

**MEDICAID TRANSFORMATION GRANT APPLICATION INSTRUCTIONS**

Announcement Date: July 25, 2006  
CMS Teleconference: August 15, 2006  
Due Date of Application: September 15, 2006  
Award Announcements: October 2006

**Grant Application Requirements/ Content and Submission**

**Requirements:**

1. Proposal request must be from the State Medicaid agency;
2. Proposal must have approval of the State Medicaid Director;
3. Proposals may complement your other State Medicaid reform initiatives, activities under other DRA provisions, and/or involve collaboratives with other States' Medicaid programs;
4. A State may submit for consideration more than one program concept proposal in a single application; and
5. Grant awards are not to be used for any State share or supplemental disproportionate share hospital payments.

**Application Content: 160 total point score for each program proposal—15 page limit.**

**Cover sheet:** The cover sheet should include the following (not included in the page limit):

- State, Name of Project, Name of the Medicaid agency
- Contact Person Name and Title
- Contact Person Telephone and Fax number
- Contact Person E-mail Address

**Abstract: 10 points—single spaced, one page, not included in the page limit.**

Provide a clear, concise description of the proposed project that should include the goals of the project, the total projected budget, a description of how the grant will be used to improve the efficiency and effectiveness of the Medicaid program, and the expected outcome of the project.

**Project Narrative: 120 total points—The project narrative should provide a clear description of each of the following:**

- **Statement of Project/Need** (15 points)—Describe the project, discuss why this project is needed, and describe the innovation of the project.
- **Project Justification** (15 points)—Describe how the Medicaid program that will be demonstrated by the project will cause/contribute to improving the effectiveness and efficiency of the State's Medicaid program.

- ***Project Goals and Outcomes*** (15 points)—Describe the goals and anticipated outcomes/impact of the project. If applicable, also describe the technology that will be used and if it adheres to accepted industry standards.
- ***Estimate of Impact to Beneficiaries*** (15 points)—Describe the projected number of individuals who will be directly affected by the project, and clearly define the project target area (i.e., county, region-wide, statewide).
- ***Description of Magnitude of the Transformation/System Change*** (15 points)—Describe the size and scope of the project in terms of transforming the current Medicaid system, and discuss the potential for replication of the project in other States in regions of the applicant's State.
- ***Description of Sustainability of the Project*** (15 points)—Describe the State's plan to sustain the project after the grant funding is exhausted.
- ***Evaluation Plan*** (15 points)—Describe the evaluation plan of the project (at a minimum, the State needs to ensure compliance with the statutory reporting requirements of the new section 1903(z)(3)(C)(ii) & (iii) of the Act).
- ***Description of Project Implementation Readiness*** (15 points)—Describe the State's ability and plan for implementation of the project. The description should include implementation tasks/timeline with milestones and status.

**Budget: 30 points**—The budget section must include the following:

- ***Estimated budget total***—Provide the budget breakdown by the requested Federal grant amount and separated by each grant year (i.e., Federal fiscal years 2007 and 2008).
- ***Total estimated funding requirements for each year***—Provide estimated funding requirements and description for each year for each of the following line items:
  - Personnel/Fringe benefits
  - Contractual cost (including consultant contracts)
  - Supplies
  - Equipment
  - Other costs (provide clear description and justification)

#### **Application Submission Process:**

Each grant application must be submitted electronically to: [Matransgrant@cms.hhs.gov](mailto:Matransgrant@cms.hhs.gov).

#### **CMS Project Contacts:**

For questions that require programmatic technical assistance, please contact Lyn Killman at 410-786-5957 or [Lyn.Killman@cms.hhs.gov](mailto:Lyn.Killman@cms.hhs.gov) or Wanda Pigatt-Canty at 410-786-6177 or [Wanda.Pigatt-canty@csm.hhs.gov](mailto:Wanda.Pigatt-canty@csm.hhs.gov)

Details of the August 15, 2006, teleconference will be posted by August 8, 2006 on the Centers for Medicare & Medicaid Services Medicaid Transformation Grant Web site at [www.cms.hhs.gov/MedicaidTransGrants/](http://www.cms.hhs.gov/MedicaidTransGrants/)