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Department of Communications

Communications and Emergency Operations Center
2200 Kaen Road, Oregon City, OR 97045

STAFF REPORT

May 6, 2021

Board of County Commissioners
Clackamas County

Members of the Board:

Emergency Triage, Treat and Transport (ET3) Model Medical Triage Line Funding Opportunity

Purpose/Outcomes	Request permission to apply for a 2-year grant which would pilot provision of a nurse triage line connected to 911 as an alternate service delivery model for low acuity EMS calls
Fiscal Impact	May receive up to \$1.175M over 2-year period. Project would aim to identify post-grant sustainable funding sources in partnership with community health, hospitals & EMS providers. No match or commitment required from County General Fund.
Contact Person	Cheryl Bledsoe, C-COM Director (971) 284-3091 Philip Mason-Joyner, Public Health Director (503) 742-5956

BACKGROUND:

In Clackamas County, people call 911 for a variety of reasons. It is from these calls that our telecommunicators determine whether police, fire or medical assistance is needed. And in 2020, we received just over 27,000 calls which required support from our Emergency Medical System (EMS) paramedics & firefighters.

Like in many 911 agencies, we most commonly dispatch fire & ambulance responses to most scenes that request medical assistance. But we know that not every medical call requires a fire truck, ambulance and trip to a local emergency room. In fact, research studies from REMSA (Regional Emergency Medical Services Authority) suggested that 6% of call volume could be more effectively handled through a nurse triage line than via initiation of an ambulance.

The Center for Medicare & Medicaid Innovation (CMS) has opened a 2-year funding opportunity for 911 centers in geographic areas where there is signed participation agreement between CMS and ambulance providers that have been identified as ET3 Model Participants. In Oregon, only Clackamas and Multnomah counties qualify as applicants for these grant funds due to AMR's participation agreement.

The purpose of this funding is to reduce inappropriate use of emergency ambulance services and potentially increase efficiency of our EMS system for residents of Clackamas County by introducing a connected nurse triage line to our 911 operations centers. These funds would allow CCOM to pilot a program which would provide a "warm handoff" of information to a nurse triage line. This means that a resident would not have to start all over in telling their medical story after a call is transferred.



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This creative program would allow 911 to connect residents to services that may be more applicable to their own unique medical situation and minimize the burden on the healthcare system to treat every medical with the same set of resources.

This funding opportunity provides 2 years of funding to selected applicants and would include a planning process to determine how to achieve sustainable funding, if the program is determined to be successful. This work effort aligns with the Clackamas County EMS Council's Strategic Plan that the Board adopted in 2019. The EMS Council collectively approved of this effort to seek Board of County Commissioner support for this project on April 27, 2021.

Setting up direct 911 access to nurse triage has been identified as one of the after-action items from our COVID-19 experience. Throughout the pandemic, hospitals, healthcare and 911 programs have had many discussions about how to set up access to nurse triage to assist with COVID-19 calls if the hospitals became overwhelmed. While to date, this hospital scenario has not fully actualized, services such as this can be of particular benefit whenever a hospital system finds itself in a bed shortage.

Lake Oswego Communications (LOCOM) is also moving forward with a parallel grant application. Both CCOM and LOCOM will work together so that all of the residents of Clackamas County have access to this service, if we are selected as pilot locations for nurse triage.

The deadline for application is May 11, 2021.

RECOMMENDATION:

C-COM and H3S Staff requests permission to apply for this funding opportunity by the May 11, 2021 deadline.

Sincerely,

Cheryl Bledsoe,
C-COM Director

Philip Mason-Joyner,
Public Health Director

**U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Medicare and Medicaid Innovation**

**Emergency Triage, Treat, and Transport (ET3) Model
Medical Triage Line**

Notice of Funding Opportunity Type: New

Funding Opportunity Award Type: Cooperative Agreement

Notice of Funding Opportunity Number: CMS-2F2-21-001

Federal Assistance Listing Number: 93.381

Notice of Funding Opportunity Posting Date: March 12, 2021

Applicable Dates:

Letter of Intent to Apply Due Date: N/A

Electronic Application Due Date: May 11, 2021 3:00 pm Eastern Standard Time

Anticipated Issuance Notice(s) of Award: September 10, 2021

Anticipated Period of Performance: 2 years

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Executive Summary

The Emergency Triage, Treat, and Transport (ET3) model (the “model”) is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare Fee-for-Service (FFS) beneficiaries following a 911 Call. ET3 consists of three interventions: the treatment in place and transport to an alternative destination interventions described in the Request for Applications, and the triage intervention described in this Notice of Funding Opportunity (NOFO). Together, these interventions make up a comprehensive model for potentially improving the quality of care and lowering costs to Medicare by reducing avoidable transports to hospital emergency departments (EDs) and avoidable inpatient admissions.

Through the ET3 model NOFO, Centers for Medicare & Medicaid Services (CMS) will fund recipients to establish or expand a Medical Triage Line. Eligible applicants are state and local governments, their Designees, or other entities that operate or have oversight over a Public Safety Answering Point (PSAP). A Medical Triage Line funded through the ET3 model will allow existing PSAPs to redirect Callers with non-emergency conditions to appropriate care alternatives.

HHS Awarding Agency	Centers for Medicare & Medicaid Services (CMS)
CMS Awarding Center	Center for Medicare and Medicaid Innovation
Notice of Funding Opportunity Title	Emergency Triage, Treat, and Transport (ET3) Model
Authorization	Section 1115A of the Social Security Act (the Act)
Federal Assistance Listings Number	93.381
Funding Opportunity Type	New
Funding Opportunity Number	CMS-2F2-21-001
Type of Award	Cooperative Agreement
Type of Competition	Open to all Eligible Applicants
Letter of Intent	N/A
Application Due Date and Time	May 11, 2021 by 3:00 pm EST (Baltimore, MD)
Anticipated Issuance Notices of Award	September 10, 2021
Period of Performance Start Date	September 10, 2021
Period of Performance End Date	September 9, 2023
Anticipated Total Available Funding	\$34,000,000
Maximum Award Amount	Up to \$1,175,000
Maximum Number of Awardees	40

A. Program Description

A1. Purpose

CMS, through its Center for Medicare and Medicaid Innovation (Innovation Center), seeks applications for the triage intervention of the ET3 model. This intervention will test whether the establishment or expansion of Medical Triage Lines integrated with the PSAP can reduce inappropriate use of emergency ambulance services and increase efficiency in Emergency Medical Services (EMS) systems.

The ET3 Model aims to:

- Provide person-centered care, such that beneficiaries receive the appropriate level of care delivered safely at the right time and place while having greater control of their health care through the availability of more options.
- Encourage appropriate utilization of services to meet health care needs effectively.
- Increase efficiency in the EMS system to allow for more rapid response to time-sensitive conditions.

This NOFO is open to state and local governments, their Designees, or other entities that operate or have authority over a PSAP and are located in geographic regions where ambulance suppliers and providers have been selected to participate in the ET3 model. Model Participants were selected through a separate Request for Applications process. A list of Model Participants and the regions where the model will be implemented can be found on the ET3 website ([CMS link to ET3 initiatives](#)). An applicant to this NOFO must propose to operate the Medical Triage Line in a Geographic Region that includes at least one ZIP code of a Participant's Model Region.

CMS will award, through a competitive process, cooperative agreements to up to 40 Recipients. The triage intervention of the model will be tested for a two-year period, pending availability of funds. Funding for the second year will be issued via a non-competing continuation award. The parameters for the triage intervention of the model are described throughout this NOFO.

A2. Authority

Section 1115A of the Social Security Act (the Act) authorizes the Secretary of the Department of Health and Human Services to test innovative payment and service delivery models expected to reduce Medicare, Medicaid, or CHIP expenditures while preserving or enhancing the quality of care.

Under section 1115A(d)(1) of the Act, the Secretary of Health and Human Services may waive such requirements of Titles XI and XVIII and of sections 1902(a)(1), 1902(a)(13), and 1903(m)(2)(A)(iii), and 1934 (other than subsections (b)(1)(A) and (c)(5) of such section) as may be necessary solely for purposes of carrying out section 1115A with respect to testing models described in section 1115A(b). For this model and consistent with this standard, the Secretary may consider issuing waivers of certain fraud and abuse provisions in sections 1128A, 1128B, and 1877 of the Act. Waivers are not being issued in this document; waivers, if any, would be set forth in separately issued documentation. Thus, notwithstanding any other provision of this NOFO, all Recipients, sub-recipients, and all other relevant individuals or entities must comply with all applicable laws and regulations, except as explicitly provided in any such separately documented waiver issued pursuant to section 1115A(d)(1) specifically for the ET3 model. Any

such waiver would apply solely to the ET3 model and could differ in scope or design from waivers granted for other programs or models.

CMS provides no opinion on the legality of any contractual or financial arrangement that an applicant proposes, implements, or documents. The receipt by CMS of any such information in the course of the Application process or otherwise shall not be construed as a waiver or modification of any applicable laws, rules, or regulations, and will not preclude CMS, HHS, a law enforcement agency, or any other federal agency from enforcing any and all applicable laws, rules, and regulations.

A3. Background

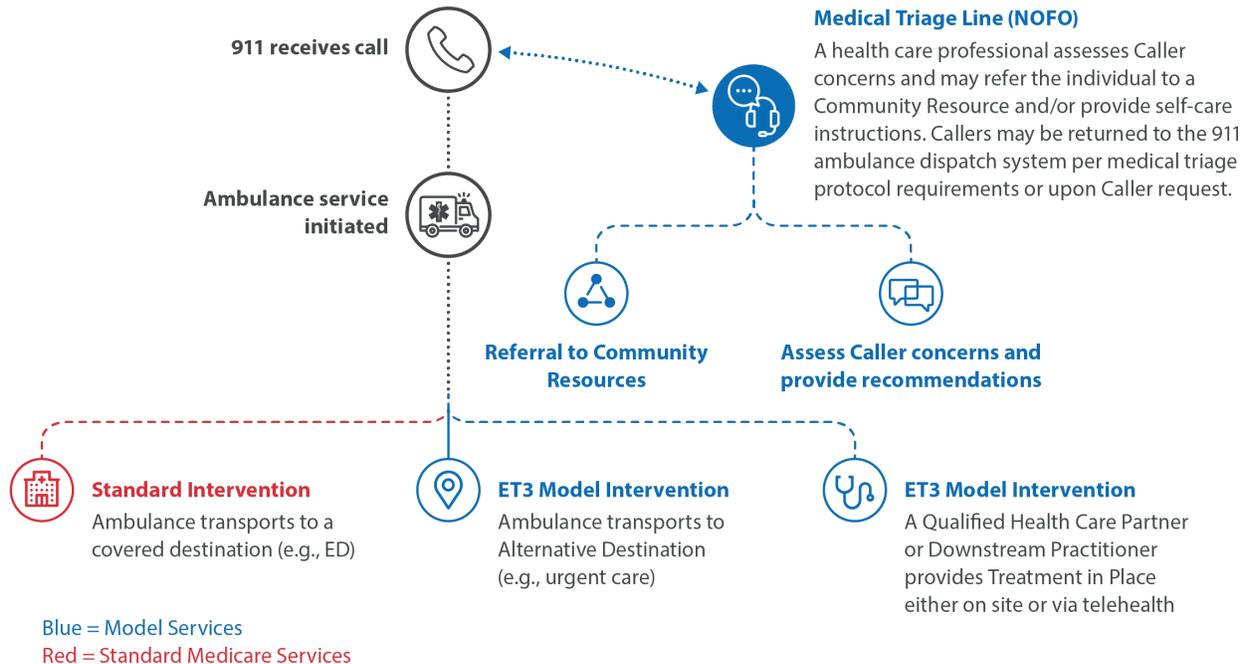
The ET3 model will support the implementation of a Medical Triage Line integrated into a PSAP in an eligible region. Evidence suggests medical triage programs integrated with PSAPs are becoming more widely adopted. While most studies of telephone-based interventions focus on medical advice lines rather than on secondary triage as part of 911 medical dispatch, large-scale application of 911 prioritization systems is beginning to create a robust evidence base to support their accuracy in categorizing medical emergencies over the phone. A study in Texas aimed at examining an ED diversion collaboration to divert lower acuity patients from EDs to more appropriate levels of care determined that 6% of all EMS calls were diverted to a Medical Triage Line rather than initiation of an ambulance.¹ Numbers published by The Regional Emergency Medical Services Authority (REMSA) suggest that their medical triage program had roughly a 2.5% to 3% dispatcher transfer rate from 911 to the triage nurse.² Among these and other programs, findings suggest accuracy in medical dispatcher evaluation of low-acuity cases and that there is potential for avoidable transports to hospital EDs. Through the ET3 model, the Innovation Center intends to allocate cooperative agreement funding to implement Medical Triage Lines integrated with 911 dispatch systems to reduce inappropriate use of emergency ambulance services and potentially increase efficiencies in EMS systems.

Separately from this NOFO, the Innovation Center has selected ambulance suppliers and providers based on criteria in the Request for Applications that would provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare FFS beneficiaries following a 911 Call. Medicare regulations have historically only allowed payment for emergency ground ambulance services when individuals are transported to hospitals, critical access hospitals, skilled nursing facilities, and dialysis centers. This creates an incentive to bring beneficiaries to high-acuity, high-cost settings (e.g., EDs), even when a lower-acuity, lower-cost setting may more appropriately meet an individual's needs. The ET3 model payment arrangements implemented through model participation agreements may change these misaligned incentives and have the potential to improve the quality of care and lower costs to Medicare by reducing avoidable transports to the hospital ED and potentially reducing avoidable inpatient admissions. The model structure consists of three interventions: triage, treat, and transport, as seen in Figure 1.

¹ Murphy, E. R., Petrovich, J.. (2017). 9-1-1 Triage: Implications of an Emergency Diversion Collaboration Effort. *Perspectives on Social Work*, 13(1), 23-29

² Smith, L. R., Amico, P., Hoerger, T., Jacobs, S., Payne, J., & Renaud, J. (August 2017). Evaluation of the Health Care Innovation Awards: Community resource planning, prevention, and monitoring: Third annual report addendum. RTI International.

Figure 1: Overview of ET3 Model



A4. Program Requirements

A 4.1 Key Terms

The following key terms will be used throughout this NOFO:

911 Call: A three-digit or seven-digit telephone number used by a Public Safety Answering Point (PSAP) to facilitate the reporting of an emergency requiring response.

911 Telecommunicator: A call taker/dispatcher at a PSAP qualified to answer incoming 911 Calls and/or to provide the appropriate emergency response.

Caller: Any individual that initiates a 911 Call to the Recipient's PSAP.

Community Resource: An entity that is included on the Recipient's Resource List as an appropriate alternative source of care to sending the Caller to the ED.

Designee: An entity that operates a PSAP through a valid agreement with, or other authorization from, a state or local government.

Functional Medical Triage Line: A Medical Triage Line that is accepting transfers from 911 Telecommunicators and has the capacity to provide all Triage Core Functions.

Geographic Region: The geographic area and population served by the Medical Triage Line under the ET3 model.

Implementation Plan: A written plan for implementing the Medical Triage Line that addresses each element set forth in section D2.d.II of this NOFO, and updated in accordance with section F5. of this NOFO.

Medical Triage Line: A telephone triage service staffed by Triage Line Staff that receives transfers from 911 Telecommunicators and utilizes protocols with the purpose of identifying which Callers may not need ambulance transport and instead may be navigated towards more appropriate sources of care, including alternative Community Resources, Caller's usual source of care, or the provision of self-care instruction while focusing on triage appropriateness and safety.

Model Participant: An entity that is a Medicare-enrolled ambulance provider or supplier that has entered into a participation agreement with CMS to participate in the ET3 model.

Model Region: The counties or equivalent entities where a Model Participant offers Medicare-covered ground ambulance transport, transport to an alternative destination and, if applicable, treatment in place to ET3 model beneficiaries during the model performance period.

Optional Functions: The optional activities of the Medical Triage Line that help the Caller coordinate and access the care that is recommended by the Triage Line Staff, as appropriate.

Public Safety Answering Point (PSAP): An entity responsible for receiving 911 Calls, as either a primary or secondary PSAP, and processing those 911 Calls according to a specific operational policy.

Recipient: An entity that operates or has authority over a PSAP that has been awarded funding through a cooperative agreement with the Innovation Center to test the ET3 Medical Triage Line intervention.

Resource List: A list of Community Resources that may be recommended by the Triage Line Staff to Callers referred to a Medical Triage Line as a component of the Recipient's Medical Triage Line intervention.

Support Staff: Optional staff of the Recipient that are not Triage Line Staff and who do not provide clinical guidance to Callers. These staff members may support non-clinical Medical Triage Line activities as set forth in a CMS-approved Implementation Plan.

Triage Core Functions: Activities required to be performed by the Triage Line Staff in the operation of the Medical Triage Line, as described in sections A4.4.1 and A4.4.2.

Triage Line Staff: A healthcare professional, who is a registered nurse or holds an equivalent or more advanced clinical licensure (e.g., clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician (MD or DO)), and carries out the Triage Core Functions of the Medical Triage Line and, if applicable, Optional Functions.

Warm Handoff: The process by which a 911 Telecommunicator, the Triage Line Staff or Support Staff, or a Community Resource, with the Caller on the line, verbally relays to another entity (e.g., the Caller's usual source of care, a Community Resource, or Triage Line Staff) Caller information, which may include the Caller's chief complaint, symptoms, and past history, such that the Caller does not need to repeat their information and concerns.

A 4.2 Eligible Applicants

Entities described in section C1 may apply to receive funding for the development or expansion of a Medical Triage Line. This Medical Triage Line will identify Callers that may not require ambulance dispatch and discuss Caller concerns to determine if these low-acuity Callers should

be routed to more appropriate care, such as an urgent care center, Caller's usual source of care, or a behavioral health center. By triaging these Callers, this intervention of the ET3 model is expected to contribute to the overall model goals to provide the right care at the right time and place, while reducing healthcare utilization and costs associated with avoidable ED visits and hospitalizations. By allowing beneficiaries with lower-acuity needs the opportunity to access care in more appropriate settings through the medical triage process, the ET3 model could also free up EMS time and resources to focus on high-acuity cases.

An entity must meet all of the following criteria in order to be eligible to apply to this NOFO:

- Is a state or local government entity or its Designee, or another entity that operates or has authority over a PSAP. A Designee or another entity must be one of the types of eligible entities described in section C1. If the applicant is a Designee, the applicant must describe the existing agreement or authorization between the applicant and the state or local government entity that authorizes applicant to implement a Medical Triage Line in the proposed Geographic Region. If the applicant is any other type of entity, the applicant must demonstrate in its application that it has the authority to operate or control a PSAP and implement a Medical Triage Line in its proposed Geographic Region.
- Has the authority to implement a Medical Triage Line in its Geographic Region
- Proposes to implement or expand a Medical Triage Line in a Geographic Region that includes at least one ZIP code in a Model Participant's Model Region
- Operates or has authority over the PSAP that receives 911 Calls in a Geographic Region that includes at least one ZIP code in a Model Participant's Model Region as well as the authority to implement the triage intervention of the ET3 model integrated with the PSAP. A full list of Model Participants is available on the ET3 model website ([CMS link to ET3 initiatives](#)).

A 4.3 Period of Performance and Associated Funding Structure

Each Recipient will have the opportunity to implement or expand upon an existing Medical Triage Line during two distinct stages: Pre-Implementation (Year 1); and Implementation and Operation (Year 2). To receive funding for Year 2, applicants must submit a non-competing continuation application and meet established performance measurement requirements. Additional instructions will be included in the terms and conditions of award.

Table A lays out examples of required activities each Recipient may undertake during each stage as well as associated funding types.

Table A. Required Recipient Activities and Associated Funding by Stage

Stage	Required Recipient Activity	Funding
<p>Pre-Implementation (Year 1)</p>	<ul style="list-style-type: none"> • Establish or evaluate current infrastructure such as physical space, hardware, and software systems, and equipment • Establish or expand capacity for the Medical Triage Line • Review or develop and test triage protocols and revise as necessary • Complete ongoing training for personnel • Establish systems and processes for submitting quarterly and annual reports, including all required qualitative and quantitative data to CMS as required in Section F5. • Develop or update a staffing plan and recruit, hire and train personnel • Implement a Functional Medical Triage Line • Develop coordination and relationships with payers and other funding sources to contribute to the development, maintenance, and sustainability of the Medical Triage Line • Operate the Medical Triage Line in accordance with the award terms and conditions • Report required data to the Innovation Center in accordance with award terms and conditions, 42 CFR 403.1110, and any other applicable laws, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security regulations 	<ul style="list-style-type: none"> • Annual Implementation Funding
<p>Implementation and Operation (Year 2)</p>	<ul style="list-style-type: none"> • Operate the Medical Triage Line in accordance with the award terms and conditions • Test triage protocols and revise as necessary • Report required data to the Innovation Center in accordance with award terms and conditions, 42 CFR 403.1110, and any other applicable laws, such as the HIPAA privacy and security regulations 	<ul style="list-style-type: none"> • Annual Implementation Funding • Milestone Funding (Note: Milestone Funding will be restricted, is not guaranteed and will be based on Recipient’s performance and reporting requirements during Year 1)

Award amounts will vary based on the needs demonstrated and population served by each applicant in its responses to this NOFO. For example, the amount of funding awarded to support a Recipient during the Pre-Implementation stage would take into account whether the Recipient

proposed to establish a new Medical Triage Line or expand upon an existing line; as well as the size of the Geographic Region in which the Recipient proposes to implement the Medical Triage Line. Milestone Funding will be available during Year 2, subject to availability of funds, based on Recipient's demonstrated performance in establishing or maintaining a functioning Medical Triage Line, and timely reporting of required data to CMS. Further detail regarding required data is provided in section A4.5 and reporting requirements are further detailed in section F5.

A 4.4 ET3 Medical Triage Line Functions

A 4.4.1 General Requirements

Each Recipient must use NOFO funding to establish or expand upon an existing Medical Triage Line that is integrated with the PSAP in the Recipient's Geographic Region. The Medical Triage Line must meet the requirements detailed throughout this NOFO including the implementation of Triage Core Functions with the Recipient's existing PSAP. Recipients may choose to directly connect eligible Callers to an external Medical Triage Line via Warm Handoff, as long as external partners/receiving entities meet the requirements of this NOFO and applicable state and local regulations and requirements. This may include transferring the Caller to another PSAP, another emergency medical dispatch center, or another service provided by a Caller's insurer or usual source of care. NOFO funding may not be used to operate or support an existing non-emergency publicly available line, such as 311 or 211, and may not be used to operate or support separate non-emergency telephone access.

A Recipient may choose to operate the Medical Triage Line either 24 hours a day, seven days a week ("24/7") or during a subset of hours. If the proposed Medical Triage Line will not operate 24/7, the applicant must propose a specific schedule and explain how the proposed schedule will ensure access to the Medical Triage Line during times when low-acuity calls have the highest volume. Additionally, each Recipient must implement Medical Triage Line protocols that are compliant with state, local, and federal requirements and clinical best practices, and are subject to internal quality improvement processes to ensure that quality and safety practices are implemented and tracked.

As defined above, Triage Line Staff must be healthcare professionals, defined as a registered nurse or an individual who holds an equivalent or more advanced clinical licensure (e.g., clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician (MD or DO)) and carries out the Triage Core Functions and, if applicable, Optional Functions of the Medical Triage Line. Applicants who propose to staff the Medical Triage Line with Triage Line Staff who have training and experience specific to emergency medical care will receive preference. It is the responsibility of the Recipient to ensure that all Triage Line Staff are licensed in good standing within the Geographic Region, are not suspended or debarred from participation in any federal health programs, and are not currently under state or federal investigation related to their health care practice.

The Recipient must inform Callers they have the right to refuse or deny care or referrals made by Triage Line Staff and be transferred back to 911. Instances of refusal of Triage Line Staff's recommendations as well as requests to transfer back to 911 should be documented by the Recipient in order to meet reporting requirements outlined in Section A4.5.

Recipients may not use the Medical Triage Line to limit coverage for or access to medically necessary ambulance services including transport to an ED. Each Recipient will be responsible

for ensuring that its Medical Triage Line utilizes appropriate protocols and meets all applicable federal, state, and local requirements.

Cooperative agreement funding awarded through this NOFO is available only to support eligible functions of the Medical Triage Line and is not available to duplicate or supplant existing funding, or to support other services that are provided after or as a result of the Medical Triage Line encounter. For example, ET3 model funding cannot be used for the following:

- To support the costs of services provided by a Community Resource or usual source of care, including to defray patient cost-sharing;
- Transportation; or
- Salaries and fringe benefits for Community Resource personnel.

A 4.4.2 Triage Core Functions (Required)

Triage Line Staff must carry out the following required Triage Core Functions:

- Assess Caller concerns based on predetermined protocols;
- Provide care recommendations to Callers based on protocol-driven assessment;
- Return Callers to 911 via Warm Handoff upon Caller request or based on predetermined protocols;
- Provide Callers with contact information for relevant Community Resources when appropriate; and
- Recommend that Callers contact their regular source of care when appropriate.

If proposed for inclusion as part of the Implementation Plan, Support Staff may only carry out non-clinical activities, such as:

- Conduct a Warm Handoff to transfer a Caller from a 911 Telecommunicator to Triage Line Staff
- Collect Caller demographic information

A 4.4.3 Community Resources (Required)

Each Recipient must have a Resource List comprised of Community Resources. The Recipient must inform Callers that they are making recommendations for them and that they have the right to choose the care they receive. The Resource List must be reviewed by the Recipient and updated on at least a semi-annual basis. The Recipient must identify at least one Community Resource that is a clinic that accepts sliding fee scale payments and include such a clinic on its Resource list. The Resource List must reflect Community Resources that currently have capacity and capability to meet Caller needs as identified by the Recipient. A Recipient's determination as to which individuals or entities are included on the Community Resource List may not take into account or be conditioned upon: (1) whether the individual or entity is serving, or agreed to serve, as a supplemental funding source to Recipient; or (2) the volume or value of referrals between the Recipient and the individual or entity. Recipient shall make the Resource List available to CMS or its contractors upon request or during an audit.

Triage Line Staff will recommend Community Resources from their Resource List that Callers may contact for appropriate care as alternatives to sending the Caller to the ED. Examples of Community Resources include, but are not limited to:

- Urgent care centers

- Primary care clinics
- Behavioral health centers
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics
- External 211 resource lines or centers
- Substance abuse services
- State and/or local public health agencies
- Civil legal aid organizations
- Foodbanks
- Transportation and paratransit services, taxis, and rideshare
- Homeless and other temporary shelters
- Home health and/or visiting nurse programs
- Early intervention services
- Dentists, podiatrists, optometrists, and other medical professionals

A 4.4.4 Service Coordination (Optional)

Applicant may elect to provide services that help the Caller coordinate and access the care that is recommended by the Triage Line Staff, as appropriate. In these cases, the applicant may earn additional points on their application. Optional Functions will allow the applicant to propose services that meet the applicant community's comprehensive needs for urgent information or support. For any services related to Optional Functions that may or may not be covered by insurance and may require out-of-pocket payments, Triage Line Staff is responsible for informing the Caller that they may be responsible for those costs. Triage Line Staff must perform Optional Functions in accordance with the award terms and conditions and protocols that are compliant with state, local, and federal requirements.

Optional Functions may include, but are not limited to:

- Providing a Warm Handoff to Caller's usual source of care, which may include, but is not limited to, a primary care provider or an Accountable Care Organization (ACO) provider or supplier.
- Providing a Warm Handoff to a Community Resource, such as an FQHC or homeless shelter.
- Assisting the Caller with scheduling an appointment with their usual source of care or a Community Resource.
- Coordinating transportation on behalf of the Caller to a Community Resource or to their usual source of care.

A 4.4.5 Interoperability Plan (Optional)

Applicants may earn additional points on their application for the inclusion of an interoperability plan that details an ability to share patient data among key stakeholders. Many health systems are now accepting financial responsibility for managing patients' care at a population level. These systems often lose the ability to track patients' care following a 911 Call, and it is beneficial to the patient to connect them back to their primary care providers and/or care management system. Additionally, Callers can benefit from knowing when health care resources referred from the Medical Triage Line are in-network and therefore not subject to additional out-of-network cost-sharing.

To foster interoperability between the PSAP, Medical Triage Line, and other care management systems, the applicant may elect to build upon their Medical Triage Line or implement a method of information sharing between the PSAP, Triage Line Staff, Community Resources, Caller's usual source of care (such as an ACO provider or supplier), Caller's insurance companies, and/or other stakeholders outlined in the application submitted in response to this NOFO.

Applicants who propose an interoperability plan with the capability of identifying a Caller's usual source of care and/or insurance provider, as well as a plan to triage that Caller back to their usual source of care in appropriate situations, will receive preference.

The following is a non-exhaustive list of potential capabilities of the interoperability plan:

- Identify means by which the Medical Triage Line would collect the Caller's insurance information
- Determine which Community Resources accept the Caller's insurance
- Reconnect the Caller with their usual source of care
- Notify Caller's usual source of care of the triage interaction and recommendation
- Search for past medical history, medications, allergies, etc.
- Perform electronic notifications to provide relevant clinical data to Caller's usual source of care, insurer or other health information exchange network.

Funding awarded under this NOFO may be used to strengthen an existing data-sharing system or implement a new one, including purchasing hardware and/or software for such systems, for the applicant to achieve its proposed data-sharing goals under this model.

This plan should demonstrate an understanding of state and federal privacy laws and ensure compliance with all applicable standards, including HIPAA privacy and security regulations and 42 CFR Part 2. The plan should clearly identify when and how consent and authorization will be obtained, including written consent when required.

A 4.5 Medical Triage Line Reporting Requirements

Applicants are required to determine a process by which they can collect data in order to provide the data detailed in Section F5 to CMS on a quarterly and annual basis. Each applicant must demonstrate its capacity to submit the data points listed below; however, CMS reserves the right to modify the data requirements, to be finalized in the Terms and Conditions of award:

- Total number of 911 Calls received via Recipient's PSAP by fire, police, medical, as applicable
- Total number of Recipient's 911 Calls routed to Medical Triage Line
- Number of 911 Calls with medical prioritization based upon applicable dispatch protocols
- Number of 911 Calls protocol-eligible to be transferred to Medical Triage Line
- Number of 911 Calls protocol-eligible to be transferred to Medical Triage Line but received during Medical Triage Line off hours
- Number of Callers consenting to be transferred to Medical Triage Line
- Number of 911 Calls answered by Triage Line Staff
- Total number of 911 Calls routed to the Recipient's Medical Triage Line that were dropped or disconnected

- Average wait time between when the 911 Telecommunicator transfers the 911 Call to the Medical Triage Line and Triage Line Staff answers the call
- Total number of Medical Triage Line calls routed back to 911 due to Caller request
- Total number of Medical Triage Line calls routed back to 911 due to medical necessity or Recipient's protocols
- Total number of Medical Triage Line calls where Caller is provided recommendations from the Resource List, broken down by resource type
- Total number of Medical Triage Line calls that end in Caller hanging up prior to recommendation, transfer, or Warm Handoff
- Aggregate numbers for Medical Triage Line Caller insurance type to include Medicare, Medicaid, Private Insurer, or Not Insured
- Descriptive data on Medical Triage Line Callers (gender, age, zip code, chief complaint)
- Count of individuals given Optional Functions (if applicable), broken down by service
- Any other data required by CMS

A 4.6 Sustainability of the Medical Triage Line

Applicants are required to present a sustainability plan outlining how Medical Triage Line services will be sustained after the period of performance has ended. This may include securing other funding sources, identifying Community Resources, payers, and others in the Geographic Region that can share in ongoing investment of the Medical Triage Line, or seek local or state support to sustain these services. Applicants should present a demonstrated plan to engage external funders, though confirmed funding is not required.

CMS encourages applicants to identify supplemental funding sources to support the Medical Triage Line implementation and/or ongoing operation. Coordination with other funding sources will contribute to the sustainability of the Medical Triage Line after CMS funding has expired. Lack of external funding shall not disqualify an applicant from consideration for an ET3 model award. However, applicants that can demonstrate the presence of confirmed funding or a clear plan to obtain external funding will receive higher preference. An applicant that demonstrates existing or planned coordination with one or more other funding sources is eligible to receive more application points than those who do not plan to seek out additional funding sources.

Supplemental funding must comply with all applicable laws and regulations, including the fraud and abuse laws, and may not be conditioned on the volume or value of referrals or other business generated, directly or indirectly, by the ET3 model.

A5. Technical Assistance and Information for Prospective Applicants

Prior to the application deadline, CMS will host multiple forums to provide details about the ET3 model and to answer questions from potential applicants. Information about the forums will be posted on the [Innovation Center website](#).

CMS expects to award three support contracts: one for evaluation, one for implementation and assisting CMS in monitoring, and one for a learning system. The Recipient is required to comply with requests from these contractors to support CMS monitoring and evaluation efforts, which includes but is not limited to requests for on-site and desk audits and site visits. If CMS or CMS's contractors identify problems through monitoring or otherwise, CMS may request that

the Recipient implement a corrective action plan. Recipient must also comply with requests from contractors to participate in the learning system as described in section F5.a.iii.

The evaluation contractor will collect and analyze data necessary to evaluate each award as part of the evaluation of the ET3 model. To the extent possible, CMS will identify factors that are driving the identified impact and any improvements in care quality and savings to the Medicare program, and use qualitative and quantitative data to inform our findings.

The implementation and monitoring contractor will support program operations including: providing technical assistance to Recipients; facilitating reporting requirements; managing program data; assisting in the monitoring of program implementation and general model compliance; as well as supporting programmatic operations. During the period of performance, CMS may request modification to a Recipient's Implementation Plan or associated documents to ensure continued program integrity and to streamline program operations with contractor functions. CMS will provide details to Recipient for contractor-related work after awards are made.

The learning system contractor will create and facilitate peer-to-peer exchange for Recipients. The system developed by this contractor will allow Model Participants and Recipients to share their experiences and learning, assist CMS in tracking their progress to identify areas for improvement, and assist with identifying and sharing promising practices.

The implementation and monitoring, evaluation, and learning system contractors will assist CMS in coordinating site visits and interviews to observe program implementation, facilitating continuous quality improvement, and evaluating the qualitative impacts of the model.

B. Federal Award Information

B1. Total Funding

CMS will award up to \$34 million, subject to the availability of funds, across up to 40 Recipients to cover a total funding period of two years. Individual awards will not exceed \$1,175,000 (see B.2, Award Amount for additional information). Cooperative agreements will be awarded with consideration to: (1) overall cost effectiveness of the applicant's implementation proposal, (2) overall quality of the proposal and the ability to meet project goals, and (3) ability to demonstrate a sustainability plan. The amount of funding for each cooperative agreement award will depend on the individual Recipient's need as demonstrated in its application submitted in response to this NOFO.

B2. Award Amount

The period of performance is divided into two periods: Pre-Implementation (Year 1); and Implementation and Operation (Year 2). Award amounts will vary based on the pre-implementation, implementation, and operational needs demonstrated by applicants in their application submitted in response to this NOFO as well as the scope and design of the proposed intervention, availability of other funding, and variations in healthcare costs in the Recipient's Geographic Region.

Total Funding Available: The total funding available will be up to \$34 million across up to 40 Recipients. Individual awards will not exceed \$1,175,000.

Funding During the Pre-Implementation Stage: The total funding available during the Pre-Implementation Stage (Year 1) will be up to \$700,000 per Recipient.

Funding During the Implementation and Operation Stage: Funding during the Implementation and Operation Stage (Year 2) will be up to \$475,000 per Recipient, inclusive of potential Milestone Funding. During Year 2, a Recipient has the opportunity to access Milestone Funding, which will be awarded as one-time funding, in an amount equivalent to up to 25% of the total award. Milestone Funding will be restricted and is not guaranteed.

The total award amount is the total funding awarded for the full two-year period of performance, inclusive of Pre-Implementation Funding, Implementation and Operation Funding, and Milestone Funding. For example, if the total award amount for two years totaled \$1,000,000, total Milestone Funding would be \$250,000 and total Pre-Implementation and Implementation and Operation Funding would be \$750,000. A Recipient will only be able to draw down Milestone Funding if it demonstrates satisfactory establishment of a Functional Medical Triage Line at the time of its Non-Competing Continuation application and completes all required reporting in Year 1, further detailed in section F5. Reporting. Milestone Funding will be restricted and is not guaranteed.

B3. Anticipated Award Dates

Anticipated award issuance date for these awards will be September 10, 2021. The Pre-Implementation stage will start on September 10, 2021.

B4. Period of Performance

The project and budget period for each cooperative agreement awarded will be two years from the date of award. The estimated project period is September 10, 2021 – September 9, 2023. The project period will consist of two 1-year budget periods.

Year one 12-month Pre-Implementation stage (budget period 1):
September 10, 2021 to September 9, 2022

Year two 12-month Implementation and Operation stage (budget period 2):
September 10, 2022 to September 9, 2023

B5. Number of Awards

The maximum number of awards will be 40 awards.

B6. Type of Award

The type of award issued under this NOFO will be a cooperative agreement. The difference between grants and cooperative agreements is the degree of federal programmatic involvement rather than the type of administrative requirements imposed. A cooperative agreement is distinguished from a grant in that it provides for substantial involvement between the federal awarding agency and the non-federal entity in carrying out the activity contemplated by the federal award. Therefore, statutes, regulations, policies, that are applicable to grants also apply to cooperative agreements, unless the award itself provides otherwise. References throughout this NOFO to grants also apply to cooperative agreements unless this NOFO states otherwise. Please refer to section F4. Cooperative Agreement Terms and Conditions of Award for more information about cooperative agreements.

B7. Type of Competition

Open to All Eligible Applicants

C. Eligibility Information

C1. Eligible Applicants (select all that apply)

- City or township governments
- County governments
- Faith-based organizations
- For profit organizations other than small businesses
- Foreign and international organizations
- Independent school districts
- Individuals
- Native American tribal organizations (other than federally recognized tribal governments)
- Native American tribal governments (Federally recognized)
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education
- Private institutions of higher education
- Public and State controlled institutions of higher education
- Public housing authorities/Indian housing authorities
- Small businesses
- Special district governments
- State governments
- Unrestricted
- Other

An entity must meet all of the following criteria in order to be eligible to apply to this NOFO:

- Is a state or local government entity or Designee, or another entity that operates or has authority over a PSAP. A Designee or other entity must be one of the eligible entities indicated above. If the applicant is a Designee, the applicant must describe the existing agreement or authorization between the applicant and the state or local government entity that authorizes applicant to implement a Medical Triage Line in the proposed Geographic Region. If the applicant is any other type of entity, the applicant must demonstrate in its application that it has the authority to operate or control a PSAP and implement a Medical Triage Line in the proposed Geographic Region.
- Has the authority to implement a Medical Triage Line in its Geographic Region
- Proposes to implement or expand a Medical Triage Line in a Geographic Region that includes at least one ZIP code in a Model Participant's Model Region.

- Operates or has authority over the PSAP that receives 911 Calls in a Geographic Region that includes at least one ZIP code in a Model Participant’s Model Region as well as the authority to implement the triage intervention of the ET3 model integrated with the PSAP. A full list of Model Participants is available on the [ET3 model website](#).

C2. Cost Sharing or Matching

Cost sharing or matching is not required. Recipients are encouraged to coordinate agreements with other funding sources during the course of the period of performance; and are required to include coordination with other payers as part of Recipient’s sustainability plans, if applicable.

C3. Letter of Intent

N/A

Letters of intent will not be collected or considered for this funding opportunity.

C4. Ineligibility Criteria

CMS will consider the following criteria as potential reasons for applicant disqualification for award.

- **Lack of Model Participant** in applicant’s proposed Geographic Region. There must be an overlap of at least one ZIP code in a Model Participant’s Model Region and the applicant’s proposed Geographic Region, based on Model Participants selected for the model. A full list of Model Participants is located on [ET3 model website](#).
- **Incomplete application.** A non-exhaustive list of circumstances that constitute an incomplete application includes:
 - Failure to specify a proposed Geographic Region for Medical Triage Line implementation or expansion;
 - Failure to meet application requirements;
 - Failure to address all required sections of the project narrative;
 - Omission of a Budget Narrative or Project Narrative;
- **Insufficient supporting detail** provided in the application. CMS will not review applications that merely restate the text within the NOFO. Applicants should detail their proposed approach to achieving program goals and milestones, as well as their proposed approach to ensuring safe triage protocols and procedure. Reviewers will note evidence of how effectively the applicant includes these elements in their application.
- **Inability or unwillingness to collect and share monitoring and evaluation data with CMS** or its contractors.
- **Late submission** of an application (refer to Section D4.)

C5. Single Application Requirement

Only one application may be submitted per applicant. Any exceptions or special instructions will be noted below.

C6. Continued Eligibility

Recipients must meet reporting and certification deadlines (as outlined in section F) to be eligible throughout the initial 12-month budget period and to remain eligible for a non-competing continuation award for subsequent budget periods in multi-year projects. In addition, Recipients

would need to demonstrate strong performance during the previous funding cycle(s) before additional year funding is awarded; or, in the case of awards where all funding is issued in the first year, to ensure continued access to funding. At any time in the award cycle, Recipients could receive decreased funding or their award could be terminated if they fail to perform the requirements of the award.

C7. EIN, DUNS, and SAM Regulations

In order to apply, all applicants are required to have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN); a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number; and be registered in the System for Award Management (SAM) database (<https://beta.sam.gov/>) to be able to submit an application at grants.gov. See Appendix II. Application and Submission Information for descriptions of EIN, DUNS, and SAM.

C8. Faith-Based Organizations

Faith-Based Organizations are eligible to apply.

C9. Other Eligibility Requirements

Not Applicable

D. Application and Submission Information

D1. Address to Request Application Package

Open to All Eligible Applicants

Application materials will be available on the <https://www.grants.gov>. Please note that CMS requires applications for all Notice of Funding Opportunities to be submitted electronically through the <https://www.grants.gov>. Applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the <https://www.grants.gov>. Refer to Appendix II. Application and Submission Information for additional requirements.

D2. Content and Form of Application Submission

a. Application format

Applications determined to be ineligible, incomplete, and/or nonresponsive based on the initial screening may be eliminated from further review. However, in accordance with HHS Grants Policy, the CMS, Office of Acquisition and Grants Management (OAGM), Grants Management Officer in his/her sole discretion, may continue the review process for an ineligible application if it is in the best interests of the government to meet the objectives of the program. Each application must include all contents of the application package, in the order indicated, and conform to the following formatting specifications:

- The following page size must be used: 8.5” x 11” letter-size pages (one side only) with 1” margins (top, bottom, and sides). Other paper sizes will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5” x 11”.

- All pages of the project and budget narratives as well as other required narrative documents must be paginated in a single sequence.
- Font size must be at least 12-point with an average of 14 characters per inch (CPI).
- The Project Narrative must be double-spaced. The page limit for this document is 20 pages.
- The Budget Narrative may be single-spaced. The page limit for this document is 6 pages.
- The Business Assessment of Applicant Organization may be single spaced. The page limit for this document is 12 pages.
- Tables included within any portion of the application must have a font size of at least 12-point with a 14 CPI and may be single spaced. Tables are counted towards the applicable page limits.
- The project abstract is restricted to a one-page summary which may be single-spaced.
- The following required application documents are excluded from the page limitations described above: Standard Forms, Application Cover Letter/Cover Page (if applicable), Project Site Location Form, and Indirect Cost Rate Agreement.
- The total number of appendices per application may be no more than 3 to include, Curriculum Vitae or Resumes for key personnel (maximum of 12 pages), Job Descriptions, if applicable (maximum of 10 pages), and Organizational Chart (maximum of 3 pages).

b. Standard forms

The following forms must be completed with an electronic signature and enclosed as part of the application:

- Project Abstract Summary
A one-page abstract should serve as a succinct description of the proposed project and must include the goals of the project, the total budget, and a description of how the funds will be used. The abstract is often distributed to provide information to the public and Congress, so please write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Personal identifying information should be excluded from the abstract. In the Grants Application Package that can be found at <https://www.grants.gov> (or alternatively www.GrantSolutions.gov for single-source applications), select the Project Abstract Summary and complete the form.
- SF-424: Official Application for Federal Assistance
Note: On SF 424 “Application for Federal Assistance”
 - On Item 15 “Descriptive Title of Applicant’s Project”, state the specific grant or cooperative agreement opportunity for which you are applying.
 - Check “No” to item 19c, as Review by State Executive Order 12372 does not apply to this cooperative agreement funding opportunity.
 - The Authorized Organizational Representative (AOR) must complete and sign this form. **Note:** The signature of the individual that submits the application to Grants.gov will populate throughout the application. The signature must match the name of the AOR. Other signatures will not be accepted.

The AOR is the designated representative of the applicant/Recipient organization with authority to act on the organization's behalf in matters related to the award and administration of grants. In signing a grant application, this individual agrees that the organization will assume the obligations imposed by applicable Federal statutes and regulations and other terms and conditions of the award, including any assurances, if a grant is awarded. These responsibilities include accountability both for the appropriate use of funds awarded and the performance of the grant-supported project or activities as specified in the approved application.

- SF-424A: Budget Information Non-Construction
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities

All applicants must submit this SF-LLL form. If your entity does not engage in lobbying, please insert "Non-Applicable" on the form and include the required AOR name, contact information, and signature. Please note that the application kit available online on the <https://www.grants.gov> is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. This form is required as part of your application package and must be submitted for your application to be considered eligible for review.

- Project Site Location Form(s)

All applicants must submit this Project Site Location form. Please note that the application kit available online in Grants.gov is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. This form is required as part of your application package and must be submitted for your application to be considered eligible for review

c. Application cover letter or cover page (optional)

The applicant may choose to include a cover letter or cover page to detail their interest in participation in the ET3 model. This statement may include a description of why the applicant is interested in the award, including any existing Medical Triage Line that needs to be expanded, local opportunity for a Medical Triage Line, etc.

d. Project Narrative

The applicant must provide a Project Narrative that articulates in detail the proposed goals, measurable objectives, and milestones to be completed in accordance with the instructions and content requirements provided below, consistent with the criteria described in section A4. Program Requirements.

The required and optional elements (sections) of the project narrative are outlined below. Also provided is a brief description of the type of information that is required to be addressed within each specific section. The project narrative should be double-spaced and should not exceed 20 pages in length. This page limit does not include resumes for key personnel, job descriptions, budget narrative, or organizational charts.

Organization, Administration, and Capacity

The application must include a description of the organizational and structural administrations that will be in place to implement, monitor, and operate the Medical Triage Line. Applicants must include:

1. Their full legal name, all names of “doing business as” (i.e., DBAs), address, Tax Identification Number (TIN), and National Provider Identification (NPI) number (if applicable).
2. If the applicant is a Designee, then a description of the existing agreement or authorization between the applicant and the state or government entity that authorizes the applicant to operate the PSAP in the proposed Geographic Region. At a minimum, the Designee must provide: the effective and termination dates of the agreement, the type of agreement, and confirmation that Designee is authorized under the agreement to submit an application in response to this NOFO; and, if selected, to implement, monitor, and operate the Medical Triage Line for the full project period.
3. If the applicant is any entity other than a state or local government or Designee, then a description of its authority to operate or control a PSAP that demonstrates the applicant’s ability to implement a Medical Triage Line in the proposed Geographic Region. This description must include the chain of authority by which it operates or has control over a PSAP in the proposed Geographic Region.
4. A description of the tasks to be conducted by each administrative component and the applicant’s ability to successfully implement or expand the Medical Triage Line.
5. Identification of key personnel, which includes the Project Director, those who will have management authority over the Medical Triage Line, those who are responsible for establishing protocols, those responsible for medical oversight and the clinical quality improvement process, as well as the primary liaison to CMS.
6. A resume or curriculum vitae for each identified key personnel as an appendix. If key personnel have not yet been hired, the applicant should detail a hiring strategy and provide job descriptions to be included as an appendix;
7. Any past experience with establishing, maintaining, and/or expanding telephone information services, such as a non-emergency line connecting residents to state or county services;
8. Management controls and coordination mechanisms that will be used to ensure the timely and successful execution of this project;
9. An organizational chart to be included as an appendix which clearly identifies the reporting relationships of key personnel assigned to oversee this intervention; and
10. The applicant’s experience, as applicable, with the following tasks:
 - a. Designing and implementing other medical triage lines
 - b. Sharing information with other components, such as healthcare providers, ambulance suppliers and suppliers, etc. of the health care delivery system
 - c. Managing cooperative agreement funds in accordance with federal grant regulations and HHS grants policy

Implementation Plan, including Triage Core Functions of the Medical Triage Line

The applicant must provide a detailed description of their proposed intervention, including the general requirements as described in section A4.4.1, required Triage Core Functions as described in section A4.4.2, and required Community Resources as described in section A4.4.3. This description must include the following:

1. An overall description of the Medical Triage Line function and scope of service, including a description of whether the proposed system is provided by a third-party vendor, outsourced to an off-site subcontractor, a custom designed solution by the applicant or another solution.
2. A description of the Geographic Region in which the Medical Triage Line will operate including all ZIP codes served by the applicant's PSAP. The description should identify each ZIP code in a Model Participant's Model Region, as well as identification of specific Model Participant(s) in the applicant's proposed Geographic Region.
3. If proposing to establish a new Medical Triage Line, describe the proposed timeline for developing the proposed Medical Triage Line intervention, including the anticipated date the Medical Triage Line will meet the definition of a Functional Medical Triage Line. In order to qualify to receive Milestone Funding, the Recipient must have a Functional Medical Triage Line at the time the Non-Competing Continuation Application is due and submit all required data as described in section F5. Table C.
4. If proposing to expand upon an existing Medical Triage Line, identify the existing line and provide an overview of its structure and how funding provided under this NOFO will be utilized to expand upon or modify the line.
5. The hours of operation of the Medical Triage Line. If the line will not operate 24/7, the applicant must describe how the hours of operation focus on times during which low-acuity calls have the highest volume in the applicant's Geographic Region.
6. An overview of how the Medical Triage Line will be staffed, including minimum credentials for staff performing assessments and providing recommendations, and how staff will be trained on protocols. Applicants who propose to staff the Medical Triage Line with Triage Line Staff who have training and/or experience specific to emergency medical care will receive preference. If proposing to staff the line with individuals who have additional training or experience, the applicant must submit job descriptions for these positions, which must include minimum certification levels and qualification requirements.
7. A timeline for staffing the Medical Triage Line to include a plan for hiring and retaining Triage Line Staff.
8. If proposing to use Support Staff, a description of Support Staff roles and tasks.
9. A brief overview of the process and timeline for developing and obtaining approval for and testing of any new protocols that would be required for the Medical Triage Line.
10. An overview of how protocols will identify Callers who will be appropriate for transfer to the Medical Triage Line.
11. An overview of the applicant's existing or planned quality improvement or quality assurance processes that will be implemented to assure quality and safety.
12. An overview of how Callers will consent to being transferred to the Medical Triage Line as an alternative to ambulance dispatch.
13. A summary of how Triage Line Staff will inform Callers transferred from applicant's

PSAP that the Triage Line Staff are making recommendations for Callers, that Callers have the right to choose the care they receive, and that the services to which Callers are being referred may require out-of-pocket payments.

14. A description of the applicant's plan for developing the Resource List, including a description for identifying and tracking availability of Community Resources to which Callers are referred.
15. A description of how telephone triage services will be provided to non-English-speaking Callers, deaf or hard-of-hearing Callers, and other groups of Callers who may have difficulty communicating by telephone.
16. A plan for successfully implementing the proposed intervention within the context of laws, regulations, or policies of the applicant's proposed Geographic Region. The applicant must also explain how it will inform beneficiaries of their options to accept the Medical Triage Line's referrals or coordination, or request to be transferred back to the PSAP.
17. Any other information about the proposed implementation design that the applicant believes should be considered.

I. Description of Impact on the Applicant's Geographic Region

Applicants must describe how their Medical Triage Line is likely to impact communities in their proposed Geographic Region. In this description, the applicant must include the expected usage in the first year of operation and a description of how the individuals in the Geographic Region will benefit.

Characteristics of the Geographic Region:

- Total population of applicant's Geographic Region based on 2019 calendar year data.
- Annual number of ED visits in proposed Geographic Region based on 2019 calendar year data.
- Annual number of ground emergency transports in proposed Geographic Region based on 2019 calendar year data.
- Annual number of ground emergency transports of Medicare FFS beneficiaries in proposed Geographic Region based on 2019 calendar year data.

Usage Statistics:

- An approximation of the total number of 911 Calls received in the proposed Geographic Region in the 2019 calendar year specified by fire, police, and medical;
- An approximation of the number or percentage of 911 Calls in the proposed Geographic Region that will be routed to the Medical Triage Line per year of the 2-year award period;
- An approximation of the number or percentage of 911 Calls in the proposed Geographic Region that may result in the Caller being directed to a Community Resource per year of the 2-year award period following implementation of the Medical Triage Line.

Benefits to Individuals in the Geographic Region:

- How the Community Resources identified in the application will meet the needs of the communities in the applicant's proposed Geographic Region;

- How the Community Resources identified in the application will meet the needs of Medicare FFS beneficiaries in the applicant’s proposed Geographic Region
- If implementing Optional Functions, a description of how those Optional Functions will affect the communities in the applicant’s proposed Geographic Region; and
- An explanation of how the establishment or expansion of a Medical Triage Line will impact the EMS system in the applicant’s proposed Geographic Region.

Sustainability Plan to include Existing Funding Sources or Plans for Alternate Funding

Applicants must present their strategy for sustaining services in their proposed Geographic Region after the period of performance ends as described in section A4.6. The applicant’s strategy must include:

1. Details regarding any current funding sources and how that funding will be maintained;
2. A strategy for identifying Community Resources, payers, and others in the Geographic Region that can share in the ongoing investment required to maintain services, or seek local or state support to sustain these services, including a description of how the planned intervention aligns with the mission of the potential funding sources;
3. A strategy for identifying alternative sources of ongoing funding to support access to the Medical Triage Line by Callers with no health insurance, including an approximation of the annual number of uninsured Callers and a description of the engagement strategy with various potential Community Resources that serve the uninsured; and
4. A description of how the activities proposed in the application submitted in response to this NOFO will complement, not duplicate, activities currently funded by other grants and/or cooperative agreements, including those funded by CMS.

For any current sources of funding, provide the full legal names, all names of “doing business as” (i.e., DBAs), and correspondence address of the funding source as well as the duration of the arrangement. Information about the financial contributions for each funding source will be described in the budget narrative. Applicants with existing sources of funding or plans to secure additional funding are eligible to receive more points on their application.

Optional Functions of the Medical Triage Line (Optional)

Applicants must provide a detailed description of their proposed approach for Optional Functions of the Medical Triage Line. If choosing not to implement the Optional Functions, applicants can state “Not Applicable” in this section. This description must include the following, as applicable:

1. A summary of the Optional Functions the applicant anticipates to offer through the Medical Triage Line.
2. An overview of how Triage Line Staff will perform Warm Handoffs to Community Resources or the Caller’s usual source of care, if applicable.
3. A summary of how Triage Line Staff will coordinate transportation on behalf of the Caller, if applicable. Note that ET3 model funding under this NOFO is not available to support transportation costs.
4. A summary of how Triage Line Staff would assist the Caller with scheduling an appointment with their usual source of care or a Community Resource, if applicable.

5. A description of how, if at all, applicants intend to jointly monitor the outcome of follow-up referrals to ensure that visits occur as scheduled and Callers do not experience further access challenges.
6. A description of each confirmed Community Resource's capacity for new appointments and acceptance of Warm Handoffs, if applicable.

Interoperability Plan (Optional)

If applicants are proposing to implement any interoperability functions, they must provide a detailed plan that demonstrates their ability to collect and share patient data that may include protected health information (PHI), if applicable, among stakeholders (e.g., Community Resources, Caller's usual source of care, etc.), in accordance with applicable law. Please indicate any current participation in a health information exchange (HIE) including how it is utilized and potential plans to participate in an HIE, including planned utilization, if applicable. The applicant should detail how the patient data and any other information collected will be used to meet the goals of the ET3 model and the Medical Triage Line. The plan should demonstrate an understanding of state and federal privacy laws as well as information processing standards and ensure compliance with all applicable standards, including HIPAA privacy and security regulations, 42 CFR Part 2, and Federal Information Processing Standards (FIPS), or other similar state and local standards. The plan should identify when and how Caller consent and authorization will be obtained.

Data Storage, Reporting, and Monitoring

Applicants must provide a detailed plan for gathering data and reporting it to CMS as described in section A4.5, including quarterly, annual, and final progress reporting (refer to section F5.a.) and data related to performance milestones (refer to section F5.a.). The application must include a description of the applicant's plan for collecting, reporting, and otherwise producing the data, information, and analysis required to be reported to CMS. Recipients will be required to implement a process by which they capture required data elements for reporting. Applicants should leverage any current data storage tools if available. Applicants should describe their current technology and software systems and detail how those systems will allow them to collect and report required data. Any supporting documentation and records related to the data collection process are not required to be submitted with quarterly and annual reporting, but should be available for review by CMS or its contractors. Data elements that must be tracked, recorded, and reported are detailed in section A4.5.

If the applicant proposes to store any PHI then their software must comply with applicable privacy and security standards, including HIPAA and 42 CFR Part 2.

Additionally, in this section the applicant must indicate their willingness and ability to share information regarding the progress the applicant has made towards a Functional Medical Triage Line. The applicant must also indicate its willingness and ability to share program documents, training materials, and any other program related materials with CMS and its contractors and to assist in arranging other data gathering activities.

The data storage, reporting and monitoring plan should demonstrate an understanding of state and federal privacy and security laws and ensure compliance with all applicable standards.

Applicants should also use this section to describe their strategy for participation in the Innovation Center’s mandatory model evaluation and ensuring participation in the model evaluation by all model partners, including the applicant, if selected as a Recipient, as well as any of the Community Resources on the Recipient’s Community Resource List and any entities formerly included on the Recipient’s Community Resource List. Specifically, the applicant should demonstrate its capacity to participate in program-level data provision and qualitative evaluation or monitoring tasks, which may include arranging site visits, observations, interviews, initial assessments, on site or desk audits, and focus groups, submitting aggregate Caller data, and other activities as needed by CMS or CMS’s contractor.

e. Budget Narrative

Applicants must supplement Form SF-424A with a Budget Narrative. The Budget Narrative must include a yearly breakdown of costs according to a 12-month period. See Section B. Federal Award Information for more information on the performance period. Applicants must include a clear description of the proposed set of services that will be covered with award funds. The Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF-424A by award year, including a breakdown of costs for each activity/cost within the line item. The proportion of the requested funding designated for each activity should be clearly defined and should justify the applicant’s readiness to receive funding. The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners.

For more specific information and instructions for completing the SF-424A and Budget Narrative, please refer to Appendix I. Guidance for Preparing a Budget Request and Narrative.

Applicants shall use this section to describe in detail how they will use Pre-Implementation Funding, Implementation and Operation Funding, and Milestone Funding for their proposed Medical Triage Line. A Recipient will only be able to draw down Milestone Funding if it demonstrates satisfactory establishment of a Functional Medical Triage Line at the time of its Non-Competing Continuation application and completes all required reporting in Year 1, further detailed in section F5., Reporting. Milestone Funding will be restricted, is not guaranteed, and is only available in Year 2. In the section of its Budget Narrative that addresses Year 2, the applicant must distinguish between Milestone Funding and Implementation and Operation Funding. However, if a Recipient meets the aforementioned requirements to warrant release of Milestone Funding, this funding, may be used for any model activity that is eligible for Implementation and Operation Funding. Federal funds cannot be used as the source of a state non-federal share. Below is an illustrative list of activities that may be paid for using model funds (assuming other federal, state, or local programs do not already fund such activities). This list is intended to guide each applicant in its development of a Budget Narrative, but does not constitute an exhaustive list of all possible expenses. CMS will work with each applicant to determine whether other proposed expenses are allowable.

Suggested activities that may be paid for using cooperative agreement funds:

- Triage Line Staff salaries and fringe benefits
- Support Staff salaries and fringe benefits
- Contractual expenses related to outsourcing Medical Triage Line responsibilities
- Software/hardware required to implement a Medical Triage Line

- Staff travel, meals, hotel, incidental expenses for one individual to attend one in-person event during the 2-year award period in the Baltimore/DC area or another area depending on where Model Participants and Recipients are geographically located
- Other information technology infrastructure required to implement or expand upon a Medical Triage Line
- Triage Line Staff training
- Costs related to updating or establishing new protocols directly related to the ET3 model
- Administrative costs directly related to collection and reporting of Medical Triage Line data

If applicable, the budget narrative should also identify non-CMS funding sources, the value of such funding, and describe how the applicant will integrate other sources of funding into the project.

Detailed justifications must be provided for each activity/cost proposed to be funded under this award along with full computations for budget estimates. Applicants must also clearly link each activity to the goals of this NOFO and be consistent with ET3 model requirements. Overhead and administrative costs must be reasonable and are only reimbursable in accordance with HHS grant policy.

f. Business assessment of applicant organization (maximum 12 pages)

As required by 45 CFR §75.205 for competitive grants and cooperative agreements, CMS will evaluate the risk posed by an applicant before they receive an award. This analysis of risk includes items such as financial stability, quality of management systems, and the ability to meet the management standards prescribed in 45 CFR Part 75.

An applicant must review, answer, and submit the business assessment questions outlined in Appendix III. Business Assessment of Applicant Organization.

D3. Unique Entity Identifier and System for Award Management (SAM)

Unless the applicant is an individual or Federal awarding agency that is excepted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)), each applicant is required to:

- i. be registered in SAM before submitting its application;
- ii. provide a valid unique entity identifier in its application; and
- iii. continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

The Federal awarding agency may not make a Federal award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements and, if an applicant has not fully complied with the requirements by the time the Federal awarding agency is ready to make a Federal award, the Federal awarding agency may determine that the applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another applicant.

D4. Submission Dates and Times

All applications must be submitted electronically and be received through www.grants.gov by the date and time set forth below. Applications submitted after 3:00 pm, Eastern Time, of the date set forth below will not be reviewed or considered for award.

Due Date for Applications

May 11, 2021

3:00 PM Eastern U.S. Time (Baltimore, MD)

D5. Intergovernmental Review

Program is not subject to Executive Order 12372, "Intergovernmental Review of Federal Programs" (45 CFR 100). Please check box "C" on item 19 of the SF 424 (Application for Federal Assistance) as Executive Order 12372 does not apply to these cooperative agreements.

D6. Cost Restrictions

Direct Costs

Funding under this NOFO can only cover functions of the Medical Triage Line, and may not be used to duplicate or supplant other funding sources. Funding awarded through this NOFO cannot cover other services that are provided after or as a result of the Medical Triage Line encounter. For example, cooperative agreement funding cannot be used for the following:

- Assistance with cost-sharing payments for care provided by a Community Resource or Caller's usual source of care;
- Transportation, unless directly related to one individual attending one in-person event in the Baltimore/DC area or another area depending on where Model Participants and Recipients are geographically located
- Construction; and
- Salaries and fringe benefits for Community Resource personnel.

Indirect Costs

If the applicant entity has a current negotiated indirect cost rate agreement (NICRA) and is requesting indirect costs, a copy of the current NICRA must be submitted with the application. Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII(D)(1)(b) to 45 CFR part 75, may elect to charge a de minimis rate of 10% of Modified Total Direct Costs (MTDC) which may be used indefinitely. See also section F2. Administrative and National Policy Requirements of this NOFO for more information on indirect costs.

Prohibited Uses of Award Funds

No funds under this award may be used for any of the activities/costs outlined below unless an exception is specifically authorized by statute.

- To reimburse for pre-award costs.
- To match any other Federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under Federal, State, or Tribal law (e.g., vocational rehabilitation or education)

services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.

- To provide goods or services not allocable to the approved project.
- To supplant existing State, local, Tribal or private funding of infrastructure or services, such as staff salaries, etc.
- To be used by local entities to satisfy state matching requirements.
- To pay for construction.
- To pay for capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life as a direct cost, except with the prior written approval of the Federal awarding agency.
- To pay for the cost of independent research and development, including their proportionate share of indirect costs (unallowable in accordance with 45 CFR 75.476).
- To expend funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body.

D7. Mandatory Disclosure

Submission is required for all applicants, in writing, to the awarding agency and to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award.

Disclosures must be sent in writing to:

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
Office of Acquisition and Grants Management
Attn: Director, Division of Grants Management
7500 Security Blvd, Mail Stop B3-30-03
Baltimore, MD 21244-1850

AND

U.S. Department of Health and Human Services
Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

URL: [OIG Fraud Report](#)

(Include “Mandatory Grant Disclosures” in subject line)

Fax: (202) 205-0604 (Include “Mandatory Grant Disclosures” in subject line) or

Email: MandatoryGranteeDisclosures@oig.hhs.gov

Materials should also be scanned and emailed to the Grants Management Specialist assigned to this NOFO.

E. Application Review Information

E1. Criteria

Applicants must submit applications in the required format, no later than the deadline. If an applicant does not submit all of the required documents and does not address each of the topics described in D2. Content and Form of Application Submission Information (with cross reference to E1. Criteria), the applicant risks not being eligible and/or awarded. Applications are reviewed in accordance with criteria outlined below.

In preparing applications, applicants should review the requirements detailed in Section A4., Program Requirements. Technical review panelists will assess and score applicants' responses in accordance with the criteria below, using a scale of 140 total base points and 10 bonus points.

All applicants must submit the following:

- Standard Forms;
- A Cover Letter, if applicable;
- A Project Narrative;
- Resumes or Curriculum Vitae for Key Personnel;
- Job Descriptions, if applicable;
- An Organization Chart;
- A Budget Narrative; and
- Business Assessment of Applicant Organization.

Note to Applicants:

- CMS will consider the geographic diversity and scale of all applications when making final award determinations.
- Awards may be adjusted to a lower amount if the applicant fails to meet performance milestones (refer to section F5., Reporting).
- The application itself is not a legally binding contract and does not require any applicant or CMS to enter into a cooperative agreement.
- CMS will select Recipients at CMS's sole discretion. Such selection will not be subject to administrative or judicial review, per Section 1115A(d)(2)(B) of the Act.

Project Narrative and Budget Narrative

The review criteria for the Project Narrative and Budget Narrative are described below. All elements of the Project Narrative and Budget Narrative will be used to assess an Applicant's ability to design and implement an intervention that aims to improve health outcomes for individuals residing in the proposed Geographic Region and produce cost savings to Medicare. Incomplete, unclear, and confusing proposals will receive point deductions. Project Narratives with significant content deficiencies may receive a score of zero. Proposals that merely restate the content of the NOFO, without responding to the Program Requirements and Application Review Criteria, will receive a score of zero. Each component of the Project Narrative will be weighted as indicated below. The scoring criteria breakdown is reflective of the total possible number of points available, but each item will be scored on a range starting from zero. Points will be awarded based on the quality of the applicant's response.

Section	Topics	Total Available Points	Scoring Criteria Breakdown
Project Narrative			
I.	Organization, Administration, and Capacity	15	<p>(2 Pts) Description of the entity which will perform the cooperative agreement activities under this Funding Opportunity.</p> <ul style="list-style-type: none"> In the case of an entity applying as a Designee of state or local government entity, the applicant must describe the existing authorization or agreement between the applicant and state or local government entity that authorizes the applicant to implement a Medical Triage Line in the proposed Geographic Region In the case of an entity that is not a state or local government entity and is not applying as a Designee, the applicant must demonstrate its authority to implement a Medical Triage Line, including a description of the chain of authority by which it operates or has control over a PSAP and any authorization or agreement that confers upon the applicant the authority to operate or control a PSAP and implement a Medical Triage Line in the proposed Geographic Region <p>(1 Pts) Description of the implementation tasks to be conducted and ability to successfully operate the proposed intervention.</p> <p>(1 Pts) Description of key personnel including identifying one individual to serve as Project Director</p> <ul style="list-style-type: none"> Include a resume or curriculum vitae for each individual identified as key personnel in the organizational chart included as an appendix to the application submitted in response to this NOFO. If key personnel have not yet been hired, applicants should provide a hiring strategy and job descriptions should be included as an appendix; <p>(7 Pts) Description of past experience with the following:</p> <ul style="list-style-type: none"> Designing and implementing a Medical Triage Line Establishing, maintaining, and/or expanding telephone information services, such as a non-emergency line connecting residents to state or county services Sharing information with other components of the health care delivery system Managing cooperative agreement funds in accordance with federal grant regulations and HHS grants policy <p>(2 Pts) Description of the management controls and coordination mechanisms that will be used to ensure the timely and successful execution and operation of the proposed intervention;</p> <p>(2 Pts) An organizational chart to be included as an appendix which clearly identifies the reporting relationships of key personnel assigned to oversee this intervention.</p>

Section	Topics	Total Available Points	Scoring Criteria Breakdown
II.	Implementation Plan, including Triage Core Functions of the Medical Triage Line	30	<p>(2 Pts) An overall description of the Medical Triage Line function and scope of service, including a description of whether the proposed system is provided by a third-party vendor, outsourced to an off-site subcontractor, a custom designed solution by the applicant or another solution.</p> <p>(2 Pts) Description of the proposed Geographic Region in which the Medical Triage Line will operate including all ZIP codes served by the applicant’s PSAP. The applicant must specify each ZIP code of the proposed Geographic Region that overlaps with a Model Participant’s Model Region, including identification of the Model Participant(s) in the applicant’s Geographic Region.</p> <p>(2 Pts) New or Expanded Line Proposal</p> <ul style="list-style-type: none"> • If proposing to establish a new Medical Triage Line, the proposed timeline for developing the Medical Triage Line, including the anticipated date the Medical Triage Line will meet the definition of a Functional Medical Triage Line. • If proposing to expand upon an existing Medical Triage Line, identify the existing line and provide an overview of its structure and how funding provided under this NOFO will be utilized to expand upon or modify the line. <p>(1 Pt) The hours of operation of the Medical Triage Line. If this line will not operate 24/7, the applicant will describe how the hours of operation focus on times during which low-acuity calls have the highest volume.</p> <p>(8 Pts Total) A description of the staffing plan for the Medical Triage Line</p> <ul style="list-style-type: none"> • (2 of 8 Pts) Description of how the Medical Triage Line will be staffed, including minimum credentials and a timeline for staffing the Medical Triage Line ▪ (6 of 8 Pts) Description of minimum certification levels and qualification requirements, as well as job descriptions, for each position in the Medical Triage Line that the applicant is proposing to staff with individuals who have training and/or experience specific to emergency medical care <p>(3 Pts) An overview of any new protocols or updates to existing protocols, including how to identify Callers who will be appropriate for transfer to the Medical Triage Line and a timeline for developing, testing, and approving those protocols.</p> <p>(5 Pts) Description of quality improvement / quality assurance processes that will be implemented to assure quality and safety.</p>

Section	Topics	Total Available Points	Scoring Criteria Breakdown
			<p>(4 Pts) Triage Line communication with Callers</p> <ul style="list-style-type: none"> • Description of how Callers consent to being transferred from 911 to the Medical Triage Line. • Description of how Triage Line Staff will inform Callers of their options to accept the Medical Triage Line’s referrals or coordination, or request to be transferred back to the PSAP. • Description of how Triage Line Staff will inform Callers that the services to which they are being referred may require out-of-pocket payments. • Description of how telephone triage services will be provided to non-English-speaking Callers, deaf or hard-of-hearing Callers, and other groups of Callers who may have difficulty communicating by telephone • If applicant proposes to use Support Staff, description of Support Staff roles and tasks <p>(2 Pts) A description of the applicant’s plan for developing and maintaining the Resource List. Applicants must describe their process for identifying and tracking availability of Community Resources to which Callers are referred.</p> <p>(1 Pt) A plan for successfully implementing the proposed intervention within the context of laws, regulations, or policies of the proposed Geographic Region.</p>
III.	Description of Impact on the Applicant Community	20	<p>(8 Pts) A summary of characteristics of the community to be served by the Medical Triage Line based on 2019 calendar year data:</p> <ul style="list-style-type: none"> • Total population of proposed Geographic Region. • Annual number of ED visits in proposed Geographic Region. • Annual number of ground emergency transports in proposed Geographic Region • Annual number of ground emergency transports of Medicare FFS beneficiaries in the proposed Geographic Region <p>(4 Pts) Usage Statistics:</p> <ul style="list-style-type: none"> • An approximation of the total number of 911 Calls received in the most recent year for which data is available specified by fire, police, and medical; • An approximation of the number or percentage of 911 Calls that will be routed to the Medical Triage Line per year; • An approximation of the number or percentage of 911 Calls that may result in the Caller being directed to a Community Resource per year following implementation of the Medical Triage Line

Section	Topics	Total Available Points	Scoring Criteria Breakdown
			<p>(8 Pts) Community benefits:</p> <ul style="list-style-type: none"> • How the Community Resources identified in the application submitted in response to this NOFO will meet the needs of the communities in applicant’s proposed Geographic Region; • How the Community Resources identified in the application will meet the needs of Medicare FFS beneficiaries in the applicant’s proposed Geographic Region • If implementing Optional Functions, a description of how those Optional Functions will affect the individuals located in the applicant’s proposed Geographic Region • An explanation of how the establishment or augmentation of a Medical Triage Line will impact the EMS system in the applicant’s proposed Geographic Region.
IV.	Sustainability Plan and Existing Funding Sources or Plans for Alternate Funding	25	<p>(8 Pts) Detailed information regarding any current funding sources and how that funding will be maintained.</p> <p>(8 Pts) Strategy for identifying Community Resources, payers, and others in the Geographic Region that can share in the ongoing investment required to maintain services, including a description of how the planned intervention aligns with the mission of the potential funding sources.</p> <p>(5 Pts) Strategy for identifying alternative sources of ongoing funding to support access to the Medical Triage Line by Callers with no health insurance. The description should include an approximation of the annual number of uninsured Callers and an engagement strategy with various potential Community Resources that serve the uninsured.</p> <p>(4 Pts) Description of how the activities proposed in the application submitted in response to this NOFO will complement, not duplicate, activities currently funded by other grants and/or cooperative agreements.</p>
V.	Optional Functions of the Medical Triage Line, if Applicable*	5	<p>(3 Pts) Optional Functions to be Offered - The applicant may receive a total of 3 points for proposing to implement at least two of the Optional Functions or 1 point for proposing to implement one Optional Function. Optional Functions include:</p> <ul style="list-style-type: none"> • Warm Handoffs to Community Resources or the Caller’s usual source of care. • Coordination of transportation on behalf of the Caller. • Assistance with scheduling an appointment with the Caller’s usual source of care or a Community Resource. <p>(1 Pt) A description of how, if at all, applicants intend to jointly monitor the outcome of follow-up referrals to ensure that visits occur as scheduled and Callers do not experience further access challenges.</p> <p>(1 Pt) A description of each Community Resource’s capacity for new appointments and acceptance of Warm Handoffs.</p>

Section	Topics	Total Available Points	Scoring Criteria Breakdown
VI.	Interoperability Plan, If Applicable*	5	<p>(2 Pts) Detailed description that demonstrates the ability to collect and share patient data and describes with whom the information will be shared.</p> <p>(1 Pt) Description of any current participation in a health information exchange (HIE) including how it is utilized or plans to participate in an HIE.</p> <p>(1 Pt) Details of how the patient data and other anticipated information collected will be used to meet the goals of the ET3 model and the Medical Triage Line.</p> <p>(1 Pt) Description of how the proposed intervention complies with applicable state and federal privacy laws as well as information processing standards, including HIPAA privacy and security regulations, 42 CFR Part 2, and FIPS, or other similar state and local scope of practice requirements, and when and how Caller consent and authorization will be obtained.</p>
VII.	Data Storage, Reporting, and Monitoring	30	<p>(8 Pts) Description of the process by which data elements required for reporting as described in section A4.5, including quarterly, annual, and final progress reporting as well as data related to performance milestones will be tracked, recorded, and reported.</p> <p>(6 Pts) Description of technology and software systems that are currently utilized and how current data storage tools will be leveraged to allow for the collection and reporting of required data.</p> <p>(4 Pts) Description of the willingness and ability to share information regarding the progress made towards a Functional Medical Triage Line. Willingness and ability to share program documents, training materials, and any other program related materials with CMS and its contractors and to assist in arranging other data gathering activities.</p> <p>(3 Pts) Description of how the proposed intervention complies with applicable federal and state privacy laws as well as information processing standards, including HIPAA privacy and security regulations, 42 CFR Part 2, and FIPS, or other similar state and local standards.</p> <p>(5 Pts) Strategy for ensuring participation in the Innovation Center’s mandatory model evaluation by the Recipient and Community Resources.</p> <p>(4 Pts) Demonstrated capacity to participate in program-level data provision and qualitative evaluation or monitoring tasks, which may include arranging site visits, observations, interviews, on site or desk audits, and focus groups, submitting aggregate Caller data, and other activities, as needed by CMS or CMS’s contractors.</p>

Section	Topics	Total Available Points	Scoring Criteria Breakdown
Budget Narrative			
	Budget Narrative	20	<p>(5 Pts) Detailed budget, adhering to the format outline in Appendix I, Guidance for Preparing a Budget Request and Narrative, for the period of performance.</p> <p>(10 Pts) Reasonableness of requested funding according to tasks proposed:</p> <ul style="list-style-type: none"> • (4 of 10 Pts) Funds requested are reasonable based on the total available funding and each activity is linked to the goals of this NOFO and be consistent with ET3 model requirements. • (3 of 10 Pts) Funds requested are reasonable to support personnel costs. If utilizing a subrecipient to carry out the Required Core Functions or Optional Functions, then the applicant has described how the subrecipient will operate functions of the intervention. • (3 of 10 Pts) Funds requested are reasonable based on proposed project goals. Include description of if the Medical Triage Line will be a new line or an expansion of an existing line. Identification of any non-CMS funding sources, the value of such funding, and a description for how the funding will be integrated into the project. <p>(5 Pts) Detailed plan for how Milestone Funding would be used to support the goals of the ET3 model.</p>
Total Points for Required Information			140
Total Bonus Points for Information Provided in Optional Sections			10
Total Available Points			150

* Denotes optional section that relates to the ability for the applicant to earn bonus points.

E2. Review and Selection Process

- CMS will consider the geographic diversity and scale of all applications when making final award determinations.
- Awards may be adjusted to a lower amount if the applicant fails to meet performance milestones (refer to section F5. Reporting).
- The application itself is not a legally binding contract and does not require any applicant or CMS to enter into a cooperative agreement.
- CMS will select Recipients at CMS’s sole discretion. Such selection will not be subject to administrative or judicial review, per Section 1115A(d)(2)(B) of the Act.

Please refer to Appendix V. Review and Selection Process for more information on the review and selection process.

E3. Federal Awardee Performance Integrity Information System (FAPIS)

In accordance with 45 CFR Part 75:

- i. CMS, prior to making a Federal award with a total amount of Federal share greater than the simplified acquisition threshold, is required to review and consider any information about

the applicant that is in the designated integrity and performance system accessible through SAM (currently FAPIIS) (see 41 U.S.C. 2313);

- ii. An applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that the HHS awarding agency previously entered and is currently in the designated integrity and performance system accessible through SAM.
- iii. CMS will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicant's integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicant as described in §75.205.

F. Federal Award Administration Information

F1. Federal Award Notices

If successful, applicant will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer. The NoA is the document authorizing the cooperative agreement award and will be issued to the applicant as listed on the SF-424 and available to the applicant organization through the online grants management system used by CMS and awardee organizations. Any communication between CMS and applicant prior to issuance of the NoA is not an authorization to begin performance of a project.

If unsuccessful, CMS notifies the applicant electronically to the address as listed on its SF-424, within 30 days of the award date.

F2. Administrative and National Policy Requirements

A. National/Public Policy Requirements

By signing the application, the authorized organizational official certifies that the organization will comply with applicable public policies. Once a cooperative agreement is awarded, the Recipient is responsible for establishing and maintaining the necessary processes to monitor its compliance and that of its employees and, as appropriate, subrecipients and contractors under the cooperative agreement with these requirements. Recipient should consult the applicable Appropriations Law, Exhibit 3 of the HHS Grants Policy Statement, titled Public Policy Requirements, located in Section II, pages 3-6, as well as the terms and conditions of award for information on potentially applicable public policy requirements.

Non-Discrimination

All awardees receiving awards under this cooperative agreement project must comply with all applicable Federal statutes relating to nondiscrimination, including, but not limited to:

- a. Title VI of the Civil Rights Act of 1964,
- b. Section 504 of the Rehabilitation Act of 1973,
- c. The Age Discrimination Act of 1975,
- d. Title II, Subtitle A of the Americans with Disabilities Act of 1990;
- e. Section 1557 of the Affordable Care Act;
- f. Title IX of the Education Amendments of 1972; and
- g. Applicable federal religious nondiscrimination laws, <https://www.hhs.gov/conscience/religious-freedom/index.html>, and applicable federal

conscience protection and associated anti-discrimination laws
<https://www.hhs.gov/conscience/conscience-protections/index.html>.

Accessibility Provisions

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see follow link to [HHS website information on provider obligations](#); and [link to HHS OCR Section 1557](#).

Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see [HHS link to limited English proficiency guidance](#) and [LEP government website](#). For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care URL to [HHS Minority Health website](#).

- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see [HHS OCR link to disabilities information](#)
- HHS funded health and education programs must be administered in an environment free of sex discrimination, including sexual harassment. Please see: [HHS link to sex discrimination information](#); [Link to US Department of Education](#); and [Link to EEOC publications](#)
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see: [HHS link to conscience protections](#); and [HHS link to religious freedom](#).

Recipients should review and comply with the reporting and review activities regarding accessibility requests outlined in Appendix IV, Accessibility Provisions to this Notice of Funding Opportunity.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at [HHS OCR website](#) or call 1-800-368-1019 or TDD 1-800-537-7697.

B. Administrative Requirements

- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant's original application or agreed upon subsequently with HHS, and may not be used for any prohibited uses.
- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project.

- This award is subject to 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards [available on the [ECFR government website](#)] which implements 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (“Uniform Guidance”) effective December 26, 2014. See below for more information.

Uniform Administrative Requirements, Cost Principles, and Audit Requirements

Applicant and recipients should take particular note of the following information found in 45 CFR Part 75:

Uniform Administrative Requirements

In accordance with 45 CFR §75.112, all award recipients receiving federal funding from CMS must establish and comply with the conflict of interest policy requirements outlined by CMS (available for applicant upon request).

In accordance with 45 CFR §75.113, Mandatory Disclosures, the non-Federal entity or applicant for a Federal award must disclose, in a timely manner, in writing to the HHS awarding agency or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII to 45 CFR Part 75 are required to report certain civil, criminal, or administrative proceedings to SAM. Failure to make the required disclosures can result in the imposition of any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR Parts 180 and 376, and 31 U.S.C. 3321). For specific information on reporting such disclosures to CMS and HHS please see Section F3. Terms and Conditions of this NOFO.

Cost Principles

CMS grant and cooperative agreement awards provide for reimbursement of actual, allowable costs incurred and are subject to the Federal cost principles. The cost principles establish standards for the allowability of costs, provide detailed guidance on the cost accounting treatment of costs as direct or indirect, and set forth allowability and allocability principles for selected items of cost. Applicability of a particular set of cost principles depends on the type of organization. Award recipients must comply with the cost principles set forth in HHS regulations at 45 CFR Part 75, Subpart E with the following exceptions: (1) hospitals must follow Appendix IX to part 75; and (2) commercial (for-profit) organizations are subject to the cost principles located at 48 CFR subpart 31.2. As provided in the cost principles in 48 CFR subpart 31.2, allowable travel costs may not exceed those established by the Federal Travel Regulation (FTR).

There is no universal rule for classifying certain costs as either direct or indirect (also known as Facilities & Administration (F&A) costs) under every accounting system. A cost may be direct with respect to some specific service or function, but indirect with respect to the Federal award or other final cost objective. Therefore, it is essential that each item of cost incurred for the same purpose is treated consistently in like circumstances either as a direct or F&A cost in order to avoid double-charging of Federal awards. Guidelines for determining direct and F&A costs charged to Federal awards are provided in 45 CFR §§75.412 to 75.419. Requirements for development and submission of indirect (F&A) cost rate proposals and cost allocation plans are contained in Appendices III-VII, and Appendix IX to Part 75.

Indirect Costs

CMS will reimburse indirect costs to recipients under an award if (1) allowable under the governing statute, regulations, or HHS grants policy; (2) the recipient requests indirect costs; and (3) the recipient has a federally approved indirect cost rate agreement covering the grant supported activities and period of performance or the non-federal entity has never received an indirect cost rate and elects to charge a de minimis rate of 10% of Modified Total Direct Costs (MTDC).

If the applicant entity has a current negotiated indirect cost rate agreement (NICRA) and is requesting indirect costs, a copy of the current NICRA must be submitted with the application. Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII(D)(1)(b) to 45 CFR part 75, may elect to charge a de minimis rate of 10% of MTDC which may be used indefinitely.

Commercial (For-Profit) Organizations: Indirect Costs are allowable under awards to for-profit organizations. The for-profit recipient must have a federally-approved indirect cost rate agreement covering the grant supported activities and period of performance. Indirect cost rates for for-profit entities are negotiated by DFAS in the Office of Acquisition Management and Policy, National Institutes of Health (if the preponderance of their federal awards are from HHS), available on the [Office of Acquisition and Management Policy website](#), or other Federal agency with cognizance for indirect cost rate negotiation. If there is no federally-approved indirect cost rate for the specific period of performance and the for-profit recipient has never received an indirect cost rate, then the non-federal entity may elect to charge a de minimis rate of 10% of MTDC.

Cost Allocation

In accordance with 45 CFR §75.416 and Appendix V to Part 75 – State/Local Government-wide Central Service Cost Allocation Plans, each state/local government will submit a plan to the HHS Cost Allocation Services for each year in which it claims central service costs under Federal awards. Guidelines and illustrations of central service cost allocation plans are provided in a brochure published by the HHS entitled “A Guide for State, Local and Indian Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government.” A copy of this brochure may be obtained from the HHS Cost Allocation Services on the [PSC website](#). A current, approved cost allocation plan must be provided to CMS if central service costs are claimed.

Public Assistance Cost Allocation Plans

Appendix VI to Part 75 – Public Assistance Cost Allocation Plans, provides that state public assistance agencies will develop, document and implement, and the Federal Government will review, negotiate, and approve, public assistance cost allocation plans in accordance with Subpart E of 45 CFR part 95. The plan will include all programs administered by the state public assistance agency. Where a letter of approval or disapproval is transmitted to a state public assistance agency in accordance with Subpart E, the letter will apply to all Federal agencies and programs. This Appendix (except for the requirement for certification) summarizes the provisions of Subpart E of 45 CFR part 95.

Audit Requirements

The audit requirements in 45 CFR Part 75, Subpart F apply to each award recipient fiscal year that begins on or after December 26, 2014. A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of Subpart F, Audit Requirements.

Commercial Organizations (including for-profit hospitals) have two options regarding audits, as outlined in 45 CFR §75.501 (see also 45 CFR §75.216).

F3. Terms and Conditions

This Notice of Funding Opportunity is subject to the Department of Health and Human Services Grants Policy Statement (HHS GPS) on [HHS government website under policies and regulations](#). The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary. Standard and program specific terms of award will accompany the NoA. Potential applicants should be aware that special requirements could apply to cooperative agreement awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. HHS regulation (45 CFR Part 75) supersedes information on administrative requirements, cost principles, and audit requirements for grants and cooperative agreements included in the current HHS Grants Policy Statement where differences are identified. Recipients must also agree to respond to requests that are necessary for the evaluation of national efforts and provide data on key elements of their own grant or cooperative agreement activities.

CMS may terminate any CMS award for material noncompliance. Material noncompliance includes, but is not limited to, violation of the terms and conditions of the award; failure to perform award activities in a satisfactory manner; improper management or use of award funds; or fraud, waste, abuse, mismanagement, or criminal activity.

In the event a Recipient or one of its subrecipients enters into proceedings relating to bankruptcy, whether voluntary or involuntary, the Recipient agrees to provide written notice of the bankruptcy to CMS. This written notice shall be furnished within five (5) days of the initiation of the proceedings relating to bankruptcy filing and sent to the CMS Grants Management Specialist and Project Officer. This notice shall include the date on which the bankruptcy petition was filed, the identity of the court in which the bankruptcy petition was filed, a copy of any and all of the legal pleadings, and a listing of Government grant and cooperative agreement numbers and grant offices for all Government grants and cooperative agreements against which final payment has not been made.

Intellectual Property

Recipients under this solicitation must comply with the provisions of 45 CFR § 75.322, Intangible property and copyrights. The non-Federal entity may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a Federal award. The Federal awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. The non-Federal entity is subject to applicable regulations governing patents and

inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401.

The Federal Government has the right to:

- (1) Obtain, reproduce, publish, or otherwise use the data produced under a Federal award; and
- (2) Authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

Prohibition on certain telecommunications and video surveillance services or equipment.

As described in 2 CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- (1) Procure or obtain;
- (2) Extend or renew a contract to procure or obtain; or
- (3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

F4. Cooperative Agreement Terms and Conditions of Award

The administrative and funding instrument used for this program will be a cooperative agreement, an assistance mechanism in which substantial CMS programmatic involvement with the recipient is anticipated during the performance of the activities. Under each cooperative agreement, CMS' purpose is to support and stimulate the recipient's activities by involvement in, and otherwise working jointly with, the award recipient in a partnership role. To facilitate appropriate involvement during the period of this cooperative agreement, CMS and the recipient will be in contact at least once a month, and more frequently when appropriate.

Cooperative Agreement Roles and Responsibilities are as follows:

Centers for Medicare and Medicaid

CMS will have substantial involvement in program awards, as outlined below:

- Technical Assistance – CMS will host opportunities for training and/or networking, which may include conference calls, topic-specific webinars, office hours, and other vehicles.
- Collaboration – To facilitate compliance with the terms of the cooperative agreement and to support recipients more effectively, CMS may actively coordinate with other relevant Federal Agencies including but not limited to the Indian Health Service, the Internal Revenue Service, the Department of Homeland Security, the Administration for Children and Families, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Social Security Administration.
- Learning System – CMS will provide a structured approach to sharing, integrating, and actively applying quality improvement concepts, tactics, and lessons learned, all aimed at improving the likelihood of success of the model.
- Project Officers and Monitoring – CMS will assign specific Project Officers to each cooperative agreement award to support and monitor recipients throughout the period of performance. CMS Grants Management Officers, Grants Management Specialists, and Project Officers will monitor, on a regular basis, progress of each recipient. This monitoring may be by phone, document review, on-site visit, other meeting and by other appropriate means, such as reviewing program progress reports and Federal Financial Reports (FFR or SF-425). This monitoring will be to determine compliance with programmatic and financial requirements.
- Monitoring and Implementation Support – CMS will conduct a number of in-person and desk audits of recipients, as well as initial assessments, with the intention of understanding the recipient's processes and assisting recipients with implementation support needs, as appropriate. CMS will also use these activities to identify recipient issues, and to help recipients maintain compliance with the ET3 model and the terms identified in this NOFO.

Recipients

Recipients and assigned points of contact retain the primary responsibility and dominant role for planning, directing and executing the proposed project as outlined in the terms and conditions of the cooperative agreement and with substantial CMS involvement. Recipients shall engage in the following activities: Recipients and assigned points of contact retain the primary responsibility and dominant role for planning, directing and executing the proposed project as outlined in the terms and conditions of the cooperative agreement and with substantial CMS involvement.

Recipients shall engage in the following activities:

- Reporting – comply with all reporting requirements outlined in this funding opportunity and the terms and conditions of the cooperative agreement to ensure the timely release of funds.
- Program Evaluation – cooperate with CMS-directed model evaluations.
- Technical Assistance - participate in technical assistance activities as appropriate.

- Learning System – participate in targeted learning activities throughout the course of the ET3 model, including the period after selection but prior to performance start date; responding to surveys or other mechanisms to assist CMS in identifying recipient learning needs; and other items listed in Section F5.a.iii. (Learning System Participation) below.
- Audits and Initial Assessments – cooperate with CMS-organized audits and initial assessments of Recipient interventions, data collection, data reporting, and other model terms. Initial assessments, which occur for the first 12 months of the period of performance, aim to assess whether the Recipients have the operational structures and processes in place to support successful implementation and maintain compliance with certain requirements of the ET3 model. Conducting initial assessments during the early stages of model implementation allows for an open dialogue between CMS and Recipients and an opportunity for direct and timely feedback. Audits, starting in month 12 of the period of performance and continuing through the end of the period of performance, occur after basic education and assistance have been provided, and serve as a compliance-based assessment of Recipients’ adherence to model policies.
- Program Standards – comply with all applicable current and program requirements and standards, as detailed in regulations, guidance, and the cooperative agreement terms and conditions provided with the NoA.

F5. Reporting

a. Progress Reports

Each Recipient will be required to submit quarterly progress reports, annual progress reports and a final progress report. CMS will provide the Recipient with guidance and/or a template related to progress report submissions. These reports will include narrative updates on model activities as well as information on operational and performance milestones in accordance with the ET3 model cooperative agreement. The Innovation Center will use the quarterly and annual reports to track progress on model goals, identify technical assistance needs, and inform learning activities for all Recipients. The operations and performance milestones will support Innovation Center efforts to confirm that each Recipient is able to meet program requirements and deliver high quality care to beneficiaries. The Innovation Center will also share these findings with Recipients individually on an ongoing basis for quality improvement purposes. Recipients must maintain records of all source data used to calculate and report Medical Triage Line data described in section A4.5 and other performance milestone data as reflected in Table B below and make such data available to the Innovation Center and CMS contractors for periodic on-site and desk audits. CMS will consider Recipients for corrective action, funding restrictions, or termination if they do not meet the model reporting requirements outlined in their cooperative agreement Notice of Award and Terms and Conditions.

A list of specific operational milestones that each Recipient must report to CMS is included in Table B, below. CMS reserves the right to revise these operational milestones as needed during the period of performance.

Table B. ET3 Model Operational Milestones

Operational Milestone	Description
Learning system attendance and participation	Participate in required learning activities as detailed in section F5.a.iii.
Updated Staffing Plan and Resumes/CVs (if requested by CMS)	Each Recipient must submit a current version of its staffing plan at CMS’s request. Staffing plans should identify any substantial changes to a previously-approved staffing plan. A substantial change includes changes in key personnel and/or addition of staff names, titles, duties, or responsibilities. Resumes and CVs for key personnel must be submitted with the updated staffing plan. If the Recipient has proposed to staff the Medical Triage Line with individuals who have experience and/or training in emergency medical care, then the Recipient must submit resumes for those individuals. Each Recipient must inform their project officer of changes as they occur during regular communications.
Updated Implementation Plan	Each Recipient shall implement the ET3 Model requirements as specified in its CMS-approved Implementation Plan. A Recipient’s response to section D.2.d.II NOFO constitutes the CMS-approved Implementation Plan until it is superseded by a CMS-approved updated Implementation Plan that meets the requirements of this section and the terms and conditions of award. Each Recipient must submit an updated Implementation Plan as a standalone document to CMS within 90 days of the start of the period of performance. This updated Implementation Plan must address each requirement set forth in Section D2.d.II of this NOFO, including Triage Core Functions and Optional Functions of the Medical Triage Line. CMS will approve or reject the Implementation Plan as specified in the terms and conditions of award. If CMS rejects an updated Implementation Plan, Recipient must work with its Project Officer to revise and resubmit a proposal in a form and manner specified by CMS. An updated Implementation Plan shall become effective on the date that CMS provides a formal notice of approval. Each Recipient must inform their CMS project officer of changes to the Implementation Plan as they occur during regular communications. Changes that require CMS prior approval will be specified in the model terms and conditions, but may include without limitation: changes to the Geographic Region, changes in ZIP code overlap between the Recipient’s Geographic Region and Model Participants’ Model Region, changes in Community Resource capacity, and changes in Triage Core Functions and Optional Functions of the Medical Triage Line.
Updated Sustainability plan	Each Recipient must revise their Sustainability Plan and submit to CMS as a standalone document at the time of annual progress report. Each Recipient must inform their CMS project officers of changes as they occur during regular communications. With the final Progress report, the Recipient must submit an updated Sustainability Plan to address how the Recipient will continue to serve the communities in the Recipient’s Geographic Region after the end of the performance period.

Operational Milestone	Description
Medical Triage Line Data	<p>Each Recipient must provide CMS with the aggregate data as required by Section A4.3 on a quarterly basis. Quarterly data reports are due within 30 days of the end of each quarter. Quarters close on December 31, March 31, June 30, and September 30.</p> <p>Note: The Recipient must submit aggregate counts for each of the metrics stated in Section A4.5. These counts will be used by the Innovation Center both for monitoring and to determine a Recipient’s eligibility to receive Milestone Funding.</p>

Milestone Funding Requirements

Recipients must report aggregated data on their Medical Triage Line for performance milestones. The requirements under consideration in these domains are listed in Table C below.

During Year 2, a Recipient has the opportunity to access Milestone Funding, which will be awarded as one-time funding, in an amount equivalent to up to 25% of the total award. A Recipient will only be able to draw down Milestone Funding, if it demonstrates satisfactory establishment of a Functional Medical Triage Line and completes all required reporting as detailed in Table C. below. The actual amount of Milestone Funding made available to Recipients in Year 2 may be less than 25% of the total award amount and will be determined based on the Recipient’s reporting or performance on measures as reported in the Non-Competing Continuation Application. Milestone Funding will be restricted and is not guaranteed.

Table C. Performance Milestones Under Consideration

Performance Milestone	Source	Description
Implementation/ Establishment of a Functional Triage Line	Non- Competing Continuation Application	As part of the Non-Competing Continuation application, which must be submitted to CMS at least sixty days prior to the end of the first budget period, the Recipient must submit to CMS a report detailing progress towards a Functional Medical Triage Line to include detail regarding specific Triage Core Functions and Optional Functions provided by the Recipient. In order to receive Milestone Funding, the Recipient must have a Functional Medical Triage Line at the time the Non-Competing Continuation application is due.
Data Reporting	Non- Competing Continuation Application	As part of the Non-Competing Continuation application, the Recipient must submit to CMS a report that includes all available data for the Medical Triage Line as required by Section A4.5. To the extent that a Recipient is unable to provide data for one or more of the elements listed in Section A4.5 at the time of the Non-Competing Continuation application, for each element that is unavailable, the Recipient should respond “0” and provide an explanation as to why data is not available as well as an estimate of the quarter in which such data will be reported to CMS.

i. Monitoring

CMS will monitor the performance of each Recipient pursuant to the Terms and Conditions of Award.

Each Recipient will be required to comply fully with CMS's and any CMS contractor's monitoring plan for the ET3 model. CMS, with the assistance of contractors, will primarily monitor awards through data collection and reporting to the Innovation Center and the Office of Acquisition and Grants Management (OAGM). CMS's goal is to monitor and measure model activities in a manner that optimizes its usefulness for both Recipients and the Innovation Center. The Innovation Center will closely track model progress through project officers and an implementation and monitoring contractor. A key monitoring activity is the provision of feedback to Recipients to facilitate compliance with the Terms and Conditions of the cooperative agreement.

Each Recipient will be required to participate in model monitoring activities that include but are not limited to:

- Submission of quarterly, annual, and final progress reports
- Regular communications with a CMS project officer
- Submission of other standalone documents as specified in Tables B and C

ii. Evaluation

CMS will evaluate the model pursuant to section 1115A(b)(4) of the Act. Each Recipient will be required to provide data and interact with the independent evaluation contractor. Evaluation data may include, but are not limited to, providing the quarterly and annual usage statistics (identified in section A4.5), hosting and managing site visits of the evaluation contractor, and making staff available for interviews (on site or telephonic). CMS will seek to reduce Recipient burden in requests for additional new evaluation data.

iii. Learning System Participation

Learning System Strategy

A Learning System is a structured approach to sharing, integrating, and actively applying quality improvement concepts, tactics, and lessons learned to accelerate implementation and improve the success of the Model aims. The Innovation Center will design, implement, and manage a learning system, and tailor it to the needs of Recipients. The learning system functions by: identifying and packaging new knowledge and practices; leveraging data and Recipient input to guide change/improvement; and building learning communities and networks to share and spread new knowledge and practices among Recipients.

The ET3 model learning system may also offer support during the application period as applicants prepare to apply for this Model.

Learning System Activities for Recipients

Each Recipient will be required, under the terms and conditions of the award, to actively participate in learning system activities throughout the entirety of the cooperative agreement's two-year period of performance as a condition of participation in the model. As outlined in this NOFO, Recipients will focus on developing and finalizing mandatory and optional services using existing state, local government, Medicaid, and/or CHIP authorities as necessary, and

building collaboration with payers, health care providers and other delivery system components as needed.

Overall, the types of learning system activities Recipients can expect will vary, but the learning system will facilitate peer learning and information-sharing around how to best achieve quick and effective performance improvement. The learning system will allow Recipients to share their experiences, track their progress, glean promising practices from their peers, and rapidly adopt new ways of achieving improvements in care quality and cost reduction.

CMS requires Recipients and encourages their other model partners (e.g. payers, other health care providers, and Community Resources) to join a robust learning system to ensure rapid diffusion of best practices across all Recipients and partners. Learning system activities will provide the Recipient with ET3 model learning support and activities to include didactic presentations and interactive discussions, both live and asynchronous, and may include peer-to-peer learning, virtual site visits, teleconferences, improvement feedback opportunities, webinars, training exchanges, report-outs, affinity groups, integrated learning events, case studies, vignettes, and TBD in-person meetings at a CMS designated location in the Baltimore/District of Columbia area or in another region. Peer-to-peer learning among Recipients is a key activity because knowledge transfer about model implementation in unique state, county, and/or local environments is crucial to successful future model adoption by other government entities that have authority over their PSAPs.

Required Learning System Activities

Each Recipient will be required to:

1. Participate in targeted learning on Driver Diagrams, and during Year 1 of the cooperative agreement, develop and submit to CMS, and/or its contractors, an individualized Recipient Driver Diagram (after submission to CMS, the Recipient Driver Diagram should be maintained and updated by the Recipient throughout the life of the cooperative agreement as a framework to guide and align the intervention design and implementation activities and shared with CMS upon request);
2. Upon request, answer surveys, participate in interviews, or engage in other activities to assist CMS and its contractors in identifying Recipient's learning needs;
3. Participate in the identification and dissemination of practices that are showing positive outcomes by sharing lessons learned with other Recipients and Model Participants (e.g. presenting on webinars);
4. Participate in at least one virtual ET3 model learning activity every quarter during the 2-year period of performance, beginning Year 1;
5. Share with CMS, its contractors, and if relevant, with other Recipients, Model Participants, and other model partners (e.g. payers and Community Resources) information on county, state, and federal programs that complement ET3 model interventions in the communities served;
6. Develop, track, and report to CMS on quality improvement efforts, activities, and program measures at regular intervals; and
7. Participate in an in-person event during one of the years of the period of performance (TBD). This in-person event will be held in the Baltimore/District of Columbia area or another area depending on where Model Participants and Recipients are geographically located, and will be geared towards Model Participant learning, collaboration, and

dissemination of ET3 model promising practices and other Model Participant needs. Staff travel costs will be reimbursed, if reflected in the applicant's proposal, for one individual to attend one in-person event in the Baltimore/DC area or another area depending on where Model Participants and Recipients are geographically located during the two-year award period.

b. Financial Reports

Required On-Line Reporting. CMS requires Recipients to submit quarterly cash transaction and semi-annual or annual expenditure financial reporting data through PMS in a consolidated single reporting system. This consolidated single reporting system includes submission of the following required fields in the Federal Financial Report (FFR or SF-425): lines 10.a through 10.c to reflect cash transactions data and lines 10.d through 10.h to reflect expenditures, obligations, and liquidations data. Failure to submit timely reports may result in the inability to access funds.

Quarterly Cash Transaction Financial Reporting

Report Submission Deadline. Unless superseded by program-specific statute or regulations or by CMS policy, in accordance with 45 CFR 75.341, the deadline for submitting the required Federal reporting is 30 days after the end of each quarter (i.e., by January 30, April 30, July 30 and October 30) and 90 days after the project has ended.

Semi-Annual, Annual, and Final Expenditure Reporting

Recipient must also report on Federal expenditures, Recipient Share (if applicable), and Program Income (if applicable and/or allowable) at least annually via the Payment Management System. Frequency of required expenditure reporting, whether semi-annually or annually, is stipulated in the Program Terms and Conditions of award. Expenditures, Recipient Share, and Program Income is reflected through completion of lines 10.d through 10.o of the FFR.

Additional information on financial reporting will be provided in the terms and conditions of award.

c. Federal Funding Accountability and Transparency Act Reporting Requirements

New awards issued under this NOFO are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109– 282), as amended by section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier sub- award of \$30,000 or more in Federal funds and executive total compensation for the recipient's and sub-recipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online [FSRS government website](#)).

d. Audit Requirements

Recipients must comply with audit requirements outlined in HHS regulation 45 CFR Part 75 (implementing 2 CFR Part 200). See Subpart F – Audit Requirements. <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#sp45.1.75.f>.

e. Payment Management System Reporting Requirements

Once an award is made, the funds are posted in recipient accounts established in the Payment Management System (PMS). Recipients may then access their funds by using the PMS funds request process.

The PMS funds request process enables recipients to request funds using a Personal Computer with an Internet connection. The funds are then delivered to the recipient via Electronic Funds Transfer (EFT). If you are a new recipient, please go to PMS Access Procedures to find information to register in PMS. If you need further help with that process, please contact the One-DHHS Help Desk via email at pmssupport@psc.gov or call (877) 614-5533 for assistance.

f. Government-wide Suspension and Debarment Reporting Requirements

Before you enter into a covered transaction at the primary tier, you as the participant must notify the Federal agency office that is entering into the transaction with you, if you know that you or any of the principals for that covered transaction meets any of the conditions outlined in 2 CFR 180.335. At any time after you enter into a covered transaction, you must give immediate written notice to the Federal agency office with which you entered into the transaction if you learn either that you failed to disclose or circumstances have changed as outlined in 2 CFR 180.350.

G. CMS Contacts

Applicants should contact Laura Rumley at ET3Model@cms.hhs.gov with any questions pertaining to the application including administrative, budgetary, or program requirements. Please reference "NOFO Inquiry" in the email subject line.

G1. Programmatic Questions

Laura Rumley
ET3Model@cms.hhs.gov

G2. Administrative/Budget Questions

Gabriel Nah
ET3model@cms.hhs.gov.

H. Other Information

The Federal Government is not obligated to make any Federal award as a result of this announcement. Only Grants Management Officers can bind the Federal Government to the expenditure of funds.

Publication of this notice does not oblige CMS to award any specific project or to obligate any available funds. If applicants incur any costs prior to an award being made, they do so at their own risk of not being reimbursed by the government. Notwithstanding verbal or written assurance that may have been received, there is no obligation on the part of CMS to cover pre-award costs unless approved by the Grants Management Officer as part of the terms and conditions if an award is made.

Appendix I. Guidance for Preparing a Budget Request and Narrative

Applicants should request funding only for activities which will be funded by this specific Notice of Funding Opportunity. All applicants must submit the Standard Form SF-424A as well as a Budget Narrative. The Budget Narrative should provide detailed cost itemizations and narrative supporting justification for the costs outlined in SF-424A. Both the Standard Form SF-424A and the Budget Narrative must include a yearly breakdown of costs for the entire project period. Please review the directions below to ensure both documents are accurately completed and consistent with application requirements.

Standard Form SF-424A

All applicants must submit an SF-424A. To fill out the budget information requested on form SF-424A, review the general instructions provided for form SF-424A and comply with the instructions outlined below.

- Note: The directions in the Notice of Funding Opportunity (NOFO) may differ from those provided by Grants.gov. Please follow the instructions included in this NOFO as outlined below when completing the SF-424A.
- Note: The total requested on the SF-424 (Application for Federal Assistance) should be reflective of the overall total requested on the SF-424A (Budget Information – Non-Construction) for the entire project period.

Section A – Budget Summary

- *Grant Program Function or Activity* (column a) = Enter “Name of Notice of Funding Opportunity” in row 1.
- *New or Revised Budget, Federal* (column e) = Enter the Total Federal Budget Requested for the project period in rows 1 and 5.
- *New or Revised Budget, Non-Federal* (column f) = Enter Total Amount of any Non-Federal Funds Contributed (if applicable) in rows 1 and 5.
- *New or Revised Budget, Total* (column g) = Enter Total Budget Proposed in rows 1 and 5, reflecting the sum of the amount for the Federal and Non-Federal Totals.

Section B – Budget Categories

- Enter the total costs requested for each Object Class Category (Section B, number 6) for each year of the project period. Notice of Funding Opportunities with a 5-year project period will need to also utilize a second SF-424A form.
- Column (1) = Enter Year 1 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 1 line items should be entered in column 1, row k (sum of row i and j).
- Column (2) = Enter Year 2 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 2 line items should be entered in column 2, row k (sum of row i and j).
- Column (3) = (If applicable) Enter Year 3 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be

reflected in row j. The total for direct and indirect charges for all year 3 line items should be entered in column 3, row k (sum of row i and j).

- Column (4) = (If applicable) Enter Year 4 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 4 items should be entered in column 4, row k (sum of row i and j).
- Column (5) = Enter total costs for the project period for each line item (rows a-h), direct total costs (row i), and indirect costs (row j). The total costs for all line items should be entered in row k (sum of row i and j). The total in column 5, row k should match the total provided in Section A – Budget Summary, New or Revised Budget, column g, row 5.
- If the NOFO is for a 5-year project period, please complete a second SF-424A form and upload it as an attachment to the application (this specific attachment will not be counted towards the page limit). Year 5 information should be included in column 1 of Section B. Then enter the total for years 1-4 (per the first SF-424A form) in column 2 of Section B. The second SF-424A form will compute columns 1 and 2, reflecting total costs for the entire project period. This total should be consistent with the total Federal costs requested on the SF-424, Application for Federal Assistance. A blank SF-424A form can be found at Grants.gov: <https://www.grants.gov/web/grants/forms/sf-424-individual-family.html#sortby=1>

Budget Narrative – Sample Narrative and Instructions

Applicants must complete a Budget Narrative and upload it to the Budget Narrative Attachment Form in the application kit. Applicants must request funding only for activities not already funded/supported by a previous award. Awards should support separate activities and new federal funding should not be supplanted by prior federal funding. In the budget request, applicant should distinguish between activities that will be funded under this application and activities funded with other sources. Other funding sources include other HHS grant programs, and other federal funding sources as applicable.

A sample Budget Narrative is included below.

A. (Personnel) Salaries and Wages

For each requested position, provide the following information: title of position; name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives. These individuals must be employees of the applicant organization.

Note: As stated in applicable Appropriations Law, none of the funds appropriated shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. This salary cap applies to direct salaries and to those salaries covered under indirect costs, also known as facilities and administrative (F & A). Please consult the following link to determine the applicable current salary cap: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>

Sample Budget

Personnel Total	\$ _____
Grant	\$ _____
Funding other than Grant	\$ _____
Sources of Funding	_____

Position Title	Name (if known)	Annual	Time	Months	Amount Requested
Project Coordinator	Susan Taylor	\$45,000	100%	12 months	\$45,000
Finance Administrator	John Johnson	\$28,500	50%	12 months	\$14,250
Outreach Supervisor	Vacant	\$27,000	100%	12 months	\$27,000
Total:					\$86,250

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in-service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data; responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to HHS. This position relates to all program objectives.

B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. This information must be provided for each position (unless the rates for all positions are identical).

Sample Budget

<i>Fringe Benefits Total</i>	\$ _____
<i>Grant</i>	\$ _____
<i>Funding other than Grant</i>	\$ _____
<i>Sources of Funding</i>	_____

Fringe Benefit	Rate	Salary Requested	Amount Requested
FICA	7.65%	\$45,000	\$3443
Worker's Compensation	2.5%	\$14,250	\$356
Insurance	Flat rate - \$2,000 (100% FTE for 12 months)	\$2,000	\$2,000
Retirement	5%	\$27,000	\$1,350
Total			\$7,149

C. Travel

Dollars requested in the travel category should be for applicant **staff travel only**. Travel for consultants should be shown in the consultant category. Allowable travel for other participants, advisory committees, review panel, etc. should be itemized in the same way specified below and placed in the “**Other**” category. Travel incurred through a contract should be shown in the contractual category.

Provide a narrative describing the travel staff members will perform. This narrative must include a justification which explains why this travel is necessary and how it will enable the applicant to complete program requirements included in the Notice of Funding Opportunity. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. The mileage rate cannot exceed the rate set by the General Services Administration (GSA). If travel is by air, provide the estimated cost of airfare. The lowest available commercial airfares for coach or equivalent accommodations must be used. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Costs for per diem/lodging cannot exceed the rates set by GSA. Include the cost of ground transportation when applicable. Please refer to the GSA website by using the following [link](#) to the portal.

Sample Budget

Fringe Benefits Total	\$ _____
Grant	\$ _____
Funding other than Grant	\$ _____
Sources of Funding	_____

Purpose of Travel	Location	Item	Rate	Cost
Site Visits	Neighboring areas of XXX	Mileage	\$0.545 x 49 miles (use mileage rate in effect at time of mileage incurrence) x 25 trips	\$668
Training (ABC)	Chicago, IL	Airfare	\$200/flight x 2 persons	\$400
		Luggage Fees	\$50/flight x 2 persons	\$100
		Hotel	\$140/night x 2 persons x 3 nights	\$840
		Per Diem (meals)	\$49/day x 2 persons x 4 days	\$392
		Transportation (to and from airport)	\$50/shuttle x 2 persons x 2 shuttles	\$200
		Transportation (to and from hotel)	\$25/shuttle x 2 persons x 2 shuttles	\$100
				\$2,700

Sample Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend a conference on the following topic XXXX. This conference is only held once a year in Chicago, IL. Attending this conference is directly linked to project goals/objectives and is a necessity because XXXX. The information and tools we will gather from attending this conference will help us to accomplish project objectives by XXXX. A sample itinerary can be provided upon request. The Project Coordinator will also make an estimated 25 trips to birth center sites to monitor program implementation (# of birth centers, # of trips per site). We are still in the process of identifying all birth center sites, but have identified an average mileage total for each site. This travel is necessary to ensure birth center sites are consistently and systematically collecting birth center data and submitting by deadlines provided. On-site monitoring will enable us to immediately address concerns. This travel also furthers our efforts to accomplish specific project goals for the following reasons

D. Equipment

Equipment is tangible nonexpendable personal property, including exempt property, charged directly to the award having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, lower limits may be established. Technology items such as computers that do not meet the \$5,000 per unit threshold or an alternative lower limit set by recipient policy that may therefore be classified as supplies, must still be individually tagged and recorded in an equipment/technology database. This database should include any information necessary to properly identify and locate the item. For example: serial # and physical location of equipment (e.g. laptops, tablets, etc.). Provide justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the “Other” category. All IT equipment should be uniquely identified. Show the unit cost of each item, number needed, and total amount.

Sample Budget

<i>Equipment Benefits Total</i>	\$ _____
<i>Grant</i>	\$ _____
<i>Funding other than Grant</i>	\$ _____
<i>Sources of Funding</i>	

Item(s)	Rate	Cost
All-in-one Printer, Copier, and Scanner (large scale)	1 @ \$5,800	\$5,800
X-Ray Machine	1 @ \$8,00	\$8,000
Total:		\$13,800

Sample Justification

Provide complete justification for all requested equipment, including a description of how it will be used in the program. For equipment and tools which are shared amongst programs, please cost allocate as appropriate. Applicant should provide a list of hardware, software and IT equipment which will be required to complete this effort. Additionally, they should provide a list of non-IT equipment which will be required to complete this effort.

E. Supplies

Supplies includes all tangible personal property with an acquisition cost of less than \$5,000 per unit or an alternative lower limit set by recipient policy. Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. Classify technology items such as computers that do not meet the \$5,000 per unit threshold or an alternative lower limit set by recipient policy as **supplies** and individually tag and record in an equipment/technology database. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

Supplies Total	\$ _____
Grant	\$ _____
Funding other than Grant	\$ _____
Sources of Funding	_____

Item(s)	Rate	Cost
Laptop Computer	2 @ \$1,000	\$2,000
Printer	1 @ \$200	\$200
General office supplies	12 months x \$24/mo x 10 staff	\$2,880
Educational pamphlets	3,000 copies @ \$1 each	\$3,000
Educational videos	10 copies @ \$150 each	\$1,500
Total:		\$9,580

Sample Justification

General office supplies will be used by staff members to carry out daily activities of the program. The project coordinator will be a new position and will require a laptop computer and printer to complete required activities under this Notice of Funding Opportunity. The price of the laptop computer and printer is consistent with those purchased for other employees of the organization and is based upon a recently acquired invoice (which can be provided upon request). The pricing of the selected computer is necessary because it includes the following tools XXXX (e.g. firewall, etc.). The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Usage of these pamphlets and videos will enable us to address components one and two of our draft proposal. Word Processing Software will be used to document program activities, process progress reports, etc.

F. Consultant/Subrecipient/Contractual Costs

All consultant/subrecipient/contractual costs should include complete descriptions and cost breakdowns – for each consultant, subrecipient or contract. The following information, outlined below, should be provided for each consultant, sub-award (subrecipient) or contract.

REQUIRED REPORTING INFORMATION FOR CONSULTANT HIRING

This category is appropriate when hiring an individual who gives professional advice or provides services (e.g. training, expert consultant, etc.) for a fee and who is not an employee of the Recipient organization. Submit the following required information for consultants:

1. Name of Consultant: Identify the name of the consultant and describe his or her qualifications.
2. Organizational Affiliation: Identify the organizational affiliation of the consultant, if applicable.

3. Nature of Services to be Rendered: Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to HHS.
4. Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.
5. Number of Days of Consultation: Specify the total number of days of consultation.
6. Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per diem, and supplies.
7. Justification of expected compensation rates: Provide a justification for the rate, including examples of typical market rates for this service in your area.
8. Method of Accountability: Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

REQUIRED REPORTING INFORMATION FOR SUBRECIPIENT APPROVAL

The detailed descriptions and costs of project activities to be undertaken by a subrecipient is included in this category (please use formats from ‘Sample Budget’ and ‘Sample Justification’ above). For more information on subrecipient and contractual relationships, please refer to HHS regulation 45 CFR 75.351 *Subrecipient and Contractor Determinations* and 75.352 *Requirements for pass-through entities*.

REQUIRED REPORTING INFORMATION FOR CONTRACT APPROVAL

All recipients must submit to HHS the following required information for establishing a third-party contract to perform project activities.

1. Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.
4. Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks to be performed by the contractor as related to the accomplishment of program objectives. Deliverables should be clearly defined.
5. Method of Accountability: How will the contractor be monitored? Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

G. Construction (not applicable)

H. Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Sample Budget

<i>Other Total</i>	\$ _____
<i>Grant</i>	\$ _____
<i>Funding other than Grant</i>	\$ _____
<i>Sources of Funding</i>	_____

Item(s)	Rate	Cost
Telephone	\$45 per month x 3 employees x 12 months	\$1,620
Postage	\$250 per quarter x 4 quarters	\$1,000
Printing	\$0.50 x 3,000 copies	\$1,500
Equipment Rental *specify item	\$1,000 per day for 3 days	\$3,000
Internet Provider Service	\$20 per month x 3 employees x 12 months	\$720
Word Processing Software (specify type)	1 @ \$400	\$400
Total:		\$8,240

[Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If the item is not self-explanatory and/or the rate is excessive, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).]

Sample Justification

We are requesting costs to accommodate telephone and internet costs for the 3 new hires that will be working on this project in the new space designated. We are also requesting printing and postage costs to support producing fliers to disseminate in the community and brochures to educate participants enrolled in the program. The word processing software will be used to help us track data and compile reports. To track and compile the data, we will need to rent _____. Without this equipment, we will not be able to produce this information in an accurate and timely manner.

I. Total Direct Costs

\$ _____

Show total direct costs by listing totals of each category.

J. Indirect Costs

\$ _____

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the Cognizant Federal agency unless the organization has never established one (see 45 CFR §75.414 for more information). If a rate has been issued, a copy of the most recent indirect cost rate agreement must be provided with the application.

Sample Budget

The rate is ___% and is computed on the following direct cost base of \$ _____.

Personnel	\$ _____
Fringe	\$ _____
Travel	\$ _____
Supplies	\$ _____
Other	\$ _____
Total	\$ _____ x _____% = Total Indirect Costs

If the applicant organization has never received an indirect cost rate, except for those non-Federal entities described in Appendix VII(D)(1)(b) to 45 CFR part 75, the applicant may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC). If the applicant has never received an indirect cost rate and wants to exceed the de minimis rate, then costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs. These costs should be outlined in the “other” costs category and fully described and itemized as other direct costs.

Appendix II. Application and Submission Information

Please CTRL/Click to access links or paste to your browser. Please note these are the most up-to-date directions and links that CMS has access to at this time. Applicants are advised to check the websites for any changes. Also, phone numbers are provided if additional assistance is needed as several websites have made recent changes to links and directions.

This NOFO contains all the instructions to enable a potential applicant to apply. The application should be written primarily as a narrative with the addition of standard forms required by the Federal government for all grants and cooperative agreements.

EIN, DUNS, AND SAM REQUIREMENTS (ALL APPLICATIONS)

Employer Identification Number

All applicants under this Notice of Funding Opportunity must have an Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN), to apply. **Please note, applicants should begin the process of obtaining an EIN/TIN as soon as possible after the Notice of Funding Opportunity is posted to ensure this information is received in advance of application deadlines.**

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS Number)

All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number. The DUNS number is a nine-digit number that uniquely identifies business entities. To obtain a DUNS number access the following website: www.dunandbradstreet.com or call 1-866-705-5711. This number should be entered in block 8c (on Form SF-424, Application for Federal Assistance). The organization name and address entered in block 8a and 8e should be exactly as given for the DUNS number.

Applicants should obtain this DUNS number as soon as possible after the Notice of Funding Opportunity is posted to ensure all registration steps are completed in time.

System for Award Management (SAM)

The applicant must also register in the System for Award Management (SAM) database in order to be able to submit the application. Applicants are encouraged to register early, and must have their DUNS and EIN/TIN numbers in order to do so. Information about SAM is available at <https://beta.sam.gov>. **The SAM registration process is a separate process from submitting an application. Applicants should begin the SAM registration process as soon as possible after the Notice of Funding Opportunity is posted to ensure that it does not impair your ability to meet required submission deadlines.** Applicants are encouraged to register early, and must provide their DUNS and EIN/TIN numbers in order to do so. **Applicants should begin the SAM registration process as soon as possible after the Notice of Funding Opportunity is posted to ensure that it does not impair your ability to meet required submission deadlines.**

Each year organizations and entities registered to apply for Federal grants or cooperative agreements through Grants.gov (or GrantSolutions as applicable) must renew their registration with SAM. **Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying via Grants.gov (or GrantSolutions as applicable). Similarly, failure to maintain an active SAM registration during the application review process can prevent HHS from issuing your agency an award.**

Applicants must also successfully register with SAM prior to registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. Please also refer to F5.C. (Federal Funding Accountability and Transparency Act Reporting Requirements) of this Funding Opportunity for more information. Primary awardees must maintain a current registration with the SAM database, and **may make subawards only to entities that have DUNS numbers.**

Organizations must report executive compensation as part of the registration profile at <https://beta.sam.gov> by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170).

APPLICATION MATERIALS AND INSTRUCTIONS TO APPLY VIA GRANTS.GOV (COMPETITIVE APPLICATIONS)

Application materials will be available for download at <https://www.grants.gov>. Please note that HHS requires applications for all Notice of Funding Opportunities to be submitted electronically through <https://www.grants.gov>. For assistance with <https://www.grants.gov>, contact support@grants.gov or 1-800-518-4726. At <https://www.grants.gov>, applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the <https://www.grants.gov>.

Specific instructions for applications submitted via <https://www.grants.gov>.

- You can access the electronic application for this project at <https://www.grants.gov>. You must search the downloadable application page by the Federal Assistance Listing (CFDA) number.

How to Register to Apply through Grants.gov

- *Obtain A DUNS number.*
- *Complete SAM registration.*
- *Register.* Click the Register link and complete the on-screen instructions or refer to detailed instructions here: <https://www.grants.gov/web/grants/applicants/registration.html>.
- *Add a Profile to the Account:* The profile corresponds to a single applicant organization the user represents (i.e., an applicant) or an individual applicant. If you work for or consult with multiple organizations and have a profile for each, you may log in to one Grants.gov account to access all of your grant applications. To add an organizational profile enter the DUNS Number for the organization in the UEI (Unique Entity Identifier) field while adding a profile. For more detailed instructions about creating a profile refer to: <https://www.grants.gov/web/grants/applicants/registration/add-profile.html>
- *EBiz POC Authorized Profile Roles:* After you register and create an Organization Applicant Profile, the organization applicant's request for Grants.gov roles and access is sent to the EBiz POC. The EBiz POC will then log in and authorize the appropriate roles, which may include the AOR role, thereby giving you permission to complete and submit applications on behalf of the organization. You will be able to submit your application online any time after you have been assigned the AOR role. For more detailed

instructions about creating a profile refer to:

<https://www.grants.gov/web/grants/applicants/registration/authorize-roles.html>

- *Track Role Status*: To track your role request, refer to:
<https://www.grants.gov/web/grants/applicants/registration/track-role-status.html>
- *Electronic Signature*: When applications are submitted through Grants.gov, the name of the organization applicant with the AOR role that submitted the application is inserted into the signature line of the application, serving as the electronic signature. The EBiz POC **must** authorize people who are able to make legally binding commitments on behalf of the organization as a user with the AOR role; **this step is often missed and it is crucial for valid and timely submissions.**

How to Submit an Application to CMS via Grants.gov

Grants.gov applicants can apply online using Workspace. Workspace is a shared, online environment where members of a grant team may simultaneously access and edit different webforms within an application. For each Notice of Funding Opportunity (alternatively, may be referred to as Funding Opportunity Announcement (FOA)), you can create individual instances of a workspace. *Note*: Search for the application package in by entering the Federal Assistance Listings (CFDA) number. This number is shown on the Federal Assistance Listings (or CFDA) website at <https://beta.sam.gov/help/assistance-listing> and cover page of the funding opportunity.

Applications cannot be accepted through any email address. Full applications can only be accepted through <https://www.grants.gov>. Full applications cannot be received via paper mail, courier, or delivery service.

Below is an overview of submitting an application. For access to complete instructions on how to apply for opportunities, refer to:

<https://www.grants.gov/web/grants/applicants/workspace-overview.html>

- 1) *Create a Workspace*: Creating a workspace allows you to complete it online and route it through your organization for review before submitting.
- 2) *Complete a Workspace*: Add participants to the workspace to work on the application together, complete all the required forms online or by downloading PDF versions, and check for errors before submission. The Workspace progress bar will display the state of your application process as you apply. As you apply using Workspace, you may click the blue question mark icon near the upper-right corner of each page to access context-sensitive help.
 - a. *Adobe Reader*: If you decide not to apply by filling out webforms you can download individual PDF forms in Workspace. The individual PDF forms can be downloaded and saved to your local device storage, network drive(s), or external drives, then accessed through Adobe Reader.
NOTE: Visit the Adobe Software Compatibility page on Grants.gov to download the appropriate version of the software at:
<https://www.grants.gov/web/grants/applicants/adobe-software-compatibility.html>
 - b. *Mandatory Fields in Forms*: In the forms, you will note fields marked with an asterisk and a different background color. These fields are mandatory fields that must be completed to successfully submit your application.

c. *Complete SF-424 Fields First*: The forms are designed to fill in common required fields across other forms, such as the applicant name, address, and DUNS Number. Once it is completed, the information will transfer to the other forms.

3) *Submit a Workspace*: An application may be submitted through workspace by clicking the Sign and Submit button on the Manage Workspace page, under the Forms tab.

Grants.gov recommends submitting your application package at least 24-48 hours prior to the close date to provide you with time to correct any potential technical issues that may disrupt the application submission.

4) *Track a Workspace Submission*: After successfully submitting a workspace application, a Grants.gov Tracking Number (GRANTXXXXXXXXXX) is automatically assigned to the application. The number will be listed on the Confirmation page that is generated after submission. Using the tracking number, access the Track My Application page under the Applicants tab or the Details tab in the submitted workspace.

For additional training resources, including video tutorials, refer to:

<https://www.grants.gov/web/grants/applicants/applicant-training.html>

Applicant Support: 24/7 support is available via the toll-free number 1-800-518-4726 and email at support@grants.gov. For questions related to the specific grant opportunity, contact the number listed in the application package of the grant you are applying for.

If you are experiencing difficulties with your submission, it is best to call the Grants.gov Support Center and get a ticket number. The Support Center ticket number will assist CMS with tracking your issue and understanding background information on the issue.

Timely Receipt Requirements and Proof of Timely Submission

All grant and cooperative agreement applications must be submitted electronically and **received** through <https://www.grants.gov> by 3:00 p.m. Eastern Standard or Daylight Time (Baltimore, MD) by the applicable deadline date. Please refer to the Executive Summary of this Notice of Funding Opportunity for submission deadline date.

Proof of timely submission is automatically recorded and an electronic date/time stamp is generated within the system when the application is successfully received by Grants.gov. The applicant with the AOR role who submitted the application will receive an acknowledgement of receipt and a tracking number (GRANTXXXXXXXXXX) with the successful transmission of their application. This applicant with the AOR role will also receive the official date/time stamp and Grants.gov Tracking number in an email serving as proof of their timely submission.

Please note, applicants may incur a time delay before they receive acknowledgement that the application has been accepted by the Grants.gov system. Applicants should not wait until the application deadline to apply because notification by Grants.gov that the application is incomplete may not be received until close to or after the application deadline, eliminating the opportunity to correct errors and resubmit the application. Applications submitted after the deadline, as a result of errors on the part of the applicant, will not be reviewed.

When CMS successfully retrieves the application, and acknowledges the download of submissions, Grants.gov will provide an electronic acknowledgment of receipt of the application to the email address of the applicant with the AOR role who submitted the application. Again, proof of timely submission shall be the official date and time that Grants.gov receives your

application. Applications received after the established due date for the program will be considered late and will not be considered for funding by CMS.

Applicants using slow internet, such as dial-up connections, should be aware that transmission can take some time before your application is received. Again, Grants.gov will provide either an error or a successfully received transmission in the form of an email sent to the applicant with the AOR role attempting to submit the application. The Support Center reports that some applicants end the transmission because they think that nothing is occurring during the transmission process. Please be patient and give the system time to process the application.

To be considered timely, applications must be received by the published deadline date. However, a general extension of a published application deadline that affects all State applicants or only those in a defined geographical area may be authorized by circumstances that affect the public at large, such as natural disasters (e.g., floods or hurricanes) or disruptions of electronic (e.g., application receipt services) or other services, such as a prolonged blackout. This statement does not apply to an individual entity having internet service problems. In order for there to be any consideration there must be an effect on the public at large.

Grants.gov complies with Section 508 of the Rehabilitation Act of 1973. If an individual uses assistive technology and is unable to access any material on the site, including forms contained within an application package, the individual can e-mail the contact center at support@grants.gov for help, or call 1-800-518-4726.

Appendix III. Business Assessment of Applicant Organization

Applicants review and answer the business assessment questions outlined below. There are eleven (11) topic areas labeled A-K, with a varying number of questions within each topic area. **Applicants MUST provide a brief substantive answer to each question (and supporting documentation as applicable).** If the answer to any question is non-applicable, please provide an explanation. Please note, if CMS cannot complete its review without contacting the applicant for additional clarification, the applicant risks selection for award.

A. General Information

1. Provide organization:
 - a. Legal name:
 - b. EIN:
 - c. Organizational Type:
2. What percentage of the organization's capital is from Federal funding? (percentage = total Federal funding received in previous fiscal year / organization's total gross revenue in previous fiscal year).
3. Does/did the organization receive additional oversight (ex: Correction Action Plan, Federal Awardee Performance and Integrity Information System (FAPIIS) finding, reimbursement payments for enforcement actions) from a Federal agency within the past 3 years due to past performance or other programmatic or financial concerns with the organization)?
 - a. If yes, please provide the following information: Name of the Federal agency; reason for the additional oversight as explained by the Federal agency:
 - b. If resolved, please indicate how the issue was resolved with the agency.
4. Does the organization currently manage grants with other U.S. Department of Health and Human Services components or other Federal agencies?
5. Explain your organization's process to ensure annual renewal in System for Award Management (to include FAPIIS).
6. Explain your organization's process to comply with (a) [45 CFR 75.113](#) Mandatory Disclosures and (b) your organization's process to comply with FFATA requirements.
7. Do you have conflict of interest policies? Does your organization or any of its employees have any personal or organizational conflicts of interest related to the possible receipt of these CMS award funds? If yes, please explain and provide a mitigation plan.
8. Does your organization currently, or in the past, had delinquent Federal debt in the last 3 years? If yes, please explain.
9. Has the organization obtained fidelity bond insurance coverage for responsible officials and employees of the organization in amounts required by statute or organization policy? What is that amount?

10. Do you have (and briefly describe) policies and procedures in place to meet the requirements below? If not, explain your plan and estimated timeline for establishing these policies and procedures if selected for award.
 - a. *make determinations between subrecipients versus contracts in accordance with [45 CFR 75.351](#)?*
 - b. *notify entities at the time of the award/agreement if they are a subrecipient in compliance with [45 CFR 75.352](#)?*
 - c. manage, assess risk, review audits, and monitor the subrecipients as necessary to ensure that subawards are used for authorized purposes in compliance with laws, regulations, and terms and conditions of the award and that established subaward performance goals are achieved (45 CFR § [75.351–75.353](#))?

B. Accounting System

1. Does the organization have updated (last two years) written accounting policies and procedures to manage federal awards in accordance with 45 CFR Part 75?
 - a. If no, please provide a brief explanation of why not.
 - b. Describe the management of federal funds and how funds are separated (not co-mingling) from other organizational funds.
2. Briefly describe budgetary controls in effect to preclude incurring obligations in excess of:
 - a. Total funds available for an award.
 - b. Total funds available for a budget cost category.
3. Has any government agency rendered an official written opinion within the last 3 years concerning the adequacy of the organization's accounting system for the collection, identification, and allocation of costs under Federal awards?
 - a. If yes, please provide the name and address of the Agency that performed the review.
 - b. Provide a summary of the opinion.
 - c. How did your organization resolve any concerns?
4. How does the accounting system provide for recording the non-Federal share and in-kind contributions (if applicable for a grant program).
5. Does the organization's accounting system provide identification for award funding by federal agency, pass-through entity, Federal Assistance Listing (CFDA), award number and period of funding? If yes, how does your organization identify awards? If not, please explain why not.

C. Budgetary Controls

1. What are the organization's controls utilized to ensure that the Authorized Organizational Representative (AOR), as identified on the SF-424, approves all budget changes for the federal award?
2. Describe the organization's procedures for minimizing the time between transfer of funds from the U.S. Treasury (e.g. Payment Management System) and disbursement for grant activities (See 45 CFR §75.305, "Payment.").

D. Personnel

1. Does the organization have a current organizational chart or similar document establishing clear lines of responsibility and authority?
 - a. If yes, please provide a copy.
 - b. If no, how are lines of responsibility and authority determined?
2. Does the organization have updated (last two years) written Personnel and/or Human Resource policies and procedures? If no, provide a brief explanation.
3. Does the organization pay compensation to Board Members?
4. Are staff responsible for fiscal and administrative oversight of HHS awards (Grants Manager, CEO, Financial Officer) familiar with federal rules and regulations applicable to grants and cooperative agreements (e.g. [45 CFR Part 75](#))?
5. Please describe how the payroll distribution system accounts for, tracks, and verifies the total effort (100%) to determine employee compensation.

E. Payroll

1. In preparation of payroll is there a segregation of duties for the staff who prepare the payroll and those that sign the checks, have custody of cash funds and maintain accounting records? Please describe.

F. Consultants (See appendix I in the NOFO for relevant information)

1. Are there written policies or consistently followed procedures regarding the use of consultants which detail the following (include explanation for each question below):
 - a. Briefly describe the organization’s method or policy for ensuring consultant costs and fees are allowable, allocable, necessary and reasonable.
 - b. Briefly describe the organization’s method or policy to ensure prospective consultants prohibited from receiving Federal funds are not selected.

G. Property Management

1. Briefly describe the system for property management (tangible or intangible) utilized for maintaining property records consistent with 45 CFR 75.320(d).
**Refer to ([45 CFR 75.2](#)) for definitions of property to include personal property, equipment, and supplies.
2. Does the organization have adequate insurance to protect the Federal interest in equipment and real property (see [45 CFR §75.317](#), “[Insurance coverage](#).”)? How does the organization calculate the amount of insurance?

H. Procurement

Describe the organization’s procurement procedures (in accordance with [45 CFR §75.326--§75.335](#), “Procurement procedures”)? If there are no procurement procedures, briefly describe how your organization handles purchasing activities. A. Include individuals responsible and their roles. B. Describe the competitive bid process for procurement purchases of equipment, rentals, or service agreements that are over certain dollar amounts.

I. Travel

1. Describe the organizations written travel policy. Ensure, at minimum, that:
 - a. Travel charges are reimbursed based on actual costs incurred or by use of per diem and/or mileage rates (see [45 CFR §75.474](#), “Travel costs.”).
 - b. Receipts for lodging and meals are required when reimbursement is based on actual cost incurred.
 - c. Subsistence and lodging rates are equal to or less than current Federal per diem and mileage rates.
 - d. Commercial transportation costs incurred at coach fares unless adequately justified. Lodging costs do not exceed GSA rate unless adequately justified (e.g. conference hotel).
 - e. Travel expense reports show purpose and date of trip.
 - f. Travel costs are approved by organizational official(s) and funding agency prior to travel.

J. Internal Controls

1. Provide a brief description of the applicant’s internal controls that will provide reasonable assurance that the organization will manage award funds properly. (see [45 CFR §75.303](#), “Internal controls.”)
2. What is your organization’s policy on separation of duties as well as responsibility for receipt, payment, and recording of cash transactions?
3. Does the organization have internal audit or legal staff? If not, how do you ensure compliance with the award? Please describe.
4. If the organization has a petty cash fund, how is it monitored?
5. Who in the organization reconciles bank accounts? Is this person familiar with the organization’s financial activities? Does your organization authorize this person to sign checks or handle cash?
6. Are all employees who handle funds required to be bonded against loss by reason of fraud or dishonesty?

K. Audit

1. What is your organization’s fiscal year?
2. Did the organization expend \$750,000 or more in Federal awards from all sources during its most recent fiscal year?
3. Has your organization submitted;
 - a. an audit report to the ***Federal Audit Clearing House (FAC)*** in accordance with the Single Audit Act in the last 3 years? (see 45 CFR §75.501, “Audit requirements” and 45 CFR §75.216 “Special Provisions for Awards to Commercial Organization as Recipient.”) **or**
 - b. an independent, external audit? If no, briefly explain. If yes, address the following:
 - i. The date of the most recently submitted audit report.
 - ii. The auditor's opinion on the financial statement.

- iii. If applicable, indicate if your organization has findings in the following areas: 1) internal controls, 2) questioned or unallowable costs, 3) procurement/suspension and debarment, 4) cash management of award funds, and 5) subrecipient monitoring.
 - iv. Include (if applicable):
 - 1. A description of each finding classified as Material Weakness.
 - 2. A description of each finding classified as Significant Deficiency.
4. Does the organization have corrective actions in the past 2 years for the findings identified above (3(iii))? If yes, describe the status (closed or open) and progress made on those corrective actions.

Appendix IV. Accessibility Requirements

CMS and its grantees are responsible for complying with federal laws regarding accessibility as noted in the Award Administration Information/Administration and National Policy Requirements Section.

The grantee may receive a request from a beneficiary or member of the public for information in accessible formats. All successful applicants under this Notice of Funding Opportunity must comply with the following reporting and review activities regarding accessibility requests:

Accessibility Requirements:

1. Public Notification: If you have a public facing website, you shall post a message no later than **30** business days after award that notifies your customers of their right to receive an accessible format. Sample language may be found at: <https://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>.

Your notice shall be crafted applicable to your program.

2. Processing Requests Made by Individuals with Disabilities:

a. Documents:

i. When receiving a request for information in an alternate format (e.g., Braille, Large print, etc.) from a beneficiary or member of the public, you must:

1. Consider/evaluate the request according to civil rights laws.
2. Acknowledge receipt of the request and explain your process within **2** business days.
3. Establish a mechanism to provide the request.

ii. If you are unable to fulfill an accessible format request, CMS may work with you in an effort to provide the accessible format as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

1. The e-mail title shall read “Grantee (Organization) Alternate Format Document Request.”
2. The body of the e-mail shall include:
 - a. Requester’s name, phone number, e-mail, and mailing address.
 - b. The type of accessible format requested, e.g., audio recording on compact disc (CD), written document in Braille, written document in large print, document in a format that is read by qualified readers, etc.
 - c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
 - d. The document that needs to be put into an accessible format shall be attached to the e-mail.
 - e. CMS may respond to the request and provide the information directly to the requester.

iii. The Grantee shall maintain record of all alternate format requests received including the requestor's name, contact information, date of request, document requested, format requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

b. Services

i. When receiving request for auxiliary aids and services (e.g., sign language interpreter) from a beneficiary or member of the public, you must:

1. Consider/evaluate the request according to civil rights laws.
2. Acknowledge receipt of the request and explain your process within **2** business days.
3. Establish a mechanism to provide the request.

ii. If you are unable to fulfill an accessible service request, CMS may work with you in an effort to provide the accessible service as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

1. The e-mail title shall read "Grantee (Organization) Accessible Service Request."
2. The body of the e-mail shall include:
 - a. Requester's name, phone number, e-mail, and mailing address.
 - b. The type of service requested (e.g., sign language interpreter and the type of sign language needed).
 - c. The date, time, address and duration of the needed service.
 - d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
 - e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
 - f. Any applicable documents shall be attached to the e-mail. CMS will respond to the request and respond directly to the requester.

iii. The Grantee shall maintain record of all accessible service requests received including the requestor's name, contact information, date of request, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

3. Processing Requests Made by Individuals with Limited English Proficiency (LEP):

a. Documents:

i. When receiving a request for information in a language other than English from a beneficiary or member of the public, you must:

1. Consider/evaluate the request according to civil rights laws.
2. Acknowledge receipt of the request and explain your process within **2** business days.
3. Establish a mechanism to provide the request as applicable.

ii. If you are unable to fulfill an alternate language format request, CMS may work with you in an effort to provide the alternate language format as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

1. The e-mail title shall read “Grantee (Organization) Alternate Language Document Request.”
2. The body of the e-mail shall include:
 - a. Requester’s name, phone number, e-mail, and mailing address.
 - b. The language requested.
 - c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
 - d. The document that needs to be translated shall be attached to the e-mail.
 - e. CMS may respond to the request and provide the information directly to the requester.

iii. The Grantee shall maintain record of all alternate language requests received including the requestor’s name, contact information, date of request, document requested, language requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

b. Services

i. When receiving request for an alternate language service (e.g., oral language interpreter) from a beneficiary or member of the public, you must:

1. Consider/evaluate the request according to civil rights laws.
2. Acknowledge receipt of the request and explain your process within **2** business days.
3. Establish a mechanism to provide the request as applicable.

ii. If you are unable to fulfill an alternate language service request, CMS may work with you in an effort to provide the alternate language service as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the AltFormatRequest@cms.hhs.gov mailbox with the following information:

1. The e-mail title shall read “Grantee (Organization) Accessible Service Request.”
2. The body of the e-mail shall include:
 - a. Requester’s name, phone number, e-mail, and mailing address.
 - b. The language requested.
 - c. The date, time, address and duration of the needed service.
 - d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
 - e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.

- f. Any applicable documents shall be attached to the e-mail.
- g. CMS will respond to the request and respond directly to the requester.

iii. The Grantee shall maintain record of all alternate language service requests received including the requestor's name, contact information, date of request, language requested, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the AltFormatRequest@cms.hhs.gov mailbox.

Please contact the CMS Office of Equal Opportunity and Civil Rights for more information about accessibility reporting obligations at AltFormatRequest@cms.hhs.gov.

Appendix V. Review and Selection Process

The review and selection process will include the following:

- i. Applications will be screened to determine eligibility for further review using the criteria detailed in Section C. Eligibility Information, and Section D. Application and Submission Information (with cross-reference to Appendix II), of this Notice of Funding Opportunity (NOFO). Applications that are received late or fail to meet the eligibility requirements as detailed in this NOFO or do not include the required forms will not be reviewed. However, the CMS/OAGM/GMO, in her or her sole discretion, may continue the review process for an ineligible application if it is in the best interest of the government to meet the objectives of the program.
- ii. Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. The Review criteria described in Section E1. Criteria, will be used. Applications will be evaluated by an objective review committee. The objective review committee may include Federal and/or non-Federal reviewers. Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their applications.
- iii. The results of the objective review of the applications by qualified experts will be used to advise the CMS approving official. Final award decisions will be made by a CMS approving official. In making these decisions, the CMS approving official will take into consideration: recommendations of the review panel; the readiness of the applicant to conduct the work required; the scope of overall projected impact on the aims; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government and anticipated results; the geographic diversity of all applications; and the likelihood that the proposed project will result in the benefits expected.
- iv. As noted in 45 CFR Part 75, CMS will do a review of risks posed by applicants prior to award. In evaluating risks posed by applicants, CMS will consider the below factors as part of the risk assessment (applicant should review the factors in their entirety at §75.205)
 - a. Financial stability;
 - b. Quality of management systems and ability to meet the management standards prescribed;
 - c. History of performance (including, for prior recipients of Federal awards: timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous federal awards, extent to which previously awarded amounts will be expended prior to future awards);
 - d. Reports and findings from audits performed under Subpart F of 45 CFR Part 75 and
 - e. Applicant's ability to effectively implement statutory, regulatory, and other requirements imposed on non-federal entities.
- v. HHS reserves the right to conduct pre-award Negotiations with potential awardees.

Appendix VI. Application Check-Off List Required Contents

Required Contents

A complete proposal consists of the materials organized in the sequence below. Please ensure that the project and budget narratives are page-numbered and the below forms are completed with an electronic signature and enclosed as part of the proposal. **Applicants must ensure all documents listed below comply with formatting requirements and are submitted as a complete application to the <https://www.grants.gov/>.**

For specific requirements and instructions on application package, forms, formatting, content, please see:

Section D and Appendix II: Application and Submission Information

Section E: Application Review Information

Appendix I: Guidance for Preparing a Budget Request and Narrative

Standard Forms (with an electronic signature by AOR)

- SF 424: Application for Federal Assistance
- SF-424A: Budget Information
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities
- Project Abstract Summary
- Project Site Location Form

Narrative/Other Documents

- Cover Letter, if Applicable
- Project Narrative
 - Organization Chart (as Appendix to Project Narrative)
 - Resumes/curriculum vitae for key personnel (as Appendix to Project Narrative)
 - Job Descriptions, if Applicable (as Appendix to Project Narrative)
- Budget Narrative
- Business Assessment of Applicant Organization
- Federally negotiated indirect cost rate agreement (NICRA) (if applicable)