DEPARTMENT OF HEALTH & HUMAN SERVICES **Health Resources and Services Administration**

Rockville, Maryland 20857

Healthcare Systems Bureau

SEP - 4 2009

2009 SEP 10 PM 2 20

Ms. Sue Williamson
Colorado Department of Health Care
Policy and Financing
1570 Grant Street
Denver, Colorado 80203-1818

Dear Ms. Williamson:

I am pleased to inform you that the Colorado Department of Health Care Policy and Financing's request for a State Health Access Program (SHAP) grant has been approved in the amount of $9,966,612 for Year 1. Please see the conditions, remarks, and new project period end date noted in the previously mailed Notice of Grant Award (NGA) from the Division of Grants Management Operations, Health Resources and Services Administration.

Enclosed are comments on your grant application from the Objective Review Committee. These may be useful to you in planning your approach to this grant and in responding to the grant's special conditions listed on page two of the NGA. We will be glad to discuss these special conditions and comments with you.

If you have any programmatic questions, please contact Michelle Herzog on 301-443-0650 or via e-mail at mherzog@hrsa.gov.

Sincerely,

Joyce G. Somsak
Associate Administrator

Enclosure

1. DATE ISSUED: 08/28/2009

2. PROGRAM CFDA: 93.256

3. SUPERCEDES AWARD NOTICE dated:
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4a. AWARD NO.: 1 H2PHS16502-01-00

4b. GRANT NO.: H2PHS16502

5. FORMER GRANT NO.:

6. PROJECT PERIOD:
FROM: 09/01/2009 **THROUGH:** 08/31/2014

7. BUDGET PERIOD:
FROM: 09/01/2009 **THROUGH:** 08/31/2010

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION

HRSA

NOTICE OF GRANT AWARD
AUTHORIZATION (Legislation/Regulation)
P.L. 108-447
P.L. 111-8
Section 301 of the Public Health Service Act as amended (42 U.S.C. 24(a))

8. TITLE OF PROJECT (OR PROGRAM): State Health Access Program (SHAP) Grants

9. GRANTEE NAME AND ADDRESS:
Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Sue Williamson
Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver , CO 80203-1818

11. APPROVED BUDGET: (Excludes Direct Assistance)

[ ] Grant Funds Only

[X] Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	$ 0.00
b. Fringe Benefits:	$ 0.00
c. Total Personnel Costs:	$ 0.00
d. Consultant Costs:	$ 0.00
e. Equipment:	$ 0.00
f. Supplies:	$ 0.00
g. Travel:	$ 0.00
h. Construction/Alteration and Renovation:	$ 0.00
i. Other:	$ 0.00
j. Consortium/Contractual Costs:	$ 0.00
k. Trainee Related Expenses:	$ 0.00
l. Trainee Stipends:	$ 0.00
m. Trainee Tuition and Fees:	$ 0.00
n. Trainee Travel:	$ 0.00
o. TOTAL DIRECT COSTS:	**$ 11,959,934.00**
p. INDIRECT COSTS: (Rate: % of S&W/TADC)	**$ 0.00**
q. TOTAL APPROVED BUDGET:	**$ 11,959,934.00**
i. Less Non-Federal Resources:	$ 1,993,322.00
ii. Federal Share:	$ 9,966,612.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

a. Authorized Financial Assistance This Period	**$ 9,966,612.00**
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	$ 0.00
ii. Offset	$ 0.00
c. Unawarded Balance of Current Year's Funds	$ 0.00
d. Less Cumulative Prior Award(s) This Budget Period	$ 0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$ 9,966,612.00**

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
02	$ 9,791,964.00
03	$ 7,538,368.00
04	$ 7,378,534.00
05	$ 8,277,551.00

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	$ 0.00
b. Less Unawarded Balance of Current Year's Funds	$ 0.00
c. Less Cumulative Prior Awards(s) This Budget Period	$ 0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$ 0.00**

15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

A=Addition B=Deduction C=Cost Sharing or Matching D=Other **[C]**

Estimated Program Income: $ 0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached **[X] Yes [ ] No**)
The amount reflected in Item 13 (Recommended Future Support) for years 2 – 5 may be reduced up to 20%.

Electronically signed by Dorothy M. Kelley, Grants Management Officer on: 08/28/2009

17. OBJ. CLASS: 41.45

18. CRS-EIN: 1840644739F9

19. FUTURE RECOMMENDED FUNDING:

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE
09-3880693	93.256	H2PHS16502A0	$ 9,966,612.00	$ 0.00	N/A

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants.hrsa.gov/webexternal/login.asp to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Conditions:

1. Due Date: Within 30 days of Award Issue Date
   Provide a line item budget, budget justification narrative and SF424A budget forms reflecting the amount of Federal funds awarded of $9,966,612 and non-Federal funds of $1,993,322, separating the Federal funds from the non-Federal. The budget must be broken down by the categories reflected on the SF424A budget form.

   Budget must reflect the re-budgeting of money for incentives to community based organizations for enrollment. Incentive payments are not allowed under this grant.

   Budget should also include under "travel" expenses associated with participating in two mandatory Technical Assistance Workshop in Washington, D.C.
2. Due Date: Within 30 days of Award Issue Date
   The grantee will provide an explanation of how the following proposed activities (focused on Medicaid and SCHIP) are relevant to HRSA's goal of expanding access to an uninsured population: Maximizing Outreach, Retention and Enrollment and Eligiblity Modernization: Streamling the Application Process.

Grant Specific Terms:

1. Grantee will provide an implementation progress report no later than 6 months from the grant start date.
2. Grantee will provide an Annual Progress Report to HRSA, 30 days after the end of the 12-month budget period. The report will be developed and completed in a format and manner prescribed by the HRSA Project Officer.

Standard Terms:

1. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at http://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf and it is anticipated that Part IV, HRSA program-specific guidance will be available at the website in the near future. In addition, HRSA-specific contacts will be appended to Part III of the GPS which identifies Department-wide points of contact. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect. Once available, Part IV, HRSA program-specific guidance will take precedence over Parts I and II in situations where there are conflicting or otherwise inconsistent policies.

2. The HHS Appropriations Act requires that 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 grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the

percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

3. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully:

   (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR

   (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item

   ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years, or both.

4. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Grant Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

   In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds $100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or $250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is $200,000, if the total approved budget is $300,000, cumulative changes within that budget period exceeding $75,000 would require prior approval). For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding $25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]

5. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payment should be directed to: Payment Management, DHHS, P.O. Box 6021, Rockville, MD 20852, http://www.dpm.psc.gov/ or Telephone Number: 1-877-614-5533.

6. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).

7. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free http://harvester.census.gov/sac/facconta.htm

8. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language

assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at http://www.hhs.gov/ocr/lep/revisedlep.html.

9. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000,as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.htm. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Grant Award to obtain a copy of the Term.

Reporting Requirements:

1. Due Date: Within 90 days of Budget End Date
   The grantee must submit a Financial Status Report within 90 days after the budget period end date. This report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbook (EHB).

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

NGA Email Address(es):
joan.henneberry@state.co.us
Note: NGA emailed to these address(es)

Contacts:

Program Contact: For assistance on programmatic issues, please contact Michelle Herzog at:
5600 Fishers Ln
Rockville, MD 20852-1750
Phone: (301)443-0650
Email: mherzog@hrsa.gov

Division of Grants Management Operations: For assistance on grants administration issues, please contact Phyllis Lawson at:
1400-13
DGMO/OFAM
5600 Fishers Ln
Rockville, MD 20852-1750
Phone: (301)443-6381
Email: plawson@hrsa.gov

Responses to reporting requirements, conditions, and requests for post award amendments must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.