

HEALTHY KIDS AI/AN 2023 NOFO Webinar

November 1, 2022

3:00 pm – 4:00pm ET

Webinar recording:

https://cms.zoomgov.com/rec/play/kj226cMBuNDyxLuhSr9NXahNxIsH1FxShS5SA0YbPk5HsEymL9GflaXvD_OnsWn3RdMN90gheBXp14_D.jOwIpoHNghtItCPN

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00:00 Meg: My name is Meg Barry, and I am the Director of the Division of State Coverage Programs, Children and Adults Programs Group, Center for Medicaid and CHIP Services. Thank so much for joining us today for this information session for the Connecting Kids to Coverage HEALTHY KIDS American Indian and Alaska Native 2023 Notice of Funding Opportunity. We refer to it as our NOFO.

00:27 I'm going to walk through today's agenda and then turn things over to our speakers. So, before I do that, I have a few housekeeping items. The webinar today is being recorded and it will be posted on the InsureKidsNow website. While members of the press are welcome to attend the call, please note that all press or media inquiries should be submitted using our media inquiry form which can be found at [CMS.gov/newsroom/media/inquiry](https://www.cms.gov/newsroom/media/inquiry).

1:00 All participants will be muted throughout the call. Closed captioning is available via the link in the closed caption window on the bottom of the screen. If you are having trouble with that though, put something in the chat or the Q&A and we'll make sure to get you the link. We will have time to answer some questions during the second half of the call. Those questions can be submitted using the Q&A function on Zoom.

1:28 And if you have any questions that we don't get to you can email healthykids@CMS.hhs.gov after today's session. Right now, everyone should be able to see today's agenda on their screen. We will start with an overview of the funding opportunity then we will share some information on project activities and data reporting requirements, application review information and the selection process.

1:57 The Office of Acquisition and Grants Management will also share some information about the application process. These presentations will be followed by a question and answer session where we'll address some of the questions submitted through the Q&A function. So, with that, I will turn it over to Janice Adams who will provide an overview of funding opportunity and what is new this year.

2:22 Janice: Thanks, Meg. I would like to provide a brief background and overview of the HEALTHY KIDS American Indian Alaska Native cooperative agreement, new changes and key dates. If you haven't already, I would encourage you to have the notice of funding opportunity in front of you as we will be referencing some case numbers throughout the presentation. As background, the HEALTHY KIDS Act provides 120 million for activities aimed at reducing the number of children who are eligible for but not enrolled in Medicaid and CHIP and improving retention of enrolled children.

2:59 Of the total of 120 million in funding, 10% is allocated for outreach to American Indian Alaska Native children. 10% is allocated for the national campaign and the remainder is allocated for outreach and enrollment of uninsured children and their parents. We have awarded 103 million in HEALTHY KIDS Act funding through three rounds of grants to eligible organizations.

3:26 48 million in 2019, 6 million in 2020 for outreach and enrollment grants targeting AI/AN children and their parents. And most recently 49 million in July 2022 for outreach and enrollment grants targeting all uninsured children and their parents.

3:46 Since 2009, enrollment grants and or cooperative agreements have been awarded to over 330 community-based organizations, state and local government, including 65 tribal organizations.

4:01 Community-based organization awardees have included health programs operated by the Indian Health Service, tribes, tribal organizations, tribal health care providers, urban Indian organizations, schools, faith based

4:16 organizations and other types of nonprofits. Community-based organizations typically have access to and credibility with low-income families in their communities, making them an indispensable partner for carrying out specialized strategies to target the hard-to-reach children who remain uninsured.

4:35 Eligibility for this NOFO is limited to applicants for an Indian Health Service Provider, Indian tribe, tribal consortium, or tribal organization operating a health program and urban Indian organizations operating a health program. As defined on pages 6, 23 and 24 of the NOFO.

4:59 This specific funding will support innovative outreach strategies aimed at increasing the enrollment and retention of eligible AI/AN children, parents and pregnant individuals in Medicaid and CHIP. Emphasizing activities tailored to the communities where AI/AN children and families reside and enlisting tribal and other community leaders and tribal health and social services programs that serve eligible AI/AN children and families.

5:31 Engagement with the tribal community is as important as American Indian and Alaska Native families are sometimes reluctant to enroll in Medicaid and CHIP because they can receive healthcare directly from their local tribal hospitals and clinics. However, when AI/AN families enroll in Medicaid and CHIP, the entire tribal community benefits from increased access to care.

5:56 When AI/AN children and families sign up for Medicaid and CHIP, the Indian health hospitals and clinics can build these programs for services provided. This brings money into the healthcare facility, which is then used to hire more staff, pay for new equipment, and renovate buildings. When AI/AN children and families enroll in Medicaid and CHIP they're not only helping themselves, but they are supporting their Indian health hospitals and clinics.

6:24 As previously stated, this specific NOFO CMS is committing six million and HEALTHY KIDS Act funding for targeted outreach and enrollment to American Indian and Alaska Native children, parents and pregnant individuals. Please refer to the executive summary on pages 5 and 6, pages 22 through 24 and section C1 Eligible Applicants of this NOFO. Now I'd like to talk about some new changes that we've made this year.

7:00 We have increased the amount from 750,000 to 1 million dollars for a three-year period performance. This is an increase of two hundred and fifty thousand from the last round.

Currently, grantees target uninsured children with the option to target parents. In this NOFO we add pregnant individuals as an optional target population.

7:25 Expanding to include this population will directly lead to increasing enrollment of American Indian and Alaska Native children, eligible children in Medicaid and CHIP because generally infants born to individuals who are enrolled in these programs at the time of birth are automatically deemed eligible for Medicaid or CHIP for one year without an application or further determination of eligibility. In addition, increasing enrollment of eligible pregnant individuals in Medicaid and CHIP promotes improved maternal and infant health outcomes.

8:02 Next, we want grantees to include social media and virtual outreach and enrollment assistance to families into their program. The Public Health Emergency has taught us that we need to continue to provide enrollment assistance while being safe and educate families on the importance of health care coverage. Many of our grantees have used social media such as Facebook, Twitter, WeChat and Instagram to reach eligible families. While grantees generally support tribal organizations, tribal health care providers, urban Indian organizations that face-to-face assistance

8:32 is the best strategy to facilitate enrollment in Medicaid and CHIP, virtual appointments will allow grantees to provide enrollment assistance to families who have challenges leaving homes, especially when transportation is an issue. Therefore, grantees will need to offer virtual appointments to families. This will be helpful especially given that people of color have less access to safe and affordable transportation. This is an important enrollment strategy for addressing inequity.

9:05 Next, we will allow up to 5,000 dollars of the annual grant award per budget period for promotional items and incentives subject to prior approval by CMS. Based on feedback on our current AI/AN grantees, we understand this is important in getting families to apply for coverage. This information is reflected in the NOFO on pages 32 under the budget narrative and

9:33 34 under D6 Cost Restriction. In terms of monthly reporting, my colleague Dietrich Graham will discuss later in the webinar in addition to the tracking of number of applications, new enrollments in renewal, we are asking for grantees also to track of the number of denials.

9:55 And finally regarding new changes in the last round of grants, we implemented and will continue the 90-day planning period for all awardees. We are continuing this practice because we understand organizations may need time to get staff hired and trained. All awardees will be given a 90-day planning period to ensure that needed project leadership is engaged and the identified employees are fully trained and available to work on the cooperative agreement.

10:25 CMS will allow awardees to use grant funds to employ individuals and begin operations during this time. CMS may waive or reduce the 90-day claiming period if the awardees outreach and enrollment efforts as specified in this funding opportunity and as detailed in the awardees approved application well established with all project leadership, staffing and support already in place. In terms of staffing, the project director will need to devote a minimum of 50% of their time to grant activity.

11:00 And as a new requirement we also want awardees to have at least 50% of their staff hired and trained before the end of the planning period. This information is outlined on page 43 of the NOFO. We are asking that if you have a project director already in place, to please submit their resume. Please see item f Key Personnel Resumes and CVs on page 32. And lastly, I just would like to remind everyone of the award amounts and key dates.

11:33 The funding available is 6 million dollars. Applicants may request up to a maximum of 1 million dollars. Estimated number of awards is seven. A letter of intent is not required. A cover letter is not required either. Applications are due by 3:00 p.m. Eastern on Tuesday, December 20.

11:59 Applications received after this time will be considered late, so we strongly encourage you to submit your application early. The grant period of performance will be for a total of three years with an anticipated start date of April 1, 2023 to March 31, 2026. We anticipate issuing a notice of award by April 1, 2023. This information is highlighted on pages 6 of the Executive Summary and page 21 under Federal Award Information.

12:32 And finally, we strongly encourage you to read the NOFO in its entirety as some of the most commonly asked questions are detailed in the announcement. Now I'd like to turn it over to my colleague Dietrich Graham for an overview on project activities, data and reporting requirements and review criteria. Deitrich,

12:54 Dietrich: Thank you, Janice. And again, hello to everyone joining who's joining today's webinar.

13:00 Beginning with program requirements I will reference the NOFO pages 12 through 20. Beginning with project activities, grants awarded under the cooperative agreement will fund activities, strategies aimed at educating families about the availability of free or low-cost health coverage under Medicaid and CHIP,

13:28 identifying AI/AN children likely to be eligible for these programs and assisting families and including parents and pregnant individuals to apply for coverage. Funds will also support efforts to assist families with the annual renewal process. Applicants are encouraged to consider any of the following outreach strategies. I'll post the appendix 7 for more information.

14:00 Partnering with tribal programs that work with children and families, engaging schools and other programs serving young people and outreach enrollment and retention activities, establishing and developing application assistance resources to provide high-quality reliable Medicaid and CHIP enrollment and renewal services in local and tribal communities.

14:29 Using social media to conduct virtual outreach and enrollment assistance and using parent mentors to assist families with enrolling in Medicaid and CHIP, retaining coverage and finding resources for addressing social determinants of health. Grantees will be required to participate in national campaign activities and adopt strategies promoted by the national campaign.

15:00 In particular, grantees will be required to work with the national campaign on two special initiatives each year. Back-to-School and year-round enrollment initiative. Also, any new initiatives focused on retaining eligible individuals in Medicaid and CHIP as states resume conducting renewals after the end of the Public Health Emergency.

15:26 These initiatives are designed to capitalize on key opportunities for outreach that are expected to be particularly productive. All applicants should take these additional factors into consideration when designing proposals. The most effective outreach efforts should link families to direct one-on-one enrollment and renewal support, providing assistance with online

applications and providing renewal support in person or virtually to make enrollment and retention more efficient, effective and consumer friendly.

16:06 The use of social media to conduct outreach and enroll eligible children and families in Medicaid and CHIP. While the emphasis of the HEALTHY KIDS 2022 American Indian Alaska Native 2023 Outreach and Enrollment Cooperative Agreement remains focused on enrolling eligible AI/AN children in Medicaid and CHIP,

16:31 we have found when eligible parents get enrolled in health insurance, their children are more likely to get enrolled and receive necessary preventative care. Appropriate messaging and strategy that help enroll eligible parents can also facilitate the enrollment of eligible children. In past cycles, the number of CKC recipients have

16:58 also been navigators or coordinated closely with navigators to ensure a holistic approach to all eligible family members is taken to provide coverage to all eligible family members. We continue to welcome applicants that are navigators or coordinate closely with navigators. Families often seek health insurance for their children at times when they are most attuned to needing health services for them.

17:26 Such as when they are sick or injured, need physical exams to enroll in school or summer programs or need routine preventive care, including immunization, dental, vision and hearing tests. Asthma and allergy screenings or are in search of essential mental and behavioral services. Organizations and institutions that provide such services such as hospitals, health clinics,

17:59 departments of health and school are in a good position to conduct outreach and help families get their eligible children enrolled. They may also be more likely to have an infrastructure to sustain and track progress of outreach and enrollment efforts. Local tribal government agencies play a key role in helping to identify and enroll children.

18:29 They can partner with other local state health and human service programs, and agencies such as SNAP, childcare agencies, Head Start and WIC to identify uninsured children and enroll them in coverage because of their relationship with local communities that can be leveraged to support outreach and enrollment efforts. Parents who have at least

one Medicaid or CHIP enrolled child can serve as mentors to parents of uninsured children during the application and renewal process.

19:06 Parent mentors educate families with uninsured children about health insurance coverage and assist with completing and submitting applications for health insurance coverage. For more information about parent mentors please refer to Appendix 8. Data and reporting requirements.

19:29 At this time I will be referencing pages 18 through 20 of the NOFO. Recipients will be required to collect and report to CMS data related to their goals and accomplishments for this funding opportunity. Applicants may identify additional metrics that can be used to evaluate the efforts of the recipient's work. But the required data that all recipients must report on a monthly basis include:

20:03 number of AI/AN children from whom an application for health coverage has been submitted, number of AI/AN children verified to be newly enrolled in Medicaid or CHIP, number of AI/AN children denied new enrollment in Medicaid or CHIP, the number of AI/AN children for whom the recipient submitted a renewal form for Medicaid or CHIP coverage,

20:33 number of AI/AN children verified to be renewed in Medicaid or CHIP, number of children denied renewal coverage in Medicaid or CHIP, and the outreach and enrollment activities completed during the month. The following data must be reported on a monthly basis only if the applicant proposes to target

21:01 parents and/or pregnant individuals with CKC funds. Number of parent and/or pregnant individuals for whom an application for health coverage has been submitted, number of parents and/or pregnant individuals verified to be newly enrolled in Medicaid. Number of parent and/or pregnant individuals denied new enrollment in Medicaid,

21:31 number of parent and/or pregnant individuals for whom the recipient submitted a renewal form for Medicaid coverage. Number of parents and/or pregnant individuals verified to be renewed in Medicaid. And number of parents and/or pregnant individuals denied renewal coverage in Medicaid. Now for review criteria.

21:58 Applications will be reviewed for completeness and compliance requirements as listed in section D2 Application Content and Format of the NOFO. A helpful application check off list is located in Appendix 6 on pages ninety 96 and 97 and that is a great tool to ensure your application is complete. This document provides you with a list of all required forms that will need to be submitted

22:31 along with content for the application and the page limits for each section of the application. Applications at risk of not being reviewed and ultimately not considered for an award are those received later than the deadline of December 20, 2022 at 3:00 p.m. Eastern Standard Time.

23:01 Along with applications that do not address all the required topics outlined in section D2 or do not contain the required documents. Applicants will be reviewed based on criteria outlined in section E.1 on pages 36 through 44 in the NOFO.

23:25 Applicants may score as high as 150 total points for their overall application and points will be awarded based on the quality of the applicant's response. There are six sections of review criteria outlined in the NOFO.

24:00 The first section is the Project Narrative which the applicant may score up to 75 points. The Project Narrative is further divided into four sections. The first section, Description of Needs. Applicants may receive a potential of 10 points for this content. This section provides an overview of the need for the grant. Information reviewers will be evaluating this section include: a description of the target population, data on the number and/or rate of uninsured children, and enrollment and retention barriers for the target population.

24:32 The next section is Statement of Project Goals. That falls under the Project Narrative and for this content applicants may score up to 10 points. Statement of Project Goals consists of specifying the measurable goals for your proposed funding in the table that is provided page 38 and 39 of the NOFO and describing the specific

24:58 factors you considered to create these goals. The next Project Narrative section is Capacity to Implement the Project which applicants may receive up to 20 points. Reviewers will be looking for information regarding the applicant's level of knowledge about Medicaid and CHIP

eligibility and enrollment procedures, past experience conducting health coverage outreach and enrollment activity, and

25:29 capacity to engage target populations in your community. Outreach and Enrollment Plan is the final section of the Project Narrative and in this section, applicants may achieve up to 35 points. Reviewers will be looking for a description of the outreach and enrollment strategy applicants propose using, messaging that will be used to promote, enroll and retain eligible children in Medicaid and CHIP,

26:02 a description of specific efforts the project will undertake during important periods in the project such as Back-to-School time, year-round enrollment and retaining eligible individuals in Medicaid and CHIP. The next criteria section reviewers we will be evaluating is the Data Collection and Reporting plan. Applicants may receive up to 20 points for this plan.

26:32 In this plan applicants will need to clearly describe how the required data will be collected and how they will verify the number of new Medicaid and CHIP enrollment, renewals and denials resulting from your CKC funding. The next section of the application is the Work Plan and Timeline. And that applicant may receive up to 15 points with this section.

27:02 The Work Plan and Timeline section of the application should document activities, reasonable and achievable milestones, and time frames that are likely to lead to achievement of this data project goal and identify the party responsible for performing the activity. The Budget and Budget Narrative is the next section

27:28 of the application and the applicant may receive up to 15 points for this information. Applicants must provide a budget with appropriate budget line items and a narrative that describes the funding needed to accomplish the goal of the grant. The next application section is the Evaluation Plan. The Evaluation Plan is worth up to five points.

27:59 This information will discuss how the project will be monitored during the entire period of performance to ensure that the most effective strategy will be utilized and how any obstacles that impact full obtainment of stated goals will be resolved. The Staffing Plan is the final section of the application

28:24 and this section is worth up to 20 points. Reviewers will be evaluating this section by looking at how the applicant describes how the project will be staffed, brief job descriptions and related work experience for the project director and other positions paid under the cooperative agreement. So, I would now like to turn it over to Janice Adams who will provide more information on the review and selection process. Janice,

28:59 Janice: Thanks Dietrich. I will now discuss our selection process. Please refer to section E2, Review and Selection Process on page 44. In addition to the application criteria Dietrich mentioned, we encourage all applicants to consider the following when developing and reviewing their application. Budget goals are clearly stated and appear achievable. The description of need is compelling and is based on clearly cited data.

29:30 The proposed metrics will adequately allow for project monitoring and measuring projects success. That the organization has sufficient capacity to accomplish the grant goal and there is a clear plan for verifying new enrollment and renewal and also the prospect for sustaining their project is clearly stated. For the final selection of applications, factors other than merit that may be considered for award include:

30:01 CMS may assure that awardees represent diversity and project approaches based on key factors such as use of strategies most likely to achieve success and level of need in the project location area. CMS will also consider the geographic diversity and scale of all applications when making final award determinations. As outlined in Appendix 5, Merit Review and Selection Process, on page 94, all applications will be reviewed by a merit review committee that may include federal and/or nonfederal reviewers

30:38 The reviewers will ensure each application addressed the required criteria as the basis of their application's evaluation. The results of the merit review committee will provide recommendations to CMS approving official based on the merit review and overall application scoring.

30:59 Also in Appendix 5 on pages 94 and 95 provide information on how applications will be screened and the review and selection process. Please keep in mind CMS will do a risk review

on all applications prior to awards being made. In the selection process CMS will take into consideration the following factors. The financial stability of the applicant,

31:27 the quality of the management systems proposed in the application and the applicant's ability to meet the prescribed management standards. In addition, please keep in mind that CMS reserves the right to conduct pre-award negotiations with potential awardees. This is a general overview of the merit review and selection process. We strongly encourage each applicant

31:53 to carefully review section E, Application Review Information specifically focusing on E1 the Application Criteria starting on page 36 of the NOFO along with reviewing Appendix 5, Review and Selection Process, starting on page 95 of the NOFO. I would now like to turn it over to my colleague Sharron Jernigan, from the Office of Acquisitions and Grants Management to discuss the application process. Sharron,

32:22 Sharron: Thank you Janice. I will give a brief overview of the application process. All application materials are available on Grants.gov and applications must be submitted electronically through the website. Application submission information can be found in section D and Appendix 2 of the NOFO. There is a checklist on page 96. Applications must be submitted electronically through Grants.gov by 3:00 p.m. eastern standard time December 20, 2022.

32:57 Applicants will be able to download a copy of the application packet, complete it offline, and then upload and submit the application via the Grants.gov website. Please do not submit application material to the program email. It will not be accepted. Upload early. It is very common for it to take longer to upload the application the later you wait because there are more individuals viewing and more applicants attempting to upload their applications at the same time.

33:34 So even if you started at 12:00 noon your application could take up to 3:00 p.m. to upload. If you are able to upload early, revisit your application to make sure all required documents are accounted for. Before your organization can apply for a federal grant, there are several steps and organization must complete outside of the Grants.gov prior to applying.

34:02 An organization is an entity that submits grant applications on behalf of the group such as a state government, nonprofit organization, or a private business. The entity must have the Employer Identification Number, the EIN, a valid Unique Entity Identifier, the UEI. The UEI replaced the DUNS number.

34:28 And an entity must be registered and maintained in the same database, the system for award management. Additional information can be found on page 26 of the NOFO. Then to register with Grants.gov, all applications are submitted through Grants.gov. Please familiarize yourself with this website. The home page has links to videos that will assist you

34:56 if you are not currently familiar with the system. I also encourage you to watch those videos if you have not been on Grants.gov in some time. The Authorized Organizational Representative, or the AOR, must submit the application to Grants.gov. The AOR who will officially apply on behalf of the organization, the AOR must register with Grants.gov for a username and password.

35:27 The AOR, or Authorized Organizational Representative, is the individual named by the applicant or organization who is authorized for the applicant, and to assume the obligations imposed by federal laws, regulations, requirements, and conditions that apply to grant applications and/or awards. The electronic signature of the individual who is logged in and submits the application to Grants.gov will automatically populate throughout the application. The electronic signature must match the AOR named on the SF424.

36:12 Cooperative agreements will be awarded with consideration to overall cost effectiveness of the applicant's implementation proposal, overall quality of the proposal and the ability to meet project goals, and the ability to demonstrate a sustainability plan.

36:30 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. I would now like to turn it over to Hailey Gutzmer from the Partner Relationships Group, Office of Communications to moderate the Q&A session. Hailey.

36:54 Hailey: Great. Thank you, Sharron. Just a reminder you can still submit your questions

using the Q&A button down at the bottom menu of Zoom. So, if you still have questions that you have not had a chance to put in the Q&A, please do that now and we have some time to answer a few. Before we get to questions I will turn it back over to Janice for just a few reminders.

37:20 Janice: Thanks Hailey. One of the things I would like to address, oftentimes we receive a number of questions related to eligible entities. And again, eligible entities are outlined on pages 22 and 23 of the NOFO. You may also check your eligibility on the Grants.gov website so we will post a link in the chat for you about that.

37:42 Excuse me. And then we will also post on the InsureKidsNow.gov website any frequently asked questions. I would encourage you to review them as you might find answers to your questions. We will be posting FAQs under Campaign Information, Outreach and Enrollment Grants

38:02 and as the application period opens, we will continue to post any that we receive as they come in and we will also post a link in the chat for that as well. Then one more thing just for clarity, we use awardees and grantees interchangeably, but they are one in the same. I just wanted to provide clarification on that as well. I know we do have a couple of questions that we have received from

38:30 webinar participants. And so, we will go ahead and address those now. Hailey Do you want to read those out and I can either address them or ask my colleagues to address.

38:42 Hailey: Yes. Alright so, our first question, can virtual appointments be carried out over the phone or do they have to be web-based? And in parenthesis, lack of internet access is a major issue within our eligible population.

39:01 Janice: Yes, they can be sent over the phone, that's fine, absolutely.

39:06 Hailey: Great. The next question, is the grant limited to persons identified as AI/AN, alone, or will it consider services for persons identified as AI/AN, in combination with another race?

39:24 Janice: So, it is not limited. While our target population are, you know, American Indian, Alaska Native children, we do understand that oftentimes there are families with mixed race, so that is fine. We just want you to be able to remember the NOFO is limited to those AI/AN eligible entities, and then we would love for you to enroll any eligible child that is eligible for Medicaid and CHIP.

39:52 Hailey: Great. The next question, certain outreach activities may draw the general population and include AI/AN persons. It may not be possible to be exclusive to one population. What recommendations are considered to address the need of all present?

40:15 Janice: I don't know if we have recommendations, so to speak. But if you really, whatever outreach activities you propose in your application, we are going to take a look at. The idea, again, is focused on those hard-to-reach families, specifically the AI/AN families. But if you happen to enroll children outside of that, that is totally fine.

40:40 So however way you would like to do your outreach and enrollment focusing on that target population, that is great. Hopefully that answers the question.

40:51 Hailey: Thank you Janice. The next question, the Budget and Budget Narrative for the NOFO seems a bit confusing. Is there just a sample and can each section of the budget be included in a single document?

41:10 Janice: That is just an example of what's in the NOFO, but my colleague Sharron Jernigan might be able to adjust that. Sharron, do you have a recommendation?

41:21 Sharron: Can you repeat the question?

41:24 Hailey: Yes, the Budget and Budget Narrative format in the NOFO seems a bit confusing. Is this just a sample and can each section of the budget be included in a single document?

41:41 Sharron: Technically, no. The Budget and Budget Narrative in the NOFO is a sample. And I doubt if you are able to get all of that information for a budget and the budget narrative on one document.

42:00 Um, I would say just do your best to get the information in, but usually our budget and budget narrative are required. Did I answer the question?

42:17 Hailey: Yes, I think so. Thank you. The next question, can you please repeat the technical assistance website that was mentioned?

42:29 Janice: So, Grants.gov is where you need to apply. Sharron mentioned that there's some webinars available on how you can apply. So, go to Grants.gov. And that information is contained in the NOFO. And then, yeah, in the NOFO. So, I would go to Grants.gov. There are some videos in there on how to apply to help you get through the process as well.

43:02 Hailey: Great, thanks Janice. The next question, for non-AI/AN children who are part of an Indian household, will they be able to apply for this program?

43:16 Janice: Yes, absolutely.

43:19 Hailey: Alright and the next question, we have rural locations where individuals do not have phone or Internet. We are looking at a mobile unit to send an individual home to home. Does this fit within this NOFO?

43:37 Janice: Yes, it does.

43:40 Hailey: Great. Another question that it looks like Meg answered in the Q&A, but just wanted to repeat it. How can we find a current or recent CMS recipient in our area serving our target population? And Meg had shared the list of current and previous grantees. I will put that in the chat so everyone can access that as well.

44:07 Janice: Yeah, and we have our current -- so right now in the main page we just have

the announcement of the NOFO, but if you look at the left of that page that Meg has provided you will see all the grants that we have done. So, since 2009. You will be able to see all of it.

44:30 Hailey: Great. And one last question it looks like, will there be a recording of this session posted afterward?

44:41 Janice: Yes. We will post it on the InsureKidsNow website. We have to do 508 compliance and everything, but yes, we will record the NOFO. For some people, they have to hear it a couple times. That is what the recording is for. And we also will also be doing the exact same presentation on November 17.

45:04 Hailey: Thank you Janice. And going off of that, if you are interested in joining the November 17 session, the same registration link that you used to register for this session you can use to also register for the November 17 session.

45:22 And that looks like all of the questions that have come in through the Q&A. So, I will pass it back to Meg to do some closing remarks.

45:49 Meg: Thank you Hailey and thanks, everyone, for joining us today. We,

45:56 I want to thank you all for attending today. We appreciate your interest in the HEALTHY KIDS funding opportunity and look forward to a robust applicant pool this year.

46:07 As I mentioned at the beginning of the call, any questions following today's session can be sent to KealthyKids@cms.hhs.gov. Hailey just put that in the chat as well. So, thank you all for attending, and this concludes our call today.