

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

|                     |                            |
|---------------------|----------------------------|
| TO<br><i>Jacobs</i> | DATE<br><br><i>11-5-09</i> |
|---------------------|----------------------------|

|  |   |
|--|---|
| <b>DIRECTOR'S USE ONLY</b>   | <b>ACTION REQUESTED</b>   |
| 1. LOG NUMBER<br><br><i>0011209</i>  | <input type="checkbox"/> I Prepare reply for the Director's signature<br>DATE DUE _____   |
| 2. DATE SIGNED BY DIRECTOR<br><br><i>CC: Ms. For Kner, Dept, CMS Files</i>         | <input type="checkbox"/> I Prepare reply for appropriate signature<br>DATE DUE _____<br><input type="checkbox"/> I FOIA<br>DATE DUE _____ |
|  | <input checked="" type="checkbox"/> Necessary Action  |

|    | APPROVALS<br><small>(Only when prepared for director's signature)</small> | APPROVE | * DISAPPROVE<br><small>(Note reason for disapproval and return to preparer.)</small> | COMMENT |
|----|---|---------|--|---------|
| 1. |   |         |  |         |
| 2. |   |         |  |         |
| 3. |   |         |  |         |
| 4. |   |         |  |         |





Emma -  
No this grant is  
under CHIPRA  
rather than  
ARRA. I've reviewed  
the award, it's  
directly to FP as  
the recipient so  
we have no financial  
responsibility that I can  
see - it goes directly  
to them. Should be  
logged to Alicia as I  
assume she will be  
coordinating with them,  
but we have no direct  
responsibility.



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations

SEP 3 0 2009



OCT - 2 2009

Mr. Stephen Skardon  
Palmetto Project, Inc.  
1031 Chuck Dawley Blvd., Suite 5  
Mt. Pleasant, SC 29464

Dear Mr. Skardon:

I am pleased to inform you of your award of a FY2009 Children's Health Insurance Program Reauthorization Act Outreach and Enrollment Grant. Congratulations on your successful application!

We at the Centers for Medicare & Medicaid Services (CMS) look forward to working with you as you implement your proposal for enrolling and retaining eligible children in the Medicaid and Children's Health Insurance (CHIP) Programs. We expect that through your work, and the work of the other grantees, children that are lacking health insurance coverage will be reached and enrolled in these critical programs and receive the continuity of coverage that is essential for ensuring optimal health. We thank you for your efforts in preparing the application and look forward to working closely with you on these efforts.

Please review this offer and respond to both your CMS Grants Management Specialist and CMS Project Officer by October 30, 2009, with a notice of your acceptance of this award and the accompanying standard terms and conditions and special terms and conditions (STCs). Please note that both the requirements outlined in the solicitation and the STCs apply to this grant. If you accept this award, you may begin immediately to work with CMS to implement your grant.

We would also like to formally invite you to attend a National Outreach Conference in Chicago on November 4-6, 2009. You may use grant funds to cover the costs of your travel and accommodations for the conference.

Enclosed are four important documents regarding your Grant Award:

- **Award Profile** -- The award profile is a quick reference list for your grant and includes the grant award number, amount of the grant and contact information for the officers within CMS including, the Grants Management Specialist and Project Officer. Official correspondence should be directed to the Grants Management Specialist with copies to your Project Officer. Any questions and correspondence regarding programs or initiatives under your grant should be directed to your CMS Project Officer.



- **Terms and Conditions** - This is the legal document that cites the statute, regulations and CMS policies governing this grant and sets forth the general requirements, assurances, reporting requirements, and other terms and conditions that apply specifically to the grant.
- **Financial Assistance Award** – This document is the “official” notification of your award from the CMS Office of Acquisition and Grants Management.
- **Letter of Acceptance (recommended format)** – A letter of acceptance of the grant award serves as the official acceptance. Please submit your letter of acceptance to your CMS Grants Management Specialist and send a copy to your CMS Project Officer by close of business on Friday, October 30, 2009. If you do not plan to accept the grant award, please send a letter of declination to the CMS Grants Management Specialist and send a copy to the CMS Project Officer by close of business on Friday, October 16, 2009. Your acceptance letter must include a statement by the lead agency, and for consortia, a list with each consortium member that provides a designation of the category in which the lead entity and each member meets the definition of an eligible entity, as described in the solicitation. Award funding is contingent upon verification that funding will only be provided to an organization (whether as a lead agency or as a consortium member) that meets the definition of an eligible entity.

Thank you again for your commitment to ensuring that all eligible children are enrolled in Medicaid and CHIP and in working to ensure that these children receive continuity of care by retaining this health care coverage, as long as they remain eligible for Medicaid and CHIP.

Sincerely,

  
Bill Lasowski  
Deputy Director

Enclosures

cc: Project Officer



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



I. SPECIAL TERMS AND CONDITIONS

1. The grant award is subject to CMS' receipt of the acknowledgement of the award and the acceptance of all Special Terms and Conditions (STCs) within 30 days of the date of issuance of the award package.
2. With the acceptance of this grant award, the Grantee agrees to ensure that the project is administered in accordance with the grant requirements as indicated in these STCs and that the Grantee is in compliance with the requirements of the grant solicitation. In the event of any conflict between the statute and subsequent regulations and these STCs, the requirements under the statute and regulations will take precedence.
3. The project and budget period for CHIPRA Outreach and Enrollment Grants - Cycle 1 is from September 30, 2009 through September 29, 2011. The start date for the grants is on or after September 30, 2009. No grant funds can be used for expenses incurred prior to September 30, 2009.
4. In the document accepting the grant award, the Grantee will certify that the Lead Agency and, in the case where an award is made to a coalition, all Coalition members meet the definition of an "eligible entity" as defined in the solicitation which corresponds to Section 2113(f) of the Children's Health Insurance Program Reauthorization Act (CHIPRA).
5. After submitting the acceptance of the grant award, the Grantee will transmit a copy of the Notice of Grant Award and accompanying documents to the State official or other Individual Authorized by the head entity to request funds from the CMS Division of Payment Management.
6. When the Notice of Grant Award requires the Grantee to submit a revised budget (e.g., a revised timeline, budget narrative and SF-424A section b only), these documents must be returned within 60 days of the start of the grant period, (September 30, 2009). CMS will return the approved documents to the Grantee within 60 days from the date the revised draft documents are received by CMS.
7. Any grantee awarded a different amount than requested will submit within 60 days a revised budget and timeline for activities if impacted by the revised budget.
8. The Grantee is required to send a representative to attend the National Outreach and Enrollment Conference to be held in Chicago from November 4-6, 2009. Grant funds can be used for this purpose. Grantees are required to provide a breakdown per attendee (no more than 2) for travel and lodging costs.
9. At the request of CMS, Grantees will be required to participate in all scheduled activities to identify and share "best practices" for outreach, enrollment, and retention of unenrolled, but Medicaid- and CHIP- eligible, children.

10. The Grantee is required to participate in all required communications (e.g., monitoring calls, guidance calls) as specified in the STCs or as amended in writing by the CMS Project Officer.

11. For each quarter (October 1–December 31; January 1–March 31; April 1–June 30; July 1–September 30) the Grantee will submit the Financial Status Report (FSR) SF-269A, (short form only) to the CMS Grant Specialist with a copy to the CMS Project Officer. (The SF-269A may be accessed at the following site:  
<http://www.whitehouse.gov/omb/grants/sf269a.pdf>). this financial status is due within 30 days after the end of the quarter (January 31; April 30; July 31; October 31).

#### 12. Required Quarterly, Annual and Final (Progress) Reports

a. The Grantee is required to submit quarterly and annual progress reports to the CMS Grant Specialist, with a copy to the CMS Project Officer. Quarterly progress reports are due within 30 days after the end of the quarter (see STC #10 for dates). The annual report is due 30 days after the end of the Federal fiscal year (October 31). These reports must comply with the format in Attachment B: *Children's Health Insurance Program Reauthorization Act (CHIPRA) Outreach and Enrollment Grants - Cycle 1 Template for Quarterly/Annual Progress Reports*. This format may be revised at a later date by CMS.

b. The Grantee is required to submit a Final Report to the CMS Grant Specialist, with a copy to the CMS Project Officer, within 90 days after the project period ending date of the 2nd year (December 31, 2011).

c. In each progress report (quarterly, annual and final), the Grantee will describe the progress and provide data on the Grantee's impact on increasing the number of children enrolled and retained in the Medicaid and CHIP programs. The Grantee will describe each activity performed in the quarter/year and how that activity was linked to the increased enrollment/retention and demonstrate how that linkage is supported by data, i.e. percentage or number of children referred to the State for enrollment and program retention and the percentage or number of children enrolled/retained in these programs as a result of those efforts.

d. The Grantee will submit all written reports (quarterly, annual and final) in a format compliant with section 508 of the Rehabilitation Act (29 U.S.C. 794d) to the CMS Project Officer identified in the award package.

e. Email is an acceptable format for transmitting the required quarterly, annual, and final (progress) reports.

#### 13. Required Grant Evaluation

a. A draft Grant Evaluation should be submitted to the CMS Project Officer for comments within 30 days of the end of the grant period (September 30, 2011). This draft will incorporate specific measurable quality and outcome performance measures as specified in the solicitation and by CMS. CMS' comments should be taken into consideration by the Grantee for incorporation into the final report as CMS approval of the final report is required. CMS reserves the right to require the Grantee to provide additional details and clarification on the content of the report.

- b. Within 90 days of the end of the grant period (which is December 31, 2011) the Grantee will submit a final Grant Evaluation to the CMS Project Officer and CMS Grant Specialist consistent with the CMS requirements.
- c. The Grant Evaluation may not be released or published without written permission from the CMS Project Officer.
- d. The Grant Evaluation will contain a disclaimer that the opinions expressed are those of the Grantee and do not necessarily reflect the opinion of CMS.
- e. The Grantee will submit the final evaluation in a format compliant with section 508 of the Rehabilitation Act (29 U.S.C. 794d) to the CMS Project Officer identified in the award package.
- f. Email is an acceptable format for transmitting the Final Grant Evaluation.

**14. Required Financial Reports**

- a. The designated State official or other individual authorized to request funds from the CMS Division of Payment Management must submit quarterly the Financial Status Report (SF-269A). This form is used for the reporting of expenditures of the CHIPRA Outreach and Enrollment Payments as outlined in the financial reporting instructions.
- b. The Grantee will simultaneously submit all Financial Status Reports (SF-269A) to the CMS Grant Specialist and the CMS Project Officer identified in the award package. The originals are to be submitted to the CMS Grant Specialist and a copy to CMS Project Officer.
- c. SF-269A reports are due no later than 30 days from the end of each project operating quarter by January 31, April 30, July 31 and October 31 of each grant year. A scanned and emailed or faxed copy is acceptable for both the Grant Specialist and the CMS Project Officer.
- d. The funding authorized by this grant award is paid subject to any future financial management review or audit.

15. The Grantee is required to notify the CMS Project Officer and the CMS Grant Specialist within ten (10) days of any personnel changes affecting the grant's Project Director, Assistant Project Director, or the Financial Officer who is responsible for completing the Financial Status Report (SF-269A) and the Federal Cash Transactions Report (PSC-272).

16. Only consortium members that meet the statutory definition of an eligible entity, at Section 2113(f) of the CHIPRA may receive and access funds from this Grant.

17. All funds provided under this grant will be used by the Grantee exclusively for the CHIPRA Outreach and Enrollment Grants as defined in Section 201 of CHIPRA and as described in the grant solicitation. If the Grantee uses these funds for any purpose other than those awarded through the CHIPRA Outreach and Enrollment Grants – Cycle I (or those modifications that have the prior written approval of the CMS Project Officer), then all funds provided under this grant may be required to be returned to the United States Treasury.

18. Grant funds may not be used for any of the following:

- a. To cover the costs to provide direct services to individuals.
  - b. To match any other Federal funds.
  - c. 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.
  - d. To provide infrastructure for which Federal Medicaid or CHIP matching funds are available such as for certain information systems projects.
  - e. To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
  - f. To be used for data processing software or hardware in excess of the software and personal computers required for staff devoted to the grant.
  - g. To provide funding to a consortium member who does not meet the definition of an 'eligible entity' for these outreach grants, as described in the solicitation.
19. The Grantee may not pay for the same scope of work using more than one CHIPRA Outreach Grant award or other Federal funding stream.
20. Grantees are not required to provide a matching contribution. However, any funding contributed to this effort by other entities should be included in the quarterly and annual reports. In the case of a State that is awarded a grant, the State share of such funds expended for outreach and enrollment activities under the State child health plan will not be less than the State share of such funds expended in the fiscal year preceding the first fiscal year for which the grant is awarded. This information should be provided by non-State Grantees, if available.
21. Non-State Grantees or Grantees that are State Agencies, but not the CHIP or Medicaid Agencies are required to provide and submit to the CMS Project Officer, a Memorandum of Understanding (MOU) with the respective State Medicaid and CHIP Agencies within 90 days of award for the purpose of data collection or alternate plans to demonstrate enrollment or retention results by (December 31, 2009). Specific requirements for the MOU are included in the grant solicitation and having this in place is a condition of funding. Funded State Medicaid and CHIP agencies (if separate) must have a reciprocal agreement to have the MOUs in place within 90 days after award as a condition of funding. Non-State Grantees or State Grantees that are not the CHIP or Medicaid Agencies must submit to CMS within 90 days an alternate plan for data collection for enrollment and retention information for consideration. This alternate plan must be approved in writing by CMS.
22. Award of these grant funds offers no guarantee, explicit or implied, that future Federal funds will be made available for the funded project.
23. The Grantee must comply with all applicable Federal statutes relating to non-discrimination. These include, but are not limited to, the Americans with Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
24. The Grantee must be in compliance with all applicable requirements of Medicaid and the Children's Health Insurance Program (CHIP) expressed in law, regulation, and policy statement.

**25. The Grantee must, within the timeframes specified in law, regulation, or policy statement, come into compliance with any changes in Federal law, regulation, or policy affecting the Medicaid or CHIP programs that occur during this grant-approval period, unless the provision being changed is expressly waived or identified as not applicable.**

**ATTACHMENT A:**

**Children's Health Insurance Program Reauthorization Act (CHIPRA)  
Outreach and Enrollment Grants – Cycle I  
Project Number 2082**

**TIMELINE**  
September 30, 2009 – September 29, 2011

| <b><u>ACTIVITY</u></b>   | <b><u>TIMELINE</u></b>   |
|--|--|
| Grant award  | September 29, 2009   |
| Grant period begins  | September 30, 2009   |
| Accept award package   | October 31, 2009   |
| Notify CMS of Fiscal Agent/Officer Responsible for completing the SF-269A and PSC-272  | October 31, 2009   |
| Attend the HHS National Outreach And Enrollment Conference, Chicago, IL  | November 4-6, 2009   |
| Revised Budget and SF-424A (when applicable)   | Due within 60 days of award  |
| Non-State Grantees   | Due within 90 days of award, submit to CMS an MOU with applicable State(s) to establish data links for reporting eligibility and enrollment data |
| Reciprocal MOU required for State Medicaid And CHIP Agencies (if separate) or providing outreach to cross-border populations | Due within 90 days of award  |
| Interim/Quarterly Financial Status Report  | Due 30 days after the end of each Federal fiscal quarter (e.g., January 31, April 30, July 31, and October 31, 2010)                             |
| Quarterly Progress Reports   | Due 30 days after the end of each Federal fiscal quarter (e.g., January 31, April 30, July 31, and October 31, 2010)                             |
| Quarterly reporting of "ever-enrolled" data by State Medicaid & CHIP Agencies by target population                           | Due 30 days after the end of each Federal fiscal quarter (e.g., January 31, April 30, July 31, and October 31, 2010)                             |

| Awardees must respond to requests necessary for the evaluation of the National CHIP Outreach & Enrollment Grants' and provided data as requested | As required by the CMS Project Officer   |
|--|--|
| Guidance Call for Preparation Of the Annual Progress Report  | To be scheduled by the CMS Project Officer approximately 60 days before end of grant year                      |
| Annual Progress Reports  | Due 30 days after the end of the 12 <sup>th</sup> month of each year of the grant (e.g., October 30, 2010)     |
| Annual reporting of "ever-enrolled" data by State Medicaid & CHIP Agencies   | Due 30 days after the end of each Federal fiscal year (e.g., September 30, 2010)                               |
| Guidance Call for Preparation Of the Final Report  | To be scheduled by the CMS Project Officer approximately 60 days before end of grant year (e.g. July 31, 2009) |
| Draft Grant Evaluation   | Submitted to CMS Project Officer 30 days before end of the grant period (e.g. August 31, 2009)                 |
| Final Report   | Due 90 days after the conclusion of the grant period (December 31, 2011)                                       |
| Grant Evaluation   | Due 90 days after the conclusion of the grant period (December 31, 2011)                                       |
| Liquidation of all Obligations   | Due 90 days after the grant period end date and prior to filing of the final Fiscal Status Report              |
| Final Financial Status Report (FSR)  | Due 90 days after the grant period end date (December 31, 2011)  |

**ATTACHMENT B:**



**Children's Health Insurance Program Reauthorization Act (CHIPRA)  
Outreach and Enrollment Grants - Cycle 1  
Template for Quarterly/Annual Progress Reports**

**Date:**

**Grant Entity or State:**

**Project Title:**

**Project Quarter/Year Reporting Period:**

**Example:**

**Project Year 1 (10/1/2009-12/31/2009)**

**Grant Contact:**

**Name and Title:**

**Email:**

**Phone:**

**Title Line - Project name**

**Introduction - Brief overview of the project.**

**Implementation Status - As relevant to your project, include a discussion and update on progress towards:**

- 1. Accomplishments to Date:** implementation milestones, early outcomes, etc, include progress toward stated milestones.
- 2. Challenges and Responses:** include as much detail as possible; imagining that another entity, such as another state would take the Grantee's experience under advisement when planning to implement a similar project.

**3. Variation from Timeline**

| <b>Task/Benchmark</b> | <b>Original Date</b> | <b>Current Date</b> | <b>Comments</b> |
|-----------------------|----------------------|---------------------|-----------------|
|                       |                      |                     |                 |
|                       |                      |                     |                 |
|                       |                      |                     |                 |
|                       |                      |                     |                 |

- 4. Data use -** As applicable, describe how the Grantee has incorporated effective use of data including information technology and systems enhancements.
- 5. Achieving increased outreach and enrollment to eligible, but unenrolled populations -** Describe how the project is progressing in achieving increased outreach and enrollment as required under the grant solicitation including but not limited to:
  - a. Innovative Outreach Strategies and Activities -** As applicable, describe outreach activities and/or promising practices for the current quarter/year and provide data to demonstrate that this is a best practice..
  - b. Innovative Enrollment Strategies and Activities -** As applicable, describe enrollment activities and/or promising practices for the current quarter/year. This section should describe progress in removing barriers to enrollment.
  - c. Describe each strategy used to enroll and retain targeted Medicaid and CHIP eligible children and provide data to demonstrate the effectiveness of each strategy. This section should include any refinements made to improve the effectiveness of those strategies.**
  - d. Describe the demographic group targeted by outreach activities and the strategies and activities to address improving access to and credibility with underserved groups. Include activities related to outreach to the targeted geographic areas and to specific populations including racial and ethnic minorities and health disparity populations.**
- 6. Specific overall quality and outcome performance measures and specific measurable quality and outcome performance measures –** the Grantee must report on the overall and specific performance and quality measures in the solicitation. In addition, the Grantee will describe in detail how the project is progressing in achieving

the grant-specific measures that were provided in the application. The Grantee will include data to support the measures.

Overall quality and outcome performance measures are:

- Of those children who are potentially eligible for Medicaid or CHIP within a grantee's geographic area, the number of children who are enrolled in the program through the grantee's outreach and enrollment efforts.
- Of those children who remain programmatically eligible at the annual redetermination for Medicaid or CHIP within a grantee's geographic area, the number of children who retain eligibility in Medicaid or CHIP.
- The potential overall impact on decreasing the number of low-income uninsured children as evidenced in a reduction in the percentage of the low-income uninsured children in the target areas.

If the applicant includes a State Medicaid or CHIP agency, the State will report on the first four components listed below quarterly and annually using 'ever-enrolled' data to ensure that a child is not counted multiple times. Non-State grantees will select from the measures below those that apply to their particular project and will use them to evaluate their projects.

Specific measurable quality and outcome performance measures will include (if applicable to the proposal):

- The number of applications referred through the grantee's efforts and the number of those found eligible as reported to the grantee by the State;
- The number of those referred, through the grantee's efforts and found eligible who retain eligibility at the annual redetermination, if they are still programmatically eligible as reported to the grantee by the State;
- The number of applications referred through the grantee's efforts by the population the grantee is targeting as reported to the grantee by the State;
- The number of those referred, through the grantee's efforts who are denied and the reasons for the denials as reported to the grantee by the State;
- An assessment of the specific strategies or events which are more successful than others at generating successful program enrollments; and
- An assessment of the ability to replicate the strategies and the potential for using them as a model.

**7. Collaborative efforts** - describe collaborative efforts to move the project forward such as working with partners as applicable. State Grantees will include a description of collaboration with the National Campaign.

**8. Lessons Learned** - include preliminary implementation lessons learned and promising practices, in detail.

- 9. Financial Status of the Project** - describe any challenges or successes regarding use of the grant funds to achieve project goals, including a discussion of the status of State share of funding to support the increased enrollment in Medicaid and CHIP. Include discussion of budget revision requests, if any are planned.

- 10. Enrollment Data** - Provide data regarding enrollment and retention for target populations. Non-State Grantees and State Agencies that are not the Medicaid or CHIP Agencies will use the template below to provide this data.

| Number of children's applications referred for enrollment in Medicaid | Number of children's applications referred for enrollment in CHIP | Number of children assisted in retaining eligibility at redetermination in Medicaid     | Number of children assisted in retaining eligibility at redetermination in CHIP     |
|---|---|---|---|
| Percentage of children determined eligible by State for Medicaid      | Percentage of children determined eligible by State for CHIP      | Percentage of children assisted in retaining eligibility at redetermination in Medicaid | Percentage of children assisted in retaining eligibility at redetermination in CHIP |

CHIP and Medicaid State Agencies will provide the 'ever-enrolled' numbers for the quarter for Medicaid and CHIP as reported in the Statistical Enrollment Data System (SEDS) and discuss what number and percentage of those new enrollees or retained children are directly attributable to grant activities during the quarter.

The Grantee will specify the activities that led to the increases in enrollment/retention. Were specific population groups targeted with these activities? How effective were these activities at increasing enrollment/retention?

- 11. Modification of strategies** - Grantees must describe the modification of strategies, if any, when the data demonstrates that they are not effective in achieving the goals of the grant.

- 12. Technical Assistance** - State CHIP and Medicaid Agencies are required to describe in detail their provision of technical assistance to individual or coalition-based Grantees within their States. A list of suggested technical assistance activities is included in the grant solicitation.

- 13. State Maintenance of Effort (for State CHIP and Medicaid agency applicants only)-**

| Grant Award Reporting Period | O&E State Funding Prior to Grant Award (Quarter/Year based on FFY2009) | Current Period State O&E Funding (Quarter/Year) | Change (Dollars/Percent) |
|------------------------------|--|---|--------------------------|
|                              |  |   | Comments                 |
|                              |  |   |                          |

**14. Project Evaluation -**

- a. Evaluation Status -** Describe the status of the project's evaluation. What activities have occurred to secure baseline data? What data has been collected to support the evaluation? What challenges have arisen in implementing the qualitative and quantitative portions of your evaluation and how has the project addressed them?
  
- b. Evaluation metrics -** If not already submitted, outline in this section or as an attachment, what metrics the grant has adopted to measure outcomes such as increased outreach to eligible, but unenrolled children as well as any other process and performance metrics. Please attach any relevant evaluation documents (evaluation plan, list of evaluation measures, etc.). Indicate if feedback on draft evaluation documents is being requested from CMS.

**Department of Health and Human Services  
Centers For Medicare Medicaid Services  
Notice of Award (NOA)**

1. RECIPIENT

SAI NUMBER:

PMS DOCUMENT NUMBER:  
120C30515A

|   |   |   |  |                       |
|---|---|---|--|-----------------------|
| <b>1. AWARDING OFFICE:</b><br>Centers For Medicare & Medicaid Services  |   | <b>2. ASSISTANCE TYPE:</b><br>Discretionary Grant   | <b>3. AWARD NO.:</b><br>120CMS030515/01  | <b>4. AMEND. NO.:</b> |
| <b>5. TYPE OF AWARD:</b><br>DEMONSTRATION   | <b>6. TYPE OF ACTION:</b><br>New                        | <b>7. AWARD AUTHORITY:</b><br>CHIPRA of 2009 PL 111-3   |  |                       |
| <b>8. BUDGET PERIOD:</b><br>09/30/2009 THRU 09/29/2011  | <b>9. PROJECT PERIOD:</b><br>09/30/2009 THRU 09/29/2011 | <b>10. CAT NO.:</b><br>93767  | <b>12. PROJECT / PROGRAM TITLE:</b><br>Children's Health Insurance Program Outreach and Enrollment Grant |                       |
| <b>11. RECIPIENT ORGANIZATION:</b><br>Palmetto Project, Inc.<br>1031 Chuck Dawley Blvd., Suite 5<br>Mt. Pleasant SC 29464<br>Stephen L. Skardon, Executive Director |   |   |  |                       |
| <b>13. COUNTY:</b>  | <b>14. CONGR. DIST.:</b>                                | <b>15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:</b><br>Jaquetta Jones, Director, Palmetto Project PCHI |  |                       |
| <b>16. APPROVED BUDGET:</b>   |   | <b>17. AWARD COMPUTATION:</b>   |  |                       |
| Personnel.....  | \$ 0  | A. NON-FEDERAL SHARE.....   | \$ 0   | 0.00 %                |
| Fringe Benefits.....  | \$ 0  | B. FEDERAL SHARE.....   | \$ 981,009   | 100.00 %              |
| Travel.....   | \$ 0  | <b>18. FEDERAL SHARE COMPUTATION:</b>   |  |                       |
| Equipment.....  | \$ 0  | A. TOTAL FEDERAL SHARE.....   | \$   | 981,009               |
| Supplies.....   | \$ 0  | B. UNOBLIGATED BALANCE FEDERAL SHARE.....   | \$   |                       |
| Contractual.....  | \$ 0  | C. FED. SHARE AWARDED THIS BUDGET PERIOD..\$  |  | 981,009               |
| Facilities/Construction.....  | \$ 0  | <b>19. AMOUNT AWARDED THIS ACTION:</b>  | \$   | 981,009               |
| Other.....  | \$ 981,009  | <b>20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:</b>  | \$   | 981,009               |
| Direct Costs.....   | \$ 981,009  | <b>21. AUTHORIZED TREATMENT OF PROGRAM INCOME:</b>  |  |                       |
| Indirect Costs.....   | \$ 0  | <b>22. APPLICANT EIN:</b> 1-570807801-A1  |  |                       |
| At % of \$  | 0   | <b>23. PAYEE EIN:</b> 1-570807801-A1  |  |                       |
| In Kind Contributions.....  | \$ 0  | <b>24. OBJECT CLASS:</b> 41.45  |  |                       |
| Total Approved Budget(**).....  | \$ 981,009  |   |  |                       |

**25. FINANCIAL INFORMATION:** ORGN CMS DOCUMENT NO. 120C30515A APPROPRIATION 75-9/3-05/16 CAN NO. 2009 5992082 NEW AMT. \$981,009 UNOBLG. NONFEED % DUNS: 604959072

**26. REMARKS:** (Continued on separate sheets)  
Paid by DHHS Payment Management System (PMS), see attached for payment information.  
This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.  
This includes requirements in Parts I and II (available at <http://www.hhs.gov/grantsnevladminis/gpd/index.htm>) of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 74 or 92, directly apply to this award apart from any coverage in the HHS GPS.  
This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).  
For the full text of the award term, go to [http://www.acf.hhs.gov/grants/award\\_term.html](http://www.acf.hhs.gov/grants/award_term.html).

**27. SIGNATURE - CMS GRANTS OFFICER** DATE: **SEP 30 2009** **28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY**  
Nicole M. Nicholson  
*Nicole M. Nicholson*  
Signature Not Required

**29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)** DATE:



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE MEDICAID SERVICES  
FINANCIAL ASSISTANCE AWARD**

1. RECIPIENT

SAI NUMBER:

PMS DOCUMENT NUMBER:

120C30515A

|  |   |   |   |                      |
|--|---|---|---|----------------------|
| <b>1. AWARDING OFFICE:</b><br>Centers For Medicare & Medicaid Services |   | <b>2. ASSISTANCE TYPE:</b><br>Discretionary Grant     | <b>3. AWARD NO.:</b><br>120CM5030515/01 | <b>4. AMEND. NO.</b> |
| <b>5. TYPE OF AWARD:</b><br>DEMONSTRATION                              | <b>6. TYPE OF ACTION:</b><br>New                        | <b>7. AWARD AUTHORITY:</b><br>CHIPRA of 2009 PL 111-3 |   |                      |
| <b>8. BUDGET PERIOD:</b><br>09/30/2009 THRU 09/29/2011                 | <b>9. PROJECT PERIOD:</b><br>09/30/2009 THRU 09/29/2011 | <b>10. CAT NO.:</b><br>93767                          |   |                      |

**11. RECIPIENT ORGANIZATION:**  
Palmetto Project, Inc.

**26. REMARKS:** (Continued from previous page)

This grant is subject to the requirements set forth in 45 CFR part 74 (for non-profit organizations and educational institutions) or 45 CFR Part 92 (for state, local, and federally recognized tribal governments).  
Initial expenditure of funds by the grantee constitutes acceptance of this award.  
No future support is anticipated. ("\*) Reflects only federal share of approved budget.

Within 60 days from the date of this award, please provide to the CMS Grants Officer and CMS Project Officer a revised budget equal to the amount of the award on Standard Form 424A, (Section B only) and the approved Indirect Cost Rate Agreement used in calculating the budget, if applicable.

For administrative assistance, please contact your Grants Management Specialist: Mary Greene at 410-786-5239 or via email at mary.greene@cms.hhs.gov.

For programmatic assistance, please contact your assigned Project Officer: Sheila Sykes at 601-366-7312 or via email at sheila.sykes@cms.hhs.gov.

Please remember to include your grant number on all correspondence to CMS. The grant number can be found in Section 3 of the NoA.

For CMS Purposes Only: Transmittal No. BOAX 920821





Putting New Ideas to Work in South Carolina

MIDLANDS & UPSTATE • 803-779-4875  
4500 Fort Jackson Blvd.  
Columbia, SC 29209

LOWCOUNTRY • 843-577-4122  
1031 Chuck Dawley Blvd., Suite Five  
Mount Pleasant, SC 29464

PEE DEE & MYRTLE BEACH • 843-423-0777  
Post Office Box 890  
Marion, SC 29571

[www.palmettoproject.org](http://www.palmettoproject.org)  
[www.schealthcare.org](http://www.schealthcare.org)

October 2, 2009

Mary E. Greene  
Grants Management Specialist  
Centers for Medicare & Medicaid Services  
Office of Acquisition and Grants Management  
Mail Stop: C2-21-15, Central Building  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Ms. Greene:

This letter serves as formal acceptance of FY 2009 CHIPRA Outreach and Enrollment Grant, 1Z0CMS030515/01, Demonstration, and its accompanying terms and conditions. We understand that the grant award is \$981,009 and that the grant period is from September 30, 2009 through September 29, 2011.

Sincerely,

Stephen L. Skardon, Jr.  
Executive Director  
843-577-4122  
843-723-0521

cc: Ms. Sheila Sykes,  
CMS Project Officer







DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations

SEP 30 2009

RECEIVED

OCT - 2 2009

Mr. Stephen Skardon  
Palmetto Project, Inc.  
1031 Chuck Dawley Blvd., Suite 5  
Mt. Pleasant, SC 29464

Dear Mr. Skardon:

I am pleased to inform you of your award of a FY2009 Children's Health Insurance Program Reauthorization Act Outreach and Enrollment Grant. Congratulations on your successful application!

We at the Centers for Medicare & Medicaid Services (CMS) look forward to working with you as you implement your proposal for enrolling and retaining eligible children in the Medicaid and Children's Health Insurance (CHIP) Programs. We expect that through your work, and the work of the other grantees, children that are lacking health insurance coverage will be reached and enrolled in these critical programs and receive the continuity of coverage that is essential for ensuring optimal health. We thank you for your efforts in preparing the application and look forward to working closely with you on these efforts.

Please review this offer and respond to both your CMS Grants Management Specialist and CMS Project Officer by October 30, 2009, with a notice of your acceptance of this award and the accompanying standard terms and conditions and special terms and conditions (STCs). Please note that both the requirements outlined in the solicitation and the STCs apply to this grant. If you accept this award, you may begin immediately to work with CMS to implement your grant.

We would also like to formally invite you to attend a National Outreach Conference in Chicago on November 4-6, 2009. You may use grant funds to cover the costs of your travel and accommodations for the conference.

Enclosed are four important documents regarding your Grant Award:

- **Award Profile** - The award profile is a quick reference list for your grant and includes the grant award number, amount of the grant and contact information for the officers within CMS including, the Grants Management Specialist and Project Officer. Official correspondence should be directed to the Grants Management Specialist with copies to your Project Officer. Any questions and correspondence regarding programs or initiatives under your grant should be directed to your CMS Project Officer.



- **Terms and Conditions** - This is the legal document that cites the statute, regulations and CMS policies governing this grant and sets forth the general requirements, assurances, reporting requirements, and other terms and conditions that apply specifically to the grant.
- **Financial Assistance Award** – This document is the “official” notification of your award from the CMS Office of Acquisition and Grants Management.
- **Letter of Acceptance (recommended format)** – A letter of acceptance of the grant award serves as the official acceptance. Please submit your letter of acceptance to your CMS Grants Management Specialist and send a copy to your CMS Project Officer by close of business on Friday, October 30, 2009. If you do not plan to accept the grant award, please send a letter of declination to the CMS Grants Management Specialist and send a copy to the CMS Project Officer by close of business on Friday, October 16, 2009. Your acceptance letter must include a statement by the lead agency, and for consortia, a list with each consortium member that provides a designation of the category in which the lead entity and each member meets the definition of an eligible entity, as described in the solicitation. Award funding is contingent upon verification that funding will only be provided to an organization (whether as a lead agency or as a consortium member) that meets the definition of an eligible entity.

Thank you again for your commitment to ensuring that all eligible children are enrolled in Medicaid and CHIP and in working to ensure that these children receive continuity of care by retaining this health care coverage, as long as they remain eligible for Medicaid and CHIP.

Sincerely,

  
Bill Lasowski  
Deputy Director

Enclosures

cc: Project Officer



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



I. SPECIAL TERMS AND CONDITIONS

1. The grant award is subject to CMS' receipt of the acknowledgement of the award and the acceptance of all Special Terms and Conditions (STCs) within 30 days of the date of issuance of the award package.
2. With the acceptance of this grant award, the Grantee agrees to ensure that the project is administered in accordance with the grant requirements as indicated in these STCs and that the Grantee is in compliance with the requirements of the grant solicitation. In the event of any conflict between the statute and subsequent regulations and these STCs, the requirements under the statute and regulations will take precedence.
3. The project and budget period for CHIPRA Outreach and Enrollment Grants - Cycle 1 is from September 30, 2009 through September 29, 2011. The start date for the grants is on or after September 30, 2009. No grant funds can be used for expenses incurred prior to September 30, 2009.
4. In the document accepting the grant award, the Grantee will certify that the Lead Agency and, in the case where an award is made to a coalition, all Coalition members meet the definition of an "eligible entity" as defined in the solicitation which corresponds to Section 2113(f) of the Children's Health Insurance Program Reauthorization Act (CHIPRA).
5. After submitting the acceptance of the grant award, the Grantee will transmit a copy of the Notice of Grant Award and accompanying documents to the State official or other individual authorized by the head entity to request funds from the CMS Division of Payment Management.
6. When the Notice of Grant Award requires the Grantee to submit a revised budget (e.g., a revised timeline, budget narrative and SF-424A section b only), these documents must be submitted within 60 days of the start of the grant period, (September 30, 2009). CMS will return the approved documents to the Grantee within 60 days from the date the revised draft documents are received by CMS.
7. Any grantee awarded a different amount than requested will submit within 60 days a revised budget and timeline for activities if impacted by the revised budget.
8. The Grantee is required to send a representative to attend the National Outreach and Enrollment Conference to be held in Chicago from November 4-6, 2009. Grant funds can be used for this purpose. Grantees are required to provide a breakdown per attendee (no more than 2) for travel and lodging costs.
9. At the request of CMS, Grantees will be required to participate in all scheduled activities to identify and share "best practices" for outreach, enrollment, and retention of unenrolled, but Medicaid- and CHIP- eligible, children.

10. The Grantee is required to participate in all required communications (e.g., monitoring calls, guidance calls) as specified in the STCs or as amended in writing by the CMS Project Officer.
11. For each quarter (October 1–December 31; January 1–March 31; April 1–June 30; July 1–September 30) the Grantee will submit the Financial Status Report (FSR) SF-269A, (short form only) to the CMS Grant Specialist with a copy to the CMS Project Officer. (The SF-269A may be accessed at the following site:  
<http://www.whitehouse.gov/omb/grants/sf269a.pdf>). this financial status is due within 30 days after the end of the quarter (January 31; April 30; July 31; October 31).

12. Required Quarterly, Annual and Final (Progress) Reports

- a. The Grantee is required to submit quarterly and annual progress reports to the CMS Grant Specialist, with a copy to the CMS Project Officer. Quarterly progress reports are due within 30 days after the end of the quarter (see STC #10 for dates). The annual report is due 30 days after the end of the Federal fiscal year (October 31). These reports must comply with the format in Attachment B: *Children's Health Insurance Program Reauthorization Act (CHIPRA) Outreach and Enrollment Grants - Cycle 1 Template for Quarterly/Annual Progress Reports*. This format may be revised at a later date by CMS.
- b. The Grantee is required to submit a Final Report to the CMS Grant Specialist, with a copy to the CMS Project Officer, within 90 days after the project period ending date of the 2nd year (December 31, 2011).
- c. In each progress report (quarterly, annual and final), the Grantee will describe the progress and provide data on the Grantee's impact on increasing the number of children enrolled and retained in the Medicaid and CHIP programs. The Grantee will describe each activity performed in the quarter/year and how that activity was linked to the increased enrollment/retention and demonstrate how that linkage is supported by data, i.e. percentage or number of children referred to the State for enrollment and program retention and the percentage or number of children enrolled/retained in these programs as a result of those efforts.
- d. The Grantee will submit all written reports (quarterly, annual and final) in a format compliant with section 508 of the Rehabilitation Act (29 U.S.C. 794d) to the CMS Project Officer identified in the award package.
- e. Email is an acceptable format for transmitting the required quarterly, annual, and final (progress) reports.

13. Required Grant Evaluation

- a. A draft Grant Evaluation should be submitted to the CMS Project Officer for comments within 30 days of the end of the grant period (September 30, 2011). This draft will incorporate specific measurable quality and outcome performance measures as specified in the solicitation and by CMS. CMS' comments should be taken into consideration by the Grantee for incorporation into the final report as CMS approval of the final report is required. CMS reserves the right to require the Grantee to provide additional details and clarification on the content of the report.

- b. Within 90 days of the end of the grant period (which is December 31, 2011) the Grantee will submit a final Grant Evaluation to the CMS Project Officer and CMS Grant Specialist consistent with the CMS requirements.
- c. The Grant Evaluation may not be released or published without written permission from the CMS Project Officer.
- d. The Grant Evaluation will contain a disclaimer that the opinions expressed are those of the Grantee and do not necessarily reflect the opinion of CMS.
- e. The Grantee will submit the final evaluation in a format compliant with section 508 of the Rehabilitation Act (29 U.S.C. 794d) to the CMS Project Officer identified in the award package.
- f. Email is an acceptable format for transmitting the Final Grant Evaluation.

#### 14. Required Financial Reports

- a. The designated State official or other individual authorized to request funds from the CMS Division of Payment Management must submit quarterly the Financial Status Report (SF-269A). This form is used for the reporting of expenditures of the CHIPRA Outreach and Enrollment Payments as outlined in the financial reporting instructions.
  - b. The Grantee will simultaneously submit all Financial Status Reports (SF-269A) to the CMS Grant Specialist and the CMS Project Officer identified in the award package. The originals are to be submitted to the CMS Grant Specialist and a copy to CMS Project Officer.
  - c. SF-269A reports are due no later than 30 days from the end of each project operating quarter by January 31, April 30, July 31 and October 31 of each grant year. A scanned and emailed or faxed copy is acceptable for both the Grant Specialist and the CMS Project Officer.
  - d. The funding authorized by this grant award is paid subject to any future financial management review or audit.
15. The Grantee is required to notify the CMS Project Officer and the CMS Grant Specialist within ten (10) days of any personnel changes affecting the grant's Project Director, Assistant Project Director, or the Financial Officer who is responsible for completing the Financial Status Report (SF-269A) and the Federal Cash Transactions Report (PSC-272).
16. Only consortium members that meet the statutory definition of an eligible entity, at Section Section 2113(f) of the CHIPRA may receive and access funds from this Grant.
17. All funds provided under this grant will be used by the Grantee exclusively for the CHIPRA Outreach and Enrollment Grants as defined in Section 201 of CHIPRA and as described in the grant solicitation. If the Grantee uses these funds for any purpose other than those awarded through the CHIPRA Outreach and Enrollment Grants – Cycle I (or those modifications that have the prior written approval of the CMS Project Officer), then all funds provided under this grant may be required to be returned to the United States Treasury.
18. Grant funds may not be used for any of the following:

- a. To cover the costs to provide direct services to individuals.
  - b. To match any other Federal funds.
  - c. 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.
  - d. To provide infrastructure for which Federal Medicaid or CHIP matching funds are available such as for certain information systems projects.
  - e. To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
  - f. To be used for data processing software or hardware in excess of the software and personal computers required for staff devoted to the grant.
  - g. To provide funding to a consortium member who does not meet the definition of an 'eligible entity' for these outreach grants, as described in the solicitation.
19. The Grantee may not pay for the same scope of work using more than one CHIPRA Outreach Grant award or other Federal funding stream.
20. Grantees are not required to provide a matching contribution. However, any funding contributed to this effort by other entities should be included in the quarterly and annual reports. In the case of a State that is awarded a grant, the State share of such funds expended for outreach and enrollment activities under the State child health plan will not be less than the State share of such funds expended in the fiscal year preceding the first fiscal year for which the grant is awarded. This information should be provided by non-State Grantees, if available.
21. Non-State Grantees or Grantees that are State Agencies, but not the CHIP or Medicaid Agencies are required to provide and submit to the CMS Project Officer, a Memorandum of Understanding (MOU) with the respective State Medicaid and CHIP Agencies within 90 days of award for the purpose of data collection or alternate plans to demonstrate enrollment or retention results by (December 31, 2009). Specific requirements for the MOU are included in the grant solicitation and having this in place is a condition of funding. Funded State Medicaid and CHIP agencies (if separate) must have a reciprocal agreement to have the MOUs in place within 90 days after award as a condition of funding. Non-State Grantees or State Grantees that are not the CHIP or Medicaid Agencies must submit to CMS within 90 days an alternate plan for data collection for enrollment and retention information for consideration. This alternate plan must be approved in writing by CMS.
22. Award of these grant funds offers no guarantee, explicit or implied, that future Federal funds will be made available for the funded project.
23. The Grantee must comply with all applicable Federal statutes relating to non-discrimination. These include, but are not limited to, the Americans with Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
24. The Grantee must be in compliance with all applicable requirements of Medicaid and the Children's Health Insurance Program (CHIP) expressed in law, regulation, and policy statement.

**25. The Grantee must, within the timeframes specified in law, regulation, or policy statement, come into compliance with any changes in Federal law, regulation, or policy affecting the Medicaid or CHIP programs that occur during this grant-approval period, unless the provision being changed is expressly waived or identified as not applicable.**

**ATTACHMENT A:**

**Children's Health Insurance Program Reauthorization Act (CHIPRA)  
Outreach and Enrollment Grants – Cycle I  
Project Number 2082**

**TIMELINE**  
September 30, 2009 – September 29, 2011

| <u>ACTIVITY</u>  | <u>TIMELINE</u>  |
|--|--|
| Grant award  | September 29, 2009   |
| Grant period begins  | September 30, 2009   |
| Accept award package   | October 31, 2009   |
| Notify CMS of Fiscal Agent/Officer Responsible for completing the SF-269A and PSC-272  | October 31, 2009   |
| Attend the HHS National Outreach And Enrollment Conference, Chicago, IL  | November 4-6, 2009   |
| Revised Budget and SF-424A (when applicable)   | Due within 60 days of award  |
| Non-State Grantees   | Due within 90 days of award, submit to CMS an MOU with applicable State(s) to establish data links for reporting eligibility and enrollment data |
| Reciprocal MOU required for State Medicaid And CHIP Agencies (if separate) or providing outreach to cross-border populations | Due within 90 days of award  |
| Interim/Quarterly Financial Status Report  | Due 30 days after the end of each Federal fiscal quarter (e.g., January 31, April 30, July 31, and October 31, 2010)                             |
| Quarterly Progress Reports   | Due 30 days after the end of each Federal fiscal quarter (e.g., January 31, April 30, July 31, and October 31, 2010)                             |
| Quarterly reporting of "ever-enrolled" data by State Medicaid & CHIP Agencies by target population                           | Due 30 days after the end of each Federal fiscal quarter (e.g., January 31, April 30, July 31, and October 31, 2010)                             |

|  |   |
|--|---|
| <p><b>Awardees must respond to requests necessary for the evaluation of the National CHIP Outreach &amp; Enrollment Grants' and provided data as requested</b></p> | <p><b>As required by the CMS Project Officer</b></p>  |
| <p><b>Guidance Call for Preparation Of the Annual Progress Report</b></p>  | <p>To be scheduled by the CMS Project Officer approximately 60 days before end of grant year</p>                      |
| <p><b>Annual Progress Reports</b></p>  | <p>Due 30 days after the end of the 12<sup>th</sup> month of each year of the grant (e.g., October 30, 2010)</p>      |
| <p><b>Annual reporting of "ever-enrolled" data by State Medicaid &amp; CHIP Agencies</b></p>   | <p>Due 30 days after the end of each Federal fiscal year (e.g., September 30, 2010)</p>                               |
| <p><b>Guidance Call for Preparation Of the Final Report</b></p>  | <p>To be scheduled by the CMS Project Officer approximately 60 days before end of grant year (e.g. July 31, 2009)</p> |
| <p><b>Draft Grant Evaluation</b></p>   | <p>Submitted to CMS Project Officer 30 days before end of the grant period (e.g. August 31, 2009)</p>                 |
| <p><b>Final Report</b></p>   | <p>Due 90 days after the conclusion of the grant period (December 31, 2011)</p>                                       |
| <p><b>Grant Evaluation</b></p>   | <p>Due 90 days after the conclusion of the grant period (December 31, 2011)</p>                                       |
| <p><b>Liquidation of all Obligations</b></p>   | <p>Due 90 days after the grant period end date and prior to filing of the final Fiscal Status Report</p>              |
| <p><b>Final Financial Status Report (FSR)</b></p>  | <p>Due 90 days after the grant period end date (December 31, 2011)</p>  |

**ATTACHMENT B:**



**Children's Health Insurance Program Reauthorization Act (CHIPRA)  
Outreach and Enrollment Grants - Cycle 1  
Template for Quarterly/Annual Progress Reports**

**Date:**

**Grant Entity or State:**

**Project Title:**

**Project Quarter/Year Reporting Period:**

**Example:**

**Project Year 1 (10/1/2009-12/31/2009)**

**Grant Contact:**

**Name and Title:**

**Email:**

**Phone:**

**Title Line - Project name**

**Introduction - Brief overview of the project.**

**Implementation Status - As relevant to your project, include a discussion and update on progress towards:**

- 1. Accomplishments to Date:** implementation milestones, early outcomes, etc, include progress toward stated milestones.
- 2. Challenges and Responses:** include as much detail as possible; imagining that another entity, such as another state would take the Grantee's experience under advisement when planning to implement a similar project.

**3. Variation from Timeline**

| <b>Task/Benchmark</b> | <b>Original Date</b> | <b>Current Date</b> | <b>Comments</b> |
|-----------------------|----------------------|---------------------|-----------------|
|                       |                      |                     |                 |
|                       |                      |                     |                 |
|                       |                      |                     |                 |

- 4. Data use -** As applicable, describe how the Grantee has incorporated effective use of data including information technology and systems enhancements.
- 5. Achieving increased outreach and enrollment to eligible, but unenrolled populations -** Describe how the project is progressing in achieving increased outreach and enrollment as required under the grant solicitation including but not limited to:
  - a. Innovative Outreach Strategies and Activities - As applicable, describe outreach activities and/or promising practices for the current quarter/year and provide data to demonstrate that this is a best practice..
  - b. Innovative Enrollment Strategies and Activities - As applicable, describe enrollment activities and/or promising practices for the current quarter/year. This section should describe progress in removing barriers to enrollment.
  - c. Describe each strategy used to enroll and retain targeted Medicaid and CHIP eligible children and provide data to demonstrate the effectiveness of each strategy. This section should include any refinements made to improve the effectiveness of those strategies.
  - d. Describe the demographic group targeted by outreach activities and the strategies and activities to address improving access to and credibility with underserved groups. Include activities related to outreach to the targeted geographic areas and to specific populations including racial and ethnic minorities and health disparity populations.
- 6. Specific overall quality and outcome performance measures and specific measurable quality and outcome performance measures –** the Grantee must report on the overall and specific performance and quality measures in the solicitation. In addition, the Grantee will describe in detail how the project is progressing in achieving

the grant-specific measures that were provided in the application. The Grantee will include data to support the measures.

Overall quality and outcome performance measures are:

- Of those children who are potentially eligible for Medicaid or CHIP within a grantee's geographic area, the number of children who are enrolled in the program through the grantee's outreach and enrollment efforts.
- Of those children who remain programmaticaly eligible at the annual redetermination for Medicaid or CHIP within a grantee's geographic area, the number of children who retain eligibility in Medicaid or CHIP.
- The potential overall impact on decreasing the number of low-income uninsured children as evidenced in a reduction in the percentage of the low-income uninsured children in the target areas.

If the applicant includes a State Medicaid or CHIP agency, the State will report on the first four components listed below quarterly and annually using 'ever-enrolled' data to ensure that a child is not counted multiple times. Non-State grantees will select from the measures below those that apply to their particular project and will use them to evaluate their projects.

Specific measurable quality and outcome performance measures will include (if applicable to the proposal):

- The number of applications referred through the grantee's efforts and the number of those found eligible as reported to the grantee by the State;
- The number of those referred, through the grantee's efforts and found eligible who retain eligibility at the annual redetermination, if they are still programmaticaly eligible as reported to the grantee by the State;
- The number of applications referred through the grantee's efforts by the population the grantee is targeting as reported to the grantee by the State;
- The number of those referred, through the grantee's efforts who are denied and the reasons for the denials as reported to the grantee by the State;
- An assessment of the specific strategies or events which are more successful than others at generating successful program enrollments; and
- An assessment of the ability to replicate the strategies and the potential for using them as a model.

**7. Collaborative efforts** - describe collaborative efforts to move the project forward such as working with partners as applicable. State Grantees will include a description of collaboration with the National Campaign.

**8. Lessons Learned** - include preliminary implementation lessons learned and promising practices, in detail.

- 9. Financial Status of the Project** - describe any challenges or successes regarding use of the grant funds to achieve project goals, including a discussion of the status of State share of funding to support the increased enrollment in Medicaid and CHIP. Include discussion of budget revision requests, if any are planned.

- 10. Enrollment Data** - Provide data regarding enrollment and retention for target populations. Non-State Grantees and State Agencies that are not the Medicaid or CHIP Agencies will use the template below to provide this data.

|   |   |   |   |
|---|---|---|---|
| Number of children's applications referred for enrollment in Medicaid | Number of children's applications referred for enrollment in CHIP | Number of children assisted in retaining eligibility at redetermination in Medicaid     | Number of children assisted in retaining eligibility at redetermination in CHIP     |
| Percentage of children determined eligible by State for Medicaid      | Percentage of children determined eligible by State for CHIP      | Percentage of children assisted in retaining eligibility at redetermination in Medicaid | Percentage of children assisted in retaining eligibility at redetermination in CHIP |

CHIP and Medicaid State Agencies will provide the 'ever-enrolled' numbers for the quarter for Medicaid and CHIP as reported in the Statistical Enrollment Data System (SEDS) and discuss what number and percentage of those new enrollees or retained children are directly attributable to grant activities during the quarter.

The Grantee will specify the activities that led to the increases in enrollment/retention. Were specific population groups targeted with these activities? How effective were these activities at increasing enrollment/retention?

- 11. Modification of strategies** - Grantees must describe the modification of strategies, if any, when the data demonstrates that they are not effective in achieving the goals of the grant.

- 12. Technical Assistance** - State CHIP and Medicaid Agencies are required to describe in detail their provision of technical assistance to individual or coalition-based Grantees within their States. A list of suggested technical assistance activities is included in the grant solicitation.

- 13. State Maintenance of Effort (for State CHIP and Medicaid agency applicants only)-**

| Grant Award Reporting Period | O&E State Funding Prior to Grant Award (Quarter/Year based on FFY2009) | Current Period State O&E Funding (Quarter/Year) | Change (Dollars/Percent) |
|------------------------------|--|---|--------------------------|
|                              |  |   | Comments                 |
|                              |  |   |                          |

**14. Project Evaluation -**

- a. Evaluation Status -** Describe the status of the project's evaluation. What activities have occurred to secure baseline data? What data has been collected to support the evaluation? What challenges have arisen in implementing the qualitative and quantitative portions of your evaluation and how has the project addressed them?
  
- b. Evaluation metrics -** If not already submitted, outline in this section or as an attachment, what metrics the grant has adopted to measure outcomes such as increased outreach to eligible, but unenrolled children as well as any other process and performance metrics. Please attach any relevant evaluation documents (evaluation plan, list of evaluation measures, etc.). Indicate if feedback on draft evaluation documents is being requested from CMS.

**Department of Health and Human Services  
Centers For Medicare Medicaid Services  
Notice of Award (NOA)**

1. RECIPIENT

SAI NUMBER:

PMS DOCUMENT NUMBER:  
120C30515A

|   |   |   |  |                       |
|---|---|---|--|-----------------------|
| <b>1. AWARDING OFFICE:</b><br>Centers For Medicare & Medicaid Services  |   | <b>2. ASSISTANCE TYPE:</b><br>Discretionary Grant     | <b>3. AWARD NO.:</b><br>120CMS030515/01  | <b>4. AMEND. NO.:</b> |
| <b>5. TYPE OF AWARD:</b><br>DEMONSTRATION   | <b>6. TYPE OF ACTION:</b><br>New                        | <b>7. AWARD AUTHORITY:</b><br>CHIPRA of 2009 PL 111-3 |  |                       |
| <b>8. BUDGET PERIOD:</b><br>09/30/2009 THRU 09/29/2011  | <b>9. PROJECT PERIOD:</b><br>09/30/2009 THRU 09/29/2011 | <b>10. CAT NO.:</b><br>93767                          | <b>12. PROJECT / PROGRAM TITLE:</b><br>Children's Health Insurance Program Outreach and Enrollment Grant |                       |
| <b>11. RECIPIENT ORGANIZATION:</b><br>Palmetto Project, Inc.<br>1031 Chuck Dawley Blvd., Suite 5<br>Mt. Pleasant SC 29464<br>Stephen L. Skardon, Executive Director |   |   |  |                       |

|  |                          |  |                     |
|--|--------------------------|--|---------------------|
| <b>13. COUNTY:</b>                     | <b>14. CONGR. DIST.:</b> | <b>15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:</b><br>Jaquetta Jones , Director, Palmetto Project PCHI |                     |
| <b>16. APPROVED BUDGET:</b>            |                          | <b>17. AWARD COMPUTATION:</b>  |                     |
| Personnel.....                         | \$ 0                     | A. NON-FEDERAL SHARE.....  | \$ 0 0.00 %         |
| Fringe Benefits.....                   | \$ 0                     | B. FEDERAL SHARE.....  | \$ 981,009 100.00 % |
| Travel.....                            | \$ 0                     | <b>18. FEDERAL SHARE COMPUTATION:</b>  |                     |
| Equipment.....                         | \$ 0                     | A. TOTAL FEDERAL SHARE.....  | \$ 981,009          |
| Supplies.....                          | \$ 0                     | B. UNOBLIGATED BALANCE FEDERAL SHARE.....  | \$                  |
| Contractual.....                       | \$ 0                     | C. FED. SHARE AWARDED THIS BUDGET PERIOD.\$  | 981,009             |
| Facilities/Construction.....           | \$ 0                     | <b>19. AMOUNT AWARDED THIS ACTION:</b>   | \$ 981,009          |
| Other.....                             | \$ 981,009               | <b>20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:</b>   | \$ 981,009          |
| Direct Costs.....                      | \$ 981,009               | <b>21. AUTHORIZED TREATMENT OF PROGRAM INCOME:</b>   |                     |
| Indirect Costs.....                    | \$ 0                     | <b>22. APPLICANT EIN:</b>  | 1-570807801-A1      |
| At % of \$                             | 0                        | <b>23. PAYEE EIN:</b>  | 1-570807801-A1      |
| In Kind Contributions.....             | \$ 0                     | <b>24. OBJECT CLASS:</b>   | 41.45               |
| <b>Total Approved Budget(**)</b> ..... | <b>\$ 981,009</b>        |  |                     |

**25. FINANCIAL INFORMATION:** ORGN CMS 120C30515A DOCUMENT NO. 120C30515A APPROPRIATION 75-9/3-0516 CAN NO. 2009 5992082 NEW AMT. \$981,009 UNOBLG. NONEED % DUNS: 604959072

**26. REMARKS:** (Continued on separate sheets)  
Paid by DHHS Payment Management System (PMS), see attached for payment information. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award. This includes requirements in Parts I and II (available at <http://www.hhs.gov/grantsnevdministr/gpd/index.htm>) of the HHS GPS, or 92, directly apply to this award apart from any coverage in the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 74. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to [http://www.acf.hhs.gov/grants/award\\_term.html](http://www.acf.hhs.gov/grants/award_term.html).

|  |                             |  |
|--|-----------------------------|--|
| <b>27. SIGNATURE - CMS GRANTS OFFICER</b><br><i>Nicole M. Nicholson</i><br>Nicole M. Nicholson | <b>DATE:</b><br>SEP 30 2009 | <b>28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY</b><br>Signature Not Required |
| <b>29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)</b><br>DATE:                                  |                             |  |



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE MEDICAID SERVICES  
FINANCIAL ASSISTANCE AWARD**

1. RECIPIENT

SAI NUMBER:

PMS DOCUMENT NUMBER:

120C30515A

|   |                    |  |  |                       |
|---|--------------------|--|--|-----------------------|
| 1. AWARDING OFFICE:<br>Centers For Medicare & Medicaid Services |                    | 2. ASSISTANCE TYPE:<br>Discretionary Grant | 3. AWARD NO.:<br>120CMS030515/01               | 4. AMEND. NO.         |
| 5. TYPE OF AWARD:<br>DEMONSTRATION                              |                    | 6. TYPE OF ACTION:<br>New                  | 7. AWARD AUTHORITY:<br>CHIPRA of 2009 PL 111-3 |                       |
| 8. BUDGET PERIOD:<br>09/30/2009                                 | THRU<br>09/29/2011 | 9. PROJECT PERIOD:<br>09/30/2009           | THRU<br>09/29/2011                             | 10. CAT NO.:<br>93767 |
| 11. RECIPIENT ORGANIZATION:<br>Palmetto Project, Inc.           |                    |  |  |                       |

**26. REMARKS:** (Continued from previous page)

This grant is subject to the requirements set forth in 45 CFR part 74 (for non-profit organizations and educational institutions) or 45 CFR Part 92 (for state, local, and federally recognized tribal governments). Initial expenditure of funds by the grantee constitutes acceptance of this award. No future support is anticipated. (\*) Reflects only federal share of approved budget.

Within 60 days from the date of this award, please provide to the CMS Grants Officer and CMS Project Officer a revised budget equal to the amount of the award on Standard Form 424A, (Section B only) and the approved Indirect Cost Rate Agreement used in calculating the budget, if applicable.

For administrative assistance, please contact your Grants Management Specialist: Mary Greene at 410-786-5239 or via email at mary.greene@cms.hhs.gov.

For programmatic assistance, please contact your assigned Project Officer: Sheila Sykes at 601-366-7312 or via email at sheila.sykes@cms.hhs.gov.

Please remember to include your grant number on all correspondence to CMS. The grant number can be found in Section 3 of the NOA.

For CMS Purposes Only: Transmittal No. BOAX 920821





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Marion, SC 29571

[www.palmettoproject.org](http://www.palmettoproject.org)  
[www.schealthcare.org](http://www.schealthcare.org)

October 2, 2009

Mary E. Greene  
Grants Management Specialist  
Centers for Medicare & Medicaid Services  
Office of Acquisition and Grants Management  
Mail Stop: C2-21-15, Central Building  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Ms. Greene:

This letter serves as formal acceptance of FY 2009 CHIPRA Outreach and Enrollment Grant, 1Z0CCMS030515/01, Demonstration, and its accompanying terms and conditions. We understand that the grant award is \$981,009 and that the grant period is from September 30, 2009 through September 29, 2011.

Sincerely,

Stephen L. Skardon, Jr.  
Executive Director  
843-577-4122  
843-723-0521

cc: Ms. Sheila Sykes,  
CMS Project Officer

