

Attachment A: Program Terms and Conditions

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



Section 206 of the Consolidated Appropriations Act, 2024: State Planning Grants to Promote Continuity of Care for Medicaid and Children’s Health Insurance Program (CHIP) Beneficiaries Following Incarceration

PROGRAM TERMS AND CONDITIONS

The requirements contained in the Notice of Funding Opportunity, FON# CMS-2T2-25-001, (the “NOFO”) are incorporated by reference as Program Terms and Conditions (PTCs) attached to this Notice of Award (NoA), as well as the below additional Program Terms and Conditions for the “Section 206 of the Consolidated Appropriations Act, 2024: State Planning Grants to Promote Continuity of Care for Medicaid and CHIP Beneficiaries Following Incarceration” Award program. In the event of any inconsistency between the provisions of these PTCs and the provisions of the NOFO, the provisions of these PTCs will prevail.

The Recipient must comply with the representations, assurances, and certifications made by the Recipient in the Recipient’s application in response to the NOFO, including any revisions or amendments to the application approved in writing by the Centers for Medicare & Medicaid Services (CMS).

The Recipient is responsible for transmitting a copy of the NoA and accompanying documents to the individual at the state or territory who is authorized to request funds from the Payment Management System (PMS).

GENERAL

Role of CMS in a Cooperative Agreement Award. As explained in Step 1 of the NOFO, the award governed by these PTCs is a cooperative agreement. A cooperative agreement is a federal financial assistance award in which substantial federal involvement with a recipient is anticipated. Under each cooperative agreement, CMS’s purpose is to support and stimulate a recipient’s activities by involvement in, and otherwise working jointly with, a recipient in a partnership role. CMS will not assume direction or primary responsibility for the Recipient’s activities. The Recipient retains ultimate responsibility for coordination and oversight of all program-related activities.

Communication/Participation. The Recipient is required to participate in all required communications (e.g., monitoring or guidance calls, emails) and participate in technical assistance activities as specified in these PTCs or as requested by CMS. Required

communication regarding grant-related activities includes, but is not limited to the following topics:

- Cooperative agreement implementation status;
- The state's plan for developing, implementing, and operating initiatives to promote continuity of care for individuals who are inmates of a public institution and are eligible for medical assistance under the state Medicaid program or are eligible for child health assistance or pregnancy-related assistance under the state CHIP;
- The state's progress towards accomplishing goals and objectives, completing activities, and achieving milestones included in the work plan included in the state's application;
- Strategies employed;
- Challenges and responses;
- Drawdown of cooperative agreement funds, as appropriate for the cooperative agreement period; and
- Progress with program monitoring and improvements as needed.

Period of Performance and Budget Periods. The Period of Performance for this award is located on page 1 of the NoA, Section Summary Federal Award Financial Information, in field #26. The current Budget Period is located in field #19.

This NoA includes funding for a 12-month budget period. CMS will provide funding in four budget period increments of 12 months each over a four-year period of performance.

Continued Funding. Continued funding is contingent on satisfactory progress, compliance with all applicable terms and conditions, and the availability of funds. As stated in the CMS Standard Terms and Conditions, Term #28 **Continued Funding**, the Recipient must submit a non-competing continuation (NCC) application each year as a prerequisite to continued funding if the period of performance is comprised of multiple budget periods.

Satisfactory progress will be determined by the Recipient's adherence to the CMS approved detailed project work plan and timeline, and in accordance with all applicable terms and conditions.

During the NCC application process, the Recipient shall update the original materials submitted in connection with its application and shall include documents specific to the applicable Budget Period; e.g., the NCC Application seeking Budget Period 2 funding should focus on Budget Period 2 activities.

If the NCC application is approved, the Recipient will be issued a non-competing continuation award for the next 12-month Budget Period prior to the expiration of this current Budget Period 1.

The Recipient will not have authority to utilize unobligated funds remaining from Budget Period 1 during Budget Period 2 without prior written approval from CMS. Recipient may request prior approval from CMS to carryover unobligated funds from Budget Period 1 to Budget Period 2 for

previously approved activities/costs from Budget Period 1.

Instructions for completing and submitting each NCC application will be provided by the CMS Grants Management Specialist to the Recipient at least 90 days prior to the end of the current budget period. Approved NCC applications will be issued a new NoA applicable to that budget period. See section #4 of the Standard Terms and Conditions, **Funding for Recipients**, for additional requirements.

Use of Funds. Funds will only be used for any of the purposes stated in the NOFO and approved in the Recipient's application, including any subsequent revisions approved by CMS.

The Recipient shall not use award funds to pay for services currently covered by Medicaid or to supplant existing funding from other sources.

CMS prohibits the use of funds under this award for any of the activities/costs outlined in the Standard Terms and Conditions, Term #27 **Prohibited Uses of Grant or Cooperative Agreement Funds**, unless an exception is specifically authorized by statute.

Planning grant funding may not be used to: provide medical assistance under a state Medicaid program or child health assistance or pregnancy-related assistance under the state's CHIP to an individual, or otherwise directly administer health care services for an individual. Additionally, funding may not be used to build prisons, jails, or other carceral facilities, or pay for prison, jail, or other carceral facility-related improvements other than those improvements that are for the direct and primary purpose of meeting the health care needs of individuals who are incarcerated and eligible for medical assistance under the state Medicaid program or child health assistance or pregnancy-related assistance under the state CHIP. See HHS Grants Policy Statement: Cost Considerations.

REPORTING REQUIREMENTS

Semi-annual and Final Program Progress Reports (PPR). Recipients must agree to cooperate and comply with any federal oversight as it may pertain to the NoA. Recipients must complete and electronically submit to CMS semi-annual and final reports to GrantSolutions in a manner that CMS requires.

These reports should include narrative updates on planning grant activities as well as information on each Recipient's approved work plan as specified in each Recipient's approved application.

CMS will provide Recipients with additional instructions through GrantSolutions for the semi-annual **PPR** and the final comprehensive progress report submissions.

Submission of semi-annual PPRs is required to be completed no later than 30 days after the end of the following federal fiscal year quarters: Quarter Three ends June 30 and Quarter One ends December 31.

GrantSolutions provides comprehensive management of **PPRs** for Grantors and Grant Recipients. Federal Program staff schedule report cycles and determine due dates. Grant Recipients view, manage, and electronically submit PPRs in GrantSolutions. The final PPR must be submitted no later than 120 days after the cooperative agreement period of performance ends on December 31, 2028.

Grant Recipients with the following roles can view, edit, and submit the PPR:

- Grantee Authorizing Official (AOR)
- Principle Investigator/Program Director (PI/PD) assigned to the Grant Project

Recipients that can edit or submit the PPR receive email notifications from GrantSolutions in the following instances:

- 14 days before the PPR is due
- One day after the PPR is due if the report was not submitted
- When the PPR is submitted
- When the PPR is returned by the Grantor for changes
- When the PPR is accepted by the Grantor

Upon review, the CMS Project Officer will either accept or return the PPR to the Recipient for additional information or clarification. The cooperative agreement will not be considered complete and in accordance with the applicable terms and conditions until all required reports have been accepted by both the CMS Project Officer and Grants Management Specialist.

All written reports must be in a format compliant with section 508 of the Rehabilitation Act (29 U.S.C. 794d). Click [here](#) for more information on ensuring **508 compliance**.

The absence of satisfactory progress reports may result in CMS deciding to terminate the Recipient's NoA, and to re-allocate funds awarded to the Recipient as determined by CMS.

The Final PPR is cumulative of the entire period of performance. CMS reserves the right to require that Recipient provide additional details and clarifications on the content of any reports required under this NoA.

- C. **Financial Reports.** CMS Recipients are required to record expenses in real-time as well as submit semi-annual expenditure Federal Financial Reports -SF-425s via the Payment Management System as described in the Standard Terms and Conditions, Term #29 **Post Award Monitoring and Reporting**, Section DD. Financial Reports are due 30 days after the end of each 6-month semi-annual reporting period.

Data Elements. CMS reserves the right to modify required data elements reported in all technical documents and reports submitted, to better measure outcomes for Recipients with specialized goals and strategies. CMS may also require the reporting of additional data elements over the course of the cooperative agreement in order to fully assess Recipient performance.

The Recipient shall assume responsibility for the accuracy and completeness of the information contained in all technical documents and reports submitted.

PRIOR APPROVALS

Personnel Changes. The Recipient is required to notify the CMS Project Officer and the CMS Grants Management Specialist within ten (10) days of any key personnel changes affecting the award. Key personnel changes require prior CMS approval. The Recipient must submit a personnel change request in GrantSolutions. See Standard Terms and Conditions, Term #12 **Prior Approval Requirements**, for further information.

The AOR, PD, and Financial Officer (who is responsible for completing the Financial Report SF-425), as well as any Key Contractor staff are considered key personnel.

Subrecipients. The Recipient must request prior approval for activities or costs to support new Subrecipients, contractual, and consultant agreements not already approved through a NoA. A detailed itemized budget must be provided for all Subrecipients, contractual, and consultant agreements. If this information is unknown at the time of Application or for a subsequent NCC Application, the Recipient must follow-up and provide this information via a Revision (NoA Other) or Revision (Budget) amendment in GrantSolutions as soon as this information can be provided to CMS. Additionally, the Recipient will use Guidance for Preparing a Budget Request and Narrative for required contractual and consultant questions the Recipient must address. The Recipient may not incur costs or draw down funds to support these activities until CMS provides prior approval.

Change in Scope. The Recipient may not deviate from the original scope of work as described in the CMS-approved grant application and work plan for which the cooperative agreement was awarded without first receiving written prior approval from CMS. If proposing changes, the Recipient must first consult with the CMS Project Officer prior to submitting a formal amendment request in GrantSolutions. The formal request must include a detailed explanation for the change to the scope of work, including a revised timeline, work plan, and budget and be submitted as an amendment in GrantSolutions. If approved, the CMS Grants Management Specialist will issue a revised NoA indicating approval. See Standard Terms and Conditions, Term #12 **Prior Approval Requirements**, for further information.

MONITORING

Award Monitoring. CMS will monitor the project to assess the Recipient's performance, including identification of potential problems and areas where technical assistance might be necessary. CMS monitoring activities may include phone calls between the Recipient and the Project Officer, review of programmatic progress and financial reports, prior approval requests to utilize funding, spend rates, correspondence between the Recipient and CMS, audit reports, site visits, and other activities using information available to CMS.

Nothing in these PTCs shall be construed to limit or otherwise prevent CMS from monitoring the Recipient.

REMEDIES FOR NONCOMPLIANCE

The Recipient must comply with all applicable Terms and Conditions of Award. See Standard Terms and Conditions, Term #35 **Remedies for Noncompliance**. Failure to comply with the Terms and Conditions of Award includes:

- A documented pattern of non-cooperation with CMS, its contractors, HHS, or other federal agencies;
- Failure to receive and implement technical assistance provided by CMS or its contractors;
- Failure to comply with these PTCs, including the failure to meet any milestone or reporting requirement included in these PTCs;
- Failure to provide complete and accurate data, including failure to timely provide data or other information requested by CMS in a format accessible to CMS and its contractors;
- Failure to maintain valid authority to implement this program as approved; and
- Improper use of cooperative agreement funds.

Termination. Prior to terminating or suspending funding, CMS may in its sole discretion elect to require the Recipient to take appropriate remedies if CMS determines that the Recipient is out of compliance with the NoA. Remedies are not available to address an action or deficiency that endangers public welfare. See also Standard Terms and Conditions, Term #36 **Termination**.

Duplication. The Recipient is responsible for ensuring that no federal funds provided under this award are used to provide technical assistance or other services that are duplicative of funds and services authorized under other federal initiatives. The Recipient may be requested by CMS to provide evidence of well-documented internal controls to ensure that resources are used in the most efficient manner and that activities are not duplicative as stated above. If any duplication occurs, the Recipient must notify the CMS Grants Management Specialist and the CMS Project Officer at the time of discovery and provide a mitigation plan to the CMS Grants Management Specialist and to the CMS Project Officer.