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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAID SERVICES

Lori A. Weaver
Commissioner

Henry D. Lipman
Director

129 PLEASANT STREET, CONCORD, NH 03301
1-844-ASK-DHHS (1-844-275-3447)
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September 26, 2024

The Honorable Ken Weyler, Chairman
Fiscal Committee of the General Court and

His Excellency, Governor Christopher T. Sununu
And the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

1. Pursuant to the provision of RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division of Medicaid Services to accept and expend federal funds in the amount of \$500,000 from the Centers for Medicare and Medicaid Services to fund the Medicaid to Schools Financing Program, effective upon Fiscal Committee and Governor and Council approval through June 30, 2025, and further authorize the funds to be allocated as follows. 100% Federal Funds.
2. Contingent upon approval of request #1, and pursuant to the provisions of RSA 124:15, Positions Restricted, authorize the Department of Health and Human Services, Division of Medicaid Services to establish one full-time, temporary 13-1080 Logisticians and Project Management Specialists-6, position #9T3360, SOC13 wage schedule, pay band 7, using Medicaid to Schools Financing Program grant funds effective upon the date of Fiscal Committee and Governor and Council approval, through June 30, 2025. 100% Federal Fund.

05-95-47-470010-XXXX0000, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: DIVISION OF MEDICAID SERVICES: OFC OF MEDICAID SERVICES, MTS GRANT AWARD FIN ADMIN

Class/Obj	Class Title	Current Modified Budget	Increase / (Decrease) Amount	Revised Modified Budget
000-40XXXX-16	Medicaid Grants-Federal Funds	\$0	\$500,000	\$500,000
Total Revenue		\$0	\$500,000	\$500,000

Class/Obj	Class Title	Current Modified Budget	Increase / (Decrease)	Revised Modified Budget
020-500200	Current Expenses	\$0	\$250	\$250
037-500173	Technology: Hardware	\$0	\$2,011	\$2,011
038-500175	Technology: Software	\$0	\$404	\$404
039-500188	Telecommunications	\$0	\$445	\$445

041-500801	Audit Fund Set Aside	\$0	\$500	\$500
059-500117	Temp Full Time	\$0	\$55,707	\$55,707
060-500602	Benefits	\$0	\$33,488	\$33,488
070-500704	In-State Travel	\$0	\$965	\$965
102-500731	Contracts for Program Services	\$0	\$406,230	\$406,230
Total Expense		\$0	\$500,000	\$500,000

EXPLANATION

The Medicaid to Schools Financing Program funding from the Centers for Medicare and Medicaid Services will allow the Department of Health and Human Services and participating Local Education Agencies (LEAs) to access technical support, resources, and technology to effectuate a federally compliant claiming methodology by June 2026. State staff and contractors will facilitate engagement with community partners, assist with the development of a School Based Services reimbursement State Plan Amendment, as well as Medicaid Administrative Claiming plans and Random Moment Time Study implementation, and to provide comprehensive technical support to the LEAs as the New Hampshire Medicaid School Based Services program implements a Certified Public Expenditure (CPE) methodology. Transitioning to a CPE methodology will allow for recognition of Medicaid eligible costs and enable claiming of the full allowable federal share for services provided by the LEAs and encourage additional LEAs across the state to participate. A CPE methodology will enable claiming for both direct services and administrative services, thereby increasing total funding to the LEAs. How the increased funding will be utilized by the LEAs is determined at the local level, as the New Hampshire constitutional structure grants significant local authority over school funding decisions.

New Hampshire established the State's Medicaid School-based Services program in 1990 to provide funding for Medicaid covered services provided in schools to eligible students with Individual Education Programs (IEPs): this program is known locally as Medicaid to Schools (MTS). In 2017, in response to SMD#14-006 issued by CMS in 2014, which explained that Medicaid funding is allowed for any covered services provided to eligible students when delivered by qualified providers in schools, the New Hampshire legislature passed Senate Bill 235. This bill clarified that the MTS program may be used for funding of services provided to eligible children without IEPs and granted the DHHS the statutory and rulemaking authority to enact this change.

However, without a strong claiming system in place, LEAs have been unable to claim for the full allowable federal share of the services provided. The Medicaid to Schools Financing Program grant will increase the likelihood that participating LEAs will be able to transition successfully to a CPE methodology and fulfill statutory requirements enacted by the NH legislature, obtaining allowable federal funding for health services they are already providing in schools to all Medicaid-eligible students. The current in-kind methodology of claiming will end on or about June of 2026 and as such a transition to a federally compliant methodology will be required to sustain the MTS program.

Funds are budgeted as follows:

Class 020- Current Expenses-Will be used for general office supplies.

Class 037- Technology-Hardware- To purchase a laptop computer.

Class 038-Technology-Software- To purchase computer software.

Class 039- Telecommunications-Will be used for phone costs.

Class 041- Audit Fund Set Aside- Will be used for State required costs.

Class 059- Temporary Full Time Salary- Salary expense for new position: 13-1080 Logisticians and Project Management Specialists 6: Position 9T3360.

Class 060- Benefits- Benefit expense for the position requested above.

Class 070- In State Travel Reimbursement- Local travel to attend meeting and project activities.

Class 102- Contracts for Program Services- Contract payments to vendor.

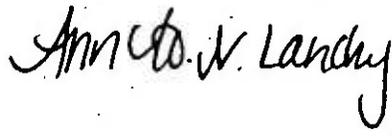
The following information is provided in accordance with the Comptroller's instructional memorandum dated September 21, 1981.

1. List of personnel involved: Position # 9T3360 - 13-1080 Logisticians and Project Management Specialists-6
2. Nature, Need, and Duration: Ensure DMS meets all compliance areas, outcomes and deliverable schedules.
3. Relationship to existing agency programs: Transition successfully to a CPE methodology and fulfill statutory requirements enacted by the NH legislature, obtaining allowable federal funding for health services they are already providing in schools to all Medicaid-eligible students.
4. Has a similar program been requested of the legislature and denied? No
5. Why wasn't funding included in the agency's budget request? The budget award issued was done after the approval of SFY 2025 budget
6. Can portions of the grant funds be utilized? No
7. Estimate the funds required to continue this position(s): SFY 2026 Salary \$77,805 Benefits \$38,240

In response to the anticipated two-part question, "Can these funds be used to offset General Funds?" and "What is the compelling reason for not offsetting General Funds", the Division offers the following information: These funds may not be used to offset General Funds as they are specifically granted to the State for the purposes of providing the services described above.

In the event that Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully Submitted,


for:

Lori A. Weaver
Commissioner



**State Of New Hampshire
DIVISION OF PERSONNEL
Department of Administrative Services
54 Regional Drive, Suite 5
Concord, New Hampshire 03301**

CHARLES M. ARLINGHAUS
Commissioner
(603) 271-3201

LORRIE A. RUDIS
Director of Personnel
(603) 271-3261

September 12, 2024

Barbara McCann, Director
Bureau of Human Resources
Department of Health and Human Services
Brown Building, 129 Pleasant Street
Concord, New Hampshire 03301

Regarding: Request to establish a full-time temporary 13-1080 Logisticians and Project Management Specialists 6, pay schedule A000 – position 9T3360

Dear Ms. McCann:

The Division of Personnel approves the Department of Health and Human Services' (DHHS) request received to establish position 9T3360 as a full-time, temporary position classified as 13-1080 Logisticians and Project Management Specialists 6 -pending funding approval by the Fiscal Committee.

This position will work in the Medicaid and Business Policy Office and administer the CMS Medicaid School-Based Services (Medicaid to Schools) Grant and related statewide projects and programs. It will ensure that DMS meets all compliance areas, outcomes, and deliverables on schedule. This position will oversee, and coordinate project and fiscal efforts involved in the procured Medicaid to Schools Grant, including working with vendors and Local Education Agencies (LEAs) and their successful transition to the Certified Public Expenditure (CPE) model.

The proposed duties are like those of other positions within the same Occupational Group and level currently operating at the agency and throughout the state classified system and parallel the Broad Group Specification appropriately. The role is also appropriate within the agency's proposed organizational structure.

Your agency will be responsible for bringing the request for funding before the Fiscal Committee. You may use this letter as confirmation of our decision. Once you have obtained Fiscal Committee approval, please notify the Division of Personnel Operations Section at CentralHRProcessing@nh.gov.

Sincerely,

Marianne Rechy
Classification & Compensation Administrator

Cc: Lorrie Rudis, Director of Personnel



Recipient Information

- 1. Recipient Name**
NEW HAMPSHIRE DEPARTMENT OF HEALTH
& HUMAN SERVICES
129 Pleasant St
-DUP5
Concord, NH 03301-3852
[NO DATA]
- 2. Congressional District of Recipient**
02
- 3. Payment System Identifier (ID)**
1026000618A1
- 4. Employer Identification Number (EIN)**
026000618
- 5. Data Universal Numbering System (DUNS)**
011040545
- 6. Recipient's Unique Entity Identifier (UEI)**
LA2HR1U97VC6
- 7. Project Director or Principal Investigator**
Ms. Jordan McCormick
Director of Medicaid and Clinical Programs
jordan.m.mccormick@dhhs.nh.gov
603-731-5484
- 8. Authorized Official**
Ms. Jordan McCormick
Director of Medicaid and Clinical Programs
jordan.m.mccormick@dhhs.nh.gov
603-731-5484

Federal Agency Information

Office of Acquisitions and Grants Management

9. Awarding Agency Contact Information

Ms. Jennifer Herndon
Grants Management Specialist
jennifer.herndon1@cms.hhs.gov
410-786-8598

10. Program Official Contact Information

Mr. Christopher Thompson
Division Director, Division of Reimbursement Policy
christopher.thompson@cms.hhs.gov
443-257-1676

Federal Award Information

- 11. Award Number**
2M2CMS331908-01-00
- 12. Unique Federal Award Identification Number (FAIN)**
2M2CMS331908
- 13. Statutory Authority**
Patient Protection and Affordable Care Act; Section 4108
- 14. Federal Award Project Title**
New Hampshire Application for Expansion of Medicaid School-Based Services Program (Medicaid to Schools)
- 15. Assistance Listing Number**
93.771
- 16. Assistance Listing Program Title**
State Grants for the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services
- 17. Award Action Type**
New
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date	07/01/2024	- End Date	06/30/2025	
20. Total Amount of Federal Funds Obligated by this Action				\$500,000.00
20a. Direct Cost Amount				\$500,000.00
20b. Indirect Cost Amount				\$0.00
21. Authorized Carryover				\$0.00
22. Offset				\$0.00
23. Total Amount of Federal Funds Obligated this budget period				\$0.00
24. Total Approved Cost Sharing or Matching, where applicable				\$0.00
25. Total Federal and Non-Federal Approved this Budget Period				\$500,000.00
26. Period of Performance Start Date	07/01/2024	- End Date	06/30/2027	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance				\$500,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Chris Clark

30. Remarks

Funds have been authorized in accordance with the application submitted and final determined award amount conditional upon the restrictions noted in the Recipient Specific Terms and Conditions.

Please see the attached Recipient Specific, Program, and Standard Terms and Conditions.



Recipient Information
Recipient Name NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES 129 Pleasant St -DUPS Concord, NH 03301-3852 [NO DATA] Congressional District of Recipient 02 Payment Account Number and Type 1026000618A1 Employer Identification Number (EIN) Data 026000618 Universal Numbering System (DUNS) 011040545 Recipient's Unique Entity Identifier (UEI) LA2HR1U97VC6
31. Assistance Type Cooperative Agreement 32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$55,707.00
b. Fringe Benefits	\$33,488.00
c. Total Personnel Costs	\$89,195.00
d. Equipment	\$0.00
e. Supplies	\$3,110.00
f. Travel	\$965.00
g. Construction	\$0.00
h. Other	\$500.00
i. Contractual	\$406,230.00
J. TOTAL DIRECT COSTS	\$500,000.00
K. INDIRECT COSTS	\$0.00
L. TOTAL APPROVED BUDGET	\$500,000.00
m. Federal Share	\$500,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-5991779	2M2331908A	2M2	4158	93.771	\$500,000.00	75-X-0512

AWARD ATTACHMENTS

NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES

2M2CMS331908-01-00

1. Recipient Specific Terms and Conditions
2. Program Terms and Conditions
3. Standard Terms and Conditions

**State Grants for the Implementation, Enhancement, and Expansion of Medicaid and CHIP
School-Based Services**

New Hampshire Department of Health & Human Services

Recipient Specific Terms and Conditions

- 1. Restriction of Funds.** Recipient will not have access to funds allocated in the “Contractual” object class category until the following information is provided and CMS provides approval through issuance of a revised Notice of Award. If there are additional questions or follow-up required with the Recipient’s application beyond those already addressed in this Recipient Specific Terms and Conditions document, CMS will send out those additional items within 7 business days through use of Grant Notes correspondence in GrantSolutions. Please refer to 3. Submission Requirements for more information on how this information must be provided to CMS.

- **“Medicaid to Schools Program” Contract – \$406,230**

The Budget Narrative indicates that the Medicaid to Schools Program Contractor is “TBD based on the federal and state approved contract with an anticipated start date on 10/01/2024. The annual cost projection is based on the state’s experience with other similar projects. Actual costs will be determined based on the CMS approved Requests for Proposal and subsequent contract.”

Once the competitive bid process is completed, Recipient must submit a Revision (Budget) Amendment to provide the required materials including (but not limited to) the “Name of Contractor” and a final itemized budget for the contractual agreement. Recipient may not incur or drawdown funds for this contract without CMS prior approval.

- 2. System of Award Management (SAM.gov), Reporting of Matters Related to Recipient Integrity and Performance Requirements.** Recipient must update the SAM.gov entity registration to include Responsibility/Qualification (R/Q) Proceedings responses within 30 days of the period of performance start date. Recipient should notify CMS when this information has been corrected.

R/Q information, also referred to as an integrity record, was previously available in the Federal Awardee Performance and Integrity Information System (FAPIIS.gov). Now, R/Q information alongside other entity information is available in SAM.gov. As part of the SAM.gov registration, an entity must answer the following R/Q Proceedings questions:

- i. Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current**

Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

- ii. Have current active federal awards with total value greater than \$10,000,000
- iii. Have, within the last five years, been the subject of a criminal, -civil, and/or administrative proceeding at the federal or state level in connection with a federal award that resulted in a conviction or finding of fault or liability

All CMS discretionary grant opportunities have a provision for the award term and condition described in **Appendix XII to 2 CFR 200** and recipients must accurately address the Proceedings questions as part of the registration process in SAM.gov. See Standard Term and Condition, 29. (C) *Responsibility and Qualification Reporting (R/Q) (formerly FAPIIS)*. For more information, please refer to the SAM.gov website.

3. **Submission Requirements.** Recipient must submit a Revision (Budget) Amendment within GrantSolutions and include an Authorized Organizational Representative (AOR) signed cover letter, SF-424, SF-424A, Budget Narrative, Project Narrative, and Misc. Information (as necessary) that addresses all requirements included in this document and (if applicable) any questions or follow-up requests provided by CMS through Grant Notes correspondence.

CMS will review the information submitted and either request additional revisions or issue a revised Notice of Award releasing funds to support approved activities/costs. Funding restrictions will remain for any activities/costs not yet approved until Recipient provides the requested information and CMS provides approval through a revised Notice of Award.

**State Grants for the Implementation, Enhancement, and Expansion of Medicaid and CHIP
School-Based Services
Program Terms and Conditions**

The requirements contained in the Notice of Funding Opportunity (NOFO), FON# CMS-2M2-24-001, are incorporated by reference as Program Terms and Conditions attached to this Notice of Award (NoA), as well as the below additional Program Terms and Conditions for the State Grants for the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services Program. In the event of any inconsistency between the provisions of these Program Terms and Conditions and the provisions of the NOFO, the provisions of these Program Terms and Conditions will prevail.

The Recipient must comply with the representations, assurances and certifications made by the Recipient in the Recipient's application, including any revisions or amendments approved in writing by CMS.

Acronyms: The following acronyms apply for purposes of this Program Terms and Conditions document:

- BSCA: The Bipartisan Safer Communities Act
- CHIP: Children's Health Insurance Program
- EPSDT: Early and Periodic Screening, Diagnostic and Treatment
- ESA: Education Services Agencies
- IDEA: Individuals with Disabilities Education Act
- IEP: Individualized Education Program
- IFSP: Individualized Family Service Plan
- LEA: Local Education Agencies
- SBS: School Based Services
- SEA: State Education Agencies
- SPA: State Plan Amendment
- TSIP: Time Study Implementation Plan

GENERAL

1. **Role of CMS in a Cooperative Agreement Award.** As explained in Section B.6 of the NOFO, the award governed by these Program Terms and Conditions is structured as a cooperative agreement. A cooperative agreement award is an assistance mechanism in which substantial Federal involvement with a recipient is anticipated during the performance of the activities. Under each cooperative agreement, CMS's purpose is to support and stimulate a recipient's activities by involvement in, and otherwise working jointly with, an award 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.
2. **Period of Performance and Budget Periods.** The Period of Performance for this Award is located on the NoA, Section Summary Federal Award Financial Information, #26.

State Grants for the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services Program will be a 3-year Period of Performance with three 12-month budget periods. These periods are aligned with program requirements set forth in these Program Terms and Conditions. Budget periods and funding available to each recipient are set forth in Table 1:

Table 1.			
Budget Period	Available Funding	Start Date	End Date
Budget Period 1	\$500,000	July 1, 2024	June 30, 2025
Budget Period 2	\$1,000,000	July 1, 2025	June 30, 2026
Budget Period 3	\$1,000,000	July 1, 2026	June 30, 2027

The funding approved for each budget period is outlined in the NoA.

3. **Continued Funding.** As stated in the CMS Standard Grant/Cooperative Agreement Terms and Conditions (Standard Terms and Conditions), Section 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. Continued funding is contingent on satisfactory progress, compliance with all terms and conditions, and the availability of funds. Satisfactory performance for selected recipients includes, but is not limited to:

- Demonstration of newly purchased equipment/program material in pursuit of increasing the quality of SBS services in the State.
- Demonstration of newly hired qualified staff dedicated specifically to behavioral health services within school-based settings.
- Demonstration of continued progress towards achieving the initiatives listed in the accepted NOFO application, complete with stakeholder feedback.
- Demonstration of increased student enrollment in Medicaid or CHIP and provision of Medicaid or CHIP services in school settings in the State including the expansion of available medical services offered in schools.
- Demonstration of either a draft, pending, or approved SPA, including relevant documents such as TSIP and Public Assistance Cost Allocation Plan (PACAP), to incorporate any changes to the Medicaid or CHIP SBS program intending to further the implementation, expansion, or enhancement of SBS within the state, as applicable.
- Execution of the goals based upon the timeline for those goals outlined by Recipient in the cooperative agreement proposal.

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. For example, 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 the current budget period.

The Grants Management Specialist will provide instructions for completing and submitting each NCC application to the Recipient at least 90 days prior to the end of the current budget period. Recipients with an approved NCC application will receive a new NoA applicable to that budget period. See the Standard Terms and Conditions, Section 4, *Funding for Recipients*, for additional requirements.

The Recipient will not have authority to utilize unobligated funds remaining from the prior budget period for the next budget period without prior written approval from CMS. Recipient must request prior approval from CMS to carry over unobligated funds from one budget period to the next to complete previously approved activities/costs.

4. **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 Program Terms and Conditions or as requested by CMS. This is to include monthly grant participation update calls with CMS.
5. **Use of Funds.** Funds must only be used for the purposes stated in the NOFO and approved in the Recipient's application (including any approved revisions to the application).

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

Section 11003(b) of the BSCA includes a requirement that "A State shall not use any grant funds to provide medical assistance, child health assistance, or other health services." Therefore, recipients may not propose to use the cooperative agreement award funding to provide medical assistance, child health assistance, or other health services, regardless of whether such other health services otherwise would be eligible for Federal matching funds. Such requests will be deemed unallowable and could impact continued funding under this cooperative agreement award.

REPORTING REQUIREMENTS

6. **Progress Reports.** Recipients must agree to cooperate and comply with any Federal oversight as it may pertain to the award. Recipients must submit required quarterly programmatic progress reports and a final report, in the form and manner prescribed by CMS, as well as any additional reports that CMS may require. CMS will provide Recipient further information on the requirements of the programmatic progress reports. Please see the chart located in the Cooperative Agreement Activities section below for more detail on the content and due dates for each of the reporting items.

The absence of satisfactory progress reports may result in CMS deciding to terminate the award, and to allocate those funds as determined by CMS.

The Recipient must complete and electronically submit quarterly progress reports and a final report to CMS's grants management data collection platform, GrantSolutions.

GrantSolutions can be accessed via the following link: <https://www.grantsolutions.gov>.

These reports should be uploaded to Grant Notes within the platform and must be entitled "Quarterly Report – [Start and End Date_State Name_Quarterly Progress Reporting Period_1]" or "Final Report_State Name."

The final report is cumulative of the entire period of performance. The final report must be submitted 120 days after the period of performance end date (i.e., October 28, 2027). CMS reserves the right to require that Recipient provide additional details and clarifications on the content of these reports.

All reports must be in a format compliant with section 508 of the Rehabilitation Act (29 U.S.C. 794d). Refer to the following link for more information on ensuring 508 compliance: <https://www.hhs.gov/web/section-508/index.html>.

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.

Submission of Recipient quarterly progress reports are required to be completed 30 days after each reporting period end date. For the Quarterly Progress Report Schedule, see table below:

Quarterly Progress Report Schedule

Quarter	Reporting Period End Date	Progress Report Due Date
Q1	September 30 th	October 30 th
Q2	December 31 st	January 30 th
Q3	March 31 st	April 30 th
Q4	June 30 th	July 30 th

CMS reserves the right to require that Recipient provide additional details and clarifications on the content of these reports.

- 7. Financial Reports.** CMS recipients are required to record expenses in real-time as well as submit annual expenditure Federal Financial Reports (FFRs) via the Payment Management System as described in the Standard Terms and Conditions, Section 29.e., *Financial Reporting*.

Submission of annual FFRs is required to be completed 90 days after each reporting period end date and the final FFR is required to be completed 120 days after the period of performance end date.

Annual and Final FFR Schedule

Budget Period	Reporting Period End Date	FFR Due Date
Budget Period 1 (Annual)	June 30, 2025	September 28, 2025
Budget Period 2 (Annual)	June 30, 2026	September 28, 2026
Budget Period 3 (Final)	June 30, 2027	October 28, 2027

PRIOR APPROVALS

- 8. Personnel Changes.** The Recipient must notify the CMS Program Office and the CMS Grants Management Specialist at least ten (10) days before any key personnel changes affecting the principal investigator/project director assigned to the award. Key personnel changes require prior CMS approval and require an amendment request submitted in GrantSolutions. See Standard Terms and Conditions, Section 12, *Prior Approval Requirements* for further information.
- 9. Change in Scope.** Prior approval from CMS is required for a change in scope if Recipient anticipates deviating from the original scope of work as described in the CMS approved application for which the cooperative agreement was awarded. 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 and be submitted as an amendment in GrantSolutions. If approved, the CMS Grants Management Officer will issue a revised NoA indicating approval. See Standard Terms and Conditions, Section 12, *Prior Approval Requirements* for further information.

MONITORING

- 10. Award Monitoring.** CMS will monitor the project to assess Recipient's performance, including identification of potential problems and areas where technical assistance might be necessary. CMS monitoring activities may include the following: phone calls between the Recipient and the Project Officer, review of programmatic progress and financial reports, prior approval requests to utilize funding or modify the approved project/budget, evaluation of spend rates, correspondence between the Recipient and CMS, audit reports, site visits, and other activities and information available to CMS.
- 11. Monitoring Disclaimer.** Nothing in these Program Terms and Conditions shall be construed to limit or otherwise prevent CMS from monitoring the Recipient.

COOPERATIVE AGREEMENT ACTIVITIES

CMS requires the Recipient to complete the following cooperative agreement activities after award and for continued funding in future years:

General Activities

Activity See Activity Description Below	Reporting Period/End Date and Firm Due Date	Progress Update Every 6 Months	Progress Update Every 12 Months	Method of Submission
Stakeholder Input	End of Q2, Budget Period 1 (Due: Jan. 30, 2025)	-	-	GrantSolutions Grant Notes
Needs Assessment	End of Q2, Budget Period 1 (Due: Jan. 30, 2025)	-	-	GrantSolutions Grant Notes
Infrastructure Needs Assessment	End of Q2, Budget Period 1 (Due: Jan. 30, 2025)	-	-	GrantSolutions Grant Notes
Activity See Activity Description Below	Reporting Period/End Date and Firm Due Date	Progress Update Every 6 Months	Progress Update Every 12 Months	Method of Submission
Sustainability	End of Q2, Budget Period 1 (Due: Jan. 30, 2025)	-	January 30 th Annually	GrantSolutions Grant Notes
Technical Assistance Center Participation	End of Q2, Budget Period 1 (Due: Jan. 30, 2025)	January 30 th & July 30 th Annually (End of Q4, Budget Period 3 Due: Oct. 28, 2027)	-	GrantSolutions Grant Notes
Rural, Tribal, and remote areas	End of Q2, Budget Period 1 (Due: Jan. 30, 2025)	-	January 30 th Annually	GrantSolutions Grant Notes
Data	End of Q2, Budget Period 1 (Due: Jan. 30, 2025)	-	January 30 th Annually	GrantSolutions Grant Notes

Activity Description:

12. Stakeholder Input. Recipients must develop a stakeholder input process to help inform the needs assessment, and to gauge the success of planned initiatives. A stakeholder input process would include:

- The development of a survey/evaluation system for school districts, LEAs, parents of Medicaid- or CHIP-enrolled children and adolescents, and providers to provide feedback regarding program development and utilization.
- A timeline to ensure the stakeholder input process is conducted in a timely manner, taking no longer than six months post award date, and continuing throughout the cooperative agreement award.

Recipients are required to submit an analysis of their findings for the quarter ending December 31, 2024, with reporting due by January 30, 2025.

13. Needs Assessment: Recipients must conduct and provide a preliminary needs assessment on the current SBS program within the State at the time of the application submission and a final needs assessment due no later than 30 days after the end of Q2, Budget Period 1, i.e., by January 30, 2025. The needs assessment process must include:

- Preliminary feedback identifying program needs, areas for improvement, and barriers that have prevented the provision of services in schools to Medicaid or CHIP eligible students or more effective and efficient billing of Medicaid services in a school setting. This assessment should inform the Infrastructure Needs identified by the Recipients.
- A description of current practices related to Medicaid or CHIP services beyond IEP/IFSP services in the State's SBS program, including a copy of all CMS-approved SPAs relevant to SBS and the current and past utilization (at least the 3 most recent years of complete, full-year data) of SBS, both overall services, as available, and those claimed for Medicaid payment.

Recipients are required to submit an analysis of their findings at the end of the 2nd Quarter of Budget Period 1, December 31, 2024, with reporting due by January 30, 2025.

14. Infrastructure Needs Assessment. Recipients must identify specific infrastructure needs, which could include, but are not limited to the following: staffing, data systems, or contracted assistance. Like the Needs Assessment, Recipients must submit a preliminary Infrastructure Needs Assessment at the time of application submission, with a final Infrastructure Needs Assessment due no later than 30 days after the end of Q2, Budget Period 1, i.e., January 30, 2025. Infrastructure needs should enable more effective and efficient provision and/or billing of Medicaid and CHIP services in schools, for both IDEA required services and non-IDEA services. The Infrastructure Needs Assessment should identify ways to ensure compliance with:

- IDEA's statutory and regulatory requirements regarding State interagency coordination

when noneducational public agencies (such as Medicaid and CHIP) fund services that are also considered special education and related services,

- IDEA's regulatory requirements regarding notice and obtaining initial parental consent prior to accessing a child's or parent's Medicaid or CHIP coverage for the first time, and
- Regulatory requirements regarding Medicaid and CHIP services for non-IDEA services.

Recipients must describe how the cooperative agreement award will be used to fund specific initiatives and investments in the SBS infrastructure.

- Recipients must identify whether specific initiatives and investments are eligible to be matched with Federal Medicaid administrative match, or alternatively, mirror current Medicaid administrative activities the State is currently engaged in, as authorized in section 1903(a) of the Act, to ensure that the cooperative agreement activities are eligible under the provisions of section 11003(b) of the BSCA.

Where such matching funds are otherwise available in Medicaid, those funding opportunities should be pursued as this cooperative agreement funding is intended to be used for activities that CMS would not otherwise fund, such as the purchasing of needed equipment or the hiring of additional staff.

- Recipients must provide plans for maintaining and submitting accurate billing information (e.g., school district accountants, third-party billers, etc.) during the cooperative agreement award and after the cooperative agreement has ended.
- Recipient should thoroughly discuss the current practices regarding State, SEA, and LEA staffing specifically working on SBS issues related to billing and documentation, and the improvements that would be gained through cooperative agreement funding.

Recipients are required to submit an analysis of their findings at the end of the 2nd Quarter of Budget Period 1 (December 31, 2024), reporting due by January 30, 2025.

- 15. Sustainability.** Recipients must submit proposals describing how initiatives funded through the cooperative agreement award will be sustained in the immediate 2 years after the cooperative agreement has ended, up to and including plans to submit SPA and any other relevant documents as needed (e.g., Medicaid Administrative Claiming (MAC) plan, PACAP, TSIP, etc.). As noted above, the initial investment of cooperative agreement funding toward infrastructure improvements should provide the bases for which the State intends to build their program upon. These initial investments should be structured in such a way that future expenditures for these activities will be eligible for Federal matching funds under the Medicaid statute. This is how the Recipients will demonstrate sustainability of their cooperative agreement activities.

Recipients should also describe the process related to how the State might reinvest Federal financial participation (FFP) related to Medicaid claims for SBS down to the LEAs and State

SEAs. The expectation is that Recipients present post-cooperative agreement award sustainability plans for the future of the State's SBS program, and the ongoing availability of Medicaid or CHIP services in schools within the State by describing long-term service goals for the program, including no fewer than five (5) years post-cooperative agreement award.

Recipients are required to submit an analysis of Sustainability at the end of the 2nd Quarter of Budget Period 1 (December 31, 2024), reporting due by January 30, 2025, then updating the analysis annually thereafter, due January 30th of each year (i.e., 30 days after the end of the 2nd Quarter of each Budget Period).

16. Technical Assistance Center Participation. Recipients must include plans and intentions to participate and engage with the CMS Technical Assistance Center and disseminate the information, in terms of lessons learned, best practices and implementation of SBS, to the schools and LEAs. All Recipients will be required to participate in regular meetings with CMS and its contractors to discuss State strategies and implementation of the State's efforts. Recipients must also describe, if applicable, any State actions or policy changes undertaken due to the recent CMS guidance related to SBS, including any updates related to the Medicaid Billing Manuals to Align Best Practices to Recommended Guidance and how the interventions have been put into practice. Examples of participation with the Technical Assistance Center could include, but would not be limited to:

- Attendance at Technical Assistance Center Webinars or Collaborative Engagements
- Participation as a Presenter/Panelist During Technical Assistance Center Webinars
- Submission of TA Questions to the Technical Assistance Center

Recipients are required to submit an analysis of their Technical Assistance Center participation twice Annually: at the end of the 2nd Quarter of each Budget Period, reporting due by January 30th, and at the end of the 4th Quarter each Budget Period, reporting due by July 30th. (End of 4th Quarter Budget Period 3 reporting due by October 28, 2027.)

17. Rural, Tribal, and remote areas. Recipients must describe in detail any challenges related to delivering SBS in rural, Tribal, and remote areas of the State, as applicable. These areas present much different administrative issues and access issues than non-rural and non-remote areas. Recipients are required to submit an analysis of Rural, Tribal, and remote areas at the end of the 2nd Quarter of Budget Period 1, reporting due by January 30, 2025, then updating the analysis annually thereafter, due 30 days after the end of the 2nd Quarter, i.e., January 30th of each Budget Period.

18. Data. Recipients must present current procedures and proposed process improvements for statewide tracking, documenting, and maintaining Medicaid and CHIP service data, including claims for Medicaid or CHIP services provided to Medicaid- or CHIP-enrolled students in school settings through the Medicaid or CHIP programs.

Recipients are required to submit an analysis of their data plans at the end of the 2nd Quarter of Budget Period 1, reporting due by January 30, 2025, then updating the analysis annually thereafter, due 30 days after the end of the 2nd Quarter, by January 30th, of each Budget Period.

Activities for Recipients Qualifying under the Implementation of SBS

Activity	Reporting Period/End Date and Firm Due Date	Progress Update/Every 6 Months	Progress Update/Every 12 Months	Method of Submission
*See Activity Description Below				
Increased Service Utilization	End of Q2, Budget Period 1 (Due: Jan. 30, 2025)		January 30 th Annually	Grant Solutions Grant Notes

19. Increased Utilization Plan. Recipients must present plans for the collection of evidence of increased Medicaid and CHIP service utilization in school settings. Recipients must also provide plans to monitor the participation of new and existing Medicaid or CHIP SBS services provided through LEAs within the State. For example, some LEAs lack resources to simply bill Medicaid or CHIP (e.g., billing software, accounting staff, etc.) and therefore do not bill for SBS. Recipients must be prepared to develop plans to:

- Encourage, such as through the development of guidance, resources and technical assistance, participation of schools and LEAs in billing Medicaid and CHIP for SBS provided to enrolled children and adolescents.
- Through the schools and LEAs, inform and educate the public of SBS services and activities in accessible and linguistically inclusive ways (e.g., town hall meetings, information webinars, school website postings etc.)

Recipients are required to submit an analysis of their plans for increased service utilization at the end of the 2nd Quarter of Budget Period 1, with reporting due by January 30, 2025, then updating the analysis annually thereafter, due 30 days after the end of the 2nd Quarter of each Budget Period (January 30st of each subsequent year).

Activities for Recipients Qualifying under the Expansion of SBS.

Activity	Reporting Period/End Date and Firm Due Date	Progress Update/Every 6 Months	Progress Update/Every 12 Months	Method of Submission
*See Activity Description Below				

Expansion Materials & Annual Analysis	End of Q4, Budget Period 2 (Due: July 30, 2026)	-	End of Q4, Budget Period 3 (October 28, 2027)	GrantSolutions Grant Notes
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20. Plans for Expanding Medicaid services beyond IEP/IFSP services. Recipients must include information regarding:

- Plans for, or active submission of all materials (e.g., SPA(s) including coverage, reimbursement; etc.; TSIP, to the extent that a TSIP is a component of the Recipient’s State plan payment methodology; PACAP/MAC; and other materials as needed) for expanding Medicaid and CHIP services provided beyond IEP/IFSP services or all materials for expanding Medicaid and CHIP services provided beyond IEP/IFSP services for at least 2 services beyond IEP/IFSPs, within the first two years of the cooperative agreement period of performance.
- An estimated timeframe for plans to submit all materials to expand Medicaid or CHIP services provided beyond IEP/IFSP services with submission occurring during the 1st or 2nd year of the cooperative agreement period of performance.

Recipients are required to submit an analysis of their expansion plans for services beyond the IEP/IFSP services at the end of the 4th Quarter of Budget Period 2, reporting due by July 30, 2026, then updating the analysis annually thereafter, due at the end of the 4th Quarter of Budget Period 3, October 28, 2027.

Activities for Recipients Qualifying under the Enhancement of SBS.

Activity See Activity Description Below	Reporting Period End Date and Firm Due Date	Progress Update Every 6 Months	Progress Update Every 12 Months	Method of Submission
Behavioral Health Care Services Expansion and Equity of Access	End of Q4, Budget Period 2 Due: July 30, 2026	-	End of Q4, Budget Period 3 (October 28, 2027)	GrantSolutions Grant Notes

21. Behavioral Health Care Services Expansion and Equity of Access Plans. Recipients must:

- Provide the current status of their behavioral health care programs within the school setting,

their plans, and a timeline for increasing access to these programs in the future (or justification about how these programs are currently available in the school setting) no later than 30 days after the end of the 2nd year, i.e., by July 30, 2026 of the cooperative agreement period of performance. Reports should include plans for increasing availability of mental health services through activities such as the removal of coordination barriers between the schools and providers in the community, and/or the creation of school-based health clinics.

- Describe how they intend to increase equity of access to Medicaid and CHIP medical services in schools for all enrolled Medicaid and CHIP children in the State regardless of where the child resides. For example, increasing equity could include activities such as the hiring of dedicated and qualified staff for both the behavioral and physical health care in each school.

Recipients are required to submit an analysis of their plans for increased access to Medicaid and CHIP services in schools at the end of the 4th Quarter of Budget Period 2, with reporting due by July 30, 2026, then updating the analysis annually thereafter, due at the end of the 4th Quarter of Budget Period 3, October 28, 2027.

22. **Enforcement Actions and Termination.** The Recipient must comply with the Terms and Conditions of Award, as presented in the Program and Standard Terms and Conditions of Award. See also F2.b *Administrative Requirements*, F3. *Terms and Conditions*, and F4. *Cooperative Agreement Terms and Conditions* of the Notice of Funding Opportunity.

a.) Failure to comply with the Terms and Conditions of Award includes:

- 1.) A documented pattern of non-cooperation with CMS, its contractors, HHS, or other Federal agencies;
- 2.) Failure to receive and implement technical assistance provided by CMS or its contractors;
- 3.) Failure to comply with these Program Terms and Conditions, including the failure to meet any milestone or reporting requirement included in these Program Terms and Conditions;
- 4.) 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;
- 5.) Failure to maintain valid authority to implement this program as approved; and
- 6.) Improper use of cooperative agreement funds.

See also Standard Terms and Conditions, *Remedies for Non-compliance*, Section 36. *Termination*.

- b.) Remedies to Address Non-Compliance or Potential Non-Compliance.** Prior to terminating or suspending funding, CMS may in its sole discretion elect to require the Recipient to take appropriate actions to remedy an issue that has placed the Recipient at risk of non-compliance with the NoA or if CMS determines that the Recipient is out of compliance with the NoA. This option is not available to address an action or deficiency

that endangers public welfare.

- c.) **Material Non-Compliance.** CMS may terminate any 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.

23. Privacy and Security of Health Information. The Recipient shall put all appropriate regulatory, administrative, technical, and physical safeguards in place before the Start Date of the Period of Performance to protect the privacy and security of individually identifiable health information. In doing so, regardless of whether it is a covered entity (CE) or business associate (BA) as those terms are defined under the HIPAA Privacy Rule, the Recipient shall ensure its own and its subrecipients' and contractors' policies and procedures are at least as stringent (i.e., protective of privacy) as those governing the use and disclosure of protected health information by HIPAA CEs and their BAs under 45 C.F.R. parts 160 and 164. The Recipient and its subrecipients should consult with their own counsel and refer to the HIPAA guidance materials at <http://www.hhs.gov/ocr> for further information about the requirements in 45 C.F.R. Parts 160 and 164.

24. Duplication of Funds. 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.

Centers for Medicare & Medicaid Services
Standard¹ Grant/Cooperative Agreement² Terms and Conditions

GENERAL

1. **Recipient.** The Recipient named on the Notice of Award in field #1 is the non-federal entity that receives a Federal award directly from CMS to carry out an activity under this Federal program.
2. **Acceptance of Application & Terms of Agreement.** By drawing or otherwise obtaining funds from the U.S. Department of Health and Human Services (DHHS) Payment Management System (PMS), the recipient:
 - (a) acknowledges and accepts the terms and conditions of the award
 - (b) is obligated to perform in accordance with the requirements of the award; and
 - (c) certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer Federal awards and the funds drawn down.

If the recipient cannot accept the terms, the recipient must notify the Grants Management Officer (GMO) within thirty (30) days of receipt of this award notice. Once an award is accepted by a recipient, the contents of the Notice of Award (NoA) are binding on the recipient unless and until modified by a revised NoA signed by the GMO.

3. **Terms and Conditions of Award.** This Award is subject to terms and conditions detailed in the award and to those cited and incorporated by reference, including:
 - Recipient Specific Terms and Conditions, if applicable
 - Program Terms and Conditions
 - Standard Terms and Conditions

Recipients of Department of Health and Human Services' (DHHS) grants or cooperative agreement awards must comply with all terms and condition of their awards, including:

- (a) requirements of the authorizing statutes and implementing regulations for the program under which the award is funded
- (b) applicable requirements or limitations in appropriations acts

¹ Standard Terms and Conditions include all possible grants administrative requirements for CMS awards. All standard terms and conditions apply unless the requirement is not applicable based on the project awarded. Recipients should contact their assigned Grants Management Specialist if they have questions about whether an administrative term and condition applies.

² A Cooperative Agreement is an alternative assistance instrument to be used in lieu of a grant whenever substantial Federal involvement with the recipient during performance is anticipated. The difference between grants and cooperative agreements is the degree of Federal programmatic involvement rather than the type of administrative requirements imposed. Therefore, statutes, regulations, policies, and the information contained in these Standard Terms and Conditions that are applicable to grants also apply to cooperative agreements, unless otherwise stated.

- (c) terms and conditions included in the HHS Grants Policy Statement in effect at the time of a new, noncompeting continuation, or renewal award, or supplemental award, including the requirements of applicable HHS regulations
- (d) any policies or requirements specific to the award; and
- (e) any requirements included in the NOFO.

4. Funding for Recipients. All funding provided under this award must be used by the Recipient exclusively for the program referenced in the Notice of Award and described in the Notice of Funding Opportunity and outlined in the Recipient's approved application. This includes any approved revisions, as applicable, made subsequent to the Recipient's approved application.

- Per 45 CFR §75.309(a), a non-Federal entity may charge to the Federal award only allowable costs incurred during the period of performance (except as described in 45 CFR §75.461) and any costs incurred before the HHS awarding agency or pass-through entity made the Federal award that were authorized by the Federal awarding agency or pass-through entity.
- Funds available to pay allowable costs during the period of performance include both Federal funds awarded and approved carryover balances.
- Federal award funds must supplement, not replace (supplant) nonfederal funds. All recipients who receive awards under programs must ensure that federal funds do not supplant funds that have been budgeted for the same purpose through non-federal sources. Applicants or award recipients may be required to demonstrate and document that a reduction in non-federal resources occurred for reasons other than the receipt of expected receipt of federal funds.
- Any funds used for any purpose other than for the approved program, including disallowed costs, should be returned to the United States Treasury. Instructions for returning funds including interest earned in excess of \$500 are available here.

5. Uniform Administrative Requirements, Cost Principles, and Audit Requirements.

The NoA issued is subject to the administrative requirements, cost principles, and audit requirements that govern Federal monies associated with this award, as applicable, in the Uniform Guidance – 2 Code of Federal Regulations (CFR) § 200 as codified by HHS at 45 CFR § 75.

6. The HHS Grants Policy Statement (HHS GPS). This award is subject to the requirements of the HHS GPS that are applicable to the Recipient based on the Recipient type and the purpose of this award. 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.

7. Fraud, Waste, and Abuse. The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements as well as the HHS OIG website. Information may also be submitted by email or by mail to Office of the Inspector General, U.S. Department of Health & Human Services,

Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

8. **Medicare and Medicaid anti-kickback statute.** Recipient is subject to this statute and acknowledges there is a risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. § 1320-7b(b) Illegal remunerations. This statute states, in part, that:

Whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind-

- in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal health care program, or
- in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a federal health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

9. **Payment.** The Division of Payment Management (DPM) does not award grants. The issuance of grant awards and other financial assistance is the responsibility of the awarding agencies. 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 grant recipient, register in PMS [here](#). 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.

10. **GrantSolutions and email addresses.** Recipients must maintain an active account with GrantSolutions (GS) to communicate, receive, and obtain documentation from CMS. If the designated Recipient Authorized Organizational Representative (AOR) and Project Director (PD) do not already have accounts in GS, they must contact GS immediately upon receipt of award to complete a user account form. Any change in personnel with access to GS, must also be communicated to CMS and GS staff so that the key responsible individuals are current and correct within the GS system.

11. **Reservation of Rights.** Nothing contained in this Award is intended or shall be construed as a waiver by the United States Department of Justice, the Internal Revenue Service, the Federal Trade Commission, HHS Office of the Inspector General, or CMS of any right to institute any proceeding or action against Recipient for violations of any statutes, rules or regulations administered by the Government, or to prevent or limit the rights of the Government to obtain relief under any other federal statutes or regulations, or on account of

any violation of this Award or any other provision of law. The Award shall not be construed to bind any Government agency except CMS, and this Award binds CMS only to the extent provided herein, unless prohibited by law. The failure by CMS to require performance of any provision shall not affect CMS's right to require performance at any time thereafter, nor shall a waiver of any breach or default result in a waiver of the provision itself.

ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

12. Prior Approval Requirements. CMS anticipates that the recipient may need to modify the recipient's award budget or other aspects of its approved application during performance to accomplish the award's programmatic objectives. In general, recipients are allowed a certain degree of latitude to rebudget within and between budget categories to meet unanticipated needs and to make other types of post-award changes, provided that the changes still meet the statutory program requirements and the regulatory requirements under 45 CFR 75, as applicable.

Items that require prior approval (i.e. formal written approval) from the GMO, as stated in the Terms and Conditions of Award and HHS grant regulation 45 CFR 75, must be submitted in writing. Based on the nature, extent, and timing of the request, the GMO may approve, deny, or request additional material to further document and evaluate your request.

A Recipient must request approval of post-award changes to its award through submission of an amendment in GrantSolutions (based upon the applicable change request). Only an amended NoA signed by the GMO is considered valid approval. Verbal authorization is not approval and is not binding on CMS. Recipients who proceed without prior approval, do so at their own risk.

Amendment Type guidance:

- If a budget revision change request impacts more than one budget category, utilize Revision (Budget) amendment type.
- If budget revision change request only impacts one budget category, utilize Revision (NoA Other) amendment type.
- If the change requested does not match a possible amendment type from the selection list in GrantSolutions, utilize Revision (NoA Other) amendment type.

Prior approval is required for but is not limited to:

- Changes in Key Personnel and Level of Effort,
- Budget Revisions (see also Standard Term and Condition *Revision of Budget and Program Plans*),
- Changes in Scope,
- Carryover Requests,
- Travel Requests (as detailed below)

- For attendance at any conference³, including those sponsored by CMS, recipients must submit a detailed breakdown of costs associated with attending the conference for prior written approval. All costs must be individually itemized. This breakdown should include all costs associated with travel to the conference and a brief narrative explaining the program related purpose/how attending the conference will further the objectives of the program.
- Note: All federally funded travel must be tracked through a travel log which includes: traveler/position, destination, length of stay, mileage, per diem, reason for the trip, airfare, and any other reimbursable expenses. Recipients must also consult and comply with requirements outlined under 45 CFR §75.474, *Travel Costs*.
- Purchase of Technology
 - Purchase of technology items (both those classified as equipment and those classified as supplies), over and above that which is already approved in the budget must be approved by the Grants Management Officer (regardless of acquisition cost).
 - Note: All technology items, regardless of classification as equipment or supply must still be individually tagged and recorded in an equipment/technology data. This database should include any information necessary to properly identify and locate the item. For example, serial # and location of equipment (e.g. laptops, tablets, etc.).
- No Cost Extensions;
- Lifting of Funding Restrictions;
- Removal of Corrective Action Plans;
- any costs to support rearrangement, alteration, reconversion, or capital expenditures (refer to 45 CFR §§75.439 and 75.462).

Activities that require prior approval are further detailed in HHS grant regulation 45 CFR §§ 307 and 474.

13. Revision of Budget and Program Plans. Recipients must consult and comply with requirements outlined under 45 CFR §75.308, *Revision of budget and program plans*. Please note that CMS is not waiving any prior approval requirements outlined in this section of the regulation or as stated in these Standard Terms and Conditions. Additionally, in accordance with §75.308(e), CMS requires prior approval for budget revisions where the transfer of funds among direct cost categories or programs, functions and activities in which the Federal share of the project exceeds the Simplified Acquisition Threshold (\$250,000) and the **cumulative amount** of such transfers exceeds or is expected to exceed **10 percent** of the

³ OMB Memorandum M-12-12 employs, and HHS has adopted the following definition for a conference from the Federal Travel Regulation (FTR): A "conference" is defined as "[a] meeting, retreat, seminar, symposium or event that involves attendee travel. The term 'conference' also applies to training activities that are considered to be conferences under 5 CFR 410.404."

total budget as last approved. CMS cannot permit a transfer that would cause any Federal appropriation to be used for purposes other than those consistent with the appropriation.

- Recipients with total costs below the simplified acquisition threshold may transfer up to 25% of the total current budget approved within and between approved direct cost categories per budget period without prior approval.
- CMS must review and approve rebudgeting among direct cost categories or programs, functions and activities of 25 percent or more of total costs of the last approved budget period (for the current budget period) for all federal awards.
- Once the rebudgeting threshold is reached, the recipient must request prior approval for all additional changes during that budget period.

14. Conflict of Interest Policies. Recipient must comply with the conflict of interest policy requirements outlined in **Attachment A** to these Standard Terms and Conditions. See also 45 CFR §75.112.

15. Bankruptcy. If Recipient or one of its subrecipients enters bankruptcy proceedings, whether voluntary or involuntary, the Recipient agrees to provide written notice of the bankruptcy to the CMS Grants Management Specialist and CMS Project Officer (PO) within five (5) days of initiation of the proceedings. 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.

16. Public Policy Requirements. Public policy requirements are requirements with a broader national purpose than that of the Federal sponsoring program or award that an applicant/recipient must adhere to as a prerequisite to and/or condition of an award. Public policy requirements are established by statute, regulation, or Executive order. In some cases, these requirements relate to general activities such as preservation of the environment, while, in other cases they are integral to the purposes of the award-supported activities. The release of federal funds through a grant award does not constitute or imply compliance with federal statute and regulations. Funded organizations must ensure that their activities comply with all applicable federal regulations.

All federal statutes and regulations relevant to federal financial assistance, including those highlighted in the HHS Administrative and National Policy Requirements.

17. Non-Discrimination and Accessibility Requirements. Recipients and subrecipients of federal financial assistance (FFA) from HHS are required as a condition of this award to complete an HHS Assurance of Compliance form (HHS 690).

Recipient certifies that the organization has on file with the HHS Office of Civil Rights (OCR) a one-time Assurance of Compliance with the statutes described in this subsection. The Assurance, Form HHS 690, is filed for the organization and is not required for each application or award.

Subrecipients that receive funding from Recipients (including contractors under grants) rather than directly from CMS, are also required to file an HHS 690. Recipient is responsible for determining whether those organizations have the required Assurance on file and, if not, ensuring that it is filed with the HHS Office of Civil Rights (OCR).

The HHS 690 form may be filed electronically via the U.S. Department of Health and Human Services' Assurance of Compliance online portal [here](#) or be mailed to:

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave., S.W. Room 509F
Washington, D.C. 20201

You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS and HHS Non-Discrimination Notice.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, [click here](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, [click here](#).
- For information on how HHS funded health and education programs must be administered in an environment free of sexual harassment, [click here](#).
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, [click here](#).

Recipients should review and comply with the reporting and review activities regarding accessibility requests outlined in **Attachment B**, to these Standard Terms and Conditions.

18. Prohibition on certain telecommunications and video surveillance services or equipment. 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.

19. Human Subjects Protection. If applicable to Recipient's program, the Recipient bears ultimate responsibility for protecting human subjects under the award, including human subjects at all sites, and for ensuring that a Federal-wide Assurance (FWA) approved by the Office for Human Research Protections (OHRP) and certification of Institutional Review Board (IRB) review and approval have been obtained before human subjects research can be conducted at each collaborating site. For more information about OHRP, FWA, and IRBs, click [here](#).

Recipients may not draw funds from PMS, request funds from the paying office, or make obligations against Federal funds for research involving human subjects at any site engaged in nonexempt research for any period not covered by both an OHRP-approved assurance and IRB approval consistent with 45 CFR Part 46. Costs associated with IRB review of human research protocols are not allowable as direct charges under grants and cooperative agreements unless such costs are not covered by the organization's indirect cost rate.

HHS requires Recipients and others involved in grant/cooperative agreement-supported research to take appropriate actions to protect the confidentiality of information about and the privacy of individuals participating in the research. Recipients, subrecipients, Investigators, IRBs, and other appropriate entities must ensure that policies and procedures are in place to protect identifying information and must oversee compliance with those policies and procedures.

20. Privacy and Security of Health Information. The Recipient shall put all appropriate regulatory, administrative, technical, and physical safeguards in place before applicable

program activities begin to protect the privacy and security of individually identifiable health information. In doing so, regardless of whether it is a covered entity (CE) or business associate (BA) as those terms are defined under the HIPAA Privacy Rule, the Recipient shall ensure its own and its subrecipients' and contractors' policies and procedures are at least as stringent (i.e., protective of privacy) as those governing the use and disclosure of protected health information by HIPAA CEs and their BAs under 45 C.F.R. parts 160 and 164. The Recipient and its subrecipients should consult with their own counsel and refer to the HIPAA guidance materials for further information about the requirements in 45 C.F.R. Parts 160 and 164.

21. **Trafficking in Persons.** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, refer to **Attachment C** to these Standard Terms and Conditions.
22. **Employee Whistleblower Protections.** Federal law mandates that all Federal contractors, subcontractors, grantees, subgrantees, or personal services contractors, must inform their employees in writing of the rights and remedies provided under this section, in the predominant native language of the workforce. For more information click [here](#).
23. **Mandatory Disclosures.** Consistent with 45 CFR §75.113, applicants and recipients must disclose in a timely manner, in writing to CMS, with a copy to the HHS Office of the Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Additionally, subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS 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 CMS and to the HHS OIG at the following addresses:

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

Materials should also be scanned and emailed to your Grants Management Specialist.

AND

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

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR §75.371, *Remedies for noncompliance*, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.

- 24. Suspension and Debarment Regulations.** Recipient must comply with 45 CFR §75.213, which states that non-federal entities and contractors are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689 at 2 CFR parts 180 and 376. These regulations restrict awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs or activities.
- 25. FY 2024 Appropriations Provision.** U.S. Department of Health & Human Services (HHS) recipients must comply with (a) all terms and conditions outlined in their grant award(s), including grant policy terms and conditions contained in applicable HHS Grants Policy Statements, and requirements imposed by program statutes and regulations, (b) Executive Orders, (c) HHS grant administration regulations, as applicable; and (d) any requirements or limitations in any applicable appropriations acts.

This award is subject to the "Further Consolidated Appropriations Act, 2024" [H.R.2882](#), for the Departments of Labor, Health and Human Services, and Education.

Recipients must also review and comply with applicable General Provisions under Division D, Title II, for the Department of Health and Human Services (see General Provisions 202-241) and applicable General Provisions under Title V (see General Provisions 501-531 for the Departments of Labor, Health and Human Services and Education) included within the Appropriations Law. These provisions may apply to all recipients of HHS federal funding. OR may apply directly to recipients of federal funding from one or more HHS agencies.

Salary Limitations: As is noted under Division D, Title II, General Provisions, Section 202, none of the funds appropriated in this title 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. Please consult the following link to determine the [applicable current salary cap](#).

- 26. Health Information Technology (IT) Interoperability.**
If award funding involves implementing, acquiring, or upgrading health IT for activities by any funded entity, Recipients and subrecipients are required to use health IT that meets standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#), if such standards and implementation specifications can support the activity.

If award funding involves implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Section 4101, 4102, and 4201 of the HITECH Act, use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory.

COST PRINCIPLES

Centers for Medicare and Medicaid Services (CMS) grant awards provide for reimbursement of actual, allowable costs incurred and are subject to the Federal cost principles in HHS grant regulations at 45 CFR Part 75, Subpart E. 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. CMS 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 commercial (for-profit) organizations are subject to the cost principles located at 48 CFR subpart 31.2⁴.

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.

For-profit entities which receive the preponderance of their federal awards from HHS may contact the Division of Financial Advisory Services (DFAS), Indirect Cost Branch, to negotiate an indirect cost rate. Otherwise, for-profit organizations are limited to the 10% de minimis rate in accordance with 45 CFR §75.414(f).

27. Prohibited Uses of Grant or Cooperative Agreement Funds. The following list contains costs that are unallowable for all CMS programs. Recipient should consult the Program Terms and Conditions for other prohibited costs specific to the grant or cooperative agreement program.

⁴ There are no cost principles specifically applicable to grants to for-profit organizations. Therefore, the cost principles for commercial organizations set forth in the FAR (48 CFR subpart 31.2) generally are used to determine allowable costs under CMS grants to for-profit organizations. As provided in those costs principles, allowable travel costs may not exceed those established by the FTR. The cost principles in 45 CFR 75, Appendix IX, determine allowable costs under CMS grants to proprietary hospitals.

- Cost sharing or matching any other State or Federal funds.
- Providing 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.
- Providing goods or services not allocable to the approved project.
- Supplanting existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries, etc.
- Construction.
- 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.
- The cost of independent research and development, including their proportionate share of indirect costs in accordance with 45 CFR §75.476.
- Profit to any recipient even if the recipient is a commercial (for-profit) organization. Profit is any amount in excess of allowable direct and indirect costs.
- Lobbying. 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.
 - Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR §93.
 - Recipients must also comply with lobbying restrictions outlined in the applicable Appropriations Law.
- Costs of promotional items and memorabilia, including models, gifts, and souvenirs;
- Costs of advertising and public relations designed solely to promote the non-Federal entity.
- Meals unless in limited circumstances such as:
 - Subjects and patients under study;
 - Where specifically approved as part of the project or program activity (not grantee specific), e.g., in programs providing children's services; and
 - As part of a per diem or subsistence allowance provided in conjunction with allowable travel.

POST AWARD MONITORING AND REPORTING

28. Continued funding is contingent on satisfactory progress, compliance with the terms and conditions, and the availability of funds. The NoA identifies the period of performance, which may include multiple 12-month budget periods. If a period of performance is comprised of multiple budget periods, the recipient must submit a non-competing continuation application each year as a prerequisite to continued funding.

Recipients must demonstrate satisfactory performance during the previous funding cycle(s) to be issued additional year funding; or, in the case of multi-year awards where all funding is

issued in the first year, to ensure continued access to funding. Recipients should refer to the NOFO and Program Terms and Conditions for additional information on satisfactory progress.

Additionally, as is noted in 45 CFR Part 75, CMS annually conducts a review of risks posed by applicants prior to award (applicant should review the factors in their entirety at §75.205). At-risk recipients, including those which do not comply with reporting requirements or have outstanding audit findings, may not receive a non-competing continuation award.

Alternatively, recipients could receive decreased funding, or their award could be terminated in accordance with 45 CFR 75.372 "Termination" if they are non-compliant with the terms and conditions of award.

- 29. Reporting Requirements.** Recipients must comply with the reporting requirements outlined in the Standard and Program Terms and Conditions of award. Failure to submit reports on time may be basis for withholding financial assistance payments, suspension, termination or denial of continued funding. Recipient's failure to timely submit such reports may result in a designation of "At-risk" for the recipient organization and may jeopardize potential future funding from the U.S. Department of Health and Human Services. The general information and guidance for financial and programmatic reporting provided below supplements the specifics included in the Program Terms and Conditions.

A. PROJECT AND DATA INTEGRITY

Recipient must protect the confidentiality of all project-related information that includes personally identifying information.

The Recipient shall assume responsibility for the accuracy and completeness of the information contained in all technical documents and reports submitted. The CMS Project Officer shall not direct the interpretation of the data used in preparing these documents or reports.

At any phase in the project, including the project's conclusion, the Recipient, if requested by the CMS Project Officer, must deliver to CMS materials, systems, or other items used, developed, refined or enhanced in the course of, or under the award. The Recipient agrees that CMS must have a royalty-free, nonexclusive and irrevocable license to reproduce, publish, or otherwise use and authorize others to use the items for Federal government purposes.

B. SYSTEM OF AWARD MANAGEMENT (SAM) AND UNIVERSAL ENTITY IDENTIFIER (UEI) REQUIREMENTS

This award is subject to the requirements of 2 CFR part 25, Appendix A which is specifically incorporated herein by reference. Recipient must maintain current information in the system at all times when an award is active or if there is an application pending review.

Recipient must review and update the information at least once a year after the initial registration to remain active, and more frequently if required by changes in the information. This requirement flows down to subrecipients and contractors under awards or subawards.

C. RESPONSIBILITY AND QUALIFICATION REPORTING (R/Q) (formerly FAPIIS)

Recipients that have active federal contract, grant, or cooperative agreement awards with a cumulative value greater than \$10,000,000 are required to disclose semi-annual information about criminal, civil, and administrative proceedings that have, within the last five years, been the subject of a criminal, civil, and/or administrative proceeding at the federal or state level in connection with a federal award that resulted in a conviction or finding of fault or liability. Recipients must also make semi-annual disclosures regarding such proceedings and/or affirm that there is no new information to provide. This information will be made publicly available in **Responsibility and Qualification** records on [SAM.gov](https://sam.gov).

Additional Guidance

- [Responsibility/Qualification Information](#)
- Federal Awarding Agency Review of Risk Posed by Applicants, 45 CFR 75.205

Note: Recipients must accurately address the proceedings questions as part of the registration process in [SAM](#).

D. SUBAWARD REPORTING AND EXECUTIVE COMPENSATION (FFATA)

This award is subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170. Recipients must report information for each first-tier subaward of \$30,000 or more in Federal funds and executive total compensation for the Recipient's and Subrecipients' five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170. Information about the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) is available at www.fsrs.gov. For the full text of the award term [click here](#).

E. FINANCIAL REPORTING

HHS recipients must record recipient expenses in real-time as well as submit quarterly, semi-annual, or annual expenditure FFRs as described below.

Recipients report on Federal expenditures, Recipient Share (if applicable), and Program Income (if applicable and/or allowable) at least annually via the Payment Management System. Instructions on how to complete the FFR can be found [here](#). (after logging on) Frequency of expenditure reporting, whether quarterly, semi-annual or annual, is stipulated in the Program Terms and Conditions of award.

- Expenditures information is reflected through completion of lines 10.d through 10.o of the FFR.
- The expenditures FFR must also include information on indirect costs if approved as part of grant award (line 11).
- As appropriate, all lines of the form must be completed/verified. CMS will review and either approve or reject the expenditure report submitted. If rejected, Recipient must take appropriate action to correct the issue and resubmit the report.

Quarterly and semi-annual expenditure reports are due no later than 30 days following the applicable period. Annual expenditure FFRs are due no later than 90 days following the applicable budget period end date or 12-month period for multi-year budget periods and final FFRs are due no later than 120 days following the period of performance end date.

The final FFR must show cumulative expenditures under the award and any unobligated balance of federal funds and as appropriate, all other parts of the form must be completed.

Additionally, Recipient must liquidate all obligations incurred under the award not later than 120 days after the end of the funding period. This deadline may be extended with prior written approval from the CMS Grants Management Specialist.

F. PROGRAMMATIC REPORTING

In accordance with 2 CFR §200.301, *Performance Measurement*, Recipients must measure recipient's performance to show achievement on program goals and objectives, share lessons learned, improve program outcomes, and foster adoption of promising practices. Program goals and objectives should be derived from program planning and design. See Program Term and Conditions for specific details.

G. PUBLIC REPORTING (STEVENS AMENDMENT)

Recipients, consistent with the language of the Stevens Amendment, when issuing statements, press releases, publications, requests for proposals, bid solicitations, and other documents – such as toolkits, resource guides, websites, and presentations (hereafter “statements”) – describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, must clearly state: (1) the percentage and dollar amount of the total costs of the program or project which will be funded with Federal money; and (2) the percentage and dollar amount of the total costs of the project or program that is funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement (see immediately below). For additional supplemental information, please see Standard Term and Condition 29. (H) *Acknowledgement of Sponsors (Disclaimer and Review Requirements)*.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by CMS/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify CMS in advance to allow for coordination.

H. ACKNOWLEDGEMENT OF SPONSORS (DISCLAIMER AND REVIEW REQUIREMENTS)

All publications, press announcements, posters, oral presentations at meetings, seminars, and any other information-dissemination format, including but not limited to electronic/digital media (e.g. social media platforms) that is related to this project must include a formal acknowledgement of support as well as a disclaimer as stated above in Term and Condition, 29. (G) *Public Reporting (Stevens Amendment)*. It is the policy of the Department of Health and Human Services (HHS) that the results and accomplishments of the activities it funds should be made available to the public. The Recipient is expected to make the results and accomplishments of its activities available to the research community and to the public at large.

- (a) The Recipient shall submit the following to the CMS Project Officer for review and comment unless specified otherwise in the Program Terms and Conditions:
 - (i) At least 30 days prior to its release:

- publications that report results from or describe information obtained through this award.
 - any external formal presentation of any report or statistical or analytical material based on information obtained through this award. Formal presentation includes papers, articles, professional publication, speeches, and testimony.
 - external presentation-related material, such as abstracts, power point presentations or other slide decks, posters, and videos.
 - all public materials specific to the program including but not limited to, brochures, recruitment materials, informational materials, advertisements, website copy, website pages, videos, and op-ed articles.
- (ii) At least 7 days prior to release:
- any press release or media advisory concerning the outcome of activities supported through this award.
 - all media interviews, media requests, releases of information, filming, and broadcasts.
- (b) For 1 year after completion of the project, the Recipient shall continue to submit for review and comment all publications, presentations, and communications resulting from this award or based on information obtained through this award, including papers, articles, professional publications, power point presentations, posters, speeches, announcements, and testimony in any format, including digital technology.
- (c) It is the policy of the Department of Health and Human Services that the Recipient must communicate to CMS how the dollar amounts and funding percentages are calculated, including whether or not indirect costs have been incorporated. Recipient must submit this information to CMS for review and comment for each applicable type of result/accomplishment according to the same timeline schedule outlined in 17(a).
- (d) Specifically excluded from the review and comment process are internal presentations, information discussions, in general, class lectures, and informal meetings and conversations with community leaders. However, if such a presentation or slide deck is later re-purposed for a public event, it will need to be submitted in advance for CMS review.
- (e) One copy of each publication resulting from work performed under an HHS grant-supported project must accompany the final progress report.

I. USE OF DATA AND WORK PRODUCTS (REPORTING)

At any phase of the project, including the project's conclusion, the Recipient, if so requested by the CMS Project Officer, shall submit copies of analytic data file(s) with appropriate documentation, representing the data developed/used in end-product analyses generated under the award. The analytic file(s) may include primary data collected, acquired or generated under the award and/or data furnished by CMS. The content, format, documentation, and schedule for production of the data file(s) will be agreed upon by the Principal Investigator/Project Director and the CMS Project Officer. The negotiated format(s) could include both file(s) that would be limited to CMS's internal use and file(s) that CMS could make available to the general public.

All data provided by CMS will be used for the research described in this grant/cooperative agreement award only and in connection with the Recipient's performance of its obligations and rights under this program. Recipient has an obligation to collect and secure data for future monitoring by CMS. The Recipient will return any data provided by CMS or copies of data at the conclusion of the project. All proprietary information and technology of the Recipient are and shall remain the sole property of the Recipient.

If the Principal Investigator/Project Director determines through this research that a significant new finding has been developed, he/she will communicate it to the CMS Project Officer before formal dissemination to the general public. The Recipient shall notify CMS of research conducted for publication.

J. TANGIBLE PERSONAL PROPERTY REPORTING

The Tangible Personal Property Report (SF-428) is a standard form to be used by awarding agencies to collect information related to tangible personal property when required by a Federal financial assistance award. This form allows recipients to request specific disposition of federally-owned property and acquired equipment. This form also provides a means for calculating and transmitting appropriate compensation to CMS for residual unused supplies. The form consists of the cover sheet (SF-428) and three attachments to be used as required: Annual Report, SF-428-A; Final (Award Closeout) Report, SF-428-B; and a Disposition Request/Report, SF-428-C. A Supplemental Sheet, SF-428-S, may be used to provide detailed individual item information.

Recipients are required to complete the SF-428, SF-428-B and the SF-428-S (as applicable) at the time of award closeout. The report covers federally owned property, acquired equipment with an acquisition cost of \$5,000 or more, and residual unused supplies with a total aggregate fair market value exceeding \$5,000 not needed for any other federally sponsored programs or projects.

K. PATENTS AND INVENTIONS

In accordance with 45 CFR §75.322(c), all Recipients are subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401. If applicable, Recipients must report any inventions on an annual basis using the non-competing continuation application or annual progress report for multi-year budget periods.

A Final Invention Statement and Certification (Form HHS 568) must be completed and submitted within 120 days following the expiration or termination of a grant or cooperative agreement.

- The Statement must include all inventions which were conceived or first actually reduced to practice under the grant or award, from the original effective date of support through the date of completion or termination.

- The Statement shall include any inventions reported previously for grants and cooperative agreements as part of a non-competing continuation application or annual progress report.
- Recipients must also provide details about all inventions that have been licensed but not patented, and include details on income resulting from HHS-funded inventions and patents.

Unpatented research products or resources—research tools—may be made available through licensing to vendors or other investigators. Income earned from any resulting fees must be treated as program income. This reporting requirement is applicable to grants and cooperative agreements issued by the U.S. Department of Health & Human Services in support of research and research-related activities. For further guidance, please see the HHS Grants Policy Statement: *Patents and Inventions* and *Inventions Reporting*.

L. AUDIT REPORTING

- The audit requirements in 45 CFR Part 75, Subpart F apply to each 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 45 CFR 75 and must submit an audit reporting package to the Federal Audit Clearinghouse (FAC), the OMB designated repository of record. In accordance with 45 CFR 75.513(c)(1), HHS grant awarding agencies are required to ensure that single or program-specific audits are completed and reported by recipients within nine months after the end of the audit period (recipient fiscal year end date). **Recipients must comply with the following: Within 3 business days of submission of the audit reporting package to FAC, provide certification (to include evidence of submission) as a Grant Note in GrantSolutions labeled: "HHS FAC Certification" (Subject)/ "FAC_CERT_mm.dd.yyyy" (File Name).**

OR

- Upon the Recipient's audit reporting package deadline, the Recipient must certify in writing to the GMS that their entity did not meet the \$750,000 threshold during its FY. This certification is uploaded as a Grant Note in GrantSolutions labeled: "FAC Certification" (Subject)/ "FAC_CERT_mm.dd.yyyy" (File Name).**

Records must still be available for review or audit by appropriate officials of CMS, pass-through entity, and Government Accountability Office (GAO).

For questions and information concerning the FAC submission process, please contact the Federal Audit Clearinghouse (entity which assists Federal cognizant and oversight agencies in obtaining audit data and reporting packages) at 888-222-9907 or click [here](#).

Commercial Organizations (for-profits including for-profit hospitals) should consult §75.216 for limitations on profit and program income. As explained in 45 CFR §75.501(i) and §75.216, commercial organizations have two options regarding audits:

- (1) A financial related audit (as defined in the Government Auditing Standards, GPO Stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards. In those cases where the recipient receives awards under only one HHS program, or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or
- (2) An audit that meets the requirement contained in 45 CFR part 75, subpart F (as explained above).

Commercial organizations should submit audits directly to the following electronic address:

AuditResolution@hhs.gov with a copy to KC_OIG_Audit@cms.hhs.gov and the Grants Management Specialist identified in Federal Awarding Agency box #9 on the Notice of Award.

Do not send audits for commercial organizations to the Federal Audit Clearinghouse (FAC).

As explained under 45 CFR§75.501(h), *For-profit subrecipient*, since this part does not apply to for-profit subrecipients, the pass-through entity is responsible for establishing requirements, as necessary, to ensure compliance by for-profit subrecipients. The agreement with the for-profit subrecipient must describe applicable compliance requirements and the for-profit subrecipient's compliance responsibility. Methods to ensure compliance for Federal awards made to for-profit subrecipients may include pre-award audits, monitoring during the agreement, and post-award audits. See also §75.352 Requirements for pass-through entities.

For information related to potential consequences for failure to apply with the aforementioned audit requirements, please see the section titled *Remedies for Non-Compliance* within these Standard Terms and Conditions and 45 CFR §75.371, *Remedies for noncompliance*.

SUBRECIPIENT PASS-THROUGH REQUIREMENTS

The recipient, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to subrecipients, in accordance with 45 CFR § 75.351 – 75.352, Subrecipient monitoring and management.

30. Subaward Reporting. Refer to Standard Term and Condition, 29. (D) *Subaward Reporting and Executive Compensation (FFATA)*.

- 31. Affirmative Duty to Track All Parties to the Award.** Recipient must at a minimum regularly track all subrecipients, including subrecipient key personnel as well as subcontractors in the System for Award Management (SAM).

As provided in 2 CFR part 180 and implemented in 2 CFR part 376, the recipient must check the System for Award Management (SAM) as follows to ensure that it does not make a subaward to an entity that is debarred, suspended, or ineligible:

- For all first-tier subawards regardless of potential value. Agencies must also require first tier- subrecipients and lower-tier subrecipients to check SAM.gov and
- For all first-tier procurement contracts with a value of \$25,000 or more and all lower tiers of subcontracts under covered non-procurement transactions (2 CFR 376.220).

The purpose of this affirmative duty is to track all parties that include health care, commercial, non-profit, and other people and entities to report immediately to the CMS Project Officer (PO) and Grants Management Specialist those that cannot participate in federal programs or receive federal funds. The Recipient cannot have any persons or entities on the award that cannot participate in federal programs or receive federal funds. If any of these systems are not publicly available, then the Recipient must comply with the purpose and intent of this requirement using a process that meets at least the level of scrutiny provided by these databases.

The Recipient shall provide the CMS PO and Grants Management Specialist with the National Provider Identifier (NPI), Tax ID, and EIN, as applicable, of all Key Personnel and/or entities to the award that may include subrecipients. This list shall be provided to CMS as a Grant Note in GrantSolutions within **thirty (30) days** from the start of the award and must be maintained in real-time throughout the award.

- 32. Pass Through Entities, Subrecipients, and Contractors.** As outlined in 45 CFR §75.351, *Subrecipient and contractor determinations*, a pass-through entity must make case-by-case determinations whether each agreement it makes for the disbursement of Federal program funds casts the party receiving the funds in the role of a subrecipient or contractor. A pass-through entity means a non-Federal entity that provides a subaward to a subrecipient to carry out part of a Federal program (45 CFR §75.2, *Definitions*). As described in 45 CFR §75.351, a subaward is for the purpose of carrying out a portion of a Federal award and creates a Federal assistance relationship with the subrecipient while a contract is for the purpose of obtaining goods and services for the non-Federal entity's own use and creates a procurement relationship with the contractor. Characteristics for both types of relationships are included in 45 CFR §75.351. All pass-through entities must ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information outlined in 45 CFR §75.352, *Requirements for pass-through entities*, at the time of subaward and if any of these data elements change, include these changes in subsequent subaward modifications.

- 33. Subrecipient Equal Treatment.** The Recipient must comply with 45 CFR Part 87, including the provision that no State or local government Recipient nor any intermediate organization receiving funds under any program shall, in the selection of service providers, discriminate for or against an organization's religious character or affiliation.

34. Recipient's Responsibility for Subrecipients. The Recipient is responsible for the performance, reporting, and spending for each Subrecipient in accordance with 45 CFR Part 75 Subpart D - Subrecipient Monitoring and Management. The Recipient will:

- ensure the timeliness and accuracy of required reporting for each site of service and Subrecipient under the award
- be responsible for the performance and progress of each site of service or Subrecipient toward the goals and milestones of the program
- take necessary corrective action for any site of service or Subrecipient that is not meeting the goals and milestones of the program, as set forth in the NOFO.

REMEDIES FOR NONCOMPLIANCE

35. Non-compliance. If a Recipient fails to comply with Federal statutes, regulations, or the terms and conditions of a Federal award, the HHS awarding agency or pass-through entity may impose additional conditions, as described in 45 CFR §75.207, *Specific award conditions*. If CMS or the pass-through entity determines that noncompliance cannot be remedied by imposing additional conditions, CMS or the pass-through entity may take one or more actions as set forth in 45 CFR §75.371, *Remedies for noncompliance*. Remedies include termination of the award.

36. Termination. The Federal award may be terminated in whole or in part as stated in 45 CFR §75.372.

CMS and the recipient may terminate the award through mutual agreement, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated. Alternatively, the recipient may notify CMS, or the pass-through entity, setting forth the reasons for such termination, the effective date, and in the case of partial termination, the portion to be terminated.

CMS may terminate any 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.

CLOSEOUT

37. Withdrawal. If the Recipient decides to withdraw from this award prior to the end of the period of performance, it must provide written notification (both hard copy and via email) to the CMS Grants Management Specialist at least fifteen (15) days in advance of the date of official withdrawal and termination of these terms. The letter must be signed by the AOR and other appropriate individuals with authority. CMS will not be liable for any withdrawal close-out costs that are borne by the Recipient. Recipients have three (3) days to return all unused grant funds.

38. Disposition of Federally Owned Property, Equipment, and Residual Unused Supplies.

Upon completion (or early termination) of a project, Recipient must take appropriate disposition actions. Recipients of funding from CMS should proceed in accordance with the guidance provided within this term and condition.

Recipient must complete and submit the **SF-428 Cover Letter, SF-428-B Tangible Personal Property Report, Final Report** (also see Standard Term and Condition, 29. (J) *Tangible Personal Property Reporting*). The Tangible Personal Property Report (SF-428) is a standard form to be used by awarding agencies to collect information related to tangible personal property when required by a Federal financial assistance award. This form allows recipients to request specific disposition of federally-owned property and acquired equipment. This form also provides a means for calculating and transmitting appropriate compensation to CMS for residual unused supplies. As noted in 1.b of this report, if your agency is in possession of Federally-owned property or acquired equipment (defined as nonexpendable personal property with an acquisition cost of \$5,000 or more under the award), you must also submit a **SF-428-S, Supplemental Sheet**, that lists and reports on all Federally-owned or acquired equipment under the specific grant or cooperative agreement award. If there is no tangible personal property to report, select "d." in section 1 of the SF-428-B and indicate "none of the above." Recipient must request specific disposition instructions from CMS if the Recipient has federally-owned property or if the following guidance is insufficient for the Recipient to properly complete disposition.

- Items of equipment with a current per unit fair market value of \$5,000 or less may be retained, sold or otherwise disposed of with no further obligation to CMS.
- Except as provided in 45 CFR §75.319(b), items of equipment with a current per-unit fair market value in excess of \$5,000 may be retained by the non-Federal entity or sold. If there is no longer a use for the equipment under the original project or program or for other activities currently or previously supported by CMS or other HHS awarding agencies, except as otherwise provided in Federal statutes and regulations, CMS is entitled to an amount calculated by multiplying the current market value or proceeds from sale by CMS's percentage of participation in the cost of the original purchase. If the equipment is sold, CMS may permit the non-Federal entity to deduct and retain from the Federal share \$500 or ten percent of the proceeds, whichever is less, for its selling and handling expenses.
- Reportable Residual Unused Supplies, which in the aggregate exceed \$5,000 in fair market value which cannot be used by the original project or program nor are needed for other activities currently or previously supported by CMS, other HHS awarding agencies, or another Federal agency, must be retained by the Recipient for use on other activities or sold, but Recipient must, in either case, compensate the Federal government for its share. CMS is entitled to an amount calculated by multiplying the current fair market value or proceeds from sale by CMS's percentage of participation in the cost of the original purchase.
- In certain instances, the non-Federal entity may transfer title to the property to the Federal government or to an eligible third party subject to prior approval by CMS. In such cases, the non-Federal entity must be entitled to compensation for its attributable percentage of the current fair market value of the property.

39. Records Retention. Financial records, supporting documents, statistical records, and all other non-Federal entity records pertinent to a Federal award must be retained for a period of three years from the date of submission of the final expenditure report or, for Federal awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, respectively, as reported to the HHS awarding agency or pass-through entity in the case of a subrecipient. HHS awarding agencies and pass-through entities must not impose any other record retention requirements upon non-Federal entities. The only exceptions are stated in 45 CFR §75.361.

Centers for Medicare & Medicaid Services
Standard Grant/Cooperative Agreement Terms and Conditions
Attachment A

Conflict of Interest Policy

CMS requires recipients to establish safeguards to prevent employees, officers, or agents of the non-Federal entity such as consultants, contractors, members of governing bodies, and others who may be involved in grant-supported activities from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial or other gain for themselves or others, such as those with whom they have family, business, or other ties. These safeguards must be reflected in written standards of conduct. Except as provided below, CMS does not require a recipient to establish separate standards of conduct if it maintains such standards for its non-grant-supported activities, as long as those standards are consistent with State, local, and tribal laws and regulations; and cover, at a minimum, expected conduct in regard to financial interests, gifts, gratuities and favors, nepotism, and such other areas for governmental organizations as political participation and bribery.

Definitions:

"Principal Investigator/Project Director (PI/PD)" means the individual(s) designated by the recipient to direct the project or program being supported by the grant. The PI/PD is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity. This designation also includes co-principal investigators/co-project directors, and any other person at the organization who is responsible for the design, conduct, or reporting of grant activities funded or proposed for funding by CMS.

"Significant financial interest" means anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interest (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights).

This term does not include:

- a. salary, royalties or other remuneration from the applicant organization;
- b. income from seminars, lectures, or teaching engagements sponsored by public or non-profit entities;
- c. income from service on advisory committees or review panels for public or nonprofit entities;
- d. an equity interest that, when aggregated for the PI/PD and the PI/PD's spouse and dependent children, meets both of the following tests: does not exceed \$10,000 in value as determined through reference to public prices or other reasonable measures of fair

market value, and does not represent more than a 5% ownership interest in any single entity; or

e. salary, royalties or other payments that, when aggregated for the PI/PD and the investigator's spouse and dependent children, are not expected to exceed \$10,000 during the prior twelve-month period.

The term "or other interest" means a non-financial benefit which results in a potential or real conflict of interest. The potential or real conflict of interest poses the same possible harms received from a financial conflict of interest such as bias due to personal gain. Such benefits may be received from a tangible or intangible personal benefit.

"Organizational conflicts of interest" means that because of relationships with a parent company, affiliate, or subsidiary organization, the non-Federal entity is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization.

"Responsible representative" means the individual(s), named by the applicant/recipient organization, who is authorized to act on behalf of the applicant/recipient and to assume responsibility for the obligations imposed by federal laws, regulations, requirements, and conditions that apply to CMS grant awards.

Requirements:

The majority of CMS' grant programs are not supported by Public Health Service (PHS) funding; therefore, CMS is not subject to the requirements of 42 CFR Part 50, Subpart F, "Promoting Objectivity in Research." Notwithstanding, CMS expects grant activities (including research activities) to be free from bias by any conflicting interest of the PI/PD and any other person regardless of title or position, who is responsible for the design, conduct, or reporting of grant activities which may include collaborators or consultants.

Recipient's conflict of interest policies must reflect the following:

- Have a written and enforced administrative process to eliminate conflicting financial or other interests with respect to CMS grant/cooperative agreement funds awarded. This process should ensure:
 - The merits for determining a conflict of interest are clearly articulated in writing – i.e., the assigned reviewer(s) can reasonably determine that a significant or other interest could directly and significantly affect the design, conduct, or reporting of CMS-funded grant activities. This process should be inclusive of the appearance of such conflicts.
 - Each PI/PD discloses to a responsible representative of the Recipient all significant financial and/or other interests including personal relationships of the PI/PD (for example, PI/PD's spouse, dependent children, etc.): (i) that would reasonably appear to be affected by the grant activities funded or proposed for

funding by CMS; or (ii) in entities whose financial or other interests would reasonably appear to be affected by such activities.

- One or more objective persons (1) reviews the potential conflict of interest; (2) determines whether a potential (appearance of) or real conflict of interest exists; and (3) establishes what conditions, or restrictions, should be imposed to eliminate the conflict of interest.
 - This information is conveyed to the Responsible Representative for the organization who is designated to act on behalf of the applicable CMS award.
- Prior to expending funds under a new CMS award, the Responsible Representative must inform the applicable CMS Grants Management Specialist and Project Officer of any real or potential conflict of interest. The report must detail Recipient's plan to eliminate the conflict prior to spending CMS funding on the activities in question.
 - Require that similar reports for subsequently identified conflicts be made within 30 days of identifying them. Funding for those specific activities should cease until the aforementioned steps are completed.
 - Require that continual updates be made for any real or potential conflicts of interest not fully resolved. Recipient must make additional information available to the CMS Grants Management Specialist and Project Officer, upon request, as to how it is handling (or had handled) the real or potential conflict of interest.
 - Recipients must maintain records of all disclosures and of all actions taken to resolve conflicts of interest for at least three years beyond the termination or completion of the grant to which they relate, or until the resolution of any CMS action involving those records, whichever is longer.
 - The Recipient's policy must include adequate enforcement mechanisms, and provide for sanctions where appropriate.

Recipient may resolve such conflicts of interest through one or more of the following options outlined below. This is not an exhaustive list and Recipient may pursue other remedies.

- Modification of approved project to remove potential or real conflict of interest.
- Termination of agreement or other services that create potential or real conflict of interest.
- Removal of individuals with potential or real conflict of interest.
- Severance of relationships that create potential or real conflicts of interest.
- Divestiture of significant financial interests.

Recipient must ensure that CMS award funds are administered in accordance with conflict of interest policies that meet, at a minimum, the standards outlined above, inclusive of pass-through entities, subrecipients, contractors, or collaborators. Each entity must have its own policies in place that meet these requirements or mandate that the PIs/PDs working for such entities follow those of the Recipient.

Procurement:

The Recipient must also maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts in accordance with 45 CFR §75.327 General procurement standards. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent; any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The officers, employees, and agents of the non-Federal entity may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, non-Federal entities may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the non-Federal entity.

If the non-Federal entity has a parent, affiliate, or subsidiary organization that is not a state, local government, or Indian tribe, the non-Federal entity must also maintain written standards of conduct covering organizational conflicts of interest.

Centers for Medicare & Medicaid Services
Standard Grant/Cooperative Agreement Terms and Conditions
Attachment B

Accessibility Provisions

CMS and its recipients are responsible for complying with federal laws regarding accessibility. The grantee may receive a request from a beneficiary or member of the public for information in accessible formats. All successful applicants under this announcement 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 must post a message at a conspicuous location on the website no later than 30 business days after award that notifies your customers of their right to receive an accessible format to include appropriate auxiliary aids and services or language assistance services. Sample language may be found [here](#). Your notice shall be crafted applicable to your program, but must state that your program provides appropriate auxiliary aids and services and language assistance services free of charge when necessary for compliance with § 1557 or its implementing regulation, to participants, beneficiaries, enrollees, and applicants of the program, and to members of the public. The notice must be in English and at least the 15 languages most commonly spoken by LEP individuals within the State and be provided in alternative formats for individuals with disabilities who require auxiliary aids and services to ensure effective communication. Note that § 1557 and its implementing regulation also require that this notice be provided on an annual basis to certain parties; upon request; and in a prominent physical location in at least 20-point sans serif font, placed where it is reasonable to expect individuals seeking services to read or hear it; and in certain other electronic and written communications.
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. Process in a timely manner as required to fulfill the request.
 - ii. If the Recipient believes it is unable to fulfill an accessible format request, CMS may work with the Recipient to provide the accessible format as funding and resources allow. Recipient shall refer the request to CMS within 3 business days if unable to provide the request. Recipient 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 "Recipient (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. CMS may respond to the request and provide the information directly to the requester.

iii. The Recipient must 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 the Recipient believes it is unable to fulfill an accessible service request, CMS may work with the Recipient to provide the accessible service as funding and resources allow. Recipient shall refer the request to CMS within 3 business days if unable to provide the service. Recipient 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 "Recipient (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. You must 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 the Recipient believes it is unable to fulfill an alternate language format request, CMS may work with the Recipient to provide the alternate language format as funding and resources allow. Recipient shall refer the request to CMS within 3 business days if unable to provide the request. Recipient 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 "Recipient (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 (Recipient), 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 Recipient must 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 the Recipient believes it is unable to fulfill an alternate language service request, CMS may work with the Recipient to provide the alternate language service as funding and resources allow. Recipient shall refer the request to CMS within 3 business days if unable to provide the service. Recipient 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 "Recipient (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 (Recipient), 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 Recipient must 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.

Centers for Medicare & Medicaid Services
Standard Grant/Cooperative Agreement Terms and Conditions
Attachment C

Award Term – Trafficking in Persons

a. Provisions applicable to a recipient that is a private entity.

1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not—
 - i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - ii. Procure a commercial sex act during the period of time that the award is in effect; or
 - iii. Use forced labor in the performance of the award or subawards under the award.

2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –

- i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
- ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either—
 - A. Associated with performance under this award; or
 - B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Non-procurement),” as implemented by our agency at 2.CFR part.376.

b. Provision applicable to a recipient other than a private entity. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity—

1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either—
 - i. Associated with performance under this award; or

- ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376.

c. Provisions applicable to any recipient.

1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.
2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:
 - i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and
 - ii. Is in addition to all other remedies for noncompliance that are available to us under this award.
3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

d. Definitions. For purposes of this award term:

1. "Employee" means either:
 - i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
 - ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
2. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
3. "Private entity":
 - i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.
 - ii. Includes:
 - A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).
 - B. A for-profit organization.
4. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C.7)