

Center for Medicaid and State Operations
DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations

MAY - 5 2007

Mr. Patrick Finnerty
Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Dear Mr. Finnerty:

I am pleased to inform you of your award of a Money Follows the Person Rebalancing Demonstration Grant. Congratulations on your successful application!

We, at the Centers for Medicare & Medicaid Services (CMS), thank you for your efforts in preparing the application and look forward to our work together throughout the grant period. We expect these demonstration grants will greatly enhance your efforts to rebalance your long-term support system so that individuals have a choice of where they live and receive services. In addition to enhancing your efforts to design and implement rebalancing initiatives, these demonstration grants will also allow you to adopt strategic approaches for improving quality in both home and community-based services and institutional settings.

Your first year award is in the amount of \$13,793. Your projected five year funding request of \$28,626,136 will be awarded in succeeding fiscal years dependent on the approval of your Operational Protocol and the annual attainment of your identified rebalancing benchmarks.

Please examine this offer and respond back to both your CMS Grants Management Specialist and CMS Project Officer with notice of your acceptance of the award, including the terms and conditions, no later than May 31, 2007. In addition to the general terms and conditions, this grant award has special terms and conditions that you will need to review. The enclosed award profile provides all necessary contact information for your CMS partners.

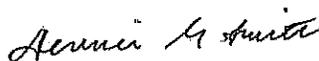
If you accept this award, you may begin immediately to develop your Operational Protocol. Please be advised that CMS has acquired the services of Mathematica Policy Research, Inc. as the national evaluation contractor. This contractor will be available to assist you with the development of the required minimum set of data elements and the rebalancing benchmarks required of all grantees and provide guidance regarding completion of the Operational Protocol.

Enclosed are four important documents regarding your Money Follows the Person Rebalancing Demonstration Grant Program Award:

1. **Award Profile** – The award profile is a quick reference list for your grant and includes the grant award number, amount of the grant and contact information for the officers within CMS including, the Grants Management Specialist and Project Officer. Official correspondence should be directed to the CMS Grants Management Specialist with a copy to your CMS Project Officer. Any questions and correspondence regarding programs or initiatives under your grant should be directed to your CMS Project Officer.
2. **Terms and Conditions** - This is the legal document that cites the regulations governing this grant and sets forth the general requirements, assurances, reporting requirements, and other terms and conditions that apply specifically to the grant.
3. **Financial Assistance Award** – This document is the “official” notification of your award from the CMS Office of Acquisition and Grants Management.
4. **Letter of Acceptance (recommended format)** – A letter of acceptance of the grant award serves as official acceptance. Please submit your letter of acceptance to your CMS Grants Management Specialist and send a copy to your CMS Project Officer by close of business on Thursday, May 31, 2007. If you do not plan to accept the grant award, please send a letter of declination to the CMS Grants Management Specialist with a copy to the CMS Project Officer.

Thank you again for your continued commitment to make widespread changes to your long-term support system. The immense opportunities inherent in the Money Follows the Person Rebalancing Demonstration can truly create dynamic systems that are responsive to the needs and choices of individuals with disabilities and long-term illnesses.

Sincerely,



Dennis G. Smith
Director

Enclosures

AWARD PROFILE

Money Follows the Person Rebalancing Demonstration

CMS GRANT NO.	1LICMS300155
TYPE OF GRANT	Money Follows the Person Rebalancing Demonstration
AWARDEE	State of Virginia
AUTHORITY	Section 6071 of the Deficit Reduction Act of 2005
AMOUNT OF AWARD	(Budget Period: May 1, 2007 – April 30, 2008) \$13,793
PROJECT PERIOD	May 1, 2007 - September 30, 2011
CMS GRANT MANAGEMENT SPECIALIST	<p>Nicole Nicholson Grants Management Specialist Centers for Medicare & Medicaid Services Office of Acquisition and Grants Management Mail Stop: C2-21-15, Central Building 7500 Security Boulevard Baltimore, MD 21244-1850 Phone: 410.786.5158 Email: nicole.nicholson@cms.hhs.gov</p> <p>Official correspondence regarding the award should be submitted to the CMS Grants Management Specialist. Copies of such material should also be sent to the CMS Project Officer.</p>
CMS PROJECT OFFICER	<p>Mary Beth Ribar Centers for Medicare & Medicaid Services Center for Medicaid and State Operations Disabled and Elderly Health Programs Group Mail Stop: S2-14-26 7500 Security Boulevard Baltimore, MD 21244-1850 Phone: 410.786.1121 Fax: (410) 786.9004 E-mail: Marybeth.ribar@cms.hhs.gov</p> <p>Communication regarding program matters should be addressed to the CMS Project Officer.</p>

LETTER OF GRANT AWARD ACCEPTANCE

Due on or before May 31, 2007
(Recommended Format)

Please submit your letter of acceptance on your agency's letterhead stationery.

Date

Ms. Nicole Nicholson
Grants Management Specialist
Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management
Mail Stop: C2-21-15, Central Building
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Grants Management Specialist:

This letter serves as formal acceptance of FY 2007 Money Follows the Person Rebalancing Demonstration Grant, **(insert CMS Grant Number)** and its accompanying terms and conditions. We understand that the project period for the grant award is May 1, 2007 to September 30, 2011 and the budget period is May 1, 2007 - April 30, 2008.

Sincerely,

Your name
Title
Phone number
Fax number

cc: CMS Project Officer

**Department of Health and Human Services
Centers For Medicare Medicaid Services
Notice of Award (NOA)**

1 RECIPIENT

SAI NUMBER:

PMS DOCUMENT NUMBER:
1LICMS300155A

1. AWARDING OFFICE: Centers For Medicare & Medicaid Services		2. ASSISTANCE TYPE: Discretionary Grant		3. AWARD NO.: 1LICMS300155/01		4. AMEND NO.:		
5. TYPE OF AWARD: DEMONSTRATION			6. TYPE OF ACTION: New			7. AWARD AUTHORITY: Section 6071 of the DRA of 2005		
8. BUDGET PERIOD: 05/01/2007 THRU 04/30/2008			9. PROJECT PERIOD: 05/01/2007 THRU 09/30/2011			10. CAT NO.: 93779		
11. RECIPIENT ORGANIZATION: Virginia Department of Medical Assistance Services Policy and Research 600 East Broad Street, Suite 1300 Richmond VA 23219 Patrick W. Finnerty, Director						12. PROJECT / PROGRAM TITLE: Virginia's Money Follows the Person Demonstration		
13. COUNTY:			14. CONGR. DIST:		15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Karen Lawson, Policy and Research Manager			

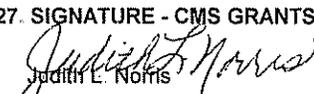
16. APPROVED BUDGET:			17. AWARD COMPUTATION:		
Personnel	\$	0	A NON-FEDERAL SHARE	\$	0 00 %
Fringe Benefits	\$	0	B FEDERAL SHARE	\$	13.793 100 00 %
Travel	\$	0	18. FEDERAL SHARE COMPUTATION:		
Equipment	\$	0	A TOTAL FEDERAL SHARE	\$	13.793
Supplies	\$	0	B UNOBLIGATED BALANCE FEDERAL SHARE	\$	
Contractual	\$	0	C FED SHARE AWARDED THIS BUDGET PERIOD	\$	13.793
Facilities/Construction	\$	0	19. AMOUNT AWARDED THIS ACTION:		
Other	\$	13,793	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:		
Direct Costs	\$	13,793	\$ 13.793		
Indirect Costs	\$	0	21. AUTHORIZED TREATMENT OF PROGRAM INCOME:		
At % of \$			22. APPLICANT EIN:		
In Kind Contributions	\$	0	23. PAYEE EIN:		24. OBJECT CLASS:
Total Approved Budget(**)	\$	13,793	1-541308981-A1	1-541308981-A1	41 45

25. FINANCIAL INFORMATION:

ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
CMS	1LICMS300155A	75-7/1-0516	2007 5992051	\$13,793		

26. REMARKS: (Continued on separate sheets)

Paid by DHHS Payment Management System (PMS), see attached for payment information.
 This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.
 This includes requirements in Parts I and II (available at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>) of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 74 or 92, directly apply to this award apart from any coverage in the HHS GPS.
 This grant is subject to the requirements set forth in 45 CFR part 74 (for non-profit organizations and educational institutions) or 45 CFR Part 92 (for state, local, and federally recognized tribal governments).
 Initial expenditure of funds by the grantee constitutes acceptance of this award.

27. SIGNATURE - CMS GRANTS OFFICER		DATE:	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY	
 Judith L. Norris		MAY 03 2007	Signature Not Required	
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)			DATE:	
MaryBeth P. Ribar, Signature Not Required				

1 RECIPIENT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE MEDICAID SERVICES
FINANCIAL ASSISTANCE AWARD**

SAI NUMBER:
PMS DOCUMENT NUMBER:
1LICMS300155A

1. AWARDING OFFICE: Centers For Medicare & Medicaid Services		2. ASSISTANCE TYPE: Discretionary Grant		3. AWARD NO.: 1LICMS300155/01		4. AMEND. NO.		
5. TYPE OF AWARD: DEMONSTRATION			6. TYPE OF ACTION: New			7. AWARD AUTHORITY: Section 6071 of the DRA of 2005		
8. BUDGET PERIOD: 05/01/2007 THRU 04/30/2008			9. PROJECT PERIOD: 05/01/2007 THRU 09/30/2011			10. CAT NO.: 93779		
11. RECIPIENT ORGANIZATION: Virginia Department of Medical Assistance Services, Policy and Research								

26. REMARKS: (Continued from previous page)

Future support is anticipated
 (**) Reflects only federal share of approved budget. There are special conditions attached to this award
 For CMS Purposes Only: Transmittal Number: 7527205103
 APPROPRIATION NUMBER: 757 / 11 0516

By May 31, 2007, the grantee agrees to provide to the CMS Grants Management Specialist and CMS Project Officer: (1) a letter of acceptance; (2) a revised budget equal to the amount of the grant award on Standard Form 424A, Section B and; (3) the approved Indirect Cost Rate Agreement used in calculating the budget, if applicable.

Please remember to include your award number on all correspondence

For administrative assistance, please contact your Grants Management Specialist: Nicole Nicholson at 410 786-5158 or Nicole.Nicholson@cms.hhs.gov

For programmatic assistance, please contact your Project Officer: MaryBeth Ribar at 410 786-1121 or MaryBeth.Ribar@cms.hhs.gov