior to filing your application to fully understand the process and requirements. We encourage applicants to submit well before the closing date and time so that if difficulties are encountered, an applicant may have time to solicit help.

Also visit the following website: <http://www.grants.gov/resources/newsletter.jsp> for all of the latest information about the benefits and success of this initiative. In order to submit their applications electronically, applicants will need to:

- Download and install PureEdge Viewer from the <http://www.grants.gov/DownloadViewer> site. This small, free program will allow applicants to access, complete, and submit applications electronically and securely.
- Find an opportunity for which you wish to apply at http://www.grants.gov/applicants/find_grant_opportunities.jsp and enter the Funding

Opportunity number or CFDA. *Please note there is no competition ID associated with this grant solicitation.*

- Download the complete electronic grant application package from <http://www.grants.gov>.
- Register with Central Contractor Registry (CCR)—Applicants may register for the CCR by calling the CCR Assistance Center at 1-888-227-2423 or online at <http://www.ccr.gov>. Online registration will take about 30 minutes before attempting to register with CCR. Applicants should receive their CCR registration confirmation within 5 business days after CCR registration. Note: Registering with the CCR requires that applicants have a DUNS number from Dun & Bradstreet.¹

The DUNS number is a nine-digit identification number that 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 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.

Register with the Credential Provider—Applicants must register with the Credential Provider to receive a username and password to securely submit their grant application.

Register with <http://www.grants.gov> — Registering with Grants.gov is required to submit grant applications electronically on behalf of your organization. After completing the registration process, applicants will receive e-mail notification confirming their ability to submit applications through Grants.gov. (Technical support for Grants.Gov is available Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern time.)

Upon submission of the grant application to <http://www.grants.gov>, applicants will receive an e-mail confirming that the application was received.

Applicants may not submit the same application in more than one format, and the choice of one application format over another will not cause an application to be reviewed more favorably. All standard application forms may be obtained as detailed in, Section IV.1, *Address to Request Application Package*, of this solicitation.

7. CCR Requirements

Central Contractor Registration (CCR) - Further Information

The Central Contractor Registration (CCR) is a web-enabled government wide application that collects, validates, stores, and disseminates business information about the Federal Government's trading partners in support of contract and grant awards, and the electronic payment processes.

Check to see if your organization is already registered at the <https://www.bpn.gov/ccrsearch/Search.aspx>. You will be able to search CCR by using either your organization's DUNS Number or legal business name. If your organization is already registered, take note of who is listed as your E-Business Point of Contact (E-Business POC). This person will be responsible for authorizing who within your organization has the responsibility to submit applications at Grants.gov.

¹ The requirement that applicants have a DUNS number to apply for a grant or cooperative agreement from the Federal government went into effect beginning October 1, 2003.

If your organization is not already registered, you'll need to register your organization before you can submit a grant application through Grants.gov. Go to the CCR website at <https://www.bpn.gov/ccr/scripts/index.html> and select "New" to begin the registration process. Please allow 1-2 business days for processing of your registration including the IRS validating your Employer Identification Number (Social Security Number - also known as your Taxpayer Identification Number). If you have the information ready, online registration will take about 30 minutes, depending on the complexity of your organization.

Once you finish this process, you are able to move on to the next step of the Grants.gov registration the very next business day. When your organization registers with CCR, you will need to designate an E-Business Point of Contact (POC). This designee authorizes individuals to submit grant applications on behalf of the organization. A special Marketing Partner ID Number (MPIN) is established as a password to verify the E-Business POC. Your organization's E-Business POC will need to know the MPIN in the CCR Profile to login.

V. APPLICATION REVIEW INFORMATION

1. Criteria

This section fully describes the evaluation criteria for the funding opportunity for Real Choice Systems Change grants for FY2007, to which this solicitation applies.

In preparing applications, applicants are strongly encouraged to review the programmatic requirements detailed in, Section I, *Funding Opportunity Description*. The Project Narrative must adhere to the requirements as detailed in, Section IV, *Application and Submission*, of this solicitation.

State Profile Tool (SPT): Assessing a State's Long-Term Care System Grant Evaluation Criteria

A. Description of the Intended Use of SPT Information with State Balancing Initiatives (40 points)

- Does the applicant provide a clear understanding of how the processes and information gained from the SPT grant will support current balancing initiatives in the State? In order to provide a clear understanding, the applicant needs to briefly explain the current balancing goals and initiatives and how the SPT information will relate to it.
- Is this explanation thorough, in that the value of the SPT information is linked to the balancing goals and target populations?
- Does the intended use of the SPT data to further the State's balancing goals seem feasible and useful?

B. Strategies to Successfully Complete the SPT and Collaborate with the National Balancing Contractor (40 points)

- Does the applicant explain the type and degree of support for participation in the SPT grant activities from the State legislature, Medicaid agency, Governor's Office, State's Health and Human agencies, consumer/participants and their families, and advocacy organizations? Are any other facilitators to the successful SPT grant completion listed?

- Does the applicant adequately address the type and degree of challenges that could impede the completion of the SPT and application of balancing indicators?
- Does the applicant present reasonable and attainable remedies that will be used to minimize or eliminate the challenges?

C. Budget and Staffing (20 points)

- Does the budget provide a narrative description of the needed personnel, travel, consultants/technical assistance, equipment and other administrative costs to develop and implement the grant?
- Does the description of the qualifications of staff who will work on the grant provide the needed skill and time commitment to complete the grant successfully?

Person Center Planning Implementation Grant Review Criteria

A. PCP Vision (20 points)

- Does the applicant identify the target population(s)?
- Does the applicant specify geographic perimeters (statewide or regional) of the grant?
- Does the applicant identify which organizations will participate in the grant processes in order to meet vision?
- If the applicant has chosen to include any options, in each one page narrative did they describe how the option will enhance a PCP Process?

B. Strategies for Achieving the Vision (35 points)

- Does the applicant identify/describe the PCP model to be implemented and/or expanded?
- Does the applicant depict how consumers' preferences will be elicited and customized choices developed?
- Does the applicant specify who will be trained on the model?
- Does the applicant adequately describe:
 - the caregiver needs assessment tool (or describe the selection process).
 - the training that will be provided and sustained on the tool.
 - how customized interventions based on the assessment will be developed for the consumer's informal supports.
 - the time intervals and criteria for reassessment?
- Does the applicant discuss how the connections to the community network and the creation of meaningful relationships will be systematically included in the PCP? The applicant should address how the caregiver assessment tool will be implemented and used to assess preferences, opportunities to create meaningful relationships, and actively engage in activities in her/his community.
- If the applicant has chosen to include any options, in each one page narrative did they describe how the applicant integrates the selected component(s) into the PCP model based on the definitions of the Optional Components provided in the solicitation, and describe potential barriers to implementation?
- Does the applicant outline the proposed process for developing statewide policies and procedures to systematically incorporate the PCP model into the State infrastructure?

C. Outcomes (30 points)

- Does the applicant include a sufficient rationale as to why the grant will be successful and achieve the desired outcomes as well as describe potential challenges to success?
- Does the applicant provide three evaluation questions and outcome measures that will be employed to determine if the purpose and value of a PCP model was achieved?
- Are the proposed outcomes quantifiable?
- If the applicant has chosen to include any options, in each one page narrative did they describe an outcome expected based on the inclusion of each selected option in the PCP?

D. Budget and Staffing (15 points)

- Does the budget (narrative and SF-424A form) provide an adequate narrative description and rationale for the needed personnel, travel, consultants/technical assistance, equipment and other administrative costs to develop and implement the grant?
- Does the description of the staff qualifications who will work on the grant provide the needed skill and labor hours to complete the grant successfully?

2. Review and Selection Process

The merit of applications will be determined by:

CMS employing a multiphase review process to determine the applications that will be reviewed and the merit of the applications that are reviewed. The multiphase review process includes the following:

- Applications will be screened by Federal staff to determine eligibility for further review using the criteria detailed in the “Eligibility Information” section of this solicitation. Applications that are received late or fail to meet the eligibility requirements as detailed in the “Applicant Eligibility” section of this solicitation will not be reviewed.
- Applications will be objectively reviewed by a panel of experts, the exact number and composition of which will be determined by CMS at its discretion, but may include private sector subject matter experts, beneficiaries of Medicaid supports, and Federal and State policy staff. The review panels will utilize the objective criteria described in the “Application Review Criteria Information” section of this solicitation to establish an overall numeric score for each application.
- The results of the objective review of applications will be used to advise the approving CMS official. Additionally, CMS staff will make final recommendations to the approving official after ranking applications using the scores and comments from the review panel and weighing other factors as described in the “Factors Other than Merit that May be Used in Selecting Applications for Award” indicated below.
- Factors Other than Merit that May be Used in Selecting Applications for Award: CMS may assure reasonable balance among the grants to be awarded in a particular category in terms of key factors such as geographic distribution and broad target group representation. CMS may redistribute grant funds (as detailed in the “Award Information” section of this solicitation) based upon the number and quality of applications received for each grant opportunity (e.g., to adjust the minimum or maximum awards permitted or adjust the aggregate amount of Federal funds allotted to a particular category of grants). CMS will not fund activities that are duplicative of efforts funded through its grant programs or other Federal resources. For applicants that have been awarded previous RCSC Grants, past programmatic performance

will be considered in selecting applications for award. To assess the applicant's past programmatic performance, CMS will use program evaluation of semi-annual, annual, and financial reports submitted by the applicant under the Terms and Conditions of their previously awarded RCSC Grant. For applicants that have never received a RCSC Grant, past programmatic performance will not be a consideration in selecting applications for award.

3. Anticipated Announcement and Award Dates

All grant awards will be made prior to September 30, 2007, and will have a start date on or before September 30, 2007.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

Successful applicants will receive a Notice of Award (NOA) signed and dated by the CMS Grants Management Officer. The NOA is the document authorizing the grant award and will be sent through the U.S. Postal Service to the applicant organization as listed on its SF-424. Any communication between CMS and applicants prior to issuance of the NOA is not an authorization to begin performance of a project. Unsuccessful applicants will be notified by letter, sent through the U.S. Postal Service to the applicant organization as listed on its SF 424, after October 1, 2007.

2. Administrative and National Policy Requirements

Usual Requirements

1. Specific administrative and policy requirements of grantees as outlined in 45 CFR 74 and 45 CFR 92 applies to this grant opportunity.
2. 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.
3. 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.
4. Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project. CMS expects all grant budgets to include some funding to facilitate participation on the part of individuals who have a disability or long-term illness and their families.

Terms and Conditions

A funding opportunity award with CMS will include the *Health and Human Services (HHS) Grants Policy Statements* at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm> and may also include additional specific grant "special" terms and conditions. Potential applicants should be aware that special requirements could apply to grant awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the review panel or CMS.

3. Reporting

Grantees must agree to cooperate with any Federal evaluation of the program and provide reports at 18 months and a final report at the end of the grant period in a form prescribed by CMS (including the SF-269a “Financial Status Report” forms). Progress reports may be submitted electronically. These reports will outline how grant funds were used, describe program progress, and describe any barriers and measurable outcomes. CMS will provide a format for reporting and technical assistance necessary to complete required report forms. Grantees must also agree to respond to requests that are necessary for the evaluation of the national RCSC grants’ efforts and provide data on key elements of their own grant activities. An original and two copies of the interim SF-269a must be mailed to the Office of Acquisition and Grants Management (OAGM). The frequency of the SF-269a report will be identified in the terms and conditions of the grant award. The final SF-269a submitted to this office must agree with the final expenditures reported on the PMS 272 to the Payment Management System. Before FSR submission and all obligations must be liquidated. An original and two copies are due no later than 90 days after the project period end date. Use Standard Form 269a, which is available online at: <http://www.whitehouse.gov/omb/grants/sf269a.pdf>. Please note that interim SF-269a reports should not be marked as final. If awarded a grant, please be prepared to provide the contact information of the person or office that will complete the Financial Status Reports.

VII. AGENCY CONTACTS

1. Programmatic Content

Programmatic questions about the RCSC grants may be directed to the e-mail address shown below. Someone will respond if others are unexpectedly absent during critical periods. This e-mail address is: RealChoiceFY07@cms.hhs.gov.

In addition, inquiries may be directed to Ron Hendler, Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, DEHPG/DASI, Mail Stop S2-14-26, 7500 Security Boulevard, Baltimore, MD 21244-1850, 410-786-2267 (voice), or 410-786-9004 (fax) or to Effie Shockley, Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, DEHPG/DASI, Mail Stop S2-14-26, 7500 Security Boulevard, Baltimore, MD 21244-1850, 410-786-8639 (voice), or 410-786-9004 (fax).

B. Administrative Questions

Administrative questions about the RCSC grants may be directed to Nicole Nicholson, Centers for Medicare & Medicaid Services, Office of Operations Management, Acquisition and Grants Group, C2-21-15 Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850 by e-mail at Nicole.Nicholson@cms.hhs.gov.

VIII. Other Information

There will be no applicant’s teleconference scheduled.

Attachment 1 – Notice of Intent to Apply

Attachment 2 – Prohibited Uses of Grant Funds

Attachment 3 – Real Choice Systems Change Check-Off Cover Sheet

ATTACHMENT 1

Notice of Intent to Apply

Submission by Facsimile preferred

Fax: 410-786-9004

Please complete and return by June 29, 2007 to:

Tricia Grannell

Centers for Medicare & Medicaid Services

Mail Stop: S2-14-26

7500 Security Boulevard

Baltimore, MD 21244-1850

Phone: 410-786-4570, Fax: 410-786-9004

1. Name of State: _____
2. Applicant Agency/Organization: _____
3. Contact Name and Title: _____
4. Address: _____
5. Phone: _____ Fax: _____
6. E-mail address: _____

The above named Agency intends to submit an application for the following (Please X in the Box).

- State Profile Tool: Assessing a State's Long Term Care System
- Person-Centered Planning and Implementation Grant

ATTACHMENT 2

Prohibited Uses of Grant Funds

Real Choice Systems Change Grants for FY 2007 funds may not be used for any of the following:

1. To provide direct services to individuals.
2. To match any other Federal funds.
3. 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.
4. To provide infrastructure for which Federal Medicaid matching funds are available at the 90/10 matching rate, such as certain information systems projects.
5. To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
6. To be used for expenses that will not primarily benefit individuals of any age who have a disability or long-term illness.
7. To be used for data processing software or hardware in excess of the personal computers required for staff devoted to the grant.

ATTACHMENT 3

**2007 REAL CHOICE SYSTEMS CHANGE GRANT
APPLICATION CHECK-OFF COVER SHEET**

Identifying Information:

DUNS #:

State Agency:

Primary Contact Person, Name:

Telephone number:

Email address:

Grant Categories Applying for:

- State Profile Tool: Assessing a State's Long Term Care System
- Person-Centered Planning and Implementation Grant

For Administrative Purposes Only

Completeness check:

Panel Assignment:

Primary Panel Reviewer:
