

RFA # 1401070924

New York State Department of Health

Office of Health Insurance Programs
Division of Long Term Care

Money Follows the Person Demonstration
Component A: Peer Outreach and Referral
Component B: Transition Centers Project

Modifications, Questions and Answers

RFA Modifications:

PLEASE NOTE: Due to the delay in the publishing of these Q&A's; the Application Due Date is being extended to April 18, 2014, 4:00 p.m.

The following has been updated/modified in the RFA. Strikethrough indicates deleted text; underlined text is new.

Cover page, title is modified as follows:

~~Office of Long Term Care~~
~~Division of Home and Community Based Services~~

Office of Health Insurance Programs
Division of Long Term Care

Page 7- 6th bullet and Page 22 #6, “Employ or contract with interim service coordination team (including transition specialist, ~~nurse and clinical social worker~~, Registered Nurse and BSW or MSW, all of whom have successfully completed UAS training) that will:”

Page 20 – (#8 being removed) ~~#8 If resident agrees to a referral to a Transition Center, have resident sign and discharge planner sign (or print discharge planner's name) a referral form. Give a copy of the form to the resident and discharge planner.~~

Page 20 #9 “Make appropriate referrals to Transition Centers for potential participants who have expressed an interest in transferring to a community setting (~~include release documentation~~).”

Page 20 footnote #4: “It is expected by NYSDOH that peers will be paid up to \$25 dollars per hour.”

Page 23 #6. Budget/Cost Sheet (30 Points) ~~Applicants should submit a 12 month budget (year one) with a presumed begin date of April 1, 2014; including a breakdown by expenditure category for each region listed in Table 1 (use Attachment 5).~~

Applicants should use the table below and submit three (3) separate twelve (12) month budgets for each component for which you are applying, utilizing Attachment 5 Expenditure Based Budget with justification showing statewide coverage.

Contract Year	Component A Funding	Component B Funding
4/1/2014-3/31/2015	\$283,333	\$2,500,000
4/1/2015-3/31/2016	\$283,333	\$2,500,000
4/1/2016-3/31/2017	\$283,333	\$2,500,000

Attachment 4, page 1 Instructions for Completion of Budget Forms, Complete all required budget pages for each contract period. The budget amounts available are as follows:

Contract Year	Component A Funding	Component B Funding
4/1/2014-3/31/2015	\$283,333	\$2,500,000
4/1/2015-3/31/2016	\$283,333	\$2,500,000
4/1/2016-3/31/2017	\$283,333	\$2,500,000

Attachment 4, page 1, Tab 1- Summary Budget, C. Contract Period -“From” is the anticipated start date of the budget this contract (April 1, 2014) and “To” is the end date of the budget contract (March 31, 2017). A separate budget must be completed for each 12 month budget period and labeled for each contract period.

The below documents are being provided for informational purposes only. They were omitted from the sample Master Grant Contract originally posted with the RFA.

ATTACHMENT A-1, Agency and Program Specific Clauses, Part B. Program Specific Clauses. This document would follow “Page 7 of 7 of Attachment A-1 – Agency/Program Specific Terms and Conditions”.

ATTACHMENT A-2, FEDERALLY FUNDED GRANTS, Part A. Agency Specific Clauses and ATTACHMENT A-2, FEDERALLY FUNDED GRANTS, Part B. Program Specific Clauses. These documents were omitted in their entirety. They would follow after Attachment A-1 – Agency/Program Specific Terms and Conditions (after Part B).

Answers to Questions received through March 7, 2014 are shown below:

Instructional Questions

1. Does the 20 page limit include the work plan?

Answer: No. Refer to page 23, Section B Application Format. The work plan is an attachment.

2. How many signed originals are required to be submitted?

Answer: Submit one (1) signed original and four (4) copies. Refer to page 10, Section E. How to file an application.

3. Does the Work Plan (RFA instructions (pp. 19-24) require a separate narrative along with the Work Plan forms?

Answer: No.

Substantive Questions

1. Page 3 Section 1D Table 1 – Is there any flexibility regarding how many Transition Centers there can be through the state? The table has the state divided into nine regions. Is there an expectation that each region would have a transition center? Is there going to be one contract for Part A and B for the entire State, or will there be one contract per region?

Answer: There is an expectation that applicants demonstrate adequate capacity statewide. There will be one contract awarded for Component A Peer Outreach and Referral and one contract for Component B Transition Center. See page 2, Section D. Availability of Funds, paragraph 1.

2. Can you confirm that the total amount of funds available for Part A (\$850,000) & Part B (\$7,500,000) are for the 3 year period, and not an annual amount?

Answer: This is funding is for the three year period. See page 2, Section D. Availability of Funds, paragraph 1.

3. Can an agency be included in more than one application?

Answer: Question is not clear, but if referring to whether or not an agency can apply for both Component A: Peer Outreach and Referral and Component B Transition Centers, see page 4, paragraph 1 “Applicants may apply for one or both components. A separate application must be submitted for each component.”

4. Is the \$100,000 subcontracting limit (Attachment 1, Section B. Subcontractors, page 16) an annual subcontracting limit, or for the entire three year grant period?

Answer: This is in reference to subcontracts in excess of \$100,000 and what is required if awarded a contract. The RFA did not specify a funding limit on subcontracts.

5. Do you have to seek approval for the subcontractors in excess of \$100,000 prior to submitting your application? If so, what process should we use?

Answer: No. It is not necessary to seek prior approval during the application process. Subcontractors who will perform substantial duties should be described in the application to illustrate applicant capability. The Contractor must provide detailed subcontract information to the State within (15) calendar days after subcontract execution if awarded a contract. Refer to Attachment 1, page 16, Section B, paragraph 5.

6. Is there a limit to the number of subcontractors you can have and is there a limit to the total amount you can subcontract out?

Answer: No there is no limit on the number of subcontractors. There is no limit on the total amount you can subcontract out, however the applicant organization must demonstrate capability to carry out all the key functions called for in the RFA.

7. Would involvement in this project preclude participation in the Managed Long-Term Care and Fully Integrated Duals Advantage Ombudsman Program?

Answer: No.

8. Successful transition is dependent on the availability of affordable, accessible, integrated housing. Will there be any direct connection to housing funding for Part B: Transition Centers?

Answer: No.

9. Is it expected that the individuals in the demonstration would eventually transition to a managed care plan?

Answer: Most will, but the exact timing depends on CMS approval.

10. How are seniors eligible for the demonstration?

How will the transition center verify the eligibility of an individual to participate in the Money Follows the Person demonstration?

At what point in time must a participant's eligibility for MFP be confirmed?

Page 7 Section 3B Bullet #4 & Page 21 Section 5A #4 – What, if any, eligibility requirements will be considered in addition to the requirement for the individuals to be a resident of a nursing facility or an OPWDD ICF for more than 90 days?

Answer: During the transition period, the transition center will determine a resident's eligibility for MFP participation. As mentioned on page 1 of the RFA, CMS approved Money Follows the Person (MFP) Rebalancing Demonstration Operational Protocol version 1.8, page 19, paragraph 2, "MFP Demonstration Criteria".

The protocol is available at:

http://www.health.ny.gov/health_care/medicaid/redesign/docs/mfp_operat_protocol_v1-8.pdf.

Note: As other constituent programs are added to the MFP Operational Protocol (i.e. Managed Long Term Care), the number of potentially MFP eligible participants will expand.

11. Please identify the number of seniors by county eligible for the demonstration?

Answer: If interested in Nursing Home census reports, they are available at:
<https://health.data.ny.gov/>.

12. How many developmentally disabled individuals are eligible for the demonstration?

Answer: The following information* indicates the approximate potential population of individuals with developmental disabilities eligible for MFP participation based solely on the requirement to reside in MFP-qualifying institutional settings:

6,998	# Individuals with developmental disabilities living in ICF/IIDs
957	# Individuals with developmental disabilities living in Nursing Homes
7,955	Total

*Information provided by OPWDD as of 3/18/2014

Also, see the CMS approved Operational Protocol version 1.8 p. 19 for the participant eligibility criteria at:

http://www.health.ny.gov/health_care/medicaid/redesign/docs/mfp_operat_protocol_v1-8.pdf.

13. Please identify the number of developmentally disabled individuals by county eligible for the demonstration?

Answer: The following information* indicates the approximate potential population of individuals with developmental disabilities in each OPWDD region who might be eligible for MFP participation based solely on the requirement to reside in MFP-qualifying institutional settings. The Regional numbers below indicate the number of individuals who reside in OPWDD Developmental Centers and ICF-IIDs in each region.

Region 1 ICFs (formerly Western, Finger Lakes DDSOs)	647
Region 2 ICFs and DCs (formerly Broome, Central and Sunmount DDSOs)	777
Region 3 (formerly Capital District, Taconic and Hudson Valley DDSOs)	1,668
Region 4 (formerly Bernard Fineson, Metro, Staten Island and Brooklyn DDSOs)	2,572
Region 5 (formerly Long Island DDSO)	1,334
Skilled Nursing Facilities (Statewide)	957
Total	7,955

*Information provided by OPWDD as of 3/18/2014

See regional map at: <http://www.opwdd.ny.gov/node/2470>.

Also, see the CMS approved Operational Protocol version 1.8 p. 19 for the participant eligibility criteria at:

http://www.health.ny.gov/health_care/medicaid/redesign/docs/mfp_operat_protocol_v1-8.pdf.

14. What are the “qualified services” for the demonstration?

Answer: See the CMS approved Money Follow the Person Demonstration Operational Protocol version 1.8, p. 236 “Appendix K.”

http://www.health.ny.gov/health_care/medicaid/redesign/docs/mfp_operat_protocol_v1-8.pdf.

15. Are services provided by the Transition Center limited to 365 days?

Answer: Question is not clear but if referring to the full Contract Term, the answer is “No”.

16. Can a Managed Long Term Care plan or a provider of services to disabled individuals be a Transition Center?

Answer: A MLTC plan must first meet the minimum eligibility requirements described in the RFA. Please refer to the RFA, page 3, Section II. Who May Apply, A. “Minimum Eligibility Requirements.” A MLTC plan or OPWDD service providing agency can apply to become a transition center as long as they are a licensed 501 (c) (3) organization and have the needed electronic capability.

17. Can a transition center be co-located with a provider of services to the developmentally disabled or senior population?

Answer: Yes.

18. Please identify the discharge planners and ombudspersons that the transition center will establish relationships with?

Answer: Please refer to NYS’s Nursing Home Profile at <http://nursinghomes.nyhealth.gov/> and the listing for the NYS Office for the Aging Long Term Care Ombudsman <http://www.ltombudsman.ny.gov/>.

19. What is the obligation of discharge planners and ombudspersons to involve the transition center in discharge planning and development of a service plan and Page 6 Section 3A Bullet #2 - When it is stated that residents are identified from MDS what specifically does this mean?

Answer: The obligation surrounds the CMS mandated Minimum Data Set section Q process. Please refer to the CMS approved Operational Protocol version 1.8 p 22.

http://www.health.ny.gov/health_care/medicaid/redesign/docs/mfp_operat_protocol_v1-8.pdf

20. Who has the primary responsibility to assure that there is a discharge plan and maintain documentation of that discharge plan? Who has the primary responsibility to assure that there is a service plan in place and maintain documentation for transition?

Answer: For individuals residing in OPWDD ICF-IIDs and Developmental Centers, discharge planning is a joint process involving the individual, their family or advocate, the ICF treatment team, and the agency offering to support the individual in the community. For individuals residing

in Nursing Homes, the Nursing Home has the primary responsibility to assure that there is a discharge plan in place and to maintain that documentation. The Service Coordinator has the primary responsibility for the service plan to be in place prior to transition and maintains that documentation.

21. Please define the required elements of a discharge plan?

Answer: Please refer to:

https://www.health.ny.gov/professionals/nursing_home_administrator/dal_nh_11-11_nursing_home_discharge_requirements.htm.

22. Please define the required elements of a service plan?

Answer: Please refer to:

http://www.health.ny.gov/facilities/long_term_care/waiver/nhtd_manual/section_05/index.htm.

23. Will the State be providing referrals of potential participants directly to the Transition Center?

Answer: To be determined. Nursing Homes are required by CMS to provide referrals and other facility settings will provide separate referrals.

24. Page 6 Section 3A Bullet #2 – What is the referral process for OPWDD residents?

Answer: OPWDD's participation in the NYS MPF Demonstration is part of a larger transformation of the OPWDD service system that includes a shift from meeting people's needs through institutional services to supporting people with community-based supports and services. As OPWDD shifts the way it provides long-term residential services, individuals residing in ICFs, developmental centers and nursing homes will be offered opportunities to move into less restrictive settings and participate in MFP. Individuals who desire to move to a more integrated community setting will be referred to the MFP Demonstration transition centers. Referrals could come from OPWDD, a voluntary provider of OPWDD services, a member of an individual's family or an individual's guardian, from the peer-outreach process, or from the MDS Section Q process.

25. Page 2-3 Section D ¶ 3 & Page 20 Section 5A #6 – How will the Transition Centers (Component B) receive referrals and what referral sources may provide referrals directly to the transition center?

Answer: Referrals will be received through whatever mechanism and contact portal the Transition Center contractor establishes for this purpose. The Nursing Homes will be the largest referral source; however, the transition center may accept any referral as per bullet 2 on page 7 of the RFA.

26. Is the participant not eligible for outreach, referral or transition services if he/she is not eligible for MFP funding?

Answer: No resident is eligible for “MFP funding.” Any nursing home or ICF resident who is interested in returning to the community can receive outreach. See the CMS approved Operational Protocol version 1.8 p. 19 for the participant eligibility criteria at http://www.health.ny.gov/health_care/medicaid/redesign/docs/mfp_operat_protocol_v1-8.pdf.

27. While the UAS is widely used in connection with the assessment of the long term care needs of seniors, the tool is not currently used in connection with the assessment of individuals with a developmental disability. Requiring all service coordination team members to have completed UAS training will preclude the employment of team members with extensive I/DD experience such as Medicaid Service Coordinators and nurses or social workers with primarily OPWDD related experience. How will the need for subject matter expertise as it related to conducting an UAS for an I/DD individual be addressed?

Answer: Applicants should describe their plans to assure that all transition team members will have received UAS training prior to serving on a transition team. Applicants can plan to employ members of the transition teams who are not yet trained, provided they describe in their application the planned timeline for these team members to receive the necessary UAS training. In addition, the transition team must coordinate development of each transition service plan for individuals with developmental disabilities with OPWDD’s Regional Office and/or Front Door staff and State Operations Offices and obtain OPWDD approval of each transition plan.

28. Will DOH/OPWDD be providing template documents that must be used or is the Contractor free to develop its own documents?

Answer: Question is not clear but if referring to Templates for applicant budget and work plan they are provided in the RFA. See attachments 5 & 11.

29. Will the State provide informed consent and release of information forms to be utilized in the demonstration?

Answer: Constituent programs (i.e.; NHTD, TBI, OPWDD, or MLTC) will provide informed consent and release forms.

30. Will the transition center be providing any qualified benefits to participants? Is the transition center responsible for providing any home and community based services?

Answer: Transition Centers are not required to provide “qualified” services.

31. What benefits are available for serving qualified beneficiaries?

Answer: See the CMS approved Money Follow the Person Demonstration Operational Protocol version 1.8, p. 236 “Appendix K, ” and in addition to those, see the RFA, p. 8, 3rd & 4th bolded bullet.

http://www.health.ny.gov/health_care/medicaid/redesign/docs/mfp_operat_protocol_v1-8.pdf

32. What is the definition of qualified housing?

Answer: See the CMS approved Money Follow the Person Demonstration Operational Protocol version 1.8, p.19 and p. 27.

http://www.health.ny.gov/health_care/medicaid/redesign/docs/mfp_operat_protocol_v1-8.pdf.

33. When does the transition period commence?

Answer: When individuals consent.

34. What does it mean to “ensure” continuation of services and how long after the transition period must the transition center ensure continuation of services? Page 2 Section D ¶ 3 and Page 7 bullet six under the objectives – Please clarify if every individual will require a 90 day transition plan. Please clarify the responsibility of the transition centers to “ensure continuation of service after transition period.” If collaboration is occurring with RRDC, OPWDD, MLTC/MCO, the service coordinator or case manager for these programs would ensure continuation of services after the 90 day transition period.

Answer: The Transition Center is responsible for the Quality of Life (QOL) Surveys that need to be completed 2 weeks prior to transition, and at 11 months and 24 months post transition. The constituent program is directly responsible for continuation of services as appropriate. Participant transitions will be managed through the constituent program service plans, some of which will be temporary transition plans, some of which will simply implement service plans.

35. Please list the scope of home and community based services that must be coordinated?

Answer: Coordination of the full range of services is important to the success of the recipient in the community. See the CMS approved Money Follow the Person Demonstration Operational Protocol version 1.8, p. 236 “Appendix K.”

http://www.health.ny.gov/health_care/medicaid/redesign/docs/mfp_operat_protocol_v1-8.pdf.

36. What qualifications are required of an individual who provides transition counseling?

Answer: BSW/MSW. Preferably the BSW/MSW should be providing the counseling; however, it can be done by any member of the interim service coordination team as defined in the RFA on page 7-6th bullet and page 22 #6 modified in these Q&A.

37. Will the demonstration fund a preoperational period during the 3 year initial period of the contract?

Answer: No.

38. What preoperational expenses will be reimbursed in the demonstration?

Answer: None.

39. What are the allowable expenses that may be invoiced for Peer Outreach and Referral and for the Transition Centers Project?

Answer: See OMB CIRCULAR NO. A-122 Cost Principles for Non-Profit Organizations and budget form and justification.

40. Page 1 Section 1A ¶ 3 – The paragraph indicates that the MFP Demonstration is only for people with developmental disabilities who live in ICF’s. Please specify the expectations regarding outreach to people with developmental disabilities living in community residences other than ICF’s.

Answer: The MFP Demonstration only requires that peer outreach occur for individuals with developmental disabilities residing in ICFs and nursing homes. There will be no MFP outreach required for individuals with developmental disabilities who reside in community residences.

41. Page 5 Section 3A Footnote 3 & Page 20 Section 5A Footnote 4 – Footnote 3 states that peers are to be paid “up to \$25 dollars per hour.” Footnote 4 states “It is expected by NYSDOH that peers will be paid \$25 dollars per hour.” Which statement is correct?

Answer: Refer to Modification section at the beginning of this Q&A document, page 2.

42. Page 6, Section 3A, Bullet #2, sub-bullet #1 – Please clarify if the statement regarding residents who are “identified from MDS” is inclusive of referrals other than Section Q referrals.

Answer: No. Please refer to the section Q process in the CMS approved Operational Protocol version 1.8 p 22.

http://www.health.ny.gov/health_care/medicaid/redesign/docs/mfp_operat_protocol_v1-8.pdf

43. Page 8 Section 3B Bullet # 3 & #4 – Where will the skills training and the counseling services take place?

Answer: Transition Center applicants should propose a plan for this purpose.

44. Page 20 Section 5A # 5 – What is the role of the peers regarding referrals through the Section Q process?

Answer: See the CMS approved Money Follow the Person Demonstration Operational Protocol version 1.8

http://www.health.ny.gov/health_care/medicaid/redesign/docs/mfp_operat_protocol_v1-8.pdf

45. We are very interested in partnering with applicants for the Money Follows the Person Demonstration and were wondering if you could provide a list of organizations who submitted a letter of intent so I could contact them.

Answer: Those interested in partnering should do so as a subcontractor. Entities interested in becoming a subcontractor to an organization applying for Component A or Component B of this

project must conduct their own outreach to organizations that are applying for funds. See page 4, paragraph 2 of the RFA in regard to subcontracting. We cannot provide a list.

46. It states on page 23 that we need to include breakdown by expenditure category for each region listed in Table 1 (using Attachment 5). Does this mean that you want 9 separate budget templates prepared and submitted (one for each region) or do you just need a reference in the description as to which region the budgeted expenses are related to?

Answer: Refer to Modification section at the beginning of this Q&A document, pages 1-2.

ATTACHMENT A-1
AGENCY AND PROGRAM SPECIFIC CLAUSES
Part B. Program Specific Clauses

New York State Department of Health

Department of Health Program Name: Office of Health Insurance Programs, Division of Long Term Care

Initiative Name: Money Follows the Person Demonstration / Component A: Peer Outreach and Referral / Component B: Transition Centers Project

A. Project Direction

The Contractor, no later than the effective date of this Agreement, will identify by name and title the individual the Contractor has authorized to provide executive direction of Contractor's performance of the contract services, including response to issues and concerns communicated by DOH. Contractor will provide a telephone number to DOH. Contractor agrees to immediately notify DOH of any changes to the contact information, including those that are temporary.

B. New York State's Medicaid Agency Data Use Agreement

The Contractor will comply with all requirements of New York State's Medicaid Agency Data Use Agreement (DUA), DUA Number 15407, with the Centers for Medicare and Medicaid Services (CMS), and will sign an Addendum to New York State's DUA (DUA Number 15407), which signifies understanding of an agreement to comply with the terms of the DUA.

C. Work Products

The Contractor agrees to include the following attribution and disclaimer on all materials developed for public distribution, which are funded under this contract:

“This document was developed under grant CFDA 93.791 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.”

In addition, the contractor agrees that all materials developed through this contract must be made accessible to people with special needs (e.g. people with visual or hearing impairments).

Contract Number: # _____

ATTACHMENT A-2
FEDERALLY FUNDED GRANTS
Part A. AGENCY SPECIFIC CLAUSES

A. Federal Certifications: This section shall be applicable to this AGREEMENT only if any of the funds made available to the CONTRACTOR under this AGREEMENT are federal funds.

1. Lobbying Certification (except as otherwise provided in Part B of this Attachment A-2)

a) If the CONTRACTOR is a tax-exempt organization under Section 501 (c)(4) of the Internal Revenue Code, the CONTRACTOR certifies that it will not engage in lobbying activities of any kind regardless of how funded.

b) The CONTRACTOR acknowledges that as a recipient of federal appropriated funds, it is subject to the limitations on the use of such funds to influence certain Federal contracting and financial transactions, as specified in Public Law 101-121, section 319, and codified in section 1352 of Title 31 of the United States Code. In accordance with P.L. 101-121, section 319, 31 U.S.C. 1352 and implementing regulations, the CONTRACTOR affirmatively acknowledges and represents that it is prohibited and shall refrain from using Federal funds received under this AGREEMENT for the purposes of lobbying; provided, however, that such prohibition does not apply in the case of a payment of reasonable compensation made to an officer or employee of the CONTRACTOR to the extent that the payment is for agency and legislative liaison activities not directly related to the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement. Nor does such prohibition prohibit any reasonable payment to a person in connection with, or any payment of reasonable compensation to an officer or employee of the CONTRACTOR if the payment is for professional or technical services rendered directly in the preparation, submission or negotiation of any bid, proposal, or application for a Federal contract, grant, loan, or cooperative agreement, or an extension, continuation, renewal, amendment, or modification thereof, or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract, grant, loan or cooperative agreement.

c) This section shall be applicable to this AGREEMENT only if federal funds allotted exceed \$100,000.

(i) The CONTRACTOR certifies, to the best of his or her knowledge and belief, that:

- No federal appropriated funds have been paid or will be paid, by or on behalf of the CONTRACTOR, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal amendment or modification of any federal contract, grant, loan, or cooperative agreement.

- If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.

(ii) The CONTRACTOR shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

(iii) The CONTRACTOR shall disclose specified information on any agreement with lobbyists whom the CONTRACTOR will pay with other Federal appropriated funds by completion and submission to the STATE of the Federal Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. This form may be obtained by contacting either the Office of Management and Budget Fax Information Line at (202) 395-9068 or the Bureau of Contracts at (518) 474-7896. Completed forms should be submitted to the New York State Department of Health, Bureau of Contracts, Empire State Plaza, Corning Tower Building, Room 2756, Albany, 12237-0016.

(iv) The CONTRACTOR shall file quarterly updates on the use of lobbyists if material changes occur, using the same standard disclosure form identified in (c) above to report such updated information.

d) The reporting requirements enumerated in subsection (3) of this paragraph shall not apply to the CONTRACTOR with respect to:

(i) Payments of reasonable compensation made to its regularly employed officers or employees;

(ii) A request for or receipt of a contract (other than a contract referred to in clause (c) below), grant, cooperative agreement, subcontract (other than a subcontract referred to in clause (c) below), or subgrant that does not exceed \$100,000; and

(iii) A request for or receipt of a loan, or a commitment providing for the United States to insure or guarantee a loan, that does not exceed \$150,000, including a contract or subcontract to carry out any purpose for which such a loan is made.

2. Certification Regarding Environmental Tobacco Smoke: Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of

facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this AGREEMENT, the CONTRACTOR certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The CONTRACTOR agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

3. Certification Regarding Debarment and Suspension: Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

a) APPENDIX B TO 45 CFR PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

(i) By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

(ii) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

(iii) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

(iv) The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules Implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

(v) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

(vi) The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.

(vii) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded From Federal Procurement and Non-procurement Programs.

(viii) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

(ix) Except for transactions authorized under paragraph "e" of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

b) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

(i) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department agency.

(ii) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

B. Administrative Rules and Audits:

1. If this contract is funded in whole or in part from federal funds, the CONTRACTOR shall comply with the following federal grant requirements regarding administration and allowable costs:

a) For a local or Indian tribal government, use the principles in the common rule, "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments," and Office of Management and Budget (OMB) Circular A-87, "Cost Principles for State, Local and Indian Tribal Governments".

b) For a nonprofit organization other than

(i) an institution of higher education,

(ii) a hospital, or

(iii) an organization named in OMB Circular A-122, "Cost Principles for Non-profit Organizations", as not subject to that circular,

use the principles in OMB Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-profit Organizations," and OMB Circular A-122.

c) For an Educational Institution, use the principles in OMB Circular A-110 and OMB Circular A-21, "Cost Principles for Educational Institutions".

d) For a hospital, use the principles in OMB Circular A-110, Department of Health and Human Services, 45 CFR 74, Appendix E, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals" and, if not covered for audit purposes by OMB Circular A-133, "Audits of States Local Governments and Non-profit Organizations", then subject to program specific audit requirements following Government Auditing Standards for financial audits.

2. If this contract is funded entirely from STATE funds, and if there are no specific administration and allowable costs requirements applicable, CONTRACTOR shall adhere to the applicable principles in "a" above.

3. The CONTRACTOR shall comply with the following grant requirements regarding audits.

a) If the contract is funded from federal funds, and the CONTRACTOR spends more than \$500,000 in federal funds in their fiscal year, an audit report must be submitted in accordance with OMB Circular A-133.

b) If this contract is funded from other than federal funds or if the contract is funded from a combination of STATE and federal funds but federal funds are less than \$500,000, and if the CONTRACTOR receives \$300,000 or more in total annual payments from the STATE, the CONTRACTOR shall submit to the STATE after the end of the CONTRACTOR's fiscal year an audit report. The audit report shall be submitted to the STATE within thirty days after its completion but no later than nine months after the end of the audit period. The audit report shall summarize the business and financial transactions of the CONTRACTOR. The report shall be prepared and certified by an independent accounting firm or other accounting entity, which is demonstrably independent of the administration of the program being audited. Audits performed of the CONTRACTOR's records shall be conducted in accordance with Government Auditing Standards issued by the Comptroller General of the United States covering financial audits. This audit requirement may be met through entity-wide audits, coincident with the CONTRACTOR's fiscal year, as described in OMB Circular A-133. Reports, disclosures, comments and opinions required under these publications should be so noted in the audit report.

4. For audit reports due on or after April 1, 2003, that are not received by the dates due, the following steps shall be taken:

a) If the audit report is one or more days late, voucher payments shall be held until a compliant audit report is received.

b) If the audit report is 91 or more days late, the STATE shall recover payments for all STATE funded contracts for periods for which compliant audit reports are not received.

c) If the audit report is 180 days or more late, the STATE shall terminate all active contracts, prohibit renewal of those contracts and prohibit the execution of future contracts until all outstanding compliant audit reports have been submitted.

Part B. Program Specific Federal Clauses

Additional Department of Health program specific federal clauses follow in Attachment A-2 Part B.

**ATTACHMENT A-2
FEDERALLY FUNDED GRANTS
Part B. Program Specific Clauses**

New York State Department of Health

Department of Health Program Name: Office of Health Insurance Programs, Division of Long Term Care

Initiative Name: Money Follows the Person Demonstration / Component A: Peer Outreach and Referral /
Component B: Transition Centers Project

Department of Health and Human Services Centers for Medicare and Medicaid

STANDARD TERMS AND CONDITIONS

These Standard Terms and Conditions are applicable to Centers for Medicare & Medicaid Services grants and cooperative agreements.

Terms of Award

With the acceptance of a grant or cooperative agreement from CMS, the grantee has the responsibility to be aware of and comply with the terms and conditions of award.

Individual awards are based on the application submitted to, and as approved by CMS and are subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in the Notice of Award.
- The restrictions on the expenditure of Federal funds in the appropriation acts, to the extent those restrictions are pertinent to the award.
- 45 CFR Part 74 and 45 CFR Part 92 as applicable.
- The Notice of Award including all terms and conditions (standard and special) cited on the document or attachments.
- DHHS Grants Policy Statement (at <http://www.hhs.gov/grantsnet>)
- The requirements of the Funding Opportunity Announcement (FOA)

45 CFR Part 74 and 45 CFR Part 92 (Regulations Governing CMS Grants)

Regulations found at Title 45, Code of Federal Regulations (CFR), Part 74 and Part 92, are the rules and requirements that govern the administration of Department of Health and Human Services (DHHS) grants.

Part 74 is applicable to all grantees except those covered by Part 92, which governs awards to state and local governments.

These regulations are a term and condition of award. Grantees must be aware of and comply with the regulations. (May be accessed by internet from DHHS at: <http://www.hhs.gov/grantsnet>.)

Cost Principles

Cost Principles of allowable and unallowable expenditures for CMS grantees are provided in the following documents:

- **Institutions of Higher Education:** 2 CFR Part 220 (Formerly OMB Circular A-21) <http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=3fd130e33cb191db5ba0dc9ed464f752&rgn=div5&view=text&node=2:1.1.2.10.4&idno=2>
- **State and Local Governments:** 2 CFR Part 225 (Formerly OMB Circular A- 87) http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr225_main_02.t pl
- **Nonprofit Organizations:** 2 CFR Part 230 (Formerly OMB Circular A-122) <http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=3fd130e33cb191db5ba0dc9ed464f752&rgn=div5&view=text&node=2:1.1.2.10.8&idno=2>
- **Appendix E Hospitals:** 45 CFR Part 74 Appendix E <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>
- **For-profit Organizations: Administrative Standards:** FAR 31.2 <http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=80bc6470ba120ab181d9a93a600a420d&rgn=div5&view=text&node=48:1.0.1.5.30&idno=48>

Additional Cost Requirements

- **Technology items-** For all technology items under the \$5,000 threshold, each item must be tagged and recorded in an equipment database. This database should include any information necessary to properly identify and locate the item. For example: serial# and physical location of equipment or laptops and tablets. **In addition, purchases of technology equipment over and above that which is already approved in the budget must be approved by the Grants Management Specialist.**
- **Promotional items-** All items purchased for promotional purposes must motivate individuals to take advantage of grant-supported health care or other services or other services. Promotional materials must contain organizational or health services contact information, must be appropriate for children, and must be consistent with the goals and objectives of the program.
- **Travel mileage expenses -** 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.
- **Conferences attendance -**For attendance at any conference, including those sponsored by CMS, grantees must submit a breakdown of costs associated with attending the conference for prior approval. This 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. (see **Appendix A** for the HHS Policy on Promoting Efficient Spending for Conferences and Meetings)

Administrative Standards

In addition to the cost principles, OMB has established administrative standards and audit requirements for organizations receiving Federal assistance. These administrative standards are contained in the following documents:

- **State and Local Governments:** [OMB Circular A-102 \("Grants and Cooperative Agreements with State and Local Governments"\)](#)
- **Higher Education, Hospitals, and Other Nonprofit Organizations:** 2 CFR Part 215 (Formerly OMB Circular A-110) <http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=80bc6470ba120ab181d9a93a600a420d&rgn=div5&view=text&node=2:1.1.2.10.2&idno=2>
- **Audits of States, Local Governments, and Nonprofit Organizations:** OMB Circular A-133 http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf
- **Copies of the Office of Management and Budget (OMB) Circulars are available on the Internet at:** <http://www.whitehouse.gov/OMB/circulars/>
- **Copies of the Code of Federal Regulations are available on the Internet at:** <http://www.ecfr.gov/cgi-bin/ECFR?SID=bf6f0ae241af1bb1c22340b213ec0d5b&page=browse>
- **Federal Acquisition Regulations (FAR) (48 CFR Part 31) are also available from the Internet at:** <https://www.acquisition.gov/far/>; <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>

Human Subject Protection

If applicable, the recipient bears ultimate responsibility for protecting human subjects under the award, including human subjects at all sites, and for ensuring that an assurance approved by OHRP and certification of IRB review and approval have been obtained before human subjects research can be conducted at each collaborating site. Recipients may not draw funds from the payment system, 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 unless such costs are not covered by the organization's indirect cost rate.

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

Grant Payment

Payments under these awards are made available through the Payment Management System (PMS). PMS is administered by the Division of Payment Management <http://www.dpm.psc.gov>. Grantees should contact PMS directly for instructions on how to obtain payments. Inquiries should be directed to:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM P.O. Box 6021
Rockville, MD 20852

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Telephone: 1-877-614-5533

Reporting Requirements

Financial Reports- The grantee agrees to submit Federal Financial Reports, FFRs, (SF-425) to the CMS Grants Management Specialist with a copy to the CMS Project Officer as stipulated in the special terms and conditions.

- Quarterly and semi-annual reports are due 30 days after the end of the reporting period.
 - Annual reports are due 90 days after the budget period ending date.
- Final SF-425 reports are due for all grants 90 days after the end of the project and encompass costs throughout the project as required in 45 CFR Part 74 and 92 and the HHS Grants Policy Statements.

Instructions on how to complete the SF-425 can be found at:

http://www.dpm.psc.gov/grant_recipient/guides_forms/ffr_instructions_manual.aspx

This manual provides instructions for Federal grantees on how to use the Payment Management System (PMS) to complete the Federal Financial Report (FFR), SF-425. The FFR combines the information that grant recipients previously provided using two forms: the Federal Cash Transactions Report (PSC-272) and the Financial Status Report (SF-269).

The FFR is a single page form that grantees must use to file both their cash transaction and financial status reports. If the recipients previously filed cash transaction reports using the PSC-272, the filing requirements will be essentially unchanged, except for using the new FFR form (blocks 10a-10c) and the FFR Attachment for reporting multiple grants.

Grantees shall liquidate all obligations incurred under the award no later than 90 days after the project period end date. IMPORTANT- The upper portion of the SF-425 representing cash transactions (submitted to PMS) and the lower portion of the SF425 (formerly SF269) (submitted to CMS) must equal/reconcile before submitting final reports to CMS.

Progress Reports- The grantee agrees to submit progress reports to the CMS Grants Management Specialist with a copy to the CMS Project Officer as stipulated in the special terms and conditions. Unless specified as quarterly or semi-annual in the Special Terms and Conditions, progress reports are due annually. These reports are to be consistent with a format and content specified by CMS. CMS reserves the right to require the grantee to provide additional details and clarification on the content of the report.

- Quarterly and semi-annual reports are due 30 days after the end of the reporting period.
- Annual reports are due 90 days after the budget period ending date.

Final Progress Report- The final report is due within 90 days after the project period end date of the final year of the grant. A draft final report should be submitted to the CMS Project Officer for comments. CMS's comments should be taken into consideration by the grantee for incorporation into the final report.

The final progress report may not be released or published without permission from the CMS Project Officer within the first four (4) months following the receipt of the report by the CMS Project Officer.

The final report will contain a disclaimer that the opinions expressed are those of the grantee and do not necessarily reflect the opinion of CMS.

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Failure to submit reports (i.e., financial, progress, or other required reports) on time may be basis for withholding financial assistance payments, suspension, termination or denial of refunding. A history of such unsatisfactory performance may result in designation of "high risk" status for the grantee organization and may jeopardize potential future funding from DHHS.

Use of Federal Funding

When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all Recipients receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants shall clearly state (1) the percentage of total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the program or project, and (3) the percentage and dollar amount of the total costs or the program or project that will be financed by nongovernment sources.

Project and Data Integrity

The grantee shall protect the confidentiality of all project-related information that identifies individuals.

The grantee 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 grantee, if so requested by the 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 grantee agrees that CMS shall have royalty-free, nonexclusive and irrevocable rights to reproduce, publish, or otherwise use and authorize others to use the items for Federal government purposes.

Use of Data and Work Products

At any phase of the project, including the project's conclusion, the grantee, 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 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 only. The grantee will return any data provided by CMS or copies of data at the conclusion of the project.

For six (6) months after completion of the project, the grantee shall notify the CMS Project Officer prior to 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. In the course of this research, whenever the Principal Investigator determines 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 grantee shall notify CMS of research conducted for publication. Such publications are subject to CMS review and approval.

Audit Requirements

Audit requirements for Federal award recipients are defined in OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.

An organization is required to have a non-Federal audit if, during its fiscal year, it expended a total of \$500,000 (\$300,000 for fiscal years ending before December 31, 2003) or more in Federal awards. Federal awards are defined in OMB Circular A-133 to include Federal financial assistance and Federal cost reimbursement contracts received both directly from a Federal awarding agency as well as indirectly from a pass-through entity.

45 CFR 74.26(d) discusses the requirements and available non-Federal audit options for Department of Health and Human Service awards. Two audit options are available to commercial organizations. One option is a financial related audit as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4 (commonly known as the Yellow Book) of all DHHS awards; the second option is an audit that meets the requirements of OMB Circular A-133.

Commercial organizations that receive annual DHHS awards totaling less than the OMB Circular A-133's audit requirement threshold are exempt from a non-Federal audit for that year, but must make records available for audit or review as requested by CMS or other designated officials.

OMB Circular A-133 now requires that all auditees submit a completed data collection form (SF-SAC) in addition to the audit report. For questions and information concerning the submission process, please visit <http://harvester.census.gov/sac/> or you may call the Federal Audit Clearinghouse (888-222-9907).

Audit reports for both CMS and other HHS awards with fiscal periods ending on or after January 1, 2008 shall be submitted online via <http://harvester.census.gov/sac/>.

Fraud 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. Information also may be submitted by e-mail to: hhstips@oig.hhs.gov, or by mail to: Office of the Inspector General, Department of Health and 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.

Certification of Filing and Payment of Federal Taxes

As required by the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriation Act, 2008 (Public Law 110-161, Division G, Title V, section 523), as a financial assistance recipient entering into a grant or cooperative agreement, the recipient certifies that:

(1) All Federal tax returns have been filed during the three years preceding this certification;

AND

(2) There has been no conviction of a criminal offense pursuant to the Internal Revenue Code of 1986 (U.S. Code- Title 26, Internal Revenue Code);

AND

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(3) Not more than 90 days prior to this certification, been notified of any unpaid Federal tax assessment for which the liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service and is not in default, or the assessment is the subject of a non-frivolous administrative or judicial proceeding.

Trafficking In Persons

This award is subject to requirements of section 106(g) of the trafficking victims protection act of 2000, as amended (22 u.s.c. 7104)

Federal Financial Accountability and Transparency Act (FFATA) Subaward and Executive Compensation Reporting Requirement

This award is subject to the Federal Financial Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170.220.

Requirements for SAM (System for Award Management)/ CCR

Grantees were previously required to register with the CCR. However, SAM has integrated the CCR and 7 other Federal procurement systems into a new, streamlined system. If a grantee has an active record in CCR, there will be an active record in SAM. Nothing more is needed unless a change in the business circumstances requires updates to the Entity record(s) in order for the applicant to be paid, receive an award, or to renew the Entity prior to expiration. Please consult the SAM website (www.sam.gov) for additional information.

Requirements for DUNS numbers:

If you are authorized to make subawards under this award, you:

- Must notify potential subrecipients that no entity may receive a subaward from you unless the entity has provided its DUNS number to you.
- May not make a subaward to an entity unless the entity has provided its DUNS number to you.

Public Policy Requirements

By signing the application, the authorized official certifies that the organization will comply with applicable public policies. Once a grant is awarded, the recipient is responsible for establishing and maintaining the necessary processes to monitor its compliance and that of its employees and, as appropriate, subrecipients and contractors under the grant with these requirements. See Exhibit 3, Public Policy Requirements, Section II-3-5, HHS Grant Policy Statement, to determine what public policy requirements and objectives apply: <http://www.hhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>

FY 2012 APPROPRIATIONS PROVISION

FY2012 Appropriations Provision: HHS recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any

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requirement or limitation in any applicable appropriations acts.

The following information is provided as a reference. Please consult the Consolidated Appropriations Act, Fiscal Year 2012, Public Law 112-74 for the complete text.

Section 203- Cap on Researcher Salaries

FY2012 Enacted Language: Sec. 203. 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.

Actions: Since the reduced and expanded salary cap was included in PL 112-74, which was effective December 23, 2011, implementation of the lower level of \$179,700 is applicable to grants and cooperative agreements with an initial issue date or obligation of FY2012 funds on/after December 23, 2011. For FY2012 awards issued on/before December 22, 2011 (competing and non-competing) and to which FY2012 funds have not been obligated since December 23, 2011, the effective salary limitation remains at Executive Level I, \$199,700.

Section 218- Gun Control Prohibition

FY2012 Enacted Language: Sec. 218. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

Section 503- Proper Use of Appropriations- Publicity and Propaganda (LOBBYING)

FY2012 Enacted Language: Sec. 503(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposed, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress of any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient. Or agent acting for such recipient, related to 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, other than normal and recognized executive-legislative relationships or participation by an agency or officer of an State, local or tribal government in policy making and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections 9a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

Section 253 – Needle Exchange

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FY2012 Enacted Language: Sec. 253. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes of the hypodermic injection of any illegal drug.

Appendix A

HHS Policy on Promoting Efficient Spending for Conferences and Meetings:

"Use of Appropriated Funds for Conferences and Meeting Space to reflect the increased reporting requirements and enhanced controls required by Section 3003 of the Consolidated and Further Continuing Appropriations Act, 2013"

It is the Department of Health and Human Services' (HHS) policy that conferences and meetings funded through grants and cooperative agreements: are consistent with legal requirements and HHS' missions, objectives, and policies; represent an efficient and effective use of taxpayer funds; and are able to withstand public scrutiny. CMS must conduct business, including conferences and meetings, consistent with these tenets. As a result, CMS has adopted grant and cooperative agreement practices that promote efficient spending for conferences and meetings.

While grant recipients are always encouraged to provide performance-based solutions to the Government's requirements, the Centers for Medicare and Medicaid (CMS) encourages alternative solutions (i.e. teleconference) as opposed to traditional face-to-face meetings. A "conference" is defined as "[a] meeting, retreat, seminar, symposium or event that involves awardee, subcontractor, or consultant travel."

Any conferences, with or without travel, that you believe are necessary to accomplish the purposes of this grant must have prior CMS approval. These requests must be priced separately in the budget and include the following information:

- (1) a description of its purpose;
- (2) the number of participants attending;
- (3) a detailed statement of the costs to the grant, including-
 - (A) the cost of any food or beverages;
 - (B) the cost of any audio-visual services for a conference;
 - (C) the cost of employee or contractor travel to and from a conference; and
 - (D) a discussion of the methodology used to determine which costs relate to a conference.

In addition, funds under this grant may not be used for the purpose of defraying the costs of a conference that is not directly and programmatically related to the purpose for which the grant is awarded (such as a conference held in connection with planning, training, assessment, review, or other routine purposes related to a project funded by the grant).