



Transforming State LTSS Access Programs and Functions into A No Wrong Door System for All Populations and All Payers

**Administration for Community Living
Centers for Medicare & Medicaid Services
Veterans Health Administration**

**HHS-2014-ACL-CDAP-NW-0080
Application Due Date: 07/15/2014**

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and All Payers

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**Department of Health & Human Services
Administration for Community Living**

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Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with <http://www.grants.gov>. Grants.gov can take up to 48 hours to notify you of a successful submission.

Executive Summary

The U.S. Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS) and the Veterans Health Administration (VHA) have developed this Funding Opportunity Announcement (FOA) to assist states in the planning of a No Wrong Door (NWD) System to help individuals access long term services and supports (LTSS). The NWD System will make it easy for people of all ages, disabilities and income levels to learn about and access the services and supports they need. The NWD System will also provide states with a vehicle for better coordinating and integrating the multiple access functions associated with their various state administered programs that pay for LTSS. Specifically, the funds being made available under this FOA are to support a state-led 12-month planning process to identify the key actions the state will need to take to move forward with the development and implementation of a NWD System that has the functional and operational capacity described in this FOA. At a minimum, the following state agencies must be involved as full partners in co-leading this planning process: the State Medicaid Agency, the State Unit on Aging, and the state agencies that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and the state authorities administering mental health services. The planning process must involve meaningful input from key stakeholders including consumers, their advocates, Area Agencies on Aging, Centers for Independent Living, local Medicaid agencies, local organizations that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and individuals with mental/behavioral health needs, Veteran Service Organizations, as well as service providers, and other relevant public and private entities. States must make every effort to meaningfully include persons who use LTSS in all aspects of the planning process. States may also involve other state agencies in the planning process.

Most states have already developed programs that help consumers understand and access their LTSS options using various federal grants and authorities, such as Aging and Disability Resource Center grants,

Money Follows the Person grant funding, and the Balancing Incentive Program, but few states have developed a statewide system to access LTSS that reflects the functionality and operational capacity of the NWD System described in this FOA. If a state is successful in competing for a grant award under this FOA, the main “deliverable” at the end of the 12-month planning period is a 3-Year Plan that includes a detailed strategy, work plan, and budget the state will use, pending the availability of additional federal support, to begin transforming the multiple access functions that are administered by its various LTSS programs into a single statewide NWD System to access LTSS for all populations and all payers.

I. Funding Opportunity Description

Funding Opportunity Description includes:

- A. Background on the Evolution of the NWD System**
- B. ACL/CMS/VHA Vision for a NWD System**
- C. Description of Key Functions of a NWD System for All Populations and All Payers**
- D. Funding Application Requirements**

A. Background on the Evolution of the NWD System

Finding and accessing the right LTSS can be a daunting task for individuals and their families. The current LTSS System involves numerous funding streams administered by multiple federal, state and local agencies using different, often fragmented and duplicative, access processes involving screening, intake, needs assessment, service planning, and eligibility determination. Individuals trying to access LTSS frequently find themselves confronted with a bewildering maze of organizations and bureaucratic requirements at a time when they are vulnerable or in crisis. This often results in people making decisions based on incomplete, and sometimes inaccurate, information about their options. This can lead to decisions to purchase and/or use LTSS options that are less than optimal for the individual and more expensive than necessary, including decisions to use expensive options such as nursing facility care that can quickly exhaust an individual’s personal resources and result in their spending down to Medicaid.

The consequences of a LTSS System that makes it difficult for people to make informed decisions about their LTSS options has a direct impact on the health, well-being and financial status of our citizens, and it also has a direct impact on our state and federal budgets. This situation will only be compounded as the number of people who need LTSS increases and more and more LTSS products come onto the market. Currently, about 11 million Americans need some form of LTSS each year, and about 70% of all the people now turning age 65 will need LTSS at some point during their life.

In response to this challenge facing our citizens and our nation, the Administration on Aging (now part of the Administration for Community Living) and the Centers for Medicare & Medicaid Services came together in 2003 to create a joint funding opportunity to support state efforts to create “one-stop-shop” access programs for people seeking LTSS. This initiative, known as the Aging and Disability Resource Center (ADRC) Program, was designed to provide consumers with “visible and trusted” sources of information, one-on-one counseling, and streamlined access to services and supports. Recognizing the LTSS System will always involve multiple payers and providers, and therefore always have some degree of fragmentation, the ADRC Program was a “system change” initiative to help states better coordinate and integrate their access functions and create a new “interface” between consumers and the LTSS System in order to make it easier for people to learn about and quickly access the LTSS options that would best meet their needs. The ADRC grant program was based on the most promising practices being implemented at the time by states, including Washington, Oregon and Wisconsin. The ADRC Program in Wisconsin in particular was highlighted as a model in the 2003 FOA because its vision was to serve all individuals in need of LTSS regardless of their age, disability or income, not just people who qualified for public

programs such as Medicaid. The reach of the Wisconsin model was particularly important because most people needing LTSS do not qualify for Medicaid.

AoA and CMS awarded ADRC grants to 12 states in 2003, and each year the number of states participating in the program grew and eventually almost all states and several of the territories received funding to develop ADRC Programs. As the number of participating states grew, the ADRC initiative started to evolve, and several key functions were strengthened. For example, in 2007 CMS made special Hospital Discharge Planning grants available to 10 state ADRC programs to strengthen their involvement in hospital to home care transitions. Then in 2009, supporting care transitions was recognized as a functional component of the ADRC initiative. This work expanded again in 2010 when AoA made special grants available to 16 states to partner with hospitals to build evidence-based care transition programs into their ADRC programs. The capacity of ADRCs to help nursing home residents transition back to the community was significantly bolstered when state Medicaid agencies started to invest in ADRCs to assist with Money Follows the Person transitions, and, then, under the new CMS guidance for MDS Section Q, many Medicaid agencies designated ADRCs to serve as a Local Contact Agency to assist nursing home residents expressing a desire to return home. Today, 42 state ADRC programs have counselors doing MFP transitions and have been designated to serve as a Local Contact Agency under the Section Q guidance.

Another major development in the evolution of the ADRC model occurred in 2008 when the VHA – the nation’s largest health care system - recognized the value of ADRCs in helping consumers develop person-centered plans and direct their own care. In that year, the VHA entered into formal funding agreements with ADRCs to serve as the VHA’s designated entity for delivering the Veterans-Directed Home and Community Based Services Program (VD-HCBS). Currently, over 100 ADRC sites across the country are delivering the VD-HCBS Program. Another development in 2008 included Nursing Home Diversion/Community Living grants to states to strengthen the role of the ADRC in serving non-Medicaid eligible individuals in an effort to reduce the rate that they spend down to Medicaid by diverting them from higher cost LTSS. Then, in 2010 the Affordable Care Act provided \$50 million dollars over five years to support the further development of the ADRC Program. The Affordable Care Act also funded the CMS Balancing Incentive Program to incentivize states to rebalance their Medicaid LTSS spending and required participating states to make changes to their LTSS Systems, including developing statewide NWD programs. Many State Medicaid Agencies included ADRCs in the development of their Balancing Incentive Program NWD. However, other states limited their Balancing Incentive Program NWD to serving Medicaid eligible individuals, and some states developed Balancing Incentive Program NWD totally separate from their ADRC programs.

In 2012, recognizing the accomplishments of both the ADRC and Balancing Incentive Program initiatives, as well as the lessons learned from the experience of the participating states, including the variation in functionality and capacity that existed across the states, ACL, CMS and the VHA decided it was time to draw on these experiences. As a result, ACL with its Federal partners are developing national standards, along with a set of tools, metrics, and best practices, all states could use to develop a single “high performing” access system that would effectively serve all populations in need of LTSS, including private pay individuals, and coordinate and integrate all the various access functions carried out by the state administered programs that pay for LTSS. To accomplish this, the 3 federal agencies issued a special funding opportunity – known as the 2012 “Part A ADRC Grant Program”. With the 2012 FOA, ACL officially adopted the “No Wrong Door” System for the ADRC Part A grants. Part A grants were awarded to 8 states (CT, MA, MD, NH, OR, VT, WI and WA) to develop a NWD System in their state so the federal partners could leverage the experience and models emerging in these states to serve as the basis for the development of national standards. Lessons learned from these grants demonstrated that no one agency or network could successfully implement a LTSS access system for all populations and all payers without having multiple agencies and organizations at the state and local level formally involved in the system’s operations. The network needs to include agencies and organizations that serve or represent the interests of different LTSS populations. The 2012 Part A grants will end in September 2015, at which time ACL, CMS, and the VHA will have in place:

- National standards for a NWD System for all populations and all payers;
- A national training and credentialing program for NWD System person-centered counselors;
- Measures and tools states can use to document and improve the operational capacity and performance of their NWD System;
- A portfolio of best practices states can use to strengthen various components of their NWD System;
- Official guidance states can use to claim Medicaid administrative funding and VHA funding to support their NWD System infrastructure; and
- Eight states with leadership experience in developing NWD Systems for all populations and all payers that can serve as models for other states.

Looking to the future, the President's FY 2015 Budget Request includes \$20 million each year for five years, for a total of \$100 million dollars, to support the further development of NWD Systems, based on the work and deliverables that will come out of the 2012 Part A Grant Program. This new funding will allow the current 8 states to continue and also bring another 35 states into the NWD System initiative over the next five years. The current FY 2014 FOA is designed to help states prepare for this potential future funding that, if enacted by the Congress, will commence in FY 2015.

B. ACL/CMS/VHA Vision for a NWD System

The ACL/CMS/VHA vision is that each state will have a single statewide NWD System to LTSS for all populations and all payers with the functionality and capacity described in this FOA. Under this FOA, "all populations" means, everyone regardless of a person's age, income or disability and "all payers" means any state administered program that provides LTSS to the populations that will be served by the NWD System. For this FOA, the term Person Centered Counselor references individuals performing person centered counseling within the NWD System. Supporting Appendices to help illustrate the NWD System can be found on the ACL website located

at http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx.

The NWD System functions include:

- **Public Outreach and Coordination with Key Referral Sources;**
- **Person Centered Counseling;**
- **Streamlined Access to Public LTSS Programs; and,**
- **State Governance and Administration.**

Each of these functions are described in detail below and illustrated in the NWD System schematic in Appendix I. The first three functions reflect interactions with individual consumers that are fluid and could occur simultaneously and do not necessarily indicate the sequences of steps that might be needed to help an individual access services. Additionally, the federal NWD System vision recognizes that no one agency or network has the capacity, expertise or authority to effectively carry out all the NWD System functions for all the different populations that will be served by the NWD System. Multiple agencies and organizations at the state and local level will need to be formally involved in the operations of a state's NWD System, all with clearly defined roles and responsibilities, in order for the NWD System to be effective.

The federal vision for the NWD System gives states flexibility in determining how best to organize, structure and operate the various functions of their NWD System. It is expected that states will better integrate and in some cases restructure and strengthen their existing ADRC and/or Balancing Incentive Program NWD programs and other state administered LTSS access programs, in order to realize the joint ACL/CMS/VHA vision for a fully coordinated and integrated system of access to LTSS, as described in this FOA. As part of this vision, States must clearly define the roles and responsibilities of every agency or organization involved in performing NWD System functions and ensure that all of the functions are carried out in a coordinated, high-quality manner. States can delegate some of the NWD System activities (e.g., Person Centered Counseling, the Preliminary Functional Assessment, etc.) to a broad array of local agencies and organizations. A sample of these types of organizations has been provided in Appendix III.

Some agencies and organizations might have the capacity to carry out only the Person Center Counseling function, others the Preliminary Functional Assessment, while others might be able to carry out both functions. As described below, it will be the role of the State NWD System governing body (see section below on State Governance and Administration) to determine which local agencies and organizations perform the various NWD System functions and to ensure that every individual and family member who contacts the NWD System receives the same quality of information and help in accessing LTSS, regardless of where they enter the NWD System.

C. Description of Key Functions of a NWD System for All Populations and All Payers

The following is a description of the key functional components of a fully developed NWD System to access LTSS for all populations and all payers. A visual depiction of the NWD System functions can be found in Appendix I. It should be noted that many of these functions reflect interactions with individuals that are fluid and could occur simultaneously and do not necessarily indicate the sequences of steps that might be needed to help an individual access services.

1. Public Outreach and Coordination with Key Referral Sources

To be a “visible” source of individualized counseling and help with accessing LTSS, the NWD System must proactively engage in public education to promote broad public awareness of the resources that are available from the NWD System. The goal is for citizens of the state to know where they can turn to for unbiased and “trusted” help in understanding and accessing the LTSS options that are available in their communities. A NWD System’s public education efforts should give special attention to underserved and hard-to-reach populations, including people with hearing and visual impairments and limited English speaking populations.

A NWD System must also have formal linkages (e.g., Formal Agreements and Protocols, etc.) with the key referral sources in a given community to ensure the staff in these entities know about the functions of the NWD System and have up-to-date information and tools for quickly identifying and referring individuals to the NWD System. Among the key sources of referral the NWD System must have formal linkages with all of the following entities:

- *Information and Referral Entities: This would include coordination with existing resources such as local Information, Referral and Assistance Programs, statewide 1-800 #'s and 211 systems so staff working for these entities can appropriately and quickly refer individuals to NWD System person centered counselors.*
- *Nursing Homes and other Institutions: A NWD System should be seen as a resource to discharge planners across the state to help facilitate the transition of residents back to the community. The State Medicaid Agency should designate the NWD System, or at least some of the organizations within the NWD System, to serve as a Local Contact Agency under the MDS Section Q guidance, as well as to serve as a vehicle for facilitating transitions under other grant programs like the Money Follows the Person Program.*
- *Acute Care Systems: This would include working with hospitals to put in place protocols for NWD System person centered counselors to partner with hospital discharge planners with the common goal of supporting an individual through a transition that would help the person to successfully return to the community, even if a post-acute nursing home stay was necessary.*
- *VA Medical Centers: This would include direct relationships between organizations within the NWD system doing Person-Centered Counseling and local VA Medical Centers on the implementation of the Veteran-Directed HCBS Program, and other programs the VA may choose to implement through the NWD System.*

The NWD System should be seen as a major resource for health care systems and providers; it will have the capacity to serve as a “front door” to the LTSS System that can quickly link their clientele to a full range of community services and supports. A fully operational NWD System will have formal linkages between and among all the major pathways that people travel while transitioning from one health care

setting to another or from one public program payer to another. These pathways represent critical junctures where decisions are made – usually in a time of crisis - that often determines whether a person is permanently institutionalized or transitioned back to the community. Quick connections to LTSS can also break the cycle of avoidable hospital readmissions.

2. Person Centered Counseling

Person Centered Counseling (PCC) is the NWD System term for person centered planning which is an approach when working with individuals that is now being required in the LTSS System under multiple Medicaid regulations, including the Person-Centered Planning provisions in the recently issued Home and Community Based (HCBS) “Settings Rule” <https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>. The relevant language from this Rule is included in Appendix V. The HCBS Rule establishes clear expectations for person centered planning and recognizes it as foundational for the delivery of effective HCBS. The HCBS Rule is the result of several years of work within CMS, other agencies across the DHHS (including ACL), and multiple stakeholder groups across the country through the federal public rule making process. As such, it is a highly vetted statement on Person Centered Planning.

Through the use of PCC, the NWD System will empower individuals to make informed choices about their LTSS options consistent with their personal goals, and to successfully navigate the various organizations, agencies and other resources in their communities that provide LTSS. PCC is very different from and requires a different skill set compared to tradition case management and other commonly used techniques for counseling individuals with LTSS needs, and it will take time for our current LTSS workforce to develop the knowledge and skills required to fully embrace and effectively use PCC. A visual representation of the core functions for a PCC Counselor can be found in Appendix II. The scope and breath of the specific knowledge, skills and abilities required for someone to be competent in doing PCC in a NWD System are delineated in Appendix IV. A number of the Part A States are implementing PCC by bolstering and upgrading the skills of their ADRC Options Counselors, and we expect many states will do the same while continuing to use the term Options Counseling since a number of states have codified the term in law (as they have done with the term Aging and Disability Resource Center).

PCC is a process that is directed by the person with LTSS needs. It may include a representative whom the person has freely chosen, or who is authorized to make personal or health decisions for the person. PCC must also include family members or legal guardians for non-emancipated minors. PCC efforts should also involve the individuals receiving care or services to the maximum extent possible even if they are not the legal representative in the planning process. During PCC, the person identifies their strengths, preferences, personal goals, needs (medical and LTSS) and desired outcomes. The role of the NWD System person centered counselor in the context of PCC is to enable and assist people to identify and access a unique mix of paid and non-paid services to meet their needs. Services listed on a plan are not guaranteed but are the desires and preferences of the person. As part of the PCC process, the person's goals, preferred methods for achieving them, and a description of the training, recreational, transportation, therapies, treatments, and other services needed to successfully achieve the person's goals become part of a written services and support plan. The plan must be consistent with the person's overall preferences. Preferences may include, but are not limited to, the following quality of life domains:

- Culture, including language and health literacy
- Housing
- Family and Friends
- Employment
- Community Integration
- Behavioral Health
- Recreation
- Vocational Training
- Relationship Building

- Other choices

The NWD System person centered counselor assists the person to construct a vision for his/her future, articulate that vision, consider various paths, engage in decision-making and problem solving, monitor progress and make needed adjustments in a timely manner. The NWD System person centered counselor supports individual responsibility including taking appropriate risks (e.g. back-up staff, emergency planning). The methodology currently available for ensuring the person is in charge of their own lives is PCC. The independent living philosophy is the result of people with disabilities getting together over 30 years ago to demand equal rights in health care and the broader society by demedicalizing and deinstitutionalizing their lives. It is a philosophy based on empowerment, inclusion, and self-determination. One of the primary aspects of the independent living movement is the idea of consumer direction over the planning process and the delivery of services and supports.

NWD System person centered counselors will be competent in PCC, and subsets of these NWD System person centered counselors will have specialized experience and expertise in serving the different segments of the LTSS population, and/or be able to carry out specialized NWD System functions. For example, helping people transition from hospitals or nursing homes back to the community or supporting teenage children with intellectual or developmental disabilities and their families to facilitate successful transitions from secondary education to adulthood, such as the transition to post-secondary education or to competitive, integrated employment. If individuals so desire and have the option available, the NWD System person centered counselor can also support them in self-directing their own services and supports.

In collaboration with VHA, PCC is a core function offered to veterans who are found eligible for the Veterans Directed HCBS program. This self-directed service delivery model supports veterans living in the community and works with the veteran to develop a person centered plan in order for the veteran to self direct their own services. Specific planning is also needed for transition-aged youths as they move to adulthood and transition to jobs and/or post-secondary education which includes transitioning into new programs and assuming an adult role in PCC.

If an individual appears to be eligible for one or more public programs, the NWD System person centered counselor will help them through a seamless process of service activation and if appropriate having their eligibility for public programs determined and, if deemed eligible, assisting them through the enrollment process and service activation. ACL and CMS are in the process of developing a national technical assistance, training and credentialing program to help states implement PCC. The training and credentialing program is being developed with input from the 8 Part A ADRC States and will be rolled out in 2015 and initially targeted to the person centered counselors working in state NWD Systems. CMS will provide technical assistance to states in the development of system wide person-centered planning initiatives and more specific technical assistance to states to come into compliance with the person-centered planning provisions of the new regulations.

The NWD System PCC function involves five basic steps: 1) conducting a personal interview; 2) developing a person-centered plan; 3) facilitating access to private services and supports; 4) facilitating streamlined access to public programs; and 5) conducting ongoing follow-up. These components involve a fluid process where individuals can access different components at various stages:

i. **A personal interview**, which starts with an open ended conversation with the individual, his or her representative and/or family members as appropriate, that includes elements of screening and assessment to confirm the person needs LTSS and if they have any needs that require immediate action. If so, the NWD System person centered counselor will act to help the individual address the immediate needs. The NWD System person centered counselor will continue with the interview and go through an iterative process with the individual, and others as appropriate, to identify his/her personal strengths, values, preferences and personal goals.

ii. **Development of a person centered plan** that puts in writing:

- the strengths, preferences, personal goals and needs identified by the individual;

- the desired and available options identified by the individual for realizing their personal goals and meeting their LTSS needs that, based on weighing the pros/cons of various options, may involve a mix of informal supports, community options and other private as well as public resources and include exploration of self-directed options where individuals can hire, direct and fire their own workers and pay for their services and supports through an individual budgeting process; and,
- the immediate next action steps to be taken in the decision-making and planning process.

iii. **Facilitating access to private sector services and supports that involves:**

Assisting the individual, with others if appropriate, in determining how best to pay for and arrange the delivery of services, including helping the individual to assess the sufficiency of his/her own personal resources.

NOTE: Most people who need LTSS do not qualify for public LTSS programs. Accordingly, NWD System person centered counseling includes the critical process of facilitating access to private pay services and community resources, including services that will be covered out-of-pocket and/or through other community resources. NWD System person centered counselors also assist people, who are on waiting lists for publicly funded programs, to access local community based LTSS needed to live in the community.

iv. **Facilitating streamlined access to public programs** for those who appear eligible for one or more public LTSS options such as Medicaid, state revenue programs, and/or Veterans programs.

The NWD System's streamlined access to public programs function includes all the processes and requirements associated with conducting formal assessments and/or determining an individual's eligibility for any state administered program that provides LTSS to the NWD System populations. States will use their NWD System to better coordinate and integrate these functions and processes so consumers experience an access process that is seamless and expeditious, and the public's expenditures on administering these access functions are better spent. The NWD System's interface between consumers and public LTSS programs should ensure that:

- individuals are assessed once via a common or standardized data collection method that captures a core set of individual-level data relevant for determining the range of necessary LTSS, therefore only asking individuals to tell their story once;
- the eligibility determination and enrollment process, even if the person is applying for multiple public programs, is as streamlined and timely as possible; and,
- the process takes into account and gives priority attention to the consumer's personal goals and preferences and consumer feedback is continually collected and used to improve the performance of the state's LTSS access functions and processes.

NWD System person centered counselors can help states make their NWD System streamlined access function more seamless and responsive to consumers and more cost efficient and effective for the state. For example, to expedite Medicaid eligibility determinations, some state Medicaid agencies may involve NWD System person centered counselors in conducting the preliminary functional and preliminary financial eligibility determination processes. This helps to ensure that applications reflect consumer preference and personal goals, are "camera ready" when they are submitted to the Medicaid agency's eligibility workers. As a result, the burden of the application process is reduced for both the Medicaid staff and the consumer and, in many instances, applications are processed more efficiently with fewer errors and are more responsive to consumer needs and preferences.

This process requires the person centered counselor to work in close coordination with the staff responsible for administering the program's formal procedures and requirements that are involved in assessing needs and determining eligibility, and includes:

- facilitating the individual's completion of applications and eligibility determinations;
- facilitating the individual's input into the development of the program's formal service plan that is

required by the program to ensure it is as consistent as possible with the individual's preferences and personal goals identified in their person centered plan; and,

- if necessary, helping the individual arranging for financial management services (FMS) when he/she chooses self-direction, and/or assisting with the choice of a support broker/agent.

v. Ongoing Follow-up:

Person Centered Counseling includes the critical function of on-going follow-up, working with the individual and others as appropriate, including the case manager of any public program that is involved, to help ensure the services and supports identified in the individual's person centered plan are initiated and meeting the individual's needs, and that other aspects of the individual's person centered plan not covered by public programs are addressed through other resources, strategies and supports.

NOTE: NWD System PCC can be particularly helpful for individuals on waiting lists for public program, like Medicaid waiver programs, to assist them in examining and activating resources that are available from other sources that can provide interim and/or alternative services and supports.

3. Streamlined Access to Public Programs

As noted above, the NWD System's Streamlined Access to Public Programs function includes all the processes and requirements associated with conducting formal assessments and/or determining an individual's eligibility that are required by any of the state administered programs that provide LTSS to any of the NWD System population. All these public access processes and requirements must be part of, and integrated into, the state's NWD System's streamlined access function, so states can use their NWD System as a vehicle for optimally coordinating and integrating these processes to make them more efficient and effective, and more seamless and responsive for consumers. Most states have developed programs that help consumers understand and access their LTSS options, using various federal grants and authorities, including Aging and Disability Resource Center grants, Money Follows the Person funding, and the Balancing Incentive Program, but few states have developed statewide systems that reflect the functionality and operational capacity of the NWD System described in this FOA. If a state is successful in competing for a grant award under this FOA, it is expected the state will fully integrate its ADRC, Balancing Incentive Program (if applicable) and other state administered LTSS access programs that serve the key populations targeted under this announcement into a single statewide No Wrong Door System to LTSS for all populations and all payers as described in this FOA.

The Medicaid eligibility and determination process often includes a two-stage process - conduct a preliminary and then a final functional and financial assessment. The preliminary assessment is the level I screen of a State's core standardized assessment process - when individuals making inquiries about LTSS go through an initial screen, which collects preliminary financial and functional data and points to potential needs and program eligibility. Those applicants who are considered potentially eligible at the level I screen will receive the comprehensive level II assessment. During stage 2, the Final Determination of Functional and/or Financial Eligibility completes the process that officially determines which individuals are Medicaid eligible based on clinical or functional criteria for public programs and/or based on his/her income and assets. Eligibility determination is usually based on the findings of a comprehensive functional or clinical assessment. For Medicaid, the assessment is often completed in person by staff who have received standardized training and have been designated by the Medicaid agency to perform this function. In some states, the person who conducts the preliminary assessment with the individual is also authorized to make a final determination of functional eligibility. In some cases, a separate individual must review, verify and make the determination or the information from the assessment is run through an automated eligibility determination tool and then verified. The financial eligibility criteria for Medicaid are established in the Medicaid State Plan and/or in HCBS Waiver eligibility criteria.

As noted above, NWD System person centered counselors can add significant value to the Medicaid eligibility determination process. The Medicaid agency may train and even designate NWD

System person centered counselors to participate in and facilitate the assessment process, using information they collected during the PCC encounter, as well as helping the consumers they are working with to gather additional information and documents not collected during the PCC process. Many of the Part A states have delegated the preliminary assessment to the NWD System person centered counselors. As noted below, it is critical to not equate the PCC process with the formal assessment and care planning process associated with public programs. The NWD System person centered counselors can help ensure applications are "camera ready" when they reach the Medicaid office, thereby reducing the burden of the application process for both Medicaid staff and consumers. Even if the NWD System person centered counselor is not designated to do the preliminary assessment, the data gathered by the NWD System person centered counselor during the PCC process should be fed into the preliminary assessment and then automatically transferred into the final assessment process.

4. The Intersection of the NWD System Person-Centered Counseling and Streamlined Access to Public Programs

The PCC process, for purposes of this FOA, must be kept independent and is usually much broader in scope than any assessment process that is tied to a program or service eligibility, even though both processes can and should feed into each other. Once an independent person centered plan is complete, the information in the plan should be used to inform the program and service eligibility processes. Gaps between services and support needs that are *identified* in the person centered plan, and those that are made *available* through the program and service eligibility processes, must be documented in the person centered plan along with strategies for achieving the person's goals that cannot be met through public programs.

For instance, a person may have a goal to gain competitive employment. However, the public program assessment process may find the person ineligible for the supported employment service because the threshold level of functional need has not been met. This conclusion must not be used to coerce, discourage, or otherwise negatively influence the person's desire to find employment. It must instead be presented as a temporary challenge to the achievement of the goal. The person centered counselors and others on the NWD System team must work together to assist the person in developing and documenting creative approaches to meeting the goal. Additionally, the NWD System must find ways to capture gaps in services and supports identified through the PCC process and use the information to improve the options for people.

5. State Governance and Administration

The governance and administration of a NWD System must involve a collaborative effort among multiple state agencies, since no one state agency has the authority or expertise to carry out all of the functions involved in a NWD System as described in this FOA. The NWD System is a critical component of any well-developed, person-centered state LTSS System, and therefore, its governance and oversight should be lodged in a Cabinet level body - either a new or existing one - and should be part of the state's oversight of its LTSS System. The NWD System governing body should be responsible for coordinating the on-going development, implementation, financing, evaluation and continual improvement of the state's NWD System. It must include representatives from the State Medicaid Agency, the State Unit on Aging, and the state agencies that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and the state authorities administering mental health services. Senior staff from these agencies should be designated as full partners in managing the on-going development and implementation of the NWD System. States may involve other state agencies, such as the budget office or the agency administering programs for Veterans as members of its NWD System governing body.

Once established, some initial responsibilities for a NWD System governing body would include:

- Setting up a process that will ensure key stakeholders have meaningful input into the ongoing development and implementation of the states' NWD System. Stakeholders should include

consumers, their advocates, Area Agencies on Aging, Centers for Independent Living, local Medicaid agencies, local organizations that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and individuals with mental/behavioral health needs, Veteran Service Organizations, as well as service providers, and other relevant public and private entities;

- Developing criteria and/or process to determine what organizations at the state and local level should play a formal role in carrying out NWD system functions;
- Developing criteria and/or process to determine what (if any) sub-state regions and/or substate entities would be used to support the state's administration and oversight of the local entities carrying out NWD System functions;
- Designating and developing formal agreements and funding arrangements with the state and local organizations that are selected to carry out NWD System functions;
- Developing a communications strategy and process that will facilitate on-going communication among the many different agencies and organizations playing formal roles in the NWD System;
- Identifying the existing public resources currently being used to support access functions across the multiple state administered programs that provide LTSS, and determining how these resources can best be coordinated and integrated to align their operation and performance with the NWD System functions outlined in this FOA; and,
- Making recommendations to the Governor on key aspects of the NWD System's design, development, financing, and on-going administration.

A robust Management Information System (MIS) that builds on and leverages existing state MIS systems is essential for a state to be able to effectively and efficiently gather and manage information from the many entities that will be carrying out NWD System functions, as well as from individual consumers who use the NWD System. These activities will involve collecting, organizing, analyzing and reporting information across state MIS systems and across the agencies and organizations that make up the NWD System in order to provide a comprehensive summary of relevant information to inform top-to-bottom decision-making about the NWD System. The MIS should track consumer level data, including data and information from the person centered plans, such as information on the use of services and supports, and gaps between the services used and the services identified in the person centered plan. The system will have to comply with Health IT standards and should also support the use of Personal Health Records to enable information and data to flow with consumers from their initial entry into the NWD System all the way through follow-up. Individual data must be collected in a way that ensures confidentiality, but **limits the repeated collection of the same information from individual throughout his/her tenure in the LTSS System.** NWD System staff responsible for managing MIS activities are likely to be involved in overseeing data collection activities, meeting reporting requirements, working with IT vendors to maintain and improve IT applications and programs across NWD System organizations, and training end-users on how to use the system, including the collecting, recording and reporting of required data. The MIS system should support on-going program management, planning, budgeting, and continuous quality improvement at both the state and local level as well as state level policy development.

The NWD System's Continuous Quality Improvement (CQI) process must involve getting input and feedback from the many different customers who use or interact with the NWD System, including individuals and their families, system partners, advocates, providers and professionals in the health and LTSS systems, on the responsiveness of the NWD System to their varying needs. The CQI process should also involve the administration of a complaint and grievance processes and tracking and addressing complaints and grievances. To be effective, the CQI process needs to include performance goals and indicators related to their NWD System's key aims:

- (a) **Visibility** on the extent to which the public is aware of the existence and functions of the NWD System;
- (b) **Trust** on the part of the public in the objectivity, reliability, and comprehensiveness of the assistance available from the NWD System;

(c) **Ease of Access** including reductions in the amount of time and level of frustration and confusion individuals and their families experience in trying to access LTSS, additionally physical locations should be accessible and all written materials should be accessible by all populations and ADA 508 compliant;

(d) **Responsiveness** to the needs, preferences, and unique circumstances of consumers, including feedback from individuals as it relates to the outcomes of their interaction with the NWD System, especially in relation to the NWD System's ability to enable the individual to realize his/her personal goals that were established during the PCC process; and,

(e) **Efficiency and Effectiveness** including reductions in duplicative intake, screening, and eligibility determination processes for state administered programs, increases in the number of people who are diverted to more appropriate and less costly forms of support, and the ability of the NWD System to help the state in the rebalancing of its LTSS System, and other indicators to document the value of the NWD System at improving government performance and lowering public costs.

D. Funding Application Requirements

As noted in the Executive Summary, ACL, CMS and the VHA are issuing this FOA to assist states in the planning process to develop a NWD System to LTSS for all populations and all payers. Specifically, the funds being made available under this FOA are to support a state-led 12-month planning process to identify the key actions the State will need to take in order to develop and implement a NWD System with the functions and operational capacity described in this FOA. The planning process must involve multiple state agencies and input from key stakeholders including consumers, their advocates, Area Agencies on Aging, Centers for Independent Living, local Medicaid agencies, local organizations that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and individuals with mental/behavioral health needs, Veteran Service Organizations, as well as service providers, and other relevant public and private entities. At a minimum, the following state agencies must be involved as full partners in co-leading this planning process: the State Medicaid Agency, the State Unit on Aging, and the state agencies that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and the state authorities administering mental health services. States may involve other state agencies in the process, such as the budget office or the agency administering programs for Veterans.

If a state is successful in competing for grant funds under this FOA, the main “deliverable” the state will have to submit to ACL/CMS/VHA at the end of the 12-month planning period is a 3-Year Plan that includes a detailed strategy, work plan, and budget that the state will use, pending the availability of additional federal support, to begin transforming the multiple LTSS access functions and processes across its various LTSS programs into a single integrated statewide system of access to LTSS with the functionality and operational capacity of a NWD System for all populations and all payers as described in this FOA. Most states have already developed programs that help consumers understand and access their LTSS options, using various federal authorities and grants, such as ADRC grants, Money Follows the Person grants, and the Balancing Incentive Program, but few states have in place a statewide system that reflects the functionality and capacity of the NWD System described in this FOA. It is expected that states will better integrate and in some cases restructure and strengthen their existing ADRC and/or Balancing Incentive Program No Wrong Door programs and other state access programs, as part of its effort to develop a NWD System as described in this FOA.

In the application for funding under this FOA for the 12-month planning process, the applicant must describe in as much detail as possible the challenges and opportunities the state faces in developing a statewide NWD System with the functional and operational capacity described in this FOA. Specifically, the application must focus on the NWD System functions of Person Centered Counseling and Streamlined Access to Public Programs.

For the Person Centered Counseling Function, the state's application for funding under this FOA must address:

1. The major challenges and opportunities, including infrastructure, workforce development and financing challenges and opportunities, the state will face in developing and fully implementing the function as described in this FOA;
2. Examples of strategies and tactics the state will explore during the 12-month planning process that it could use over the next 3 years to address these challenges and opportunities;
3. Evidence of the state's readiness to address the challenges and leverage the opportunities it faces in this area, including its willingness to explore the use of new and/or the reallocation of existing funds that are administered by the state, including federal Medicaid administrative matching funds, to move forward in implementing this function.

For the Streamline Access to Public Programs Functions, the state's application for funding under this FOA must address:

1. The major challenges and opportunities, including major administrative and regulatory challenges and opportunities, the state will face in developing and fully implementing this function as described in this FOA;
2. Examples of strategies and tactics the state will explore during the 12-month planning process that it could use over the next 3 years to address these challenges and opportunities;
3. Evidence of the state's readiness to address the challenges and leverage the opportunities it faces in this area, including its willingness to explore the use of new and/or the reallocation of existing funds that are administered by the state, including federal Medicaid administrative matching funds, to move forward in fully implementing this function.

The application for funding under this FOA, must also describe the process and methodology the state will use, including the methods and analytical techniques it will use, during the 12-month planning process to further analyze and better document the current challenges and opportunities it faces in the areas of Person Centered Counseling and Streamlined Access to Public Programs, as well as how it plans to identify and analyze options for transforming the way it conducts these functions so they align with the Person Centered Counseling and Streamlined Access Functions described in this FOA.

The awards under this FOA will be issued as Cooperative Agreements, and the successful applicants must agree to work with the ACL and its federal partners and technical assistance vendors on all aspects of the state's planning process. In addition, ACL and federal partners will ask states to volunteer to pilot test - within the first three months of the grant period - a NWD Systems Management Tool that the federal partners are currently developing with input from the Part A States. As noted below, this will help the successful states to further document the current capacity of its LTSS access system and how it compares to that of the NWD System described in this FOA. As noted above, ACL, CMS and the VHA are currently partnering with the 8 Part A States to develop a number of products that will be available in mid-to late 2015 to help states across the nation to implement a NWD System for all populations and all payers. These tools include the NWD System Management Tool which, among other capabilities, will be able to generate data and information that a state's NWD System governing body will be able to use to carry out its functions and report to the Governor and the Legislature on the current status of its NWD System as compared to the federal vision as well as to help formulate multi-year budget and program development strategies. By mid-to late-2015, the federal partner agencies will also issue national standards for a NWD System, and make available a national training and credentialing program for NWD System Person-Centered Counselors, as well as a portfolio of best practices states can use to develop and strengthen various components of their NWD System, and official guidance on claiming Medicaid administrative funds and the use of VHA funds to support NWD System functions.

Statutory Authority

The statutory authority for grants under this funding opportunity is contained in Title IV of the Older Americans Act (OAA) (42U.S.C. 3032), as amended by the Older Americans Act Amendments of 2006, P.L. 109-365. Title II Section 202b of the OAA (Public Law 109-365) specifically authorizes the Assistant Secretary for Aging to work with the Administrator of the Centers for Medicare & Medicaid Services to: “implement in all states Aging and Disability Resource Centers –

(A) to serve as visible and trusted sources of information on the full range of long-term care options that are available in the community, including both institutional and home and community-based care;

(B) to provide personalized and person friendly assistance to empower people to make informed decisions about their care options;

(C) to provide coordinated and streamlined access to all publicly supported long-term care options so that individuals can obtain the care they need through a single intake, assessment and eligibility determination process;

(D) to help people to plan ahead for their future long-term care needs; and

(E) to assist, in coordination with the State Health Insurance Assistance Program, Medicare beneficiaries in understanding and accessing the Prescription Drug Coverage and prevention health benefits available under the Medicare Modernization Act.”

II. Award Information

Funding Instrument Type:	Cooperative Agreement
Estimated Total Funding:	\$5,505,000
Expected Number of Awards:	35
Award Ceiling:	\$185,000 Per Budget Period
Award Floor:	\$155,000 Per Budget Period
Average Projected Award Amount:	\$170,000 Per Budget Period
12-month project and budget period	

III. Eligibility Information

1. Eligible Applicants

The successful applicant for this opportunity must be a State Governmental Entity. Only one application can be submitted for a given state.

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Matching funds are not required. Please disregard any reference to "ACL Required Match" found in the Attachments. Please note, applications that include any form of match will not receive additional consideration under the review. Match is not one of the Responsiveness or Application Screening criteria.

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

Applications that do not meet the following responsiveness criteria will be administratively eliminated and will not be reviewed. The successful applicant for this opportunity must be an entity of state government whose state has not received a Part A ADRC grant. The states that are not eligible for this funding opportunity include Connecticut, Maryland, Vermont, New Hampshire, Washington, Oregon, Wisconsin, and Massachusetts.

Application Screening Criteria

All applications **will** be screened to assure a level playing field for all applicants. Applications that fail to meet the three screening criteria described below will **not** be reviewed and will receive no further consideration.

In order for an application to be reviewed, it must meet the following screening requirements:

1. Applications must be submitted electronically via <http://www.grants.gov> by 11:59 p.m., Eastern Time, by the **due date listed in section IV.3 Submission Dates and Times**.
2. The Project Narrative section of the Application must be **double-spaced**, on 8 ½"x 11" plain white paper with **1" margins** on both sides, and a **standard font size of not less than 11, preferably Times New Roman or Arial**.
3. The Project Narrative must not exceed 20 pages. **Project Narratives that exceed 20 pages** will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 20-page limit.

Unsuccessful submissions will require authenticated verification from <http://www.grants.gov> indicating system problems existed at the time of your submission. For example, you will be required to provide an <http://www.grants.gov> submission error notification and/or tracking number in order to substantiate missing the application deadline.

IV. Application and Submission Information

1. Address to Request Application Package

Application materials can be obtained from <http://www.grants.gov> or http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx.

Please note, ACL is requiring applications for all announcements to be submitted electronically through <http://www.grants.gov>. The Grants.gov (<http://www.grants.gov>) registration process can take several days. If your organization is not currently registered with <http://www.grants.gov>, please begin this process immediately. **For assistance with <http://www.grants.gov>, please contact them at support@grants.gov or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time.** At <http://www.grants.gov>, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website (<http://www.grants.gov>).

Applications submitted via <http://www.grants.gov>:

- You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time involved to complete the registration process.
- All applicants must have a DUNS number (www.dnb.com) and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the

application process is complete, and should a grant be made, throughout the life of the award. Finalize a new, or renew an existing, registration at least two weeks before the application deadline. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf.

- HHS requires all entities that plan to apply for, and ultimately receive, federal grant funds from any HHS Agency, or receive sub-awards directly from recipients of those grant funds to:
 - Be registered in the SAM prior to submitting an application or plan;
 - Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
 - Provide its active DUNS number in each application or plan it submits to the OPDIV.
- The agency is prohibited from making an award until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the agency:
 - May determine that the applicant is not qualified to receive an award; and
 - May use that determination as a basis for making an award to another applicant.
- **Note:** Failure to submit the correct suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or **receive subawards directly from the recipients of those grant funds** to be:
 1. Be registered in SAM prior to submitting an application or plan;
 2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
 3. Provide its DUNS number in each application or plan it submits to the OPDIV.

An award cannot be made until the applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Additionally, all first-tier subaward recipients must have a DUNS number at the time the subaward is made.

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. It is a unique, **nine-digit identification number**, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: http://www.whitehouse.gov/sites/default/files/omb/grants/duns_num_guide.pdf.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.

- Prior to application submission, Microsoft Vista and Office 2007 users should review the <http://www.grants.gov> compatibility information and submission instructions provided at <http://www.grants.gov> (click on “**Vista and Microsoft Office 2007 Compatibility Information**”).
- **Your application must comply with any page limitation requirements described in this Program Announcement.**
- After you electronically submit your application, you will receive an automatic acknowledgement from <http://www.grants.gov> that contains <http://www.grants.gov> tracking number. The Administration for Community Living will retrieve your application form from <http://www.grants.gov>.
- After the Administration for Community Living retrieves your application form from <http://www.grants.gov>, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by <http://www.grants.gov>.
- Each year organizations applying for Federal grants through <http://www.grants.gov> need to register or update their registration with the System for Award Management (SAM) [Formerly the Central Contractor Registry (CCR)]. You can complete the initial registration on www.SAM.gov in three days; however, you must update your registration on www.SAM.gov every year, which can take five days. When you register, or update your registration on www.SAM.gov, you must have your DUNS number and other information about your organization available.
- To keep your SAM.gov registration active, be sure to renew at least once each year. If your registration expires you cannot submit a grant application until it is renewed.

Contact person regarding this Program Announcement:

U.S. Department of Health and Human Services
 Administration for Community Living
 Joseph Lugo
 Center for Disability and Aging Policy
 E-mail: joseph.lugo@acl.gov

2. Content and Form of Application Submission

a. Letter of Intent

Letter of Intent

Due Date for Letter of Intent: **06/10/2014**

Letters of Intent are helpful in planning for the application review process. Letters of Intent are requested but not required. Following the FOA posting, the Administration for Community Living (ACL) will host an informational call for potential applicants to discuss the elements of the FOA. As noted above an informational call will be held. The informational conference call phone number is 888-455-9730 and the participant passcode is 2780.

b. Project Narrative

Summary/Abstract

This section should include a brief - no more than 265 words maximum - description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in the “Instructions for Completing the Project Summary/Abstract.”

Problem Statement

This section should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention is designed to address, including how the project will potentially affect older adults and /or people with disabilities, their families and caregivers and the health care and social services systems.

Specifically, the Problem Statement should describe the gaps between the way the state's current LTSS access functions are structured and operate compared to those in NWD System as described in this FOA. This section of the application should specifically focus on a detailed description of the major challenges the state will face in implementing two NWD System Functions: Person Centered Counseling and Streamlined Access to Public Programs. For the Person Centered Counseling function, the problem statement must describe the major challenges, including infrastructure, workforce development and financing challenges, the state will face in developing and fully implementing the NWD System PCC function as described in this FOA. For the Streamline Access to Public Programs function, the problem statement must describe the major challenges, including the major administrative, regulatory and financing challenges, the state will face in developing and fully implementing the NWD System Streamlined Access to Public Program function as described in this FOA. The problem statement should also describe the difficulties older adults, individuals with physical disabilities and individuals with intellectual and/or developmental disabilities currently face in understanding and accessing the LTSS options that are available to them, and how implementation of a NWD System as described in this FOA will benefit those population as well as the state.

Goals and Objectives

This section should consist of a description of the project's goal(s) and major objectives. Unless the project involves multiple, complex interventions, we recommend you have only one overall goal.

Proposed Intervention

This section should provide a clear and concise description of the intervention you are proposing to use to address the problem described in the "Problem Statement". You should also describe the rationale for using the particular intervention, including factors such as: "lessons learned" for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the "right conditions" for the intervention (e.g., existing social, economic or political factors that you'll be able to take advantage of, etc.). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, supporters, and/or consumer groups.

Specifically, this section must describe in detail the 12-month planning process the State will undertake to develop a 3-Year Plan that includes a detailed strategy, work plan and budget the state will use, pending the availability of additional federal support, to begin transforming the multiple LTSS access functions that are performed across the various state administered programs that provide LTSS into a single NWD System as described in this FOA. This section must name the state agencies that will serve as full partners in co-leading the 12 month planning process, describe the roles and responsibilities they will carry out under the process, and identify the names and titles of the senior staff in each of these agencies who will be working together as full partners to implement this 12-month planning process. The state agencies that will serve as full partners in co-leading this planning process must include, at a minimum, the State Medicaid Agency, the State Unit on Aging, and the state agencies that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and the state authorities administering mental health services. This section should also name any other state agencies that will be involved in the planning process and their role in the process. This section

should describe the process and methodologies the state will deploy to carry out the 12 month planning project, including the methods and analytical techniques it will use to further analyze and better document the current status of its access functions, and the major challenges and opportunities it will face in implementing a NWD System as described in this FOA, particularly for the functions of Person Centered Counseling and Streamlined Access to Public Programs. This section should provide examples of the types of strategies and tactics it will explore during the 12-month planning process that the state could take over the next 3 years to implement a NWD System. This section should also document the state's readiness to move forward with the development of a NWD System as described in this FOA, including evidence of its willingness to explore the use of new and/or the reallocation of existing funds that are administered by the state, including federal Medicaid administrative matching funds, to implement a NWD System. For states participating in both the ADRC and Balancing Incentive Program, this section must document a commitment by the state to use the 12-month planning process to identify how it will fully integrate its current ADRC and Balancing Incentive Program activities and functions into a single NWD System.

Special Target Populations and Organizations

This section should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposal project. This section should also describe how the proposed intervention will target disadvantaged populations, including limited-English speaking populations.

Specifically, this section should describe the input process the applicant will use to meaningfully involve key stakeholders in all aspects of the planning process. The key stakeholders that must be involved in the planning process include consumers, their advocates, Area Agencies on Aging, Centers for Independent Living, local Medicaid agencies, local organizations that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and individuals with mental/behavioral health needs, Veteran Service Organizations, as well as service providers, and other relevant public and private entities.

Outcomes

This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. **(NOTE: ACL will not fund any project that does not include measurable outcomes).** This section should also describe how the project's findings might benefit the field at large, (e.g., how the findings could help other organizations throughout the nation to address the same or similar problems.) List measurable outcomes in the optional work plan grid ("Project Work Plan – Sample Template") under "Measurable Outcomes" in addition to any discussion included in the narrative along with a description of how the project might benefit the field at large.

A "measurable outcome" is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the functional status, mental well-being, knowledge, skill, attitude, awareness or behavior.) It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated in the aging network; new knowledge that can contribute to the field of aging; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable "output", such as: the number of clients served; the number of training sessions held; or the number of service units provided.

You should keep the focus of this section on describing what outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe how the outcome(s) will be measured and reported.

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project's design.

Specifically, the outcome to be described in this section will be the 3 Year Plan that will be produced as a result of the 12-month planning process. The applicant should also include in this section a description of the potential benefits of moving to a NWD System will have on the state's citizens and on state administrative efficiency and on state costs.

Project Management

This section should include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; communications with other partners and ACL. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives.

Evaluation

This section should describe the method(s), techniques and tools that will be used to: 1) determine whether or not the proposed intervention achieved its anticipated outcome(s), and 2) document the "lessons learned" – both positive and negative - from the project that will be useful to people interested in replicating the intervention, if it proves successful.

Specifically, this section should describe a "process evaluation" the state will use to measure its progress in implementing its proposed 12-month planning process including how it plans to document "lessons learned" from the process.

Dissemination

This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats, to parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the project.

Specifically, this section should note that the prime method of dissemination will be to submit the 3-year plan document along with a description of the major lessons learned during the 12-month planning process to ACL. ACL and its federal partners will manage the dissemination of the findings and lessons learned in a way that combines the final products from all of the grantee states. The state should indicate that state staff will be available to present on its experiences and on its 3 year plan at national meetings and conferences.

Organizational Capacity Statement

Each application should include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses. It should also include the organization's capability to sustain some or all project activities after Federal financial assistance has ended.

This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization. Please attach short vitae for key project staff only. Neither vitae nor an organizational chart will count towards the narrative page limit. Also include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

Specifically, this section should describe the combined capacity of the multiple state agencies that will work together as full partners in co-leading the 12-month planning process, and any special roles and responsibilities any of these agencies will carry out as part of the planning process. Include the resumes of the key senior staff from each of the co-lead agencies who will be working on the project. This section should also identify the state agency that will serve as the grantee for the state under this FOA and provide a brief description of that agency's capabilities to manage the grant funds.

c. Work Plan

The Project Work Plan should reflect and be consistent with the Project Narrative and Budget. It should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks / action steps that will be pursued to achieve the goal and outcome(s). For each major task / action step, the work plan should identify timeframes involved (including start and end dates), and the lead person responsible for completing the task. Please use the "Project Work Plan - Sample Template" format as a reference and resource, if desired.

d. Letters of Commitment from Key Participating Organizations and Agencies

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. For applications submitted electronically via <http://www.grants.gov>, signed letters of commitment should be scanned and included as attachments. Applicants unable to scan the signed letters of commitment may fax them to the ACL Office of Grants Management at 202-357-3467 by the application submission deadline. In your fax, be sure to include the funding opportunity number and your agency name.

Specifically, the application must include letters from the heads of the State Medicaid Agency, the State Unit on Aging, and the state agencies that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and the state authorities administering mental health services. In their letters, the State agency heads must state their commitment to be full partners in co-leading the 12-month planning effort, and include the name and title of the senior staff from their agency who will represent the agency on the interagency group that will implement the 12-month planning process described in the state's application for funding under this FOA.

e. Budget Narrative/Justification

The Budget Narrative/Justification can be provided using the format included in the document, "Budget Narrative/Justification – Sample Format." Applicants are encouraged to pay particular attention to this document, which provides an example of the level of detail sought.

3. Submission Dates and Times

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with <http://www.grants.gov>. Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from <http://www.grants.gov> indicating system problems existed at the time of your submission. For example, you will be required to provide an <http://www.grants.gov> submission error notification and/or tracking number in order to substantiate missing the cut off date.

Grants.gov (<http://www.grants.gov>) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in <http://www.grants.gov>.

Due Date for Applications: **07/15/2014**

Date for Informational Conference Call: 06/05/2014

The informational call will be held. The informational conference call phone number is 888-455-9730 and the participant passcode is 2780.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with <http://www.grants.gov>. Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from <http://www.grants.gov> indicating system problems existed at the time of your submission. For example, you will be required to provide an <http://www.grants.gov> submission error notification and/or tracking number in order to substantiate missing the cut off date.

Grants.gov (<http://www.grants.gov>) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in <http://www.grants.gov>.

4. Intergovernmental Review

This funding opportunity announcement is not subject to the requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs."

5. Funding Restrictions

The following activities are not fundable:

- Construction and/or major rehabilitation of buildings
- Basic research (e.g. scientific or medical experiments)
- Continuation of existing projects without expansion or new and innovative approaches

Note: A recent Government Accountability Office (GAO) report number 11-43, has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (EO 13589) and Delivering Efficient, Effective and Accountable Government (EO 13576) have been issued and instruct Federal agencies to promote efficient spending. Therefore, if meals are to be charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

- *Meals are generally unallowable except for the following:*
 - *For subjects and patients under study (usually a research program);*
 - *Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g., Headstart);*
 - *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;*
 - *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and*
 - *Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances. (Note: conference grant means the sole purpose of the award is to hold a conference)*

While these funds are being made available to support a 12-month planning process, ACL recognizes that many states have used prior ADRC grants to help cover the administrative costs of local agencies and organizations such as Area Agencies on Aging and Centers for Independent Living, that are performing Options Counseling, Streamlined Access to Public Programs and other ADRC activities. States are not restricted from using the funds made available under the FOA to cover these types of administrative expenses to transition operations so that by the end of the grant period the organizations are on sustainable funding and prepaed for implementation of the NWD System 3 year-plan and as long as the state can demonstrate it can successfully carry out a 12-month planning process as specified in this FOA.

6. Other Submission Requirements

Letters of Intent should be emailed or faxed to:

Joseph Lugo
CDAP
U.S. Department of Health and Human Services
Administration for Community Living
Center for Disability & Aging Policy
Phone: (202) 357-3417
Fax: (202) 357-3469
Email: Joseph.Lugo@acl.hhs.gov

V. Application Review Information

1. Criteria

Applications are scored by assigning a maximum of 100 points across five criteria:

- a. Project Relevance & Current Need
- b. Approach
- c. Budget
- d. Project Impact
- e. Organizational Capacity

Project Relevance & Current Need

Maximum Points: 20

Has the applicant described the current system that people of all ages, income and disabilities use to access LTSS? How well does the applicant describe the gap between the state's current system of access to long-term services and supports and the envisioned NWD System as described in this FOA? Does the applicant describe how the NWD System will benefit the citizens of the state, improve state administrative efficiency and potentially reduce state expenditures? (10 points)

Does the applicant describe in detail the challenges and opportunities the state will face in developing a statewide NWD System with the functional and operational capacity described in this FOA? Specifically, does the applicant's description of the challenges and opportunities it will face focus on the NWD System functions of Person Centered Counseling and Streamlined Access to Public Programs? (10 Points)

Approach

Maximum Points: 40

For purposes of this announcement the intervention is the 12-month planning process, is the intervention clearly defined? Does the applicant delineate their approach for the 12-month planning process to generate a 3-Year Plan to implement a NWD System in clear detail consistent with the description in Section D: "Funding Application Requirements" of this Funding Opportunity Announcement?

For the Person Centered Counseling Function, does the applicant address the following three components?

1. The major challenges and opportunities, including infrastructure, workforce development and financing challenges and opportunities, the state will face in developing and fully implementing the function as described in this FOA;
2. Examples of strategies and tactics the state will explore during the 12-month planning process that it could use over the next 3 years to address these challenges and opportunities; and,
3. Evidence of the state's readiness to address the challenges and leverage the opportunities it faces in this area, including its willingness to explore the use of new and/or the reallocation of existing funds that are administered by the state, including federal Medicaid administrative matching funds, to move forward in implementing this function.

For the Streamline Access to Public Programs functions, does the applicant address the following three components?

1. The major challenges and opportunities, including major administrative and regulatory

challenges and opportunities, the state will face in developing and fully implementing this function as described in this FOA;

2. Examples of strategies and tactics the state will explore during the 12-month planning process that it could use over the next 3 years to address these challenges and opportunities; and,

3. Evidence of the state's readiness to address the challenges and leverage the opportunities it faces in this area, including its willingness to explore the use of new and/or the reallocation of existing funds that are administered by the state, including federal Medicaid administrative matching funds, to move forward in fully implementing this function.

Is the project work plan clear and comprehensive? Does it include sensible and feasible timeframes for the accomplishment of tasks presented? Does the work plan include specific objectives and tasks that are linked to measurable outcomes? Does the proposal include a clear and coherent management plan? Are the roles and responsibilities of project staff, consultants and partners clearly defined and linked to specific objectives and tasks?

Are the qualifications of the project staff, consultants and/or partners, and the proposed level of effort, adequate to carry out the project? If the state is participating in both the ADRC and the Balancing Incentive Program, does the applicant provide evidence that it will commit to fully integrating these programs into its NWD System?

(40 points)

Budget

Maximum Points: 10

Has the applicant submitted a proposed budget that details the State's request for grant funds, including how the state proposes to use the grant funds? Are budget line items clearly delineated and consistent with work plan objectives? How strategically is the state deploying the funds for the 12 month planning process? Is the deployment of funds aligned with how they described the approach for the 12 month planning process? (5 points)

Is the budget justified with respect to the adequacy and reasonableness of resources requested? Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project? (5 points)

Project Impact

Maximum Points: 20

Has the application clearly documented the potential impact that a NWD System will have on the citizens of the state as well as on state administrative efficiencies and on state costs? What is the magnitude of the change the state hopes to achieve through the implementation of a NWD System? *(Note: to create a "level playing field", applications will be scored in part on the proposed degree of change they plan to make in moving toward the vision for a NWD System, regardless of the current status of the state's access functions. States that indicated they expect to make bigger changes in their systems of LTSS access through the implementation of a NWD System as described in this FOA will score higher than states seeking minimal change.)* (10 points)

Does the applicant describe the process and methodology the state will use, including the methods and analytical techniques it will use, during the 12-month planning process to further analyze and better

document the current challenges and opportunities it faces in the areas of Person Centered Counseling and Streamlined Access to Public Programs, as well as how it plans to identify and analyze options for transforming the way it conducts these functions so they align with the Person Centered Counseling and Streamlined Access Functions described in this FOA? (10 Points)

Organizational Capacity

Maximum Points: 10

Does the application clearly describe the combined organizational capacity of the multiple state agencies that will work together as full partners in co-leading the state's 12-month planning process, including the roles and responsibilities each of the agencies will play in the planning process? Does the application include the names, titles and resumes of the key senior staff from each of the co-lead agencies who will be working together as full partners on the project and the specific roles they will play in the project? Does the application include a brief description of the capacity of the agency that will serve as the grantee under this FOA to effectively manage the grant funds? (5 points)

Does the applicant describe in detail the input process the state will use to meaningfully involve key stakeholders in all aspects of the 12-month planning process, including consumers, their advocates, Area Agencies on Aging, Centers for Independent Living, local Medicaid agencies, local organizations that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and individuals with mental/behavioral health needs, Veteran Service Organizations, as well as service providers, and other relevant public and private entities ? (5 Points)

2. Review and Selection Process

An independent review panel of at least three individuals will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

Final award decisions will be made by the Administrator, ACL. In making these decisions, the Administrator will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

3. Anticipated Announcement Award Date

Applications will be awarded in September 2014.

VI. Award Administration Information

1. Award Notices

Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the U.S. Administration for Community Living authorizing official, Office of Grants Management, and the ACL Office of Budget and Finance. Acceptance of this award is signified by the drawdown of funds from the Payment Management System. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and destroyed.

Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the U.S. Administration for Community Living authorizing official, Office of Grants Management, and the ACL Office of Budget and Finance. Acceptance of this award is signified by the drawdown of funds from the Payment Management System. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and destroyed.

2. Administrative and National Policy Requirements

The award is subject to DHHS Administrative Requirements, which can be found in 45CFR Part 74 and 92 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement located at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>.

A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that applies to the terms of 48 CFR section 3.908 to the award, and requires the grantees inform their employee in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

3. Reporting

Effective March 1, 2011, ACL requires the submission of the SF-425 (Federal Financial Report). The reporting cycle will be reflected in the Notice of Award. The ACL program progress report is due semi-annually from the start date of the award and is due within 30 days of the reporting period end date. The final progress report and SF-425 reports are due 90 days after the end of the project period.

Grantees are required to complete the federal cash transactions portion of the SF-425 within the Payment Managements System as identified in their award documents for the calendar quarters ending 3/31, 6/30, 9/30, and 12/31 through the life of their award. In addition, the fully completed SF-425 will be required as denoted in the Notice of Award terms and conditions.

4. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

For further guidance please see the following link:

http://www.acl.gov/Funding_Opportunities/Grantee_Info/FFATA.aspx

VII. Agency Contacts

Project Officer:

U.S. Department of Health and Human Services
Administration for Community Living

Joseph Lugo
Center for Disability and Aging Policy
Phone Number: (202) 357-3417
E-mail: Joseph.Lugo@acl.hhs.gov

Grants Management Specialist:

U.S. Department of Health and Human Services
Administration for Community Living
Christine Ramirez
Center for Management and Budget
Phone Number: (202) 357-3465
E-mail: christine.ramirez@acl.hhs.gov

VIII. Other Information

1. Application Elements

- a. SF 424, required – Application for Federal Assistance (See “Instructions for Completing Required Forms” for assistance).
- b. SF 424A, required – Budget Information. (See Attachment A for Instructions; See “Standard Form 424A – Sample Format” for an example of a completed SF 424A).
- c. Separate Budget Narrative/Justification, required (See “Budget Narrative/Justification - Sample Format” for examples and “Budget Narrative/Justification – Sample Template.”)

NOTE: Applicants requesting funding for multi-year grant projects are REQUIRED to provide a Narrative/Justification for each year of potential grant funding, as well as a combined multi-year detailed Budget Narrative/Justification.

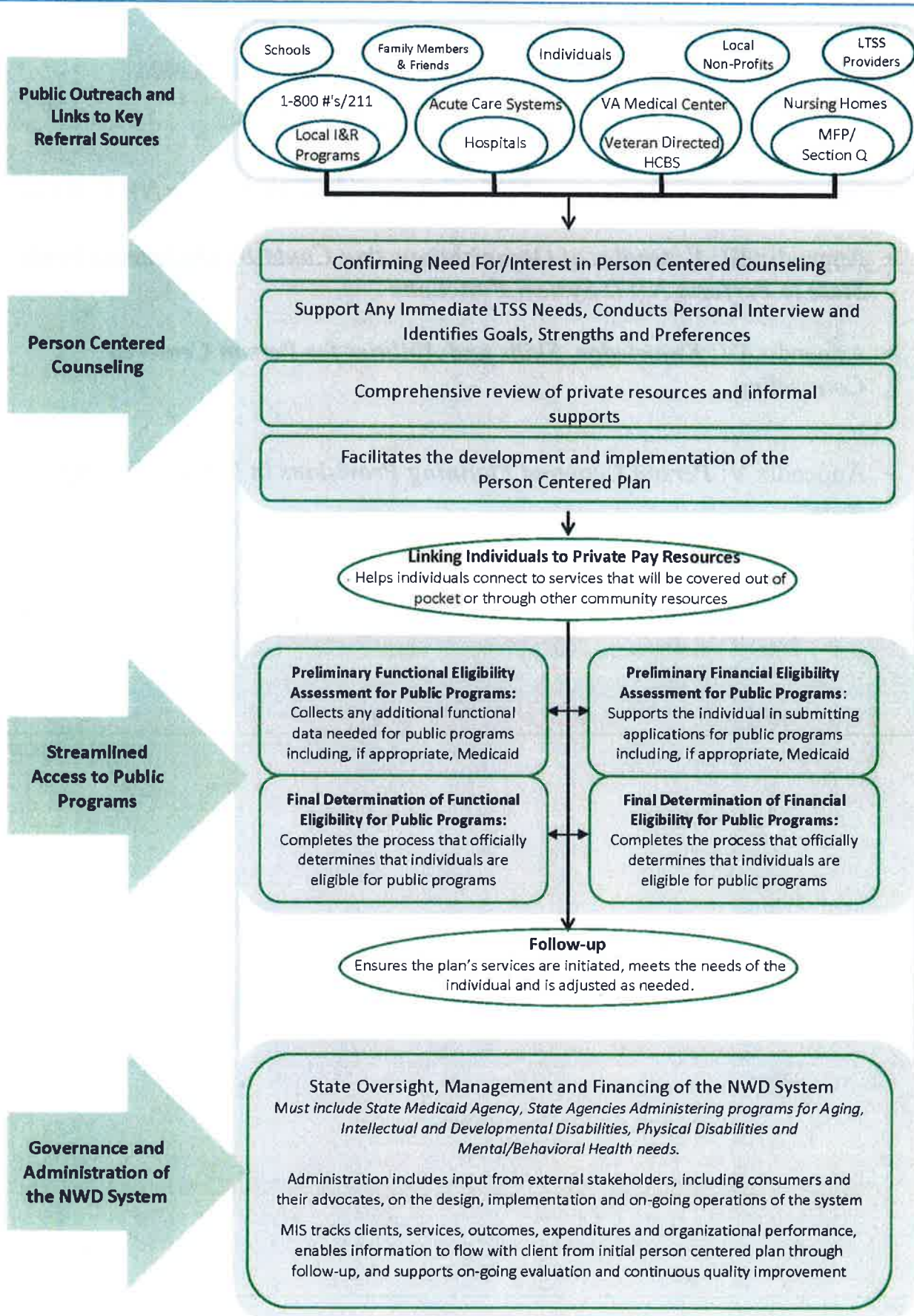
- d. SF 424B – Assurance, required. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).
- e. Lobbying Certification, required
- f. Proof of non-profit status, if applicable
- g. Copy of the applicant's most recent indirect cost agreement, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.
- h. Project Narrative with Work Plan, required (See “Project Work Plan – Sample Template” for a formatting suggestions).
- i. Organizational Capability Statement and Vitae for Key Project Personnel.
- j. Letters of Commitment from Key Partners, if applicable.

Supporting Appendices to help illustrate the NWD System can be found on the ACL website located at:

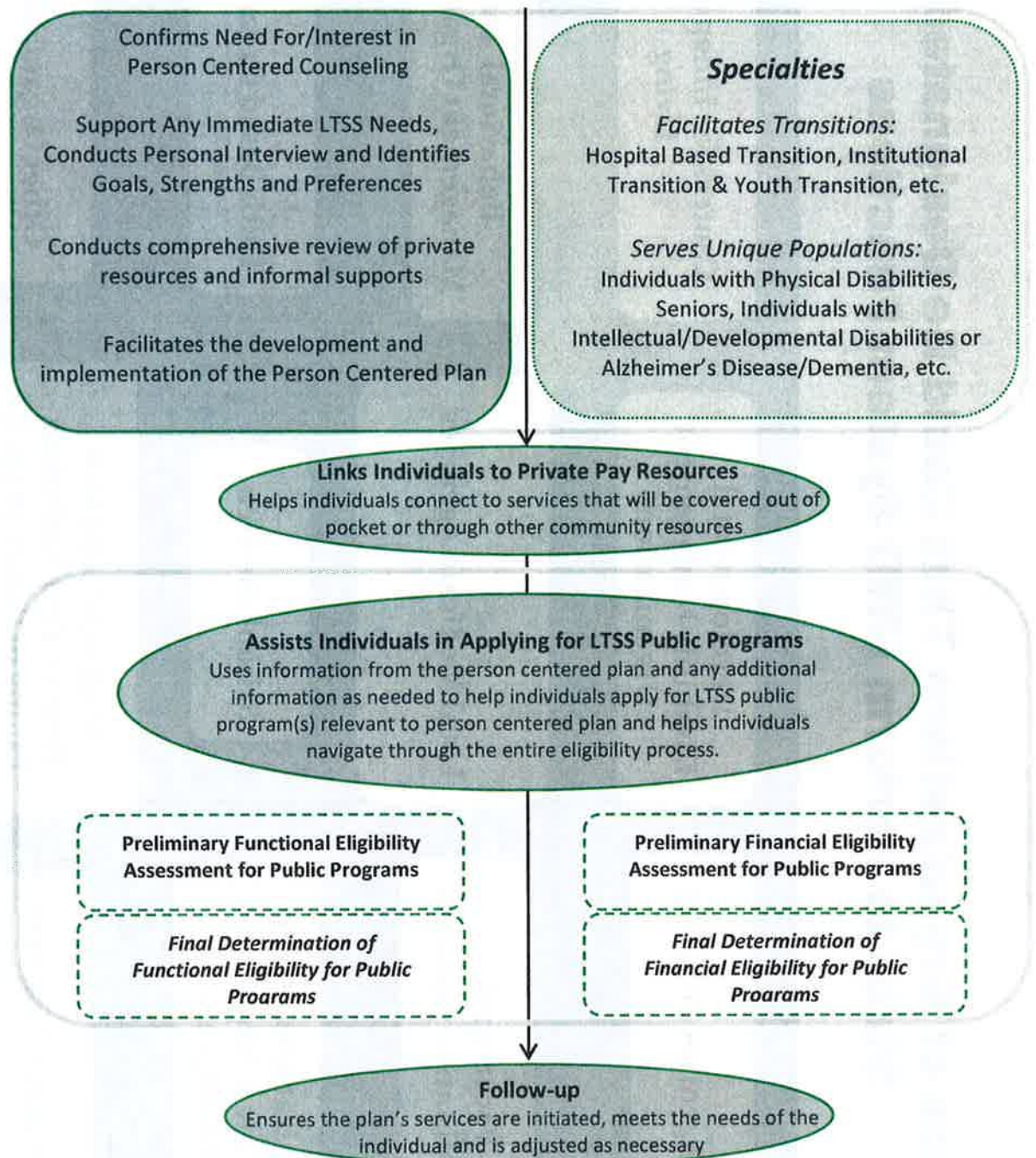
http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx.

- Appendix I: ***No Wrong Door System Functions***
- Appendix II: ***Person Centered Counseling Competencies in a NWD System***
- Appendix III: ***Examples of Organizations that Could Be Designated by the State to Perform NWD System Functions***
- Appendix IV: ***Knowledge, Skills and Abilities for Person Centered Counseling***
- Appendix V: ***Person Centered Planning Provisions in "HCBS Settings Rule"***

No Wrong Door System Functions



Person Centered Counseling Competencies In a No Wrong Door System



Core Competencies: Required of all staff performing Person-Centered Counseling

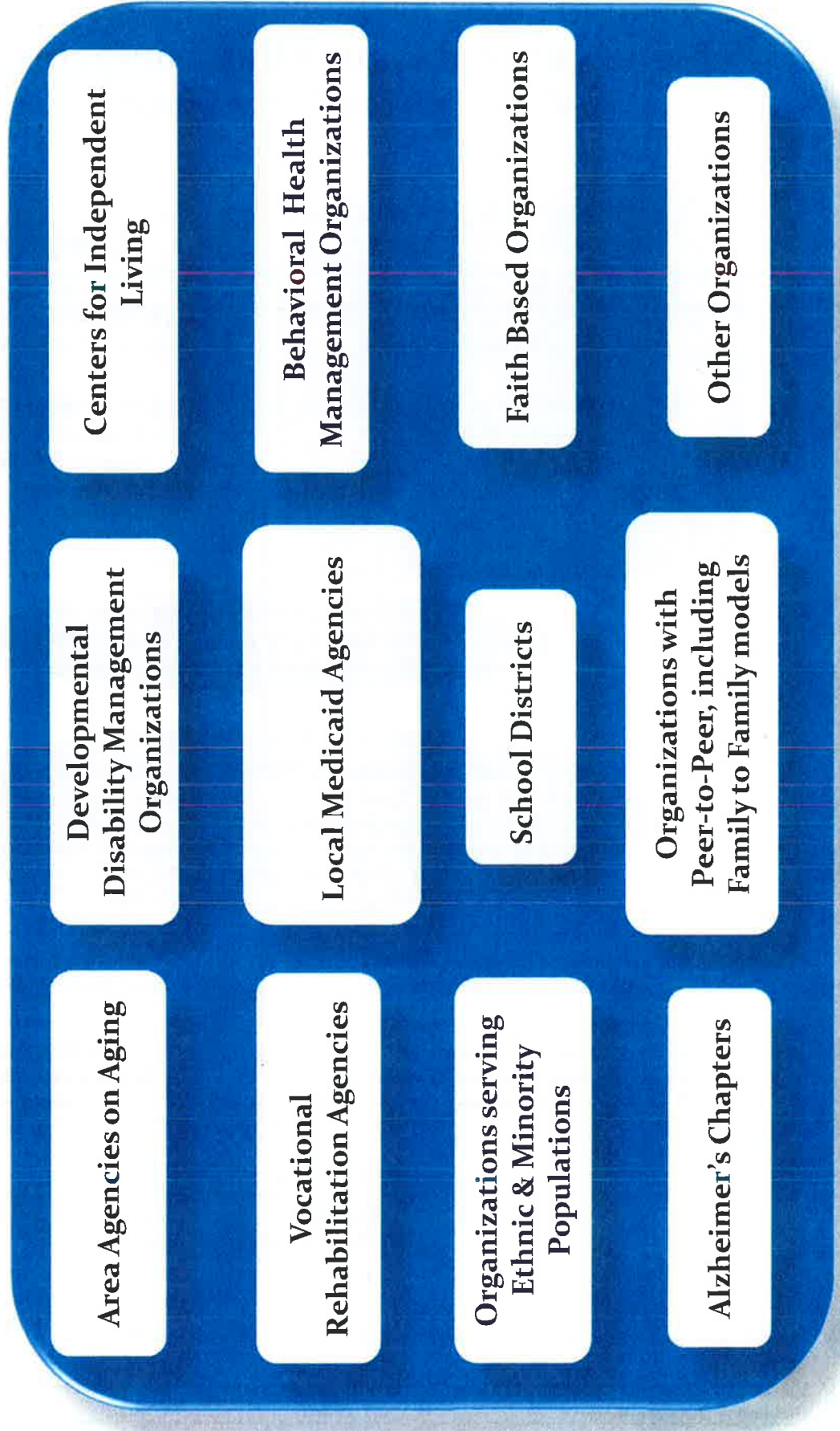


Specialties: Performed by subsets of Person Centered Counselors who also have specialized knowledge and experience



Streamline Access: Some of these functions can be performed by Person Centered Counselors at the discretion of the state

Examples of Organizations That Could Be Designated by the State to Perform NWD System Functions



Knowledge, Skills and Abilities for Person Centered Counseling (January 2014)

Core Functions		Competencies	
Knowledge		Skills/Abilities	
Conduct One-to-One Person Centered Interview 1. Confirm the person needs LTSS and explain how Person-Centered Counseling can assist the person in getting his/her needs met. 2. Conduct interview using person-centered approach, in person's preferred setting, and include family or representative as requested/needed while insuring that the person maintains control of the process 3. Work with the person to identify, prioritize and respond to any immediate needs 4. Work with the person to identify the on-going/longer-term issue(s) that the person wants addressed 5. Work with the person to examine factors that will influence how his/her needs can best be met including, use of or interest in self direction, private resources such as personal, family and community supports, special designations that may carry health/service benefits, e.g. Veteran, and any family support needs 6. Take appropriate action to ensure privacy and confidentiality of information shared by the person 7. Document encounter activity and information to use for ongoing work with the person and for completion of appropriate assessment instruments and eligibility forms as needed	1. Understands role and functions of the Person-Centered Counseling for LTSS, and how it supports the mission of the No Wrong Door Access System for LTSS 2. Understands philosophy and importance of person-centeredness, self-direction/self-determination and independent living and the importance of each person directing the planning process 3. General understanding of basic issues related to different LTSS populations, including older adults, persons with physical disabilities, persons with intellectual/developmental disabilities, traumatic brain injury, and persons with Alzheimer's disease or cognitive impairment 4. General understanding of behavioral health issues and when to link a person to other professionals for more in-depth information about specific services and supports 5. General understanding of the special housing issues facing many persons with LTSS needs, including those transitioning from nursing facilities and other settings. 6. Understands that people will have different needs, including needs that must be addressed immediately and those that will need additional discussion, planning, as well as needs that will require specialized expertise that will necessitate involving other professionals and/or lay individuals in the planning process. 7. Understands that people may have difficulty	1. Able to explain the role of Person-Centered Counseling and how the process helps the person maintain community living in the context of his/her self-defined goals, strengths, values, and preferences. 2. Able to communicate in manner that is understood by others using accessible formats, language, adaptive tools and when appropriate, involve other individuals when special language, cultural or other issues require additional attention 3. Able to work with the person, and others as necessary, to identify most appropriate approaches to resolve immediate needs 4. Able to keep the person at center of process when the family and/or others are part of the counseling process. 5. Able to use active listening and engagement skills to understand the person's perspective and views on what is important to and for him/her 6. Able to facilitate information sharing between the person, his/her family, and others involved in the process, using a range of proven tools and techniques such as open ended questions, a communication chart, problem solving and motivational interviewing techniques 7. Able to work with all people regardless of age, disability, or culture, and seeks advice from as well as the involvement of other specialists when needed. 8. Able to recognize signs of neglect or abuse and the legal and administrative	

	<p>communicating due to physical, medical, intellectual, or cultural issues</p> <p>8. Understands how culture and diversity may impact communication styles, health knowledge, beliefs and health behaviors related to health care and human services</p> <p>9. Understands issues related to neglect, self-neglect, abuse and exploitation and the legal and administrative requirements related to handling and reporting such conditions</p> <p>10. Understands that the individual's private resources and family as well as community programs may be important resources for people with LTSS needs</p> <p>11. Understand need and rules for personal privacy and confidentiality</p>	<p>procedures for handling and reporting it.</p> <p>9. Able to recognize that a person may need behavioral health services and be able to use the proper techniques and protocols for linking people to behavioral health services</p> <p>10. Able to gather, organize, and use technology, to document all information needed for a person-centered, strength based-assessment, including inputting the relevant information – either directly or through others – into assessment tools and eligibility forms required by public programs that provide LTSS in cases where the person may be eligible for those programs</p> <p>11. Able to obtain any necessary signed release of information or consent forms as needed</p>
Competencies		
Core Job Duties		Skills/Abilities
<p>Develop Person-Centered Plan</p> <p>1. Based on the person's goals, preferences, supports, needs and experience, work with the person to identify the full range of appropriate private and public resources that are potentially available to the person, including participant directed options. Discuss details of specific options of interest to the person including costs, eligibility, how each may work with the person's formal and informal supports and resources, and the pros and cons and benefits of each option based on what is important to and for the person</p> <p>2. Based on the person's goals, desired outcomes, and specific choices, work with the person and, as appropriate, other relevant individuals to develop a written</p>	<p>12. Understands the relevant private and public programs, services and supports that are available in the geographic area covered by staff person doing the NWD person-centered counseling, including approximate costs, cost-sharing, and the specific eligibility requirements and/or application process(es) associated with each option</p> <p>13. Understands participant-direction philosophy and the unique features of participant directed programs including role of support brokers and financial management service (FMS) entities, and participant employer responsibilities</p> <p>14. Understands of the role that housing, health promotion, and transition programs can play for people with LTSS needs.</p> <p>15. General understanding of private LTSS</p>	<p>12. Able to research services and supports using national, state, local resources and tools to identify available benefits and services</p> <p>13. Able to identify and discuss resources that most closely suit the person's goals, needs, and preferences</p> <p>14. Able to show how options compare including which private and public options can be combined, which options may allow participant direction, maximize independence, use resources most efficiently, support family members involved in the person's plan..</p> <p>15. Able to identify and discuss potential problems with particular options and possible alternatives</p> <p>16. Able to facilitate agreement among all involved on course of action using a</p>

<p>person-centered plan.</p> <p>3. Work with the person to share copies of the plan with other relevant people so all involved parties can review it, including the actions required for implementation</p>	<p>insurance, reverse mortgage programs and other private options that can help people plan ahead for their LTSS needs.</p> <p>16. Understands that the person is the one who determines what the best option is for him/her unless he/she requests that another person make the decision; or there is a legally mandated representative.</p> <p>17. Understands that choosing the best options can be challenging to the person and/or family, and may create conflicts within families</p> <p>18. Understands what a person-centered plan is, and that it can take many different forms depending on the person.</p>	<p>variety of proven tools and techniques such as motivational interviewing, problem resolution, including conflict resolution involving family members, to support decision making</p> <p>17. Able to use technology to document OC activity, generate a written plan and securely exchange information with partnering organizations and across service settings and programs as needed</p>
Competencies		
Core Job Duties		
<p>Facilitate Streamlined Access to LTSS</p> <p>1. Work with the person to access services and supports identified in the person - centered plan that could be paid for from his or her own resources or that are available through unpaid family members, or natural/informal supports</p> <p>2. Work with the person, and others as appropriate, to collect any additional information needed to complete applications for any public programs, services and supports, including but not limited to Medicaid, that are identified in the person's plan, including functional/level of care and financial eligibility determinations</p> <p>3. Work with the person to submit all relevant applications and to navigate the eligibility determination process(es) for the private and public programs identified in the person's plan</p> <p>4. Work with the person, and others as</p>	<p>19. Understands enrollment, eligibility and costs of range of services and supports and programs that could be paid from a person's own resources. Understands eligibility process and requirements for public administered programs that provide LTSS offered in the state/local area, including but not limited to Medicaid; also understands LTSS programs available to Veterans.</p> <p>20. Understands in detail the different types of state administered programs that provide LTSS, including managed care, and how these programs operate in the state and/or local jurisdiction including the role of participant direction and financial management services (FMS) entities, and what makes participant directed programs different from traditional home and community based services.</p> <p>21. Knows the relevant people who play a formal role in access to LTSS, including</p>	<p>18. Able to work with the person to successfully navigate all relevant application and/or eligibility processes, including completing and submitting all required application forms and documentation.</p> <p>19. Able to work successfully with other professional in the NWD and LTSS system who play a formal role in access to LTSS from the beginning of the application process, through a formal determination of eligibility, and then, as appropriate, through on-going follow-up with the person that may necessitate changes to the services and supports the person is receiving .</p> <p>20. As needed and appropriate, able to use contacts and tools to identify and involve other specialists to assist the person in implementing his/her person-centered plan.</p> <p>21. Able to work collaboratively with teams,</p>

appropriate, to identify any barriers to quickly accessing the services and supports identified in the person's plan, and advocate with the person and, as appropriate, with others including relevant program officials, to develop and implement strategies to minimize or eliminate barriers to full implementation of the plan.	the people responsible for formal assessments and eligibility determination processes for the public and private programs in the geographic area covered by the individual carrying out the NWD person-centered planning function.	providers, and other public and private agencies and organizations to facilitate the activation of the services and supports identified in person-centered plans. 22. Able to facilitate enrollment in participant directed programs
Competencies		
Core Job Duties	Knowledge	Skills/Abilities
Ongoing Follow-Up and Documentation 1. Maintain contact with the person and/or family to learn if services have started, benefits have been received, goals are being met, as well as for feedback on the NWD process, or any issues that need to be addressed 2. Works with the person, and others as appropriate, to assist with revision(s) to the person centered plan as the person's needs or circumstances change 3. Documents the process and information related to the plan's on-going implementation, including services and supports provided, goals being met, outcomes achieved, and feedback from the person and others on the NWD process; reports this information as appropriate to the person and other relevant individuals.	22. Understands importance of follow-up to the person and the NWD system 23. Understands agency/program specific requirements and reasons for on-going follow-up, including how information collected during this phase is used by officials responsible for the operation of the NWD system to improve the effectiveness and efficiency of the NWD system as well as the overall LTSS system. 24. Understands applicable local, state and federal documentation standards and reporting requirements	23. Able to determine what level of follow-up is needed and desired by the person 24. Able to solicit feedback from the person and/or family on service activation process/success, satisfaction with plan and services, attainment of goals, any additional requests or issues, and provide assistance as requested including changes to person-centered plan 25. Able to organize, document and report on follow-up activity and consumer feedback according to local, state and federal requirements using appropriate tools and IT/MIS systems 26. Able to provide professional feedback to the appropriate individuals in the NWD system on process, outcomes, successes, and needed system improvements.

Person Centered Planning for 1915(c), 1915(i)

§441.725 Person-centered service plan.

(a) Person-centered planning process. Based on the independent assessment required in §441.720, the State must develop (or approve, if the plan is developed by others) a written service plan jointly with the individual (including, for purposes of this paragraph, the individual and the individual's authorized representative if applicable).

The person-centered planning process is driven by the individual. The process:

- (1) Includes people chosen by the individual.
- (2) Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.
- (3) Is timely and occurs at times and locations of convenience to the individual.
- (4) Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient, consistent with §435.905(b) of this chapter.
- (5) Includes strategies for solving conflict or disagreement within the process, including clear conflict of interest guidelines for all planning participants.
- (6) Offers choices to the individual regarding the services and supports the individual receives and from whom.
- (7) Includes a method for the individual to request updates to the plan, as needed.
- (8) Records the alternative home and community-based settings that were considered by the individual.

(b) The person-centered service plan. The person-centered service plan must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.

Commensurate with the level of need of the individual, and the scope of services and supports available under the State plan HCBS benefit, the written plan must:

- (1) Reflect that the setting in which the individual resides is chosen by the individual. The State must ensure that the setting chosen by the individual is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
- (2) Reflect the individual's strengths and preferences.
- (3) Reflect clinical and support needs as identified through an assessment of functional need.
- (4) Include individually identified goals and desired outcomes.
- (5) Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports. Natural supports are unpaid supports that are provided voluntarily to the individual in lieu of State plan HCBS.
- (6) Reflect risk factors and measures in place to minimize them, including individualized backup plans and strategies when needed.

(7) Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her. At a minimum, for the written plan to be understandable, it must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient, consistent with §435.905(b) of this chapter.

(8) Identify the individual and/or entity responsible for monitoring the plan.

(9) Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.

(10) Be distributed to the individual and other people involved in the plan.

(11) Include those services, the purchase or control of which the individual elects to self-direct, meeting the requirements of §441.740.

(12) Prevent the provision of unnecessary or inappropriate services and supports.

(13) Document that any modification of the additional conditions, under §441.710(a)(1)(vi)(A) through (D) of this chapter, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:

(i) Identify a specific and individualized assessed need.

(ii) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.

(iii) Document less intrusive methods of meeting the need that have been tried but did not work.

(iv) Include a clear description of the condition that is directly proportionate to the specific assessed need.

(v) Include a regular collection and review of data to measure the ongoing effectiveness of the modification.

(vi) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.

(vii) Include informed consent of the individual; and

(viii) Include an assurance that the interventions and supports will cause no harm to the individual.

(c) Reviewing the person-centered service plan. The person-centered service plan must be reviewed, and revised upon reassessment of functional need as required in

§441.720, at least every 12 months, when the individual's circumstances or needs change significantly, and at the request of the individual.

2. The Paperwork Reduction Act of 1995 (P.L. 104-13)

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018 which expires on 3/12/17. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

Appendix

Instructions for Completing Required Forms

This section provides step-by-step instructions for completing the four (4) standard Federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of Federal grant programs, and Federal agencies have the discretion to require some or all of the information on these forms. ACL does not require all the information on these Standard Forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms.

a. Standard Form 424

1. **Type of Submission:** (REQUIRED): Select one type of submission in accordance with agency instructions.

- Preapplication
- Application
- Changed/Corrected Application – If ACL requests, check if this submission is to change or correct a previously submitted application.

2. **Type of Application:** (REQUIRED) Select one type of application in accordance with agency instructions.

- New
- Continuation
- Revision

3. **Date Received:** Leave this field blank.

4. **Applicant Identifier:** Leave this field blank

5a **Federal Entity Identifier:** Leave this field blank

5b. **Federal Award Identifier:** For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award (grant) number.

6. **Date Received by State:** Leave this field blank.

7. **State Application Identifier:** Leave this field blank.

8. **Applicant Information:** Enter the following in accordance with agency instructions:

a. **Legal Name:** (REQUIRED): Enter the name that the organization has registered with the System for Award Management (SAM), formally the Central Contractor Registry. Information on registering with SAM may be obtained by visiting the Grants.gov website (<http://www.grants.gov>) or by going directly to the SAM website (www.sam.gov).

b. **Employer/Taxpayer Number (EIN/TIN):** (REQUIRED): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. In addition, we encourage the organization to include the correct suffix used to identify your organization in order to

properly align access to the Payment Management System.

c. Organizational DUNS: (REQUIRED) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (<http://www.grants.gov>). Your DUNS number can be verified at www2.zapdata.com/CompanyLookup.do.

d. Address: (REQUIRED) Enter the complete address including the county.

e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the project.

f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.

9. Type of Applicant: (REQUIRED) Select the applicant organization "type" from the following drop down list.

A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

10. Name Of Federal Agency: (REQUIRED) Enter U.S. Administration for Community Living

11. Catalog Of Federal Domestic Assistance Number/Title: The CFDA number can be found on page one of the Program Announcement.

12. Funding Opportunity Number/Title: (REQUIRED) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.

13. Competition Identification Number/Title: Leave this field blank.

14. Areas Affected By Project: List the largest political entity affected (cities, counties, state etc).

15. Descriptive Title of Applicant's Project: (REQUIRED) Enter a brief descriptive title of the project (This is not a narrative description).

16. Congressional Districts Of: (REQUIRED) 16a. Enter the applicant's Congressional District, and 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. See the below website to find your congressional district:

<http://www.house.gov/Welcome.shtml>

17. Proposed Project Start and End Dates: (REQUIRED) Enter the proposed start date and final end date of the project. **If you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.** In general, all start dates on the

SF424 should be the 1st of the month and the end date of the last day of the month of the final year, for example 7/01/2014 to 6/30/2017. The Grants Officer can alter the start and end date at their discretion.

18. Estimated Funding: (REQUIRED) If requesting multi-year funding, enter the full amount requested from the Federal Government in line item 18.a., as a multi-year total. For example and illustrative purposes only, if year one is \$100,000, year two is \$100,000, and year three is \$100,000, then the full amount of Federal funds requested would be reflected as \$300,000. The amount of matching funds is denoted by lines b. through f. with a combined Federal and non-Federal total entered on line g. Lines b. through f. represents contributions to the project by the applicant and by your partners during the total project period, broken down by each type of contributor. The value of in-kind contributions should be included on appropriate lines, as applicable.

NOTE: Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 74 or 45 CFR Part 92 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the Federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3rd of the amount of Federal funds being requested (the amount in 18a). For a full explanation of ACL's match requirements, see the information in the box below. For sub-item 18f (program income), enter only the amount, if any, that is going to be used as part of the required match. Program Income submitted as match will become a part of the award match and recipients will be held accountable to meet their share of project expenses even if program income is not generated during the award period.

There are two types of match: 1) non-Federal cash and 2) non-Federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered **matching funds**. Examples of **non-Federal cash match** includes budgetary funds provided from the applicant agency's budget for costs associated with the project. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-Federal in-kind matching funds. Volunteered time and use of third party facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

NOTE: Indirect charges may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement must be included with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, a copy of the latest approved indirect cost agreements must also be included with the application, or reference to an approved cost allocation plan.**

ACL's Match Requirement

Under many ACL programs, ACL will fund no more than 75 % of the **project's total cost**, which means the applicant must cover at least 25% of the **project's total cost** with non-Federal resources. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the project's total cost (i.e., the amount on line 18g.). This "three-to-one" ratio is reflected in the following formula which you can use to calculate your **minimum** required match:

$$\frac{\text{Federal Funds Requested} * \text{Match Percentage}}{\text{Inverse Match Percentage}} = \text{Minimum Match Requirement}$$

Examples of varying match levels:

1) \$100,000 (federal funds requested) * 5% (match) = \$5,263

95%

2) \$100,000 * 25%(match) = \$33,333

75%

3) \$100,000 * 35%(match) = \$53,846

65%

4) \$100,000 * 45%(match) = \$81,818

55%

If the required non-Federal share is not provided by the completion date of the funded project period, ACL will reduce the Federal dollars awarded when closing out the award to meet the match percentage, which may result in a requirement to return Federal funds.

19. **Is Application Subject to Review by State Under Executive Order 12372 Process?** Check c.
Program is not covered by E.O. 12372

20. **Is the Applicant Delinquent on any Federal Debt?** (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.

21. **Authorized Representative:** (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

Standard Form 424A

NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this ACL program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a multi-year budget. See Attachment B. **Section A Budget Summary**

Section A - Budget Summary

Line 5: Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total nonFederal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

Section B Budget Categories

Column 1: Enter the breakdown of how you plan to use the Federal funds being requested by object class category (see instructions for each object class category in Attachment C).

Column 2: Enter the breakdown of how you plan to use the non-Federal share by object class category.

Column 5: Enter the total funds required for the project (sum of Columns 1 and 2) by object class category.

Section C – Non Federal Resources

Column A: Enter the federal grant program.

Column B: Enter in any non-federal resources that the applicant will contribute to the project.

Column C: Enter in any non-federal resources that the state will contribute to the project.

Column D: Enter in any non-federal resources that other sources will contribute to the project.

Column E: Enter the total non-federal resources for each program listed in column A.

Section D –Forecasted Cash Needs

Line 13: Enter Federal forecasted cash needs broken down by quarter for the first year only.

Line 14: Enter Non-Federal forecasted cash needs broken down by quarter for the first year.

Line 15: Enter total forecasted cash needs broken down by quarter for the first year.

Note: This area is not meant to be one whereby an applicant merely divides the requested funding by four and inserts that amount in each quarter but an area where thought is given as to how your estimated expenses will be incurred during each quarter. For example, if you have initial startup costs in the first quarter of your award reflect that in quarter one or you do not expect to have contracts awarded and funded until quarter three, reflect those costs in that quarter.

Section E – Budget Estimates of Federal Funds Needed for Balance of the Project (i.e. subsequent years 2, 3, 4 or 5 as applicable).

Column A: Enter the federal grant program

Column B (first): Enter the requested year two funding.

Column C (second): Enter the requested year three funding.

Column D (third): Enter the requested year four funding, if applicable.

Column E (forth): Enter the requested year five funding, if applicable.

Section F – Other Budget Information

Line 21: Enter the total Indirect Charges

Line 22: Enter the total Direct charges (calculation of indirect rate and direct charges).

Line 23: Enter any pertinent remarks related to the budget.

Separate Budget Narrative/Justification Requirement

Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: Federal; non-Federal cash; and non-Federal in-kind. Cost breakdowns, or justifications, are required for any cost of \$1,000 or for the thresholds as established in the examples. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-Federal cash as well as, sub-contractor or sub-grantee (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification. The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

Line 6a: **Personnel:** Enter total costs of salaries and wages of applicant/grantee staff. Do

not include the costs of consultants, which should be included under 6h Other.

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

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

In the Justification: If the total fringe benefit rate exceeds 35% of Personnel costs, provide a breakdown of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a break down but you must show the percentage charged for each full/part time employee.

Line 6c: **Travel:** Enter total costs of all travel (local and non-local) for staff on the project. NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.

In the Justification: Include the total number of trips, number of travelers, destinations, purpose (e.g., attend conference), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).

Line 6d: **Equipment:** Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is nonexpendable tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. If the item does not meet the \$5,000 threshold, include it in your budget under Supplies, line 6e.

In the Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions. Further, the purchase of specific items of equipment should not be included in the submitted budget if those items of equipment, or a reasonable facsimile, are otherwise available to the applicant or its subgrantees.

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

In the Justification: . For any grant award that has supply costs in excess of 5% of total direct costs (Federal or Non-Federal), you must provide a detailed break down of the supply items (e.g., 6% of \$100,000 = \$6,000 – breakdown of supplies needed). If the 5% is applied against \$1 million total direct costs (5% x \$1,000,000 = \$50,000) a detailed breakdown of supplies is not needed. Please note: any supply costs of \$5,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., 5% x \$100,000 = \$5,000 – no breakdown needed).

Line 6f: **Contractual:** Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of

Federal Regulations (CFR's) mentioned below. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards. Also include any awards to organizations for the provision of technical assistance. Do not include payments to individuals on this line. Please be advised: A subrecipient is involved in financial assistance activities by receiving a sub-award and a subcontractor is involved in procurement activities by receiving a sub-contract. Through the recipient, a subrecipient performs work to accomplish the public purpose authorized by law. Generally speaking, a sub-contractor does not seek to accomplish a public benefit and does not perform substantive work on the project. It is merely a vendor providing goods or services to directly benefit the recipient, for example procuring landscaping or janitorial services. In either case, you are encouraged to clearly describe the type of work that will be accomplished and type of relationship with the lower tiered entity whether it be labeled as a subaward or subcontract.

In the Justification: Provide the following three items – 1) Attach a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The Federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at \$100K in the CFR, you must certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR 74.44 for non-profits and 92.36 for states, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative.

Line 6g: **Construction:** Leave blank since construction is not an allowable costs for this program.

Line 6h: **Other:** Enter the total of all other costs. Such costs, where applicable, may

include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits), non-contractual fees and travel paid directly to individual consultants, postage, space and equipment rentals/lease, printing and publication, computer use, training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs.

Note: A recent Government Accountability Office (GAO) report number 11-43, has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. If meals are to be charged towards the grant they must meet the following criteria outlined in the Grants Policy Statement:

- *Meals are generally unallowable except for the following:*
- *For subjects and patients under study (usually a research program);*
- *Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g., Headstart);*
- *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;*
- *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and*
- *Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances (Note: the sole purpose of the grant award is to hold a conference).*

In the Justification: Provide a reasonable explanation for items in this category. For example, individual consultants explain the nature of services provided and the relation to activities in the work plan or indicate where it is described in the work plan. Describe the types of activities for staff

development costs.

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

Line 6j: **Indirect Charges:** Enter the total amount of indirect charges (costs), if any. If

no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. **State governments should enter the amount of indirect costs determined in accordance with DHHS requirements.** An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the Federal share of your direct costs. Any unused portion of the grantee's eligible Indirect Cost amount that are not claimed on the Federal share of direct charges can be claimed as un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

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

Line 7: **Program Income:** As appropriate, include the estimated amount of income, if any, you expect to be generated from this project that you wish to designate as match (equal to the amount shown for Item 15(f) on Form 424). **Note:** Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-Federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, **do not** include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as grantee match should be described in the Level of Effort section of the Program Narrative.

c. Standard Form 424B – Assurances (required)

This form contains assurances required of applicants under the discretionary funds programs administered by the Administration for Community Living. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

d. Certification Regarding Lobbying (required)

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

Proof of Non-Profit Status (as applicable)

Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

Indirect Cost Agreement

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency. This is optional for applicants that have not included indirect costs in their budgets.

Standard Form 424A - Sample Format

OMB Approval No. 0348-0044
BUDGET INFORMATION--Non-Construction Programs

SECTION A-BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
Lifespan Respite	93.048			340,294	113,433	453,727
2.						
3.						
4.						
5.				340,294	113,433	453,727
TOTALS						

SECTION B-BUDGET CATEGORIES

6. Object Class Categories	Grant Program, Function, or Activity				Total (5)
	(1) Year 1	(2) Year 2	(3) Year 3	(4)	
a. Personnel	71,254	30,000	35,000		136,254
b. Fringe Benefits	26,114	15,000	20,000		61,114
c. Travel	7,647	5,000	5,000		17,647
d. Equipment	10,000	0	0		10,000
e. Supplies	9,460	2,500	1,000		12,960
f. Contractual	30,171	0	0		30,171
g. Construction	0	0	0		
h. Other	11,480	55,833	47,334		114,647
i. Total Direct Charges (Sum 6a-h)	166,126	108,333	108,334		382,793

OMB Approval No. 0348-0044
BUDGET INFORMATION--Non-Construction Programs

j. Indirect Charges @	20,934	25,000	25,000		70,934
TOTALS (Sum 6i and j)	187,060	133,333	133,334		453,727
7. Program Income	None				

SECTION C-NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
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8. Lifespan Respite	80,866	32,547		113,433	
9.					
10.					
11.					
12. TOTALS (Sum of lines 8 and 11)	80,866	32,547		113,433	
SECTION D-FORECASTED CASH NEEDS					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	140,294	20,000	50,000	20,000	50,294
	46,766	12,000	10,000	9,000	15,766
TOTAL (Sum of lines 13 and 14)					

SECTION E-BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	Future Funding Periods (Years)			
	(b) First	(c) Second	(d)	(e)
Life Span Respite	100,000	100,000		
17.				
18.				
19.				
20. TOTALS (Sum of lines 16-19)				
SECTION F-OTHER BUDGET INFORMATION				
21. Direct Charges		22. Indirect Charges		
23. Remarks				

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Budget Narrative/Justification - Sample Format

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	\$47,700	\$23,554	\$0	\$71,254	Federal Project Director (name) = .5 FTE @ \$95,401/yr = \$47,700 Non-Fed Cash Officer Manager (name) = .5FTE @

					<p>\$47,108/yr = <u>\$23,554</u></p> <p>Total</p> <p>71,254</p>
Fringe Benefits	\$17,482	\$8,632	\$0	\$26,114	<p>Federal</p> <p>Fringe on Project Director at 36.65% = \$17,482</p> <p>FICA (7.65%)</p> <p>Health (25%)</p> <p>Dental (2%)</p> <p>Life (1%)</p> <p>Unemployment (1%)</p> <p>Non-Fed Cash</p> <p>Fringe on Office Manager at 36.65% = \$8,632</p> <p>FICA (7.65%)</p> <p>Health (25%)</p> <p>Dental (2%)</p> <p>Life (1%)</p> <p>Unemployment (1%)</p>
Travel	\$4,707	\$2,940	\$0	\$7,647	<p>Federal</p> <p>Local travel: 6 TA site visits for 1 person</p> <p>Mileage: 6RT @ .585 x 700 miles \$2,457</p> <p>Lodging: 15 days @ \$110/day \$1,650</p> <p>Per Diem: 15 days @ \$40/day \$600</p> <p>Total \$4,707</p> <p>Non-Fed Cash</p> <p>Travel to National Conference in (Destination) for 3 people</p> <p>Airfare 1 RT x 3 staff @ \$500 \$1,500</p> <p>Lodging: 3 days x 3 staff @ \$120/day \$1,080</p> <p>Per Diem: 3 days x 3 staff @ \$40/day <u>\$360</u></p> <p>Total \$2,940</p>
Equipment	\$10,000	\$0	\$0	\$10,000	<p>No Equipment requested OR:</p> <p>Call Center Equipment</p> <p>Installation = \$5,000</p> <p>Phones = <u>\$5,000</u></p> <p>Total \$10,000</p>

Supplies	\$3,700	\$5,670	\$0	\$9,460	Federal 2 desks @ \$1,500 \$3,000 2 chairs @ \$300 \$600 2 cabinets @ \$200 \$400 Non-Fed Cash 2 Laptop computers \$3,000 Printer cartridges @ \$50/month \$300 Consumable supplies (pens, paper, clips etc...) @ \$180/month <u>\$2,160</u> Total \$9,460
Contractual	\$30,171	\$0	\$0	\$30,171	(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide respite services: 11 care givers @ \$1,682 = \$18,502 Volunteer Coordinator = <u>\$11,669</u> Total \$30,171 <i>If contract details are unknown due to contract yet to be made provide same information listed above and:</i> A detailed evaluation plan and budget will be submitted by (date), when contract is made.
Other	\$5,600	\$0	\$5,880	\$11,480	Federal 2 consultants @ \$100/hr for 24.5 hours each = \$4,900 Printing 10,000 Brochures @ \$.05 = \$500 Local conference registration fee (name conference) = <u>\$200</u> Total \$5,600 In-Kind Volunteers 15 volunteers @ \$8/hr for 49 hours = \$5,880

Indirect Charges	\$20,934	\$0	\$0	\$20,934	21.5% of salaries and fringe = \$20,934 IDC rate is attached.
TOTAL	\$140,294	\$40,866	\$5,880	\$187,060	

Budget Narrative/Justification - Sample Template

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Contractual					
Other					
Indirect Charges					
TOTAL					

Project Work Plan - Sample Template

NOTE : Applicants requesting funding for a multi-year grant program are REQUIRED to provide a Project Work Plan for EACH potential year of grant funding requested.

Goal:

Measurable Outcome(s):

* Time Frame (Start/End Dates by Month in Project Cycle)

Major Objectives	Key Tasks	Lead Person	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*
1.														
2.														
3.														
4.														
5.														

System Functions

Appendix IV: ***Knowledge, Skills and Abilities for Person Centered Counseling***

Appendix V: ***Person Centered Planning Provisions in "HCBS Settings Rule"***

