COLORADO
Department of Health Care Policy & Financing

1570 Grant Street
Denver, CO 80203

Request for Applications
Child-Youth Step-Down Options CHRP Track
ARPA 4.03

Section 1: Project Description

The Department of Health Care Policy & Financing (HCPF) received funding through Section 9817 of the American Rescue Plan Act (ARPA) to improve the continuum of services for children & youth. This project focuses on children and youth with special health care needs, who are often multi-system involved, and/or at times unable to access the supportive services within Colorado—particularly "step down" services from a higher to a lower level of care.

This track will support the expansion of HCBS-Children's Residential Habilitation Program (CHRP). The CHRP Waiver supports children & youth with Intellectual and Developmental Disabilities or extensive adaptive needs. Through this grant program, CHRP providers may apply for funds for start-up activities that will support increased access to services that are not already billable. These funds are not for the purpose of directly providing ongoing services. The CHRP Waiver includes residential habilitation services which may be provided to children & youth in a number of settings. This grant seeks to expand the HCBS-CHRP Residential Habilitation service capacity; particularly in the geographic North, West and South regions of the state.

A Departmental review panel will evaluate all applications and will make recommendations to Department leadership who will finalize award decisions.

The step-down project is aligned with SB 19-222 and HCPF ensures all proposed projects must align with efforts to ensure access to a high-quality behavioral health system.

Section 2: Funding

There is $1,500,000 allocated to the CHRP Track. Up to three awardees may receive between $500,000 and $1,000,000. If the applicant intends to conduct more than one start-up activity, these should be included in one application. Award amounts will be dependent on project proposals. The Department will disburse grant funds no earlier than September 1, 2023. Awarded entities must expend such funds by September 30, 2024.

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The funds awarded must supplement existing programs and may not be used to supplant funding. Supplanting occurs when an entity replaces funds for an activity because federal funds are available (or are expected to be available) to fund that same activity. An entity is supplementing funding when federal grant funds are used in combination with other funds to enhance a planned expenditure in an existing budget. If you would like to read more about the difference, HERE is a fact sheet outlining the differences between supplanting and supplementing.

Section 3: Application Submission and Project Implementation Timeline

Application Released	**6/20/2023**
Voluntary Q&A Webinar	**6/21/2023 2:00-3:00pm**
Submission Deadline	**8/4/2023**
Award Announcement	**9/15/2023**
Contracting and Pre-Grant Prep	**9/15/2023-10/31/2023**
Award Period	**11/1/2023- 9/30/2024**
Final Invoicing	**9/30/2024**

Section 4: Applicant Qualifications:

Applicants selected for the CHRP Track, must, at a minimum, meet the following requirements:

- Currently enrolled with CO HCPF as a CHRP provider; or
- Currently enrolled with CDPHE as a PASA; or
- Currently licensed as a CPA with the Colorado Department of Human Services (CDHS); or
- Currently operates at least one Residential Child Care Facility licensed by CDHS; or
- Currently is an enrolled Medicaid provider licensed and operating an equivalent to Residential Child Care Facility in another state.

Important notice of restriction for grant recipients: Entities that have already been awarded funding through any federal stimulus source (like HCBS ARPA 9817 funding) for the same activities are not eligible for additional HCPF funding through this grant.

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Section 5: Allowable Activities / Uses of Funds

These CHRP Track grants are designed to fund the expansion of CHRP services. Ideally, these services will enroll, connect and ensure member accessibility to child and youth step down services. These services may include: expansion to access of necessary, high-intensity services, centering the focus on the identified population of children and youth; consolidating gaps in the treatment-to-discharge continuum; and refining the current step-down model to inform system changes/

Allowable activities may include but are not limited to:

- Navigation services to support discharge planning, case coordination, and continuity of care in the community and across systems
- Expansions of HCBS services that are financially viable and person-centered, with a focus on those children and youth who are at risk for being sent out of state for services
- Creation or expansion of a step-down service between hospitals and a short-term residential placement
- Staffing costs that supplement work to expand CHRP services will be reviewed with a strong sustainability plan in place

Allowable costs include:

- Capital expenditures including, but not limited to physical space, office equipment, program equipment and software
- Training and education of providers
- Project implementation costs
- Project coordination costs, and
- Program costs for each participant that are not otherwise billable to Medicaid [e.g. home repairs to create secure spaces]

Funding **may not** be used to supplant existing services, including current Medicaid billable services, or other existing funds.

Capital expenditures of or over $10,000 per ITEM require federal approval in addition to HCPF approval. If needed, please contact the Department for further questions on this requirement.

Percentage of current staff time to oversee this project is not allowable as it is supplanting a current funding source.

Note: If your team requests the same activities and is awarded by another ARPA grant, your team will not be eligible via ARPA grant 4.03. The team will be sharing

the awarded organization's name with future HCPF ARPA grants to ensure there are no duplicative awards.

Final award amounts will be determined by HCPF. HCPF reserves the right to adjust the award amount depending on the number of applicants and awardee readiness.

Section 6: How to Apply:

Applicants shall respond to all requests for information contained below and provide responses where required, and include supporting documentation only if requested. Unnecessarily elaborate applications are not desired. Sequential numbers assigned to each question in this application form must be retained in the applicant's response. Application responses shall be submitted electronically with one-inch margins in 12-point font (including text in response boxes), and with page numbers on each page. Page numbers should be consecutive and have a consistent numbering format.

All of the following items must be submitted to HCPF_ARPA-Step-Down@state.co.us by 5pm MTS on August 4, 2023.

Items for submission	Description	Scoring Weight
Technical response	• Cover Letter (Section 1) • Attestation (Section 1) • Organization Questions (Section 2) • Population Questions (Section 3) • Certificate of Good Standing or Certificate of Fact (from Secretary of State) • Certificate of registration from SAM.gov • Current W9 (Please use this form) • Proof of Non Profit Status • Approved federally negotiated indirect cost rate documentation	5
Application [4-6 pages]	Project Description	15
Budget	Budget and narrative in downloaded document linked on page 10	10

Late and/or incomplete application packets may not be considered. The grant review committee reserves the right to deem an application ineligible if it does not include all required documents or is not submitted by the application deadline.

All applications will be reviewed by a review committee and notices to applicants on approval or denial of the proposal will occur through email. The review committee may also have questions about your application and will reach out by email if needed. Given limited funds, the intent is to award grants serving a diverse and broad community footprint to ensure as many regions of the state as possible are reached.

A voluntary Q&A Webinar will be held on Wednesday, June 21, 2023 from 2:00-3:00 pm via Zoom to allow prospective applicants the opportunity to ask questions to clarify requirements for this grant. Attendance is optional and not mandatory. The session will be recorded and posted to the Department of Health Care Policy & Financing ARPA website.

Section 7: Post-Selection Expectations

If your proposal is selected, you will work closely with HCPF and its grant financial vendor to develop a grant agreement with deliverables related to your proposal. HCPF will provide invoicing instructions, and you will work with the associated HCPF fiscal agent as the agreement is executed. Additionally, the awardee will be required to provide regular reporting and data sharing throughout the grant period, including success stories and challenges that have been raised during the project.

Awardees will provide the following deliverables for receipt of their total award:

Deliverable	**Timing**	**Amount**
Work Plan	Within 14 days of award	TBD of Total weighted for start-up costs and up front funding for capital expenditures
Project Budget Reimbursement	Invoices submitted by 15th of each month	Reimbursement for incurred expenses and documentation submitted with invoice distributed across quarters
Final Project Summary	End of Award Period	TBD of Total

*A monthly reporting template will be collaboratively developed.

Questions regarding this Request for Application may be directed to HCPF_ARPA-Step-Down@state.co.us All questions and responses will be posted to

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the ARPA website.

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Child and Youth Step Down: CHRP Track Grant Application

Each applicant must answer the following questions to be considered for this funding opportunity. Points will be awarded based on the completeness of answers and alignment with the grant's overall goal: To reduce barriers and increase access to services for CHRP eligible children/youth.

SECTION 1: Cover Letter, Organization Questions and Attestation [Contributes to "Technical Response" 5 points total]

Please submit a 1-2 page cover letter, signed by the Executive Director or other authorized signatory of your organization. This letter should provide a brief summary of your organization's mission and what you hope to complete by the end of this grant with the resources provided.

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Organization Questions

Organization Name	
Organization Mission/Vision	
Region/Areas Served	
Medicaid Provider ID (include all providers at the organization with a comma between numbers)	
Primary Contact/Submitter of Application (This should be someone with authority to enter into financial obligations on behalf of the organization):	
Primary Contact Email	
Primary Contact Phone	
What services does your organization currently provide?	
What is your staffing composition (amount and types of providers)?	
Describe your physical (interior and geographic) space and location of your facility and how it may impact the success of your program	
Provide a description of the applicant's experience in providing and supervising child and youth with complex needs	

Please identify whether your organization fits one or more of the following categories:

Note: Select all that apply

☐Small business (500 or fewer employees)
☐Minority-owned business
☐Woman-owned business
☐Veteran-owned business
☐Business that employs people with disabilities (employs any Home and Community Based Services Waiver member in Integrated Jobs)

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Attestation

Please place a checkmark next to all attestation statements. Please have a person with fiscal authority in your agency sign the bottom of the attestation section.

A. I attest that no funds within this application will be used for existing costs within our organization (supplanting efforts).

B. I attest my agency had read and understood the reporting requirement for this grant and can comply with all quarterly reporting needs.

C. I attest that the team will not request for the same services from any HCBS ARPA grant programs that are awarded within this proposal.

D. I attest no funds will be utilized for existing Medicaid reimbursement services.

E. I attest I have the authority to enter into a financial agreement on behalf of my organization.

F. I attest my agency will work to increase the availability of these services to Health First Colorado Members.

Signature of Authorizing Official:
Title:

Date:

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SECTION 2: Population Questions [Contributes to "Technical Response", 2-3 pages]

Q1. Describe the population currently being served by the applicant, including:

a. Population demographics, characteristics, geographic distribution, etc. (Please include age, disability, race/ethnicity, as well as other factors that may demonstrate an underserved or special population status)
b. Size of the population you serve regularly (ie. Not just total count of how many are served in a year, but how many people are served on a consistent basis)
c. Include the counties you serve.

Q2. Describe any differences in the population the applicant would intend to serve if awarded this grant.

Q3. Describe the applicant's experience working with complex populations (such as individuals experiencing barriers to care and treatment who also have behavioral and/physical health needs), including SUD, Dual Diagnoses, Justice involved).

Q4. Please estimate the number of cases you declined to treat and the specific clinical reasons they were declined. If there are any specific situational adjustments that would have allowed you to treat those youth, please describe these potential changes.

a. Share additional information that will be helpful to understand trends in the current causes of denial and how these funds may reduce your denial rates

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Section 3: Project Description [15 pts, 2-4 pages]

Q5. Describe in detail your plans to use grant funding to expand the delivery of billable services for children and youth with complex needs (e.g. gaps in the continuum of care due to lack of providers, lack of access, lack of funding, etc.).

In your narrative response, please include the following:

a) Overview of your vision for this grant funding and how it will be used to expand the delivery of programs for complex children and youth and provider recruitment for the target population, in the context of appropriate transitions of care. Please reference allowable expenditures listed on the RFA.
b) List of Medicaid billable services that will be provided to the target population. (Reference the USCS Coding Manual in Appendix A)
c) Expected outcomes of this financial award. Please include an estimated number of Medicaid members who will receive services during the grant period.
d) Explain your plans for sustainability past the grant period that will provide ongoing support to patients. For Non-Medicaid providers, explain how grant funds will be used to build administrative capacity to become a Medicaid provider and successfully provide and bill for Medicaid services by the end of the grant period.

Q6. What are your 3 key project objectives, as well as relevant tasks and expected completion dates for each.

Q7. Please describe how trauma-informed and culturally sensitive practices are incorporated into the applicant's service delivery model.

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Section 3: Budget Workbook [10 pts]

The total funding for the CHRP grant program is limited to no more than $1.5 million dollars for up to three awardees. Applicants may apply for between $500,000 dollars and $1 million dollars. The budget will be scored up to 10 points. If a project's total budget exceeds the awarded grant amount the grantee will be responsible for the remaining funding needs. Note: funds may not be used to service debt, satisfy a judgment or settlement, or contribute to a "rainy day" fund.

While applicants may request grants cover some administrative funds or indirect amounts (defined as costs not identifiable with a specific project or activity), there are limits on indirect costs (10% of direct costs), with a maximum of $25,000 annually. Details are provided in the budget workbook and in the Department's standard operating procedure document found here.

Supplanting with federal funds is not allowable. Community partners should ensure that any federal funds they receive through ARPA are not used to supplant existing funds for the same purpose. Salaries are allowable expenditures under this grant funding but come with additional parameters to ensure supplanting doesn't occur. Supervisory time of direct staff completing work is not allowable FTE request.

How this applies to use of grant funds for staff salaries:

Supplanting (NOT allowed) in the context of staff support might look like the following:

- Using federal grant funds to pay for the salary of an existing employee, even if the employee has new job responsibilities related to the grant administration.
- Using federal funds to pay for part of a supervisor's salary who is now overseeing a new staff position that is tied to grant funding.

Supplementing (IS allowed) in the context of staff support might look like the following:

- New staff member(s) to be hired to support the grant administration.
- A part time staff member will have enough additional responsibilities related to grant administration that they will need to work a full-time schedule (grant funds can be used to pay for the difference between the part time and full time salary).
- Training for existing staff to support the grant administration/initiatives (training costs and staff time during training can be supported).

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Additional details outlining the differences between supplanting and supplementing can be found HERE.

Q8. Please provide a short (1-2 pages) budget narrative justification for each line item, and what changes you anticipate as a result of the funding. Be sure to include an overview about personnel. If any expenses are listed under “other” please provide details here.

Q9. Please provide budget details using the budget workbook HERE. You must download and complete the Budget Workbook Excel spreadsheet and submit it with your written application.

Q10. If applicable, provide information regarding other sources of funding that will be utilized to complete the proposed project.

END OF APPLICATION!

Please submit the items above to HCPF_ARPA-Step-Down@state.co.us by 5pm MTS on August 4, 2023.

Thank you for your response. Applicants will be notified of awards by 09/15/2023