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| --- | --- |
| **FY22 AMENDMENTS**  The dates listed will allow for the proposals to be reviewed and routed on time to meet the sponsor deadline | **Due Dates** |
| **Amendment 1 – Only for Submission of new project applications** (start date 11/1/2021) |  |
| Due to MIP Leadership/SAPOC (grants manager) for initial review | **6/24/21** |
| Due to your Department Grants Management office (copy MIP Coordinator) | **7/08/21** |
|  |  |
| **Amendment 2** - S**ubmitted & approved projects can amend** (Amended existing projects effective date October 1, 2021; New project start date January 1, 2022) |  |
| Workplan/statement of work due to MIP Leadership | **8/24/21** |
| Budget and budget justification due to SAPOC (grants manager) for initial review CC MIP Coordinator & MIP Leadership team | **8/24/21** |
|  |  |
| **Amendment 3** (Start date for new projects - May 1, 2022) |  |
| Workplan/statement of work due to MIP Leadership | **1/04/22** |
| Budget and budget justification due to SAPOC (grants manager) for initial review CC MIP Coordinator & MIP Leadership team | **1/13/22** |
|  |  |
|  |  |
| **Amendment 4** (Start date for new projects - August 1, 2021) |  |
| Workplan/statement of work due to MIP Leadership | **4/12/22** |
| Budget and budget justification due to SAPOC (grants manager) for initial review CC MIP Coordinator & MIP Leadership team | **4/26/22** |

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| **QUARTERLY REPORTS** | **Due Dates** |
| Quarter 1 Report |  |
| Due to MIP Leadership for review | **12/20/21** |
| Due to your Department Grants Management office (copy MIP Coordinator) | **1/04/22** |
| Quarter 2 Report |  |
| Due to MIP Leadership for review | **3/31/22** |
| Due to your Department Grants Management office (copy MIP Coordinator) | **4/05/22** |
| Quarter 3 Report |  |
| Due to MIP Leadership for review | **6/30/22** |
| Due to your Department Grants Management office (copy MIP Coordinator) | **7/05/22** |
| Quarter 4 report |  |
| Due to MIP Leadership for review | **9/30/22** |
| Due to your Department Grants Management office (copy MIP Coordinator) | **10/04/22** |
| FINAL REPORT |  |
| Due to MIP Leadership for review | **10/08/21** |

**\*TENTATIVE\* Medicaid Match Project Timeline for FY23 Projects**

|  |  |
| --- | --- |
| **FY 23 Milestones for Medicaid Match Funding Applications** | **Due Dates** |
| **FY23 LOI One Page Summary due to MIP Leadership Team** | **Nov 15, 2021** |
| **DRAFT FY23 projects** due to MIP Leadership Team and SAPOC (grants manager), who will review for initial approval  (NOTE: Any NEW projects or amendments to existing projects must be submitted to MIP Leadership for initial review) | **TBD - Dec** |
| **FINAL FY23 project** write-up, budget, budget justification, and confirmation of match dollar source due to **Department Grants Management office** (copy MIP Coordinator or MIP Coordinator can send to Grants Manager) | **TBD - Jan** |

**Medicaid Match Project Eligibility Checklist**

|  |  |
| --- | --- |
| **Projects MUST meet the following criteria before being considered for submission** | **√** |
| Is the project lead based at UM and do they have an appointment that qualifies him or her to be a principal investigator of a federal grant? |  |
| Does the source of matched funding come from a non-Federal grant or fund (e.g., Department, Foundation, gift money, other)? |  |
| Does the project focus on service delivery or enhancement of services for Michigan residents with behavioral health care needs (e.g., mental health or substance use-related disorders)? NOTE: services that are billable or those that involve direct patient contact may NOT be paid for through Medicaid Match funding. |  |
| Are the majority of consumers involved in the project enrolled in Medicaid or eligible for Medicaid coverage? |  |
| Does the project address or inform the needs of Medicaid consumers beyond a single setting/practice, preferably outside of the Washtenaw County area? |  |
| Can the project Objectives be accomplished within one year? |  |
| Does the project involve implementation and/or evaluation activities of programs, interventions, or services, and NOT studies involving experimental treatments or devices (e.g., without FDA approval)? |  |

**MIP Leadership Contact List**

MIP Leadership Email: [MIPleadership@umich.edu](mailto:MIPleadership@umich.edu)

MIP PI: Frederic C. Blow, PhD: [fredblow@med.umich.edu](mailto:fredblow@med.umich.edu)

MIP Project Coordinator: Shirley Terlecki, [sterleck@med.umich.edu](mailto:sterleck@med.umich.edu) or 313-929-0700

MIP Implementation Specialist: Angela Tiberia, [anti@med.umich.edu](mailto:anti@med.umich.edu)

**MIP Grants Mangers Contact List**

MIP Psychiatry Grants Managers:

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MIP SPH Health Management Policy Grants Manager:

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MIP School of Social Work Grants Managers:

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MIP Pediatrics Grants Managers:

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Megan Cross, [megdif@umich.edu](mailto:megdif@umich.edu)

**MIP Project Teams Email List**

MIP General Email (includes project teams, grants management, leadership): [mipprogram@umich.edu](mailto:mipprogram@umich.edu)

1. **Basic Program Guidance**
2. The Centers for Medicare and Medicaid (CMS) provide Federal matching dollars to States for projects that will assist them to improve access, quality, and funding for Medicaid services.
3. Source of matching funds MUST be non-federal (see below for more information on budgets).
4. Each project must have a PI who is an employee of the University of Michigan who has an appointment that qualifies them for this responsibility or is supported by someone who qualifies for Federal Grants.
   * The PI is responsible to ensure that the project meets the Objectives and requirements established by the UM and MDHHS. PIs must also:
     + Complete PEERRS training requirements.
     + Review and approve PAFs and other financial document requirements.
     + Keep the MIP Leadership Team informed on progress and any obstacles that occur.
5. Project Objectives must address statewide Medicaid issues.
   * The Project’s first Objective should clearly identify how the project expects to address statewide issues.
     + This should be consistent with MDHHS priorities (e.g., include MI Mental Health Commission report and Healthy Michigan policies).
     + Other Objectives may address other statewide issues and/or identify Objectives needed to achieve success with the first Objective.
     + A project cannot address the needs of a single agency or community (i.e., must be relevant to other agencies/community practices).
     + Projects should focus on improving service delivery and behavioral health for the intended Medicaid population.
6. While the project must focus on Medicaid, all participants do not need to exclusively involve Medicaid populations.
   * When other payers are included, it is good to address the similarities or differences from those on Medicaid.
7. Projects cannot be considered translational research (e.g., trials of new drugs or non-FDA-approved devices).
   * Program evaluation and/or implementation studies are acceptable.
   * Project goals can focus on informing larger initiatives (e.g., to collect data to inform larger Federal Grant).
8. It is important to show how you have involved MDHHS staff and community providers who are involved in the project in gaining input and involvement in the project.
9. Projects are expected to be completed within one year (Fiscal Year) Oct 1 – Sept 30.
   * **You MAY submit an updated version of the project (with updated goals) for a second year if MDHHS staff are supportive and project has a successful first year.**
   * Project titles should remain the same if they continue past one fiscal year.
   * New projects can be submitted through the amendment process (any new projects or amendments to existing projects must be submitted to the MIP Leadership Team, as well as your grants manager for initial review). If this is done, the project is funded from the predetermined start date through Sept 30th.
   * Additional years may be approved if you add new Objectives that are beneficial to MDHHS.
10. *Basic Program Guidance continued*
11. There is always some risk that federal auditors will retrospectively review each project to determine if it has met Federal Guidelines for reimbursement.
    * These audits are done by reviewing the written material that has been submitted for each project.
    * If this occurs, the PI’s home Department/School will be responsible to return the federal funds.
    * It is important that projects meet goals and provide deliverables. Projects that do not provide this over time are at risk of having to return funds. **This means that other University Med Match project funds might adversely be affected.**
12. Funding Acknowledgements:
    * Please add under acknowledgements in papers, presentations, final reports, manuals, or other written products or software: “This project was **supported by funds from the Center of Medicare and Medicaid Services through the Michigan Department of Health and Human Services”.**
    * Funding acknowledgements should be included on all final reports, presentations, publications, etc.
      + **Presentations, manuals, publications, etc. must be sent to MDHHS for their input/approval. Email MIP Leadership Team and they will forward documents to MDHHS and copy the project team (PI and Project Coordinator).**
    * The MDHHS logo can only be used on presentations for national conferences. If you plan to utilize the logo, please contact MIP Leadership Team to initiate submission of the MDHHS communications dept. approval document.
13. Communication:
    * Please copy MIP Leadership and your SAPOC (grants manager) on **ALL** emails communicating amendments, project scope changes or challenges.
      + There are a lot of different departments/entities involved in these projects and it can be difficult to support/advocate on a project’s behalf if we are not looped in and on the same page.

* Avoid directly contact MDHHS without going through MIP Leadership.
  + With the exception of weekly/monthly update calls/meetings that are pre-planned with MDHHS staff.

1. **Project submission (See end of document for Template)**
2. **Project write-up, budget, budget justification, and confirmation of match dollar source are due to MIP Leadership/MIP Coordinator, and your department SAPOC (grants manager) by the dates indicated in the project timeline table on page 2.**
3. If at any time you have an idea for a project, please contact MIP Leadership Team.
   * They will help address how it will meet MDHHS priorities and initiate discussions with MDHHS staff.
   * MIP Leadership will lead quarterly meetings with Medicaid Match investigators to provide updates regarding State priorities as well as to provide a venue to share information on projects.
4. Project Write –Ups (See Template at end):
5. *Project Submission continued*
   * **Include a brief title of NO MORE THAN 80 characters including spaces and list PI(s) and match sources at the top.**
   * To facilitate tracking, the title **MUST** include the acronym MIP at the beginning.
   * The addition of MIP is **NOT** included in the character count.

*Example:* “MIP: Integrated Care to Enhance Outcomes in Medicaid Consumers”.

* + The Project overview - This should be a brief description of project goals, brief background, and significance.
    - It is helpful to include a goal/purpose statement at the very beginning of the write-up that describes how the project enhances services for Michigan residents, and the types of population the project serves.
  + Relevance to Medicaid - This is a brief description of why this is an important project to address improving Medicaid services in the state.
  + Objective 1: This clearly addresses what the final product will be to assist MDHHS to improve Medicaid services or enhance services delivery in the state.
    - Activities: List key activities required to achieve the Objective.
    - Measurement: List how it will be determined if the Objective is met.
  + Other Objectives may be included.
  + The last two objectives required on all project are: 1) Provide MDHHS with quarterly reports, and 2) Partner with the MDHHS to disseminate project results and resources-see template below.
  + The last section should include a minimum of 3 references.
  + Make sure that the project relevance to Medicaid is emphasized throughout the document.

1. **Project Budget and Financing**
2. **Draft budget and budget justification must be submitted to MIP Leadership/SAPOC (grants manager)**
   * *Each section of the budget justification is limited to 1024 characters (including spaces).* 
     + The description for each faculty and staff listed on the budget justification is limited to 1024 characters.
     + The description for other services (hosting, supplies, travel, etc.) listed on the budget justification is limited to 1024 characters for each description.
   * Any activity that can be billed to any payer or involves direct services to patients cannot be directly funded through Medicaid Match. NOTE: CMH agencies can often bill for services such as mental health care that others cannot.
   * For subsequent Amendments:
     + Changes should be highlighted
     + State reason for changes
3. The source of the match dollars must be in writing and signed by an authorized official. **The budget must identify the source of the match dollars for the project**.
   * **If your project does not have secured match source funding, please email your SAPOC (grants manger) for next steps.**
   * The following information should be included in the match funding letter:

*C. Project Budget and Financing continued*

* + - * Project Name
      * Dates of project
      * Amount of matching dollars
      * Source of matching dollars
* Signed by Department Head (example, if Psychiatry it would be the Dept. Chair)

1. The State of Michigan does not have an unlimited amount of money for Match Projects.
2. **Funds must be spent in the allotted fiscal year (they cannot be carried over).**
3. It is important to request sufficient funding for your project but only request match funding for what you know will be spent.
4. Only for unusual circumstances, and with MDHHS prior approval, will additional funds be requested through an amendment.
5. Plan ahead. Foundation funds are flexible and often can be stretched across fiscal years. In contrast, Medicaid Match funds must be spent within the fiscal year (October 1- September 30), so you might want to stagger Foundation or other match source funding across more than one fiscal year, if necessary.
   * If you expect to receive eligible funding after the initial FY due date, contact the MIP Leadership team to coordinate submission on an amendment for partial year funding.
6. Budget Justification:
   * The Budget Justification must identify each individual working on the project, their role, and the percent of time they will be working on the project.
     + Be mindful of any duplicative tasks/duties of staff. Clearly delineate all project staff roles within a project.
   * TBD personnel must either be named or removed from budget before the last amendment (4th Amendment).
   * Other costs should be identified as well as their purpose.
     + Travel is appropriate but it must be directly related to the project.
     + Hosting, supplies and IT must be well-justified.
     + Attending a conference where the project is presented is acceptable.
7. **Changes** **to the Budget may need prior approval from MDHHS if the change is >=15% of the total budget, >=10K, OR if money needs to be moved between categories or a new category of funding is being created.**
   * Medicaid Match PIs do not have authority to move money from one budget category to another as allowed in Federal Grants.
8. If you need to modify your budget let the MIP Leadership and your SAPOC (grants manager) know.
9. Indirect costs:

* Indirect cost rates can vary based on the source of the local match/cost-share.
* Check with your grants management office and ORSP for the correct IDC rate for your project based on the source of your local cost share contribution

1. **Project IRB Approval**

<https://research.medicine.umich.edu/our-units/institutional-review-boards-irbmed>

1. All projects must be reviewed through the UM IRB and the MDHHS IRB. It is important to have this in place before you can receive funding for the project. The PI is responsible to submit the required documentation to the UM IRB.
2. Med Match projects often qualify for Exempt status (from human subjects) or “non-regulatory” (i.e., quality improvement or non-research) status. This should be explored unless it is clear that formal Determination is required. In many cases projects considered quality improvement can still be published as long as there is documentation from the IRB of QI status.
3. Once the UM IRB has made a Determination, all documentation submitted to the UM IRB must also be provided to MDHHS IRB. The MIP Leadership Team can email you the MDHHS IRB forms that will need to be completed. Then you will need to email the MIP Leadership team the UM IRB documents and the MDHHS IRB documents and they will submit to the MDHHS IRB.
   * This should be completed prior to the start of the project.
4. The MDHHS IRB generally does an Expedited Review.

**E. Reporting Requirements**

* + - 1. **There are four Quarterly Reports (EGrAMS) and a Final Report due each FY.** See reporting timetable at the beginning of the document.
      2. **EGrAMS are due quarterly and are talking points for your project.** Your grants management office will submit yourreport to MDHHS electronically via EGrAMS.
* Quarterly Reports should be reviewed and approved by the MIP Leadership Team before submission into EGrAMS.
  + MIP Leadership Team will send reports to Grants Management when they have been reviewed and approved.
* The Quarterly Report must provide an update for each Activity listed for each Objective in your Write-Up.
* If no activity has taken place during the quarter, please indicate this with a note, **do not leave the section blank**.
* The character limit for activity updates is 2,040 characters (including spaces).
  + If there are additional updates you would like to send to the state, the MIP Leadership Team can coordinate an email to MDHHS project specialist.
* EGrAMS are not constructed to support data, charts, images, etc. This type of information should be included in your Final Report.
* The Quarterly Report should indicate any progress being made, problems incurred, and/or budget issues.
  + - 1. **Final reports:** EGrAMS does not allow for a comprehensive report-a FINAL REPORT must be submitted to MIP Leadership Team (who will review and assemble into one PDF to email to Michigan Department of Health and Human Services- MDHHS):
* This report must indicate how the project informs service enhancements or delivery of services to Michigan residents with behavioral healthcare needs and how it informs MDHHS in improvements in Medicaid services/policy.

*E. Reporting Requirements continued*

* Provide evaluation outcomes including quantitative and where applicable, qualitative or mixed-methods data, and information to support project conclusions and recommendations.
* **NOTE:** Federal auditors who may review these to determine that they meet Federal Guidelines are not clinicians and the report needs to be as specific as possible to statewide implications for Medicaid services.

**FINAL REPORT OUTLINE**

1. **Title page** (funding acknowledgements, Master Agreement #/Project #, project dates, etc.)

* Funding acknowledgement language: Supported by funds from the Center of Medicare and Medicaid Services through the Michigan Department of Health and Human Services.
* Master Agreement #/Project # can be found on your award activation notice received at the beginning of the fiscal year from eResearch. Contact MIP Leadership Team if you need assistance with finding this.

1. **Executive summary- limit to one page** (project title, Principal Investigator(s), project summary, implications for Medicaid/MDHHS, and key findings/outcomes)
2. **General outline of report** (11-point font, 1.5 spacing, 1 inch margins, 10 pages max):
   1. Background
   2. Project Summary
   3. Implications for Medicaid
   4. Project Objectives and Activities Accomplished
   5. Evaluation and outcomes- all projects MUST report:

* Number of individuals (patients, students, etc.) served/engaged/provided services through the project.
* Number of professionals trained (and locations) as a result of your program, if applicable.
* If applicable, any changes in consumer-level outcomes and how they were measured including utilization, quality of care, functioning, medical/psychiatric, etc. **Where possible, provide a table of outcome results.**
  1. Dissemination of findings- include the following:
* Outline meetings held with key stakeholders including MDHHS leadership/staff, state leadership, etc. Include yearly meetings with MDHHS staff organized by MIP.
* Outline presentations at State or National meetings.
* List publications from your project.
* List tools, methods, websites, manuals, or other products created and disseminated to providers and MDHHS.
  1. Lessons learned:
* Summarize lessons learned (positive and negative) from the project.
* Summarize any barriers/facilitators to program implementation.
* Include any State or National policy/practice changes resulting from your project.

h. Potential Budget and financial impact:

* What are the costs of the program and its implementation? Are there cost shifts and/or offsets?

*Final report outline continued*

* Are new billing codes or payment models needed for reimbursement? Have these been discussed with MDHHS leaders/staff?
* What are plans for sustaining the program once the project ends?

i. References

j. Appendices-include screenshots of project websites, materials, etc.

* **Required Appendix including the following information:**

|  |
| --- |
| **Number of Providers Trained** |
| **Number of Individuals Served/Engaged** |
| **Michigan County Locations** |
| **Publications** |
| **Presentations** |

**PROJECT WRITE-UP TEMPLATE**

**Project Title: MIP-\*\*TITLE\*\* (80 characters including spaces-MIP doesn’t count toward character count)  
Project Investigator(s): \*\*NAME OF PI(s)\*\*  
Match Source Funding: \*\*List of Match Source Funding\*\***

**Project Description**

Provide a brief description of the project purpose and goals. The first few sentences should be a project goal/purpose statement. Include a statement of the problem(s) being addressed, a brief discussion on how you will address it, and how it relates to Michigan State Medicaid practice or policy. The specific goals are

described below in your detailed work plan. These goals should be addressing state-wide Medicaid issues beyond a single site or program (even if the project is being demonstrated in a single program as an “index”

starting point of a larger initiative), and should have implications for consumers eligible for Medicaid services in the State.

**Relevance to Medicaid**

This is a brief description of why this is an important project to address improving Medicaid services or policies in the Michigan Department of Health and Human Services (MDHHS).

**WORK PLAN**

Prior to the workplan, please specifically list out what counties your project will serve? (e.g. Washtenaw, Kent, Superior)

**Objective 1:** \*\*INSERT OBJECTIVE #1 HERE\*\* (This objective should clearly address what the final product(s) will be to assist MDHHS in improving Medicaid services in the state and should align with state priorities).

*Project write-up template continued*

**Activities:**

1. \*\*Insert activity #1 here\*\* (these are the activities that will need to be done in order to accomplish your objective above. Break the work down into steps/activities preferably by what is to be accomplished approximately every 3 months).
2. \*\*Insert activity #2 here\*\*\* (insert additional activities, if necessary).

**Measurement:**

1. \*\*Insert measurement here\*\* For the activities, you will need to include how that activity’s progress will be measured. There will need to be at least one measurement criteria for each objective.

**INSERT ADDITIONAL OBJECTIVES HERE. NOTE: THE FOLLOWING 2 OBJECTIVES ARE REQUIRED:**

**Objective #:** Provide the MDHHS Quarterly Reports.  
**Activities:**

1. Provide written reports to MDHHS on progress pertaining to goals and objectives which can be entered into EGrAMS.
2. Provide in-person and/or phone updates at scheduled meetings with MDHHS representatives.

**Measurement:**

1) Quarterly reports submitted on time and all goals and objectives met by the end of the project period.

2) Participate in regularly scheduled Medicaid match meetings with MDHHS representatives.

**Objective #:** Partner with the MDHHS to disseminate project results and resources.

**Activities:**

1. Project results delivered to MDHHS and submitted for conference posters or presentations.
2. Disseminate resources to additional agencies across the state through listservs, conferences, and websites.

**Measurement:**

**1)** Presentations at conferences and program results shared with stakeholders.

**2)** Resources shared with other agencies.

**References**

Include at least 3-5 references relevant to the project.