Department of Health and Human Services
Center for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Funding Opportunity: Connecting Kids to Coverage (CKC)
HEALTHY KIDS 2022
OUTREACH AND ENROLLMENT COOPERATIVE AGREEMENTS

Frequently Asked Questions Set #5

Q69: Will CMS count substantial interactive assistance provided to help an enrollee understand an ex-parte renewal notice as a renewal? Or, should ex-parte renewals to be excluded entirely from reported data?

A: This would be considered enrollment education and would not count as substantial assistance.

Q70: Would CMS provide clarification or articulation of what is envisioned by the request that the project be sustainable over the longer-term?

A: The applicant should provide an explanation about how the proposed outreach and enrollment strategies will be sustained after the CKC project ends.

Q71: Is there a way I can watch the February 9th recorded Webinar?

A: Yes, the recording is available on the InsureKidsNow.gov website at: https://www.youtube.com/watch?v=jc38YvZ0uDw.

Q72: Can you provide the link to the updated FAQs?

A: The Frequently Asked Questions are available on the InsureKidsNow website at: https://www.insurekidsnow.gov/campaign-information/outreach-enrollment-grants/index.html under Related Resources.

Q73: Where can information for the navigator training programs that will coincide with the time frame for awardees of this opportunity, or do we need to hire people who have been previously certified?

A: This funding opportunity is separate from the Navigator funding opportunity, which has already been awarded. However, you may find Navigator Training Materials at: https://marketplace.cms.gov/technical-assistance-resources/training-materials/training. Please review pages 33 and 34 of the NOFO for staffing details. We do not require the outreach and enrollment staff to be certified under this grant.

Q74: If an applicant has an existing and valid MOU agreement, should it be included as an attachment and described in the narrative. Is anything further required for the grant application if the MOU/data sharing agreement is already in place?

A: We are asking non-state applicants to describe their plans to secure an MOU or other data-sharing agreement with the state or county Medicaid/CHIP agencies within 90-days after the

cooperative agreement is awarded. If your organization already has a MOU established you do not need to include it as attachment, but please describe the agreement you have in place.

Q75: Can you share a list of past awardees?

A: You may find current and prior grantees and the awarded amounts on the InsureKidsNow.gov, under the Outreach & Enrollment Grants heading at: https://www.insurekidsnow.gov/campaign-information/outreach-enrollment-grants/index.html.

Q76: Would a publicly owned health system be eligible for the HK22 funding opportunity as the lead applicant and partnering with a metropolitan school district?

A: Yes. Please see pages 18 and 19 of the NOFO for a complete list of eligible entities who may apply.

Q77: How do we create a Workspace account to begin the application process?

A: Please visit grants.gov at: https://www.grants.gov/web/grants/applicants/workspace-overview.html on how to get started on workspace. You may also contact support@grants.gov for assistance.

Q78: Can this funding opportunity be used for helping parents and students understand the importance of being healthy together?

A: The purpose of this cooperative agreement is to reduce the number of children who are eligible for, but not enrolled in, Medicaid and CHIP and to improve retention of eligible children currently enrolled in these programs. While a positive outcome that might result from helping parents and students understand the importance of being health together, it will not be included as a performance measure outcome for this cooperative agreement program. All applications are reviewed according to the Review Criteria on pages 30 – 34 of the NOFO.

Q79: Is there information regarding how much the total award amount is allotted to each state?

A: We do not have an allotted amount per state. The $49.4 million funding amount is open to all eligible entities.

Q80: According to page 15 of the NOFO, Data and Reporting Requirements section, it states that data will be uploaded to a web-based portal provided by CMS. Is the web-based portal the Health Insurance Oversight System (HIOS)?

A: No, we do not use the Health Insurance Oversight System (HIOS) for our grants. We use GrantSolutions as our web-based portal for data reporting.

Q81: Can we get a waiver of the requirement for the Project Director to have at least 50% effort on the HK22 funding opportunity

A: No. As stated on page 34 of the NOFO, we require the Project Director to devote 50 percent of their time to grant activities. The Project Director is responsible for the overall operation of the project and will serve as the main point of contact for the grant. The Project Director is responsible for the implementation and oversight of all grant activities, required to meet with CMS on a monthly basis to discuss project goals and activities, and is the responsible for

ensuring all necessary reports/documentations are submitted to CMS. The Authorized Organizational Representative serves in an administrative role.

Q82: If an applicant organization doesn't have any staff that is certified and is not already a Certified Application Counselor (CAC)-designated organization, are they ineligible to apply? Can you please explain more about this requirement and process?

A: Yes, they may apply if they are an eligible entity as outlined on pages 18 and 19 of the NOFO. A CAC-designation is not required for this funding opportunity.

Q83: Our project is a collaborative effort, where our agency provides outreach and enrollment services on the site of multiple schools, FQHCs, and other community organizations. These partners provide us with space where we can provide our services and access to their student/family/patient/client population. We do not provide these partners with funds, so for purposes of this funding opportunity they would not be "subrecipients" since they are not receiving any subawards. Would we still receive special consideration as an applicant that represents a collaborative effort or is this special consideration only reserved for those providing subawards?

A: This does not appear to be a collaborative effort since they are not providing application assistance, but a partnership agreement since they are allowing you to use their space and are referring families to your agency for assistance.

Q84: If an organization received a grant during the HK 2019 funding cycle and was issued a Program Assistance Letter (PAL), are they still eligible to apply? Will a past PAL be taken into consideration in the scoring of the 2022 grant application?

A: Yes, they may apply if PAL was issued during a previous grant cycle. However, past performance will be considered as part of the risk assessment. Please refer to Appendix V. Review and Selection Process, page 72 of the NOFO.

Q85: As a digital health company focusing on increasing health education and access to care for Medicaid families, we are a for-profit organization, but engage in non-profit work with a non-profit fiscal sponsor. Is this an allowed method to apply for Healthy Kids grants?

A: No. For-profit organizations are not be eligible for this funding opportunity.

Q86: Is there a set amount of collaborative applications being considered? During the informational meeting on February 9th, I thought that the presenter stated 36 awards would be issued with only one award allocated towards a collaborative applicant.

A: We are not limiting the amount of collaborative applications. Please refer to pages 20 and 21 of the NOFO.

Q87: Are audited financials requested?

A: No. We are not requesting audited financials.

Q88: In regards to Parent Mentors, must they have a child/guardian "currently" enrolled in Medicaid/CHIP, or is it acceptable to have had the recent experience of having a child/guardian recently enrolled?

A: A parent mentor is an individual who is a parent or guardian of at least one child who is enrolled in Medicaid or CHIP. Please refer Appendix VIII. Using Parents of Medicaid or CHIP enrolled Children as Mentors to Parents of Uninsured Children, page 77 of the NOFO.

Q89: We are a current CKC grantee, so we are familiar with the monthly data reports. Will grantees only report application assistance (# of applications submitted, approved, denied, etc.) completed by grant-funded positions? Or will grantees be allowed to report application assistance based on grant strategies, such as the use of parent-mentors not paid/compensated directly through the grant?

A: Yes, grantees will report on the number of applications submitted, approved, and denied completed by grant funded positions only. All other outcomes can be reported separately, but CMS is primarily focused on the outcomes that have been achieved as a direct result of federal funding under this specific funding opportunity.

Q90: We work closely with our county's school district, and have a great partnership with a handful of their schools. We wanted to reach out to them for Letter of Support for our proposal since we work so closely with their families/parents, but they may also be a potential applicant for this grant opportunity. Would reaching out to them for a Letter of Support be a conflict of interest?

A: It would be up to the county school district to determine if providing your organization a letter of support would be a conflict of interest.

Q91: For our renewal benchmarks, do they count only if our grant staff assisted with the initial application, or if any client who requires a Medicaid renewal comes to us for assistance regardless of where/when their application was initiated?

A: For the renewal benchmarks, any application assistance provided by your grant funded staff, whether it's a new application or a renewal application may be counted regardless where/when the application was initiated.

Q92: Can an organization only apply to serve one geographic area? For example, we work in a few states – can we apply to serve two states (both statewide but not necessarily contiguous states)? Or would that require us submitting two separate applications – and therefore not allowed?

A: An organization is not limited to one geographic area and may apply to cover two states. However, only one application per organization is allowed.

Q93: On page 31 of the NOFO it does not include rows for goals of renewal forms submitted for children or parents but on page 43 it says we need to report on those numbers monthly. Do we need to specify anywhere in our application goals for renewal forms submitted for children and parents?

A: On page 31 we are simply asking about goals and how many <u>overall</u> applications (new and renewal) you anticipate submitting for each target population; and of those submitted, we are

asking you break them out by children, parents (if applicable) and pregnant individuals (if applicable). You may report the renewal applications with new enrollment applications as outlined on page 31.

Q94: On page 43 it indicates that we only need to report on submissions of renewal forms for pregnant individuals (not subsequent verifications) so my assumption is that the line item in the chart on page 31 "pregnant individuals who will be renewed (postpartum coverage) in Medicaid or CHIP" is referring to renewal applications submitted for individuals who are in their post-partum period of coverage. Is that correct? Additionally, if they are subsequently approved to continue coverage as a parent, would we count that verification in our "number of parents verified to be renewed" number?

A: We expect grantees to report the number of verified new enrollments, renewals, and denials broken out by target population. If the pregnant individual is approved to continue coverage as a parent, you would count them under the parent renewed category.

Q95: What training opportunities will be available to accommodate the timeline of this grant if we only have 90-days to be operational? Is there an expense for training to become certified navigators and a CAC-designated organization?

A: It is our expectation based on the review criteria outlined on pages 30 – 34 of the NOFO, that the applicant has the capacity to implement the grant, including training staff. If awarded, CMS will provide training webinars to grantees on various topics based on interest and need. However, it is the organization's responsibility to understand and obtain appropriate training on the state's Medicaid and CHIP programs. Recipients must assure that individuals providing application assistance under the grant comply with any state or federal rules related to training, reporting and monitoring, and that they obtain any appropriate certification. There is no expense for training to become certified navigators or a certified application counselors (CAC)-designated organization. For questions related to the Navigator Grants, please send questions to the NavigatorGrants@cms.hhs.gov. For CAC questions, please send questions to CACquestions@cms.hhs.gov.

Q96: Would Parent mentors be expected to be paid or volunteers?

A: We expect parent mentors to be paid. Based on the study cited in footnote on page 15 of the NOFO, parent mentors were paid $15 per hour. The study found that hiring parent mentors provided employment opportunities for underserved communities, helped reduce uninsurance rates, improved health care access, and increased quality of care. You may view the study at: https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.1272?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed.

Q97: Our state recently extended coverage for undocumented pregnant individuals. When an assister helps an undocumented individual apply for coverage, does the assister count assisting a pregnant individual as one person assisted, or should the assister also count the child for goal setting and reporting purposes, once the child is born?

A: If eligible under the CHIP unborn option, this counts as one child enrollment. If the state elects to cover pregnant individuals, this would count as one pregnant individual enrollment.

Under Section 2112 of the Act, infants born to pregnant individuals in Medicaid and CHIP are required to be automatically deemed eligible for Medicaid or CHIP, without an application or further determination of eligibility. These children are referred to as "deemed newborns" and do not count towards enrollment goals because an application is not required.

Q98: In the 2019 round of funding, the child enrollments included "children who are not yet born if the state provides coverage to unborn children under CHIP"... would this category continue to be counted as a child enrollment or will it be counted under the new pregnant enrollment category?

A: If the state elects to cover the unborn population, this would continue to be counted as a child enrollment.

Q99: Should applicants plan to count pregnant women as pregnant women or as parents, in terms of reporting? Is there flexibility in how a recipient counts pregnant women?

A: Yes, they should be counted as a pregnant individual, if they are eligible for Medicaid or CHIP coverage in their own right. However, if the pregnant individual is eligible for the CHIP unborn option, they should be counted as a child. If the individual is applying for coverage after the child is born, the enrollment should be counted as a parent.

Q100: Are the parents and pregnant people separate data points or are they lumped together?

A: They are separate data points.