

## **PROGRAM INSTRUCTION**

ACL-PI-14-05

AOA-MI-14-001(FR 36528 / Vol. 79, No. 124 / Friday, June 27, 2014)

**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 section 110 of the Protecting Access to Medicare Act of 2014.

**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) and reauthorized by section 110 of the Protecting Access to Medicare Act of 2014.

The purpose of this Program Instruction (PI) as referenced in the Federal Register Notice above is to provide State Units on Aging and State Departments of Insurance who administer the State Health Insurance Assistance Programs with guidelines for use in developing and submitting FY 2014 MIPPA State Plans.

### **I. State Plan Purpose**

The purpose of the funding is to enhance efforts through statewide and local coalition building focused on intensified outreach activities to help beneficiaries likely to be eligible for the Low Income Subsidy program (LIS), Medicare Savings Program (MSP), Medicare Prescription Drug Coverage (Part D) and in assisting 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 older Americans about available Federal and State benefits. ACL seeks plans from states that will describe how the MIPPA funds will be used for beneficiary outreach and education over the next three years.

ACL requests that states submit a three year state plan with specific project strategies to expand, extend, or enhance the outreach efforts to beneficiaries on Medicare Part D and 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, for general Medicare Part D outreach and assistance to beneficiaries in rural areas, and for outreach activities aimed at Medicare prevention and wellness benefits as well as the improvements in the Part D program under the Affordable Care Act as mandated by Section 3306 of the Act. States are asked to review their 2013 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 or separate plans for each eligible State agency. If one statewide plan is submitted, funds will be disbursed to the lead state agency.

## **II. Award Information**

**Priority Area 1 – State Health Insurance Assistance Programs:** \$7.5 million in FY 2014 to State Agencies that Administer the SHIP to provide outreach to eligible Medicare beneficiaries regarding their benefits and outreach to individuals who may be eligible for the Low Income Subsidy or for the Medicare Savings Program.

- State allocations are based on the following percentages:
  - 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 to provide outreach on Medicare Part D to beneficiaries in rural areas.

**Priority Area 2 – Area Agencies on Aging and Native American Programs:** \$7.5 million in FY 2014 to State Agencies for AAAs and for Native American programs to provide outreach to eligible Medicare beneficiaries regarding their benefits and outreach to individuals who may be eligible for the Low Income Subsidy or for the Medicare Savings Program.

- Of the total \$7.5 million, \$264,000 is reserved to tribal organizations (total 264 grantees). This portion of the funding will be allocated using a separate process.
- State allocations are based on the following percentages:
  - 2/3 of the total amount to States for AAAs to provide outreach to individuals who may be eligible but not enrolled for LIS or for Medicare Savings Accounts;
  - 1/3 of the total amount to provide outreach on Medicare Part D to beneficiaries in rural areas).

**Priority Area 3 – Aging and Disability Resource Center Programs:** \$5 million in FY 2014 to state agencies that administer the ADRC programs to provide outreach to individuals regarding the benefits available under Part D and under Medicare Savings Programs:

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

## **III. MIPPA State Plan Content**

The State plan should include:

1. MIPPA Project Narrative (no more than 10 pages);
2. 3 year Work Plan detailing anticipated activities;
3. SF 424 – Application for Federal Assistance;
4. SF 424B – Assurances; and
5. Lobbying Certification

## **Narrative:**

States should submit a three year state plan with specific project strategies to expand, extend, or enhance the outreach efforts to beneficiaries on Medicare Part D and for those with limited incomes. The MIPPA State Plan narrative should be comprised of no more than 10 pages. The plan narrative should clearly address the following areas:

- The major highlights accomplished under your states 2013 MIPPA plan and major partners involved in your project.
- 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.
- How funds allocated based on the percentage of rural beneficiaries will be used to support outreach and assistance efforts directed toward Medicare beneficiaries residing in a rural area relative to the total number of such individuals in each state.
- 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 2014 Basic SHIP Grant Award.
- Where applicable, how the State will coordinate with the Native American programs on LIS, MSP, Medicare Part D or prevention and wellness outreach.
- 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., 2013 Basic SHIP Grant Award, OAA outreach.

## **Three Year work plan**

States should submit a three (3) year MIPPA project work plan. The Project Work Plan should reflect and be consistent with the Project Narrative and should cover all three (3) years of the 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 see pages 5-7 for a sample template.

## **SF 424 – Application for Federal Assistance**

Please see pages 8-10 for 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). This form contains assurances required of applicants under the discretionary funds programs administered by the Administration for Community Living. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

## **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.

## **IV. 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 Katherine Glendening by calling 202–357–3859, or by e-mail [Katherine.Glendening@acl.hhs.gov](mailto:Katherine.Glendening@acl.hhs.gov).

An Authorized Organization Representative (AOR) for the applicant organization submits a grant 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.

## **V. Inquiries**

Direct inquiries regarding programmatic issues to U.S. Department of Health and Human Services, Administration on Aging, Office of Supportive and Caregiver Services, Washington, DC 20201, attention: Katherine Glendening or by calling 202–357–3859, or by e-mail [Katherine.Glendening@acl.hhs.gov](mailto:Katherine.Glendening@acl.hhs.gov).

## 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*
1.														
2.														

## 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*
3.														
4.														

## Project Work Plan, Page 3 – 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*
5.														
6.														

**NOTE:** Please do not infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.

## Instructions for Completing Required Forms

### SF 424

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**
  - a. **Federal Entity Identifier:** Leave this field blank
  - b. **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:
  - a. **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>) or by going directly to the SAM website ([www.sam.gov](http://www.sam.gov)).
  - b. **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.
- c. **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>). Your DUNS number can be verified at <http://www2.zapdata.com/CompanyLookup.do>.
  - d. **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.
  - e. **Organizational Unit:** Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the project.
  - f. **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 us the state name in the title.**
16. **Congressional Districts Of:** (REQUIRED)
- a. Enter the applicant's Congressional District, and
  - b. 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 12<sup>th</sup> 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:

<http://www.house.gov/Welcome.shtml>

**17. Proposed Project Start and End Dates: (REQUIRED)**

- a. **Start Date:** Enter September 30, 2014
- b. **End Date:** Enter September 30, 2017

**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.