## PROGRAM INSTRUCTION

HHS-2017-CIP-MI-17-001 (FR / Vol. 82, No. 113 / Wednesday, June14, 2017)

TO: State Agencies on Aging and State Departments of Insurance Administering Plans under section 119 of The Medicare Improvements for Patients and Providers Act of 2008 –reauthorized by the Medicare Access and CHIP Reauthorization Act of 2015.

SUBJECT: Guidance on the Development and Submission of MIPPA State Plans

LEGAL REFERENCES: The Medicare Improvements for Patients and Providers Act of 2008 – Section 119, Public Law (PL) 110-275 as amended by the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), reauthorized by the American Taxpayer Relief Act of 2012 (ATRA), reauthorized by section 110 of the Protecting Access to Medicare Act of 2014 and reauthorized by the Medicare Access and CHIP Reauthorization act of 2015.

The purpose of this Program Instruction (PI) is to provide State Units on Aging and State Departments of Insurance who administer the State Health Insurance Assistance Programs, Area Agencies on Aging, and Aging and Disability Resource Center programs with guidelines for use in developing and submitting FY 2017 MIPPA State Plans.

**State Plan Purpose**

The purpose of MIPPA funding is to enhance state efforts to provide assistance to Medicare beneficiaries through statewide and local coalition building focused on intensified outreach activities to beneficiaries likely to be eligible for the Low Income Subsidy program (LIS) or the Medicare Savings Program (MSP) to assist those beneficiaries in applying for benefits. ACL will provide funding to State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Center programs (ADRCs) to inform Medicare beneficiaries about available Medicare program benefits. ACL seeks plans from states that will describe how the MIPPA funds will be used for beneficiary outreach, education, and one-on-one application assistance over the next year.

ACL requests that states submit a one (1) year state plan with specific project strategies to expand, extend, or enhance their one-on-one assistance, education, and group outreach efforts to Medicare beneficiaries on Medicare and assistance programs for those with limited incomes. States should describe how the SHIP, AAA, and ADRC efforts will be coordinated to provide outreach to beneficiaries with limited incomes statewide. States that are eligible to apply are asked to review previous MIPPA plans and update these plans to reflect successes achieved to date and direct their efforts to enhance and expand their MIPPA outreach activities.

State agencies may prepare either one statewide plan combining the MIPPA funding priority areas listed below or separate plans for each eligible State agency describing which funding priority areas each is applying to cover.

**Award Information**

**Priority Area 1 – State Health Insurance Assistance Program (SHIP)**: $11.5 million in FY 2017 to State Agencies (State Units on Aging or State Departments of Insurance) that administer the SHIP to provide enhanced outreach to eligible Medicare beneficiaries regarding their benefits, enhanced outreach and application assistance to individuals who may be eligible for the Low Income Subsidy (LIS) or the Medicare Savings Program (MSP), and for the purposes of conducting outreach activities aimed at preventing disease and promoting wellness.

* State allocations will be based on the following formula:
  + 2/3 of the total amount to existing State SHIP Grant Recipients based on estimates of individuals who may be eligible but not enrolled for LIS or for Medicare Savings Programs;
  + 1/3 of the total amount based on the number of Medicare Part D eligible individuals residing in a rural area relative to the total number of Part D eligible individuals in each state.

**Priority Area 2 – Area Agencies on Aging (AAAs) and Native American Programs**: $7.9 million in FY 17 to State Agencies for AAAs and for Native American programs to provide outreach to eligible Medicare beneficiaries regarding their Medicare benefits, enhanced outreach and application assistance to individuals who may be eligible for the Low Income Subsidy (LIS) or the Medicare Savings Program (MSP), and for the purposes of conducting outreach activities aimed at preventing disease and promoting wellness.

* Of the total, $270,000 in FY 2017 is reserved for tribal organizations (total 270 grantees). This portion of the funding will be allocated using a separate process.
* State allocations are based on the following formula:
  + 2/3 of the total amount to States for AAAs based on estimates of Medicare beneficiaries who may be eligible but not enrolled for LIS or for Medicare Savings Programs;
  + 1/3 of the total amount based on the number of Medicare Part D eligible individuals residing in a rural area relative to the total number of Part D eligible individuals in each state.

**Priority Area 3 – Aging and Disability Resource Center Programs (ADRC)**: $6 million in FY 2017 to state agencies that received an ACL, Centers for Medicare and Medicaid Services (CMS), Veterans Health Administration (VHA) Aging and Disability Resource Center (ADRC)/No Wrong Door System (NWD) grant to provide outreach regarding Medicare Part D benefits, benefits available under the LIS and MSP, and for the purposes of conducting outreach activities aimed at preventing disease and promoting wellness:

* + State allocations are based on:
  + Total Medicare Part D beneficiaries by ADRC coverage area from the funded ADRC discretionary grants for the states.

**MIPPA State Plan Content and Submission Process:**

An Application Kit has been created in GrantSolutions for each grantee to submit the required information.

Please see the Grantee Instructions PowerPoint that was e-mailed to eligible applicants. If you did not receive the Grantee Instructions, please contact Isaac Long: 202–795–7315 or [isaac.long@acl.hhs.gov](mailto:isaac.long@acl.hhs.gov).

An Authorized Organization Representative (AOR) for the applicant organization submits a grant application on behalf of a company, organization, institution, or government. AORs have the authority to sign grant applications and the required certifications and/or assurances that are necessary to fulfill the requirements of the application process. The AOR must “verify” the submission of the application in the GrantSolutions System. See slides 16 and 17 of the instructions document.

The State plan should include:

1. MIPPA Project Narrative (no more than 20 pages);
2. Work Plan detailing anticipated activities;
3. SF 424 – Application for Federal Assistance;
4. SF 424B – Assurances. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d of the SF 424); and
5. Lobbying Certification

**Project Narrative**

States should submit a one (1) year state plan with specific project strategies to expand, extend, or enhance the outreach and one-on-one assistance efforts to Medicare beneficiaries specifically focusing on those eligible for the Low Income Subsidy or Medicare Savings Programs. The MIPPA State Plan narrativeshould be comprised of no more than 20 pages and clearly addresses the following areas:

* How Priority Area 1 (SHIP) and Priority Area 2 (AAA) funds allocated based on the percentage of low income beneficiaries will be used to support outreach and one-on-one application assistance efforts directed toward Medicare beneficiaries with limited incomes who may be eligible for LIS or MSP programs.
* How funds directed toward Medicare beneficiaries will be used for outreach activities aimed at preventing disease and promoting wellness.
* How activities described by the SHIP to reach people likely eligible for LIS or MSP programs will be above and beyond those regular activities that the SHIP has planned in response to funding provided under the 2017 SHIP Base Grant award.
* Where applicable, how the State will coordinate with the Native American programs on LIS, MSP, or disease prevention and wellness outreach.
* How activities for Priority Area 3 (ADRC) will provide Medicare Part D outreach and LIS or MSP application assistance above and beyond those regular activities that the State has planned in response to other funding.

Plans should clearly describe which Priority Areas the applicant is applying for and how they will manage and track the separate funding streams (if applying to more than one) throughout the life of the award. If two state agencies are applying for different Priority Areas and funding streams the applicants should also describe how they will work together both to complete the work of the grant and to ensure they are not duplicating efforts.

**Work Plan**

States should submit a one (1) year MIPPA project work plan. The Project Work Plan should reflect and be consistent with the Project Narrative and should cover a one (1) year project period. It should include a statement of the project’s overall goal, anticipated outcome(s), key objectives, and the major tasks / action steps that will be pursued to achieve the goal and outcome(s). For each major task / action step, the work plan should identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. Please use pages 6 – 7 as a reference and resource, if desired.

**SF 424 – Application for Federal Assistance**

See pages 8 – 10 below for instructions and assistance.

**SF 424B – Assurances**

This form will be available as an electronic document on the GrantSolutions system. Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d of the SF 424).

**Lobbying Certification**

This form will have to be downloaded from GrantSolutions, filled out and signed. This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant’s compliance with these certifications. ACL requires physical signature and date over the text fields since this is an uploaded submission to GrantSolutions not grants.gov.

**Submission Dates and Times**

The deadline for the submission of applications under this Program Announcement is **August 14, 2017.** Applications must be submitted electronically via [www.GrantSolutions.gov](http://www.GrantSolutions.gov) by 11:59 p.m. Eastern Time, **August 14**, **2017**.

**Informational Conference Call**: 06/21/17 at 1:00 PM

Call-in Number: 800-369-1870

Participant Passcode: 7889238

**Inquires**

Direct inquiries regarding programmatic issues can be directed to U.S. Department of Health and Human Services, Administration for Community Living, Center for Integrated Programs, Washington, DC 20201, attention: Isaac Long or by calling 202-795-7315, or by e-mail [isaac.long@acl.hhs.gov](mailto:isaac.long@acl.hhs.gov).

**MIPPA STATE PLAN REVIEW INFORMATION**

**Criteria**

Applications will be reviewed and evaluated based on the criteria listed below:

**Project Narrative**

* Did the state address how funds allocated based on the percentage of low income beneficiaries will be used to support outreach and assistance efforts directed toward Medicare beneficiaries with limited incomes who may be eligible for LIS or MSP programs?
* Did the state address how funds directed toward Medicare beneficiaries will be used for outreach activities aimed at preventing disease and promoting wellness?
* Did the state address how activities described by the SHIP to reach people likely eligible for LIS or MSP programs will be above and beyond those regular activities that the SHIP has planned in response to funding provided under the 2017 Basic SHIP Grant Award?
* Where applicable, did the state address how they will coordinate with the Native American programs on LIS, MSP, Medicare Part D or prevention and wellness outreach?
* Did the state address how activities described by the State to reach Medicare Part D eligible beneficiaries in rural areas will be above and beyond those regular activities that the State has planned in response to other funding, e.g., 2017 Basic SHIP Grant Award, OAA outreach.

**Work Plan**

* Did the state include a work plan that identifies timeframes involved (including start- and end-dates), and the lead person responsible for completing the task for the activities planned in response to this funding opportunity?
* Does the work plan include a statement of the project’s overall goal, anticipated outcome(s), key objectives, and the major tasks / action steps that will be pursued to achieve the goal and outcome(s)?

**Project Impact**

* Does the proposal clearly identify the measurable program outcomes that will result from the project? Are the expected outcomes linked to the priorities and activities identified in the project narrative and work plan?

**Organizational Capacity**

* Are the roles and responsibilities of project staff, contractors and key partners delineated? Do the resumes of the proposed project director, key staff and consultants reflect the background, experience, and other qualifications required to carry out designated roles and responsibilities, particularly project direction, volunteer management, data management, tracking and reporting, and outreach and education?

###### Project Work Plan – Sample Template

**NOTE : Applicants requesting funding for a multi-year grant program are REQUIRED to provide a Project Work Plan for EACH potential year of grant funding requested.**

**Goal:**

**Measurable Outcome(s):**

\* **Time Frame** (Start/End Dates by Month in Project Cycle)

| **Major Objectives** | **Key Tasks** | **Lead Person** | **1\*** | **2\*** | **3\*** | **4\*** | **5\*** | **6\*** | **7\*** | **8\*** | **9\*** | **10\*** | **11\*** | **12\*** |
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**Project Work Plan, Page 2 – Sample Template**

**Goal:**

**Measurable Outcome(s):**

\* **Time Frame** (Start/End Dates by Month in Project Cycle)

| **Major Objectives** | **Key Tasks** | **Lead Person** | **1\*** | **2\*** | **3\*** | **4\*** | **5\*** | **6\*** | **7\*** | **8\*** | **9\*** | **10\*** | **11\*** | **12\*** |
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**SF 424 Instructions**

This section provides step-by-step instructions for completing the standard Federal form required as part of your grant application, including special instructions for completing the Standard Budget Form (SF) 424. Standard Forms are used for a wide variety of Federal grant programs, and Federal agencies have the discretion to require some or all of the information on these forms. ACL does not require all the information on these Standard Forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 to complete this form.

**Standard Form 424**

1. **Type of Submission:** (REQUIRED): Select Application
2. **Type of Application**: (REQUIRED) Select New
3. **Date Received:** Leave this field blank
4. **Applicant Identifier**: Leave this field blank
5. **Federal Identifiers**
   1. **Federal Entity Identifier**: Leave this field blank
   2. **Federal Award Identifier**: Leave this field blank
6. **Date Received by State:** Leave this field blank.
7. **State Application Identifier:** Leave this field blank.
8. **Applicant Information**: Enter the following in accordance with agency instructions:
   1. **Legal Name**: (REQUIRED): This should be pre-populated with information in the GrantSolutions System. If it is not, or if it is incorrect, enter the name that the organization has registered with the System for Award Management (SAM), formally the Central Contractor Registry. Information on registering with SAM may be obtained by visiting the Grants.gov website (http://[www.grants.gov](http://www.grants.gov/)) or by going directly to the SAM website ([www.sam.gov](http://www.sam.gov)).
   2. **Employer/Taxpayer Number (EIN/TIN):** (REQUIRED): This should be pre-populated with information in the GrantSolutions System. If it is not, or if it is incorrect, enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. In addition, we encourage the organization to include the correct suffix used to identify your organization in order to properly align access to the Payment Management System.
   3. **Organizational DUNS**: (REQUIRED): This should be pre-populated with information in the GrantSolutions System. If it is not, or if it is incorrect, enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (http://[www.grants.gov](http://www.grants.gov/)). Your DUNS number can be verified at <http://www2.zapdata.com/CompanyLookup.do>.
   4. **Address**: (REQUIRED): This should be pre-populated with information in the GrantSolutions System. If it is not, or if it is incorrect, Enter the complete address including the county.
   5. **Organizational Unit:** Enter the name of the primary organizational unit (and department or division, if applicable**)** that will undertake the project.
   6. **Name and contact information of person to be contacted on matters involving this application**: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.
9. **Type of Applicant:** (REQUIRED): This field should be preselected as A. State Government.
10. **Name of Federal Agency**: (REQUIRED): This field will be prepopulated as ACL-Administration on Aging.
11. **Catalog of Federal Domestic Assistance Number/Title:** This field will be prepopulated with the CFDA Number
12. **Funding Opportunity Number/Title:** This field will be prepopulated with the Funding Opportunity Number and Title
13. **Competition Identification Number/Title:** This field will be prepopulated with the Funding Opportunity Number and Title
14. **Areas Affected By Project:** Leave this field blank.
15. **Descriptive Title of Applicant’s Project:** (REQUIRED): Enter a brief descriptive title of the project (This is not a narrative description). **Please use the state name in the title.**
16. **Congressional Districts Of**: (REQUIRED)
    1. Enter the applicant’s Congressional District, and
    2. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina’s 103rd district. If all congressional districts in a state are affected, enter “all” for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. See the below website to find your congressional district: [www.house.gov](file:///C:\Users\isaac.long\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\OC3Z04GQ\www.house.gov)
17. **Proposed Project Start and End Dates**: (REQUIRED)
    1. **Start Date:** Enter September 30, 2017
    2. **End Date:** Enter September 29, 2018
18. **Estimated Funding:** (REQUIRED) Enter 0 in 18a – 18g. Please do not use dollar signs ($).
19. **Is Application Subject to Review by State Under Executive Order 12372 Process?**  Select c. Program is not covered by E.O. 12372
20. **Is the Applicant Delinquent on any Federal Debt?** (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.
21. **Authorized Representative**: (Required) Enter the First Name, Last Name, Title, Telephone Number, and E-mail address of the Authorized Representative of the applicant organization. A copy of the governing body’s authorization for you to sign this application as the official representative must be on file in the applicant’s office. (Certain Federal agencies may require that this authorization be submitted as part of the application).

**NOTE**: Submitting the online SF424 and SF424B is the signature mechanism for this grant for the two standard forms. ACL requires physical signature and date for the lobbying form. The signed document must be uploaded into the GrantSolutions application as an attachment.