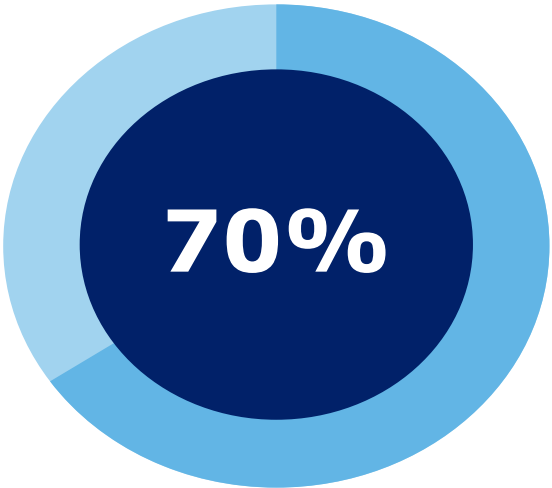




# **HHS ReInvent Grants Management**

Federal Demonstration Project (FDP)  
January 24, 2019



Percentage of grants administered by HHS (by dollar value)<sup>†</sup>

495 Billion

Dollars distributed by HHS in FY17<sup>†</sup>



13

Number of HHS grant-making agencies

15

Classes of grant recipients

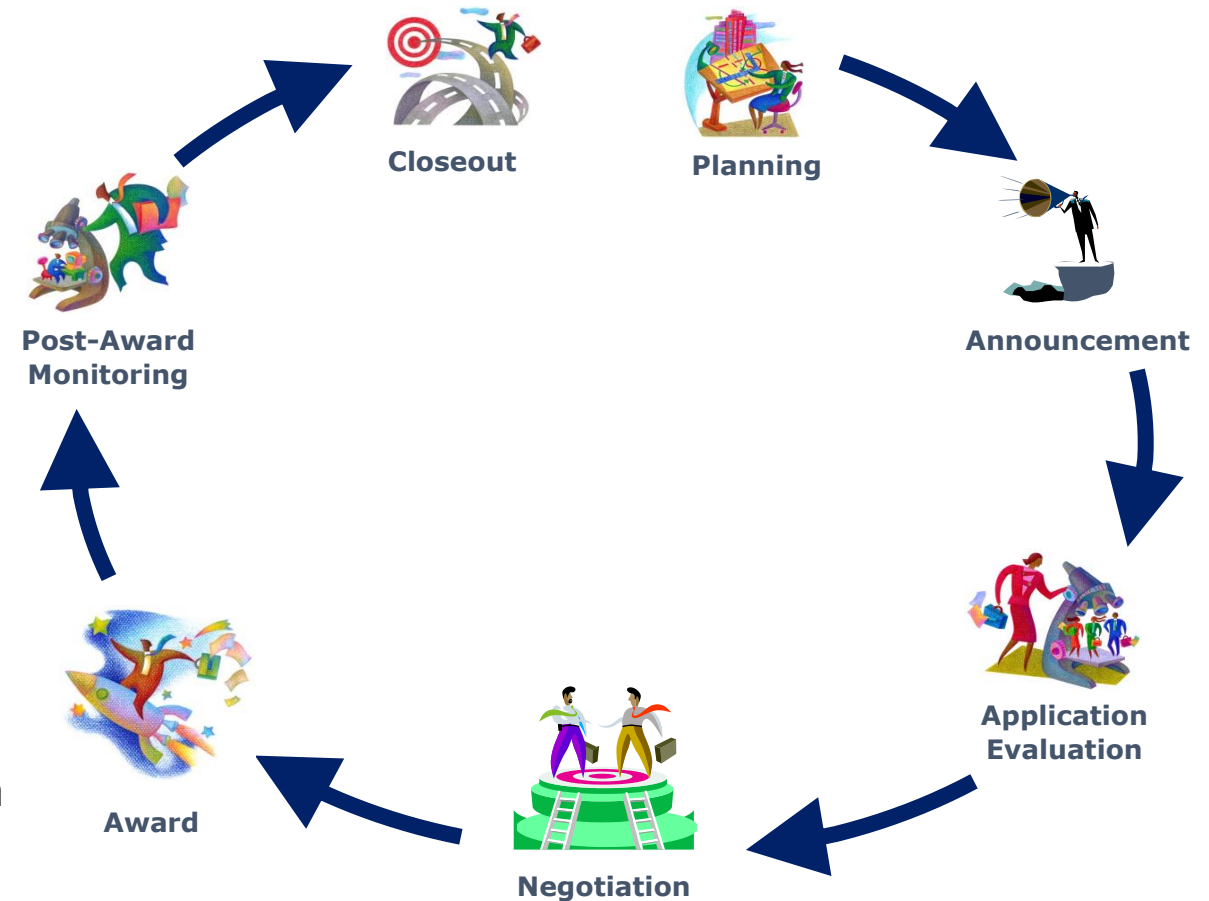
4

Number of grants shared service systems

<sup>†</sup> Source: USAspending.gov FY17 grants award data.

## Pain Points across the Grants Lifecycle

- Excessive and duplicative grant management burden (i.e., admin paperwork).
- Processes are complex, fragmented, and managed differently among OpDivs and StaffDivs.
- Numerous IT Systems across the OpDivs and StaffDivs for the same stages of grant management.
- No data centralization or standardization, limited data sharing, and absence of data visibility at the Department level.
- Reliance on manual processes to report grants data and limited ability to use data for proactive decision-making.



Section 5 Grants Pilot Recommendations



Standardize Data

Continue to standardize data elements, conditions, and attributes to meet the statutory, regulatory, and business needs of the various communities.



Eliminate Duplication

Eliminate unnecessary duplication in reporting by leveraging opportunities to use information technology that can easily auto-populate from relevant existing Federal data sources.



Develop Digital Tools

Leverage information technology open standards to rapidly develop any new tools needed.



The DATA Act Pilot Test Models made it clear that there are opportunities to improve and streamline grants processes, as well as related systems used in the grants management lifecycle.

# ReInvent Grants Management Trajectory

FY14 – FY18

## DATA Act

DIGITAL ACCOUNTABILITY AND  
TRANSPARENCY ACT OF 2014

Established government-wide data standards, to simplify reporting and improve quality of data. Section 5 explored methods for reducing grant recipient burden.



**M-17-22**

EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF MANAGEMENT AND BUDGET

OMB required each agency to submit a reform plan that improved organizational efficiency and effectiveness.

REIMAGINE  HHS

HHS embarked on a Department-wide effort, known as *ReImagine HHS*, to more effectively and efficiently fulfill our mission. Strategic Shift #5: “Generating Efficiencies through Streamlined Processes”, target – Grants Management.



## ReInvent Grants Management

*ReImagine HHS* Initiative that stems from legislation and a series of conversations among HHS leaders, all focused on the idea that improving the grants management process at HHS can benefit grant recipients, grant administrators, and program officers.



**PRESIDENT'S  
MANAGEMENT  
AGENDA**

Roadmap for federal agencies to maximize the value of grant funding by applying a risk-based, data-driven framework that balances compliance requirements with demonstrating successful results for the American taxpayer.



**M-18-24**

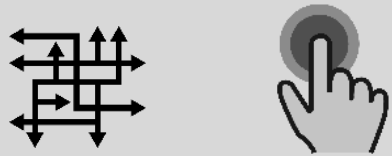
EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF MANAGEMENT AND BUDGET

OMB required additional actions from agencies to reduce grant recipient reporting burden.

*The ReInvent Grants Management (RGM) mission is to reduce administrative burden while increasing transparency, resource optimization, and efficiency across HHS grants management.*

## SUE 1.0

### SINGLE USER EXPERIENCE



Streamline the grants user experience through central access, simplified data input, and more aligned services

### GRANTS ADMINISTRATION IMPROVEMENTS



Develop process efficiencies that can be leveraged by all stakeholders across the grants lifecycle

### PERFORMANCE MEASUREMENT



Enhance performance measurements to improve decision-making during the grants lifecycle

# Year in Review Highlights



3

Brainstorming  
Sessions w/ Grants  
Shared Systems



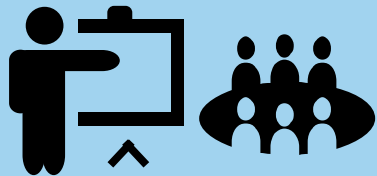
24

OpDiv / StaffDiv  
Site Visits  
(and counting!)



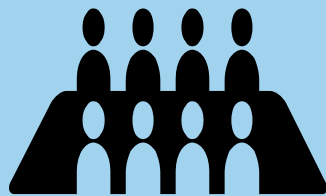
20+

External  
Engagement  
Meetings



19

RGM User Centered  
Design Sessions



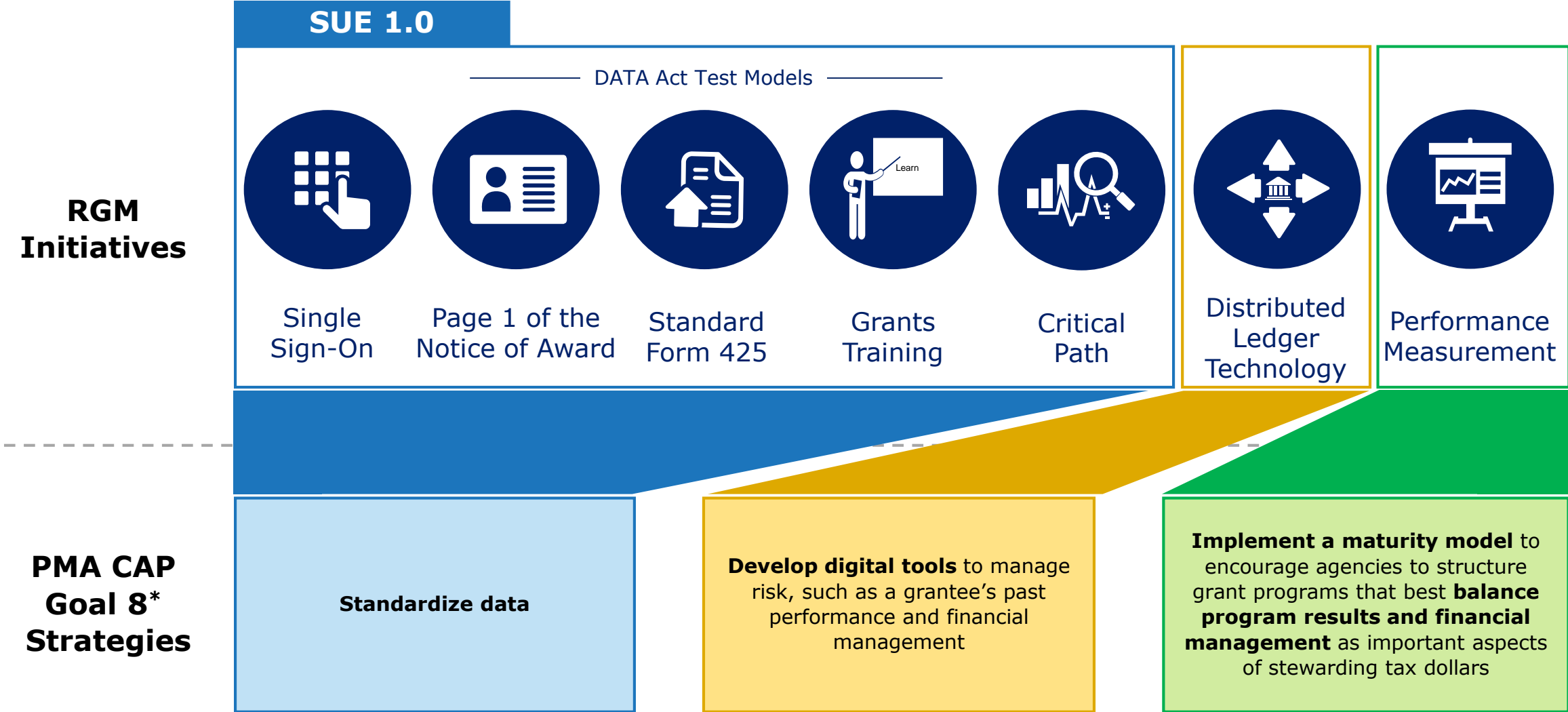
7

RGM  
Initiatives  
Established



350+

Monthly Newsletter  
Subscribers



\* The President's Management Agenda (PMA) Cross-Agency Priority (CAP) Goal 8: Results-Oriented Accountability for Grants.



# Single Sign-On

*Define a path forward to achieve Single Sign-On (SSO) for grantors and grant recipients that promotes a single user experience for shared system users.*



## SSO WILL BENEFIT RECIPIENTS AND HHS:

- Simplified navigation between grants systems.
- A single set of credentials for logging into multiple systems.
- Provide a central point for accessing grants management services.



## RGM HAS MADE SUBSTANTIAL PROGRESS:

- ✓ Developed business and technical requirements.
- ✓ Held discovery sessions with shared service systems (Grants.gov, GrantSolutions, eRA, PMS) and existing SSO platforms (AMS/XMS, GSA IAE, Login.Gov, OMB MAX).
- ✓ Reached a SSO solution for grantor shared system users (see right).
- ✓ Developed an implementation roadmap for the SSO grantor solution.
- ✓ Reached an initial recommendation for Login.gov as the credential provider for grant recipient shared system users.

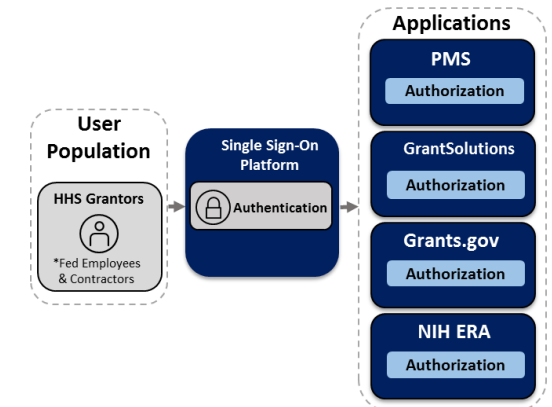


## WHAT'S NEXT?

- Execute implementation for SSO grantor solution once funding is aligned.
- Finalize implementation roadmap for SSO grant recipient solution.
- Execute implementation roadmap for SSO grant recipient solution.

### SSO Grantor Solution

RGM identified Access Management System (AMS) & NIH Login as the SSO platform for grantor users based on the detailed requirements and the ability to leverage existing integration.



# Page 1 of the NOA (Previously NOA Coversheet)

*Establish a standard Page 1 of the Notice of Award (NOA) and provide grant recipients a way to digitally receive or extract NOA data from Federal grant systems, allowing data to be easily loaded into recipient systems/tools.*



## A COMMON PAGE 1 OF THE NOA WILL BENEFIT RECIPIENTS AND HHS:

- Reduce recipient burden and allow for more process automation.
- Decrease complexity for recipients while increasing the consistency of information.
- Streamline HHS data dissemination and collection during award.
- Provides uniform external messaging from HHS aligned to data standards.



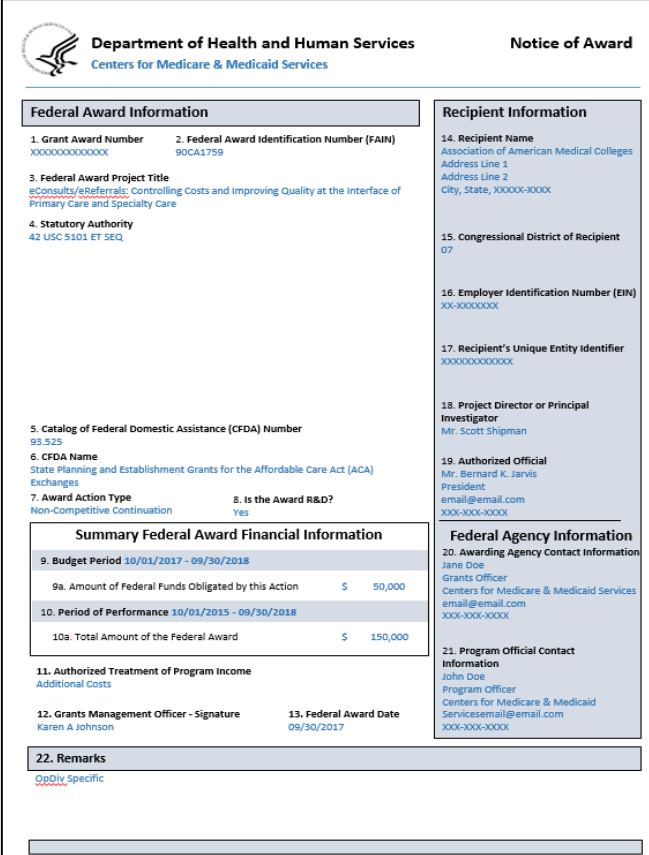
## RGM HAS MADE SUBSTANTIAL PROGRESS:

- ✓ Established a Sprint Team including discretionary and non-discretionary representation across grant-making OpDivs / StaffDivs.
- ✓ Analyzed 20+ current NOAs against policy and data standards.
- ✓ Gained consensus on data elements and format.



## WHAT'S NEXT?

- Gather feedback from grant recipients.
- Address any policy impacts.
- Pilot automated method for NOA dissemination with select recipients.



Federal Award Information		Recipient Information
1. Grant Award Number XXXXXXXXXXXX	2. Federal Award Identification Number (FAIN) 90CA1759	14. Recipient Name Association of American Medical Colleges Address Line 1 Address Line 2 City, State, XXXXX-XXXX
3. Federal Award Project Title eConsult/eReferrals: Controlling Costs and Improving Quality at the Interface of Primary Care and Specialty Care		15. Congressional District of Recipient 07
4. Statutory Authority 42 USC 5101 ET SEQ		16. Employer Identification Number (EIN) XX-XXXXXX
5. Catalog of Federal Domestic Assistance (CFDA) Number 93.525		17. Recipient's Unique Entity Identifier XXXXXXXXXXXX
6. CFDA Name State Planning and Establishment Grants for the Affordable Care Act (ACA) Exchanges		18. Project Director or Principal Investigator Mr. Scott Shipman
7. Award Action Type Non-Competitive Continuation		19. Authorized Official Mr. Bernard K. Jarvis President email@email.com XXX-XXX-XXXX
8. Is the Award R&D? Yes		20. Awarding Agency Contact Information Jane Doe Grants Officer Centers for Medicare & Medicaid Services email@email.com XXX-XXX-XXXX
Summary Federal Award Financial Information		
9. Budget Period 10/01/2017 - 09/30/2018		
9a. Amount of Federal Funds Obligated by this Action		\$ 50,000
10. Period of Performance 10/01/2015 - 09/30/2018		
10a. Total Amount of the Federal Award		\$ 150,000
11. Authorized Treatment of Program Income Additional Costs		
12. Grants Management Officer - Signature Karen A. Johnson		13. Federal Award Date 09/30/2017
22. Remarks OpDiv Specific XXXXXX		

**A draft of the Page 1 of the NOA to present to recipient community**

*Build on the DATA Act Section 5 Grants Pilot to enable recipients to enter Standard Form 425 (SF-425) Federal Financial Report (FFR) information centrally (in a digital format) and share reconciled data in near real-time.*



## THE SF-425 INITIATIVE WILL BENEFIT RECIPIENTS AND HHS:

- Eliminate duplicative data entry for recipients.
- Improve timeliness and accuracy of expenditure reporting
- Expedite financial grants closeout for HHS.



## RGM HAS MADE SUBSTANTIAL PROGRESS:

- ✓ Established a Sprint Team and Technical Workgroup.
- ✓ Drafted a policy memo that outlines the process for capturing grant recipient expenditures at time of payment.
- ✓ Identified standardized SF-425/FFR data elements required for system-to-system data sharing.



## WHAT'S NEXT?

- Finalize policy by working with stakeholders.
- Vet policy proposal through governance.
- Develop technical solution aligned with proposed process.
- Pilot solution to recipients.

### Develop Policy Memo

- Proposed process to expedite grant recipient expenditures via certification statements
- Proposal to replace quarterly reporting (former "FCTR") with intermittent reporting as per 2 CFR Part 200

### Align Systems and Interfaces to Proposed Process

- Identify all common SF-425/FFR data elements that will be shared across HHS grants systems via PMS
- Work on system interfaces via webservice / API / microservice

### Complete System Development and Implement

- Complete testing of capabilities to capture & share grant recipient SF-425/FFR data across HHS grant systems
- Incorporate received feedback from HHS grants community

# Grants Training & Certification

*Examine HHS grants training needs and engage agency partners to develop a comprehensive, coordinated grants management training and certification program. Influence intuitive system development.*



## IMPROVED GRANTS TRAINING WILL BENEFIT RECIPIENTS AND HHS:

- Provide more holistic and portable training to grants professionals.
- Reduce on-the-job training and ramp-up time.
- Address Recommendation #3 to establish a process to monitor and evaluate grants training at the central office level.



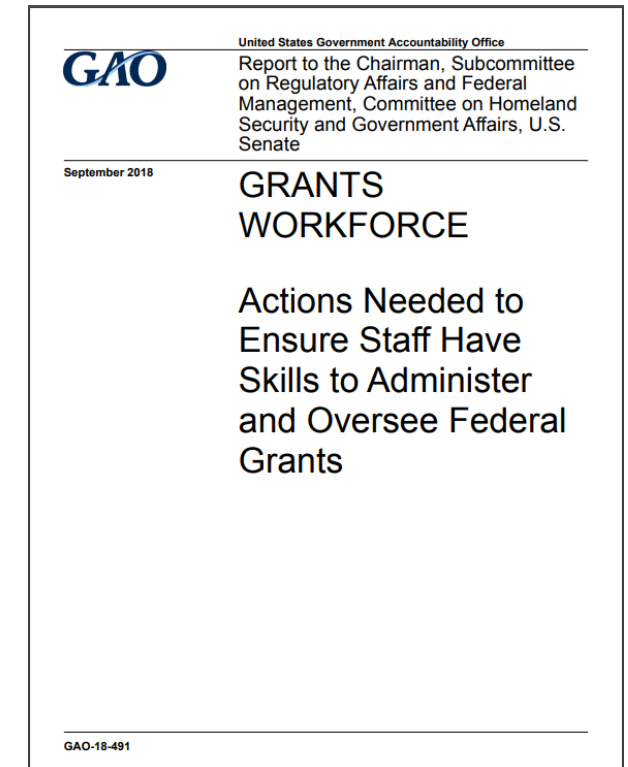
## RGM IS TAKING A COORDINATED APPROACH:

- Analyze GAO-18-491 Grants Workforce Study & CFC Financial Assistance Management Career Roadmap.
- Conduct outreach to HHS and cross-governmental partners (DHS, DoD, DOE, Ed).
- Research currently available training and certification programs.
- Develop enhancements to HHS's grants management development and certification program that can be integrated across the government.
- Established the Grants Training & Certification Sprint Team.



## WHAT'S NEXT?

- Continue research and analysis on available grants management training and certification programs to inform recommendations.
- Engage professional organizations and universities.



**In September 2018, GAO issued a report highlighting weaknesses in agency grants workforce training.**

# Critical Path Mapping

*Identify the core processes that are common across HHS grant-making OpDivs / StaffDivs and establish a common grants journey or "critical path" for HHS grants management.*



## THE CRITICAL PATH WILL ALLOW HHS TO:

- Distinguish OpDiv / StaffDiv-specific and common HHS processes.
- Inform RGM activities such as grants training, Distributed Ledger Technology (DLT) proof-of-concept, etc.



## RGM HAS MADE SUBSTANTIAL PROGRESS:

- ✓ Gathered documentation including cycle memos, detailed mapping, process flows, and other input from OpDivs / StaffDivs.
- ✓ Analyzed documentation and other information, mapping business capabilities using the FIBF structure.
- ✓ Conducted analysis on the results to identify potential gaps in information and areas of differentiation across OpDivs / StaffDivs.

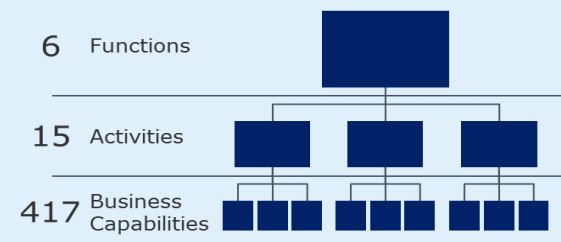


## WHAT'S NEXT?

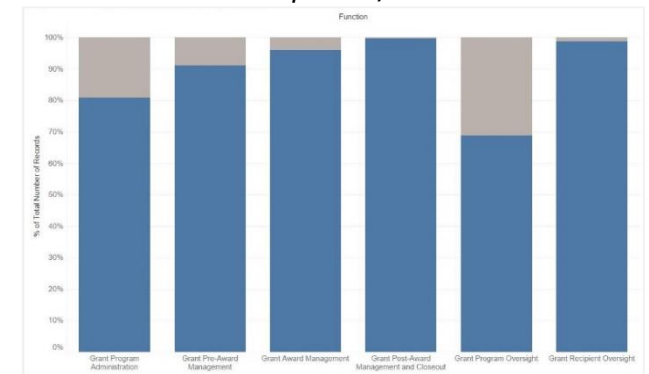
- Hold discussions with OpDivs / StaffDivs to review findings and focus on areas of differentiation (e.g., research grants).
- Share grants cycle memo best practices across OpDiv / StaffDiv.
- Leverage the Critical Path across RGM activities to more efficiently define improvement efforts in the context of current state operations.
- Inform grants training core competencies.

*RGM aligned HHS processes to the government-wide FIBF model*

### Federal Integrated Business Framework (FIBF)



*Results of mapping by the 6 FIBF Function across all OpDivs / StaffDivs*



**RGM found that on average HHS processes match 94% of FIBF capabilities across OpDivs / StaffDivs.**

# Performance Measurement

*Develop criteria and methodologies to better utilize grants performance measurement to make data-driven decisions and link grant performance to impact.*



## IN ALIGNMENT WITH THE PMA, THE PERFORMANCE MEASUREMENT INITIATIVE WILL:

- Enhance results-oriented accountability for grants.
- Promote evaluation, including measuring progress and sharing lessons learned / best practices to inform future efforts.
- Apply a risk-based, data-driven framework that balances compliance requirements with demonstrating successful results for the American taxpayer.



## RGM HAS MADE SUBSTANTIAL PROGRESS:

- ✓ Established the Performance Measurement Working Group.
- ✓ Established a common recognition of risk as an essential element of performance measurement and the need for shared criteria to deter risk.
- ✓ Conducted a current state assessment and identified six themes for future focus.
- ✓ Created an initial performance measurement maturity framework.



## WHAT'S NEXT?

- Validate the performance maturity framework with stakeholders.
- Identify potential solutions to enhance capabilities across HHS.
- Continue engagement, coordination, and collaboration with federal working groups in conjunction with PMA CAP Goal 8.

### Stakeholder Engagement to Date

04	Workgroups Held
15	Participating OpDiv / StaffDiv
54	Stakeholders Interviewed
93	Documents Reviewed

Successful performance measurement at HHS requires further exploration of the following themes:



### Current state assessment themes

*Better understand how technology can be leveraged to create a better business network for grants management within HHS that is scalable across the federal government.*



## THE DLT PROOF-OF-CONCEPT WILL:

- Identify opportunities to leverage user-centered design techniques and leading technologies.
- Explore solution(s) to pain points identified by the grants community.
- Ultimately deliver a clickable proof-of-concept for a small number of use cases centered around the RGM mission to enhance the ways in which HHS administers grants.



## RGM HAS ACCOMPLISHED THE FOLLOWING:

- ✓ Identified individuals from across the grants lifecycle to participate in interviews and user-centered design sessions.
- ✓ Contracted a small business to conduct the proof-of-concept under a 90-day timeframe.
- ✓ Commenced interviews and user-centered design sessions to better understand pain points and opportunity areas.
- ✓ Developed a clickable prototype of the Grantee Digital Dossier and “Alpha” tested with grants management professionals.



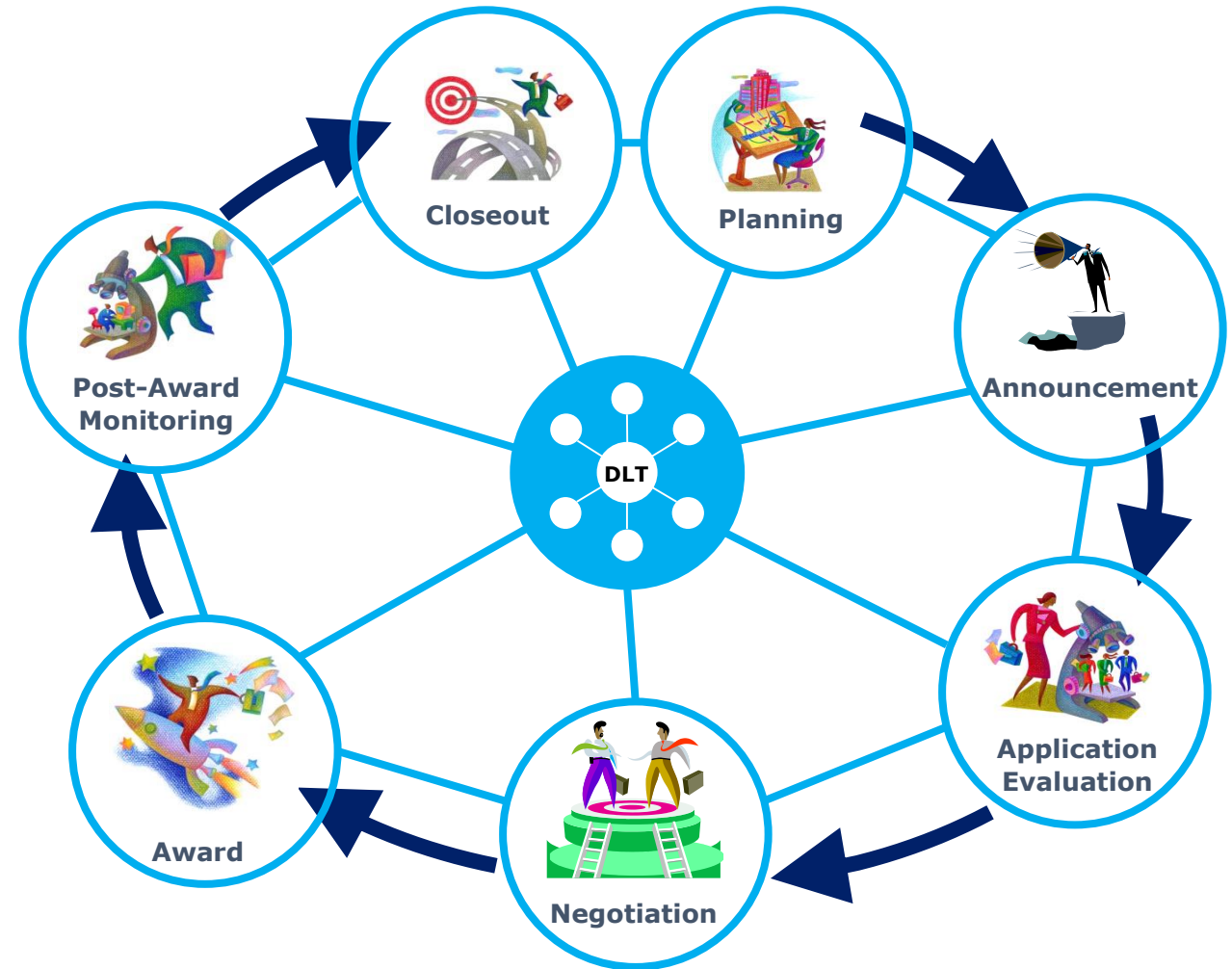
## WHAT’S NEXT?

- Continue the interview and observation sessions with the diverse group of stakeholder volunteers.
- Incorporate the input from stakeholders into the DLT platform.
- Engage in the agile development process to provide priority around use cases and capabilities.
- Evaluate the effectiveness and applications of the proof-of-concept.

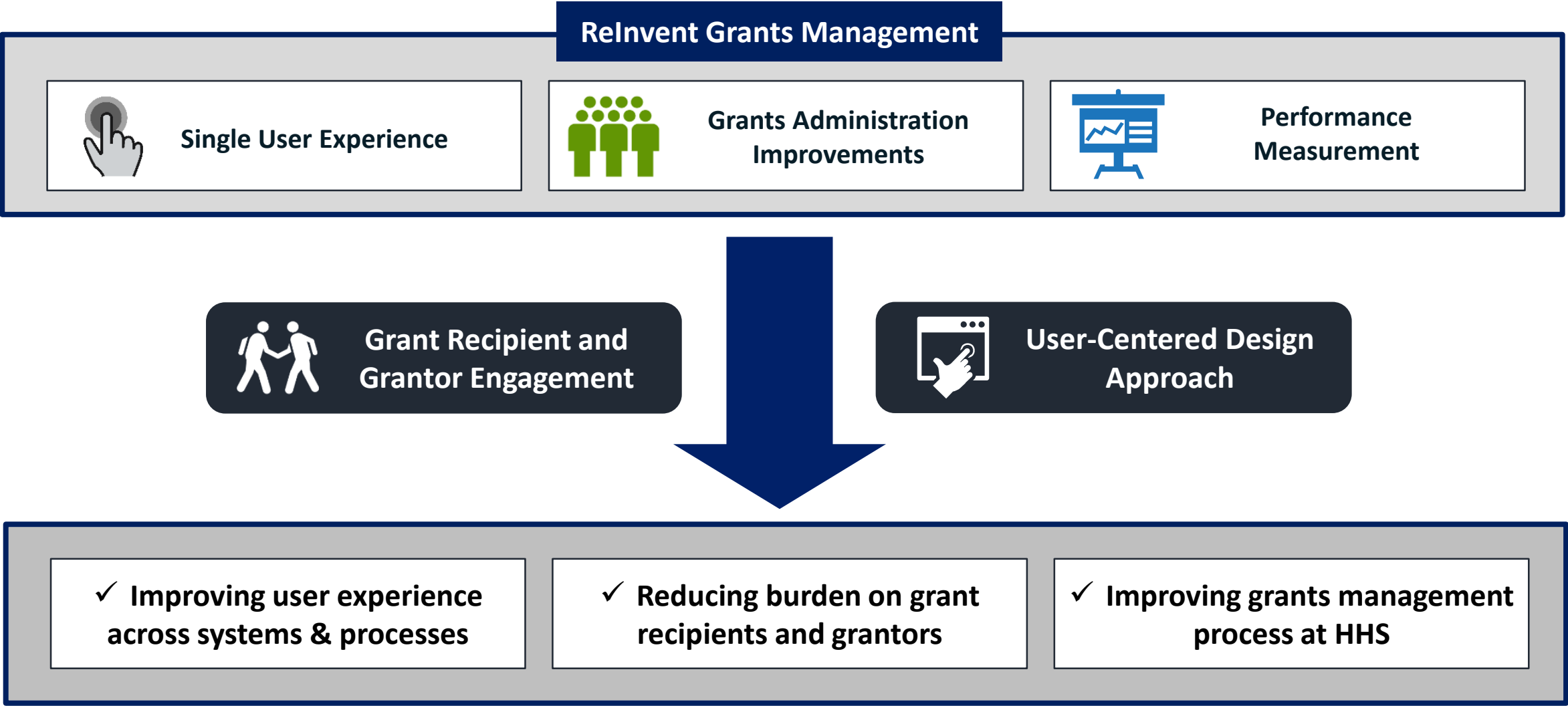


## Addressing Pain Points across the Grants Lifecycle

- Excessive and duplicative grant management burden (i.e., admin paperwork).
- Processes are complex, fragmented, and managed differently among OpDivs and StaffDivs.
- Numerous IT Systems across the OpDivs and StaffDivs for the same stages of grant management.
- No data centralization or standardization, limited data sharing, and absence of data visibility at the Department level.
- Reliance on manual processes to report grants data and limited ability to use data for proactive decision-making.







# Questions?

# Contact Us!


If you have any questions or feedback, please reach out at  
[ReInventGrants@hhs.gov](mailto:ReInventGrants@hhs.gov)

# Appendix

## **RGM is engaging external organizations for feedback on a draft Page One of the NOA!**

- RGM assembled a working group tasked with recommending a standardized first page of the Notice of Award (NOA) package for HHS grant recipients, or Page One of the NOA.
- The initiative working group identified a standard set of data elements to be used to communicate NOA information to grant recipients. Data elements not included on page one of the NOA would be included on subsequent pages as necessary at the grant administering office's determination.
- RGM has reached out to the following organizations to request feedback:
  - Aspen Institute
  - Association of American Medical Colleges (AAMC)
  - Association of American Universities (AAU)
  - Association of Government Accountant (AGA)
  - Association of Public & Land-Grant Universities (APLU)
  - Association of State and Territorial Health Officials (ASTHO)
  - Council of State and Territorial Epidemiologists (CSTE)
  - Council on Governmental Relations (COGR)
  - Data Coalition
  - Federal Demonstration Partnership (FDP)
  - Federation of American Societies for Experimental Biology (FASEB)
  - Grant Professional Organization (GPA)
  - National Council of University Research Administrators (NCURA)
  - National Grants Management Association (NGMA)

- RGM requested that partner organizations reviewed the subsequent two draft examples of the proposed Page One of the NOA and the working list of data element definitions. Both examples contain the same data elements, but have been formatted differently.
- We asked for feedback and input on two things:
  - 1. Are all of the significant data elements included on Page one of the NOA; if not, what data elements should be added?**
  - 2. Does the layout of the data elements on the physical form make sense; is it intuitive and easy to locate the most important fields?**
- Additionally, there was considerable discussion on the data elements to be included on Page One of the NOA. Below is a list of data elements that were thoroughly considered but ultimately removed:
  - Authorized Carry Over
  - Administrative Offset
  - Direct Cost Amount
  - Indirect Cost Amount (cited in 2CFR)
  - Total Amount of Federal Funds Obligated (cited in 2CFR)
  - Budget Approved by the Federal Awarding Agency (cited in 2CFR)
  - Total Approved Cost Sharing or Matching, where applicable (cited in 2 CFR)
  - Address of Awarding Agency
  - Accounting Information (HHS accounting information)



Department of Health and Human Services  
Centers for Medicare & Medicaid Services

EXAMPLE 1

Notice of Award

<b>Recipient Information</b>  1. <b>Recipient Name</b> Association of Not Real Business Address Line 1 Address Line 2 City, State, XXXXX-XXXX  2. <b>Congressional District of Recipient</b> 07  3. <b>Employer Identification Number (EIN)</b> XX-XXXXXXX  4. <b>Recipient's Unique Entity Identifier</b> XXXXXXXXXXXX  5. <b>Project Director or Principal Investigator</b> Mr. James Doe  6. <b>Authorized Official</b> Mr. Joe A Doe President email@email.com XXX-XXX-XXXX	<b>Federal Award Information</b>  9. <b>Grant Award Number</b> XXXXXXXXXXXX  12. <b>Federal Award Identification Number (FAIN)</b> 90CA1759  10. <b>Federal Award Project Title</b> eConsults/eReferrals: Controlling Costs and Improving Quality at the Interface of Primary Care and Specialty Care  11. <b>Statutory Authority</b> 42 USC 5101 ET SEQ  13. <b>Catalog of Federal Domestic Assistance (CFDA) Number</b> 93.525  14. <b>CFDA Name</b> State Planning and Establishment Grants for the Affordable Care Act (ACA) Exchanges  15. <b>Award Action Type</b> Non-Competitive Continuation  16. <b>Is the Award R&amp;D?</b> Yes						
<b>Federal Agency Information</b>  7. <b>Awarding Agency Contact Information</b> Jane Doe Grants Officer Centers for Medicare & Medicaid Services email@email.com XXX-XXX-XXXX  8. <b>Program Official Contact Information</b> John Doe Program Officer Centers for Medicare & Medicaid Services email@email.com XXX-XXX-XXXX	<b>Summary Federal Award Financial Information</b>  17. <b>Budget Period</b> 10/01/2017 - 09/30/2018 <table><tr><td>17a. Amount of Federal Funds Obligated by this Action</td><td>\$</td><td>50,000</td></tr></table> 18. <b>Period of Performance</b> 10/01/2015 - 09/30/2018 <table><tr><td>18a. Total Amount of the Federal Award</td><td>\$</td><td>150,000</td></tr></table> 19. <b>Authorized Treatment of Program Income</b> Additional Costs  20. <b>Grants Management Officer - Signature</b> Jane A Signer  21. <b>Federal Award Date</b> 09/30/2017	17a. Amount of Federal Funds Obligated by this Action	\$	50,000	18a. Total Amount of the Federal Award	\$	150,000
17a. Amount of Federal Funds Obligated by this Action	\$	50,000					
18a. Total Amount of the Federal Award	\$	150,000					
<b>22. Remarks</b> OpDiv Specific							



Department of Health and Human Services  
Centers for Medicare & Medicaid Services

EXAMPLE 2

Notice of Award

<b>Federal Award Information</b>  1. <b>Grant Award Number</b> XXXXXXXXXXXX  2. <b>Federal Award Identification Number (FAIN)</b> 90CA1759  3. <b>Federal Award Project Title</b> eConsults/eReferrals: Controlling Costs and Improving Quality at the Interface of Primary Care and Specialty Care  4. <b>Statutory Authority</b> 42 USC 5101 ET SEQ  5. <b>Catalog of Federal Domestic Assistance (CFDA) Number</b> 93.525  6. <b>CFDA Name</b> State Planning and Establishment Grants for the Affordable Care Act (ACA) Exchanges  7. <b>Award Action Type</b> Non-Competitive Continuation  8. <b>Is the Award R&amp;D?</b> Yes	<b>Recipient Information</b>  14. <b>Recipient Name</b> Association of Not Real Business Address Line 1 Address Line 2 City, State, XXXXX-XXXX  15. <b>Congressional District of Recipient</b> 07  16. <b>Employer Identification Number (EIN)</b> XX-XXXXXXX  17. <b>Recipient's Unique Entity Identifier</b> XXXXXXXXXXXX  18. <b>Project Director or Principal Investigator</b> Mr. James Doe  19. <b>Authorized Official</b> Mr. Joe A Doe President email@email.com XXX-XXX-XXXX						
<b>Summary Federal Award Financial Information</b>  9. <b>Budget Period</b> 10/01/2017 - 09/30/2018 <table><tr><td>9a. Amount of Federal Funds Obligated by this Action</td><td>\$</td><td>50,000</td></tr></table> 10. <b>Period of Performance</b> 10/01/2015 - 09/30/2018 <table><tr><td>10a. Total Amount of the Federal Award</td><td>\$</td><td>150,000</td></tr></table> 11. <b>Authorized Treatment of Program Income</b> Additional Costs  12. <b>Grants Management Officer - Signature</b> Jane A Signer  13. <b>Federal Award Date</b> 09/30/2017	9a. Amount of Federal Funds Obligated by this Action	\$	50,000	10a. Total Amount of the Federal Award	\$	150,000	<b>Federal Agency Information</b>  20. <b>Awarding Agency Contact Information</b> Jane Doe Grants Officer Centers for Medicare & Medicaid Services email@email.com XXX-XXX-XXXX  21. <b>Program Official Contact Information</b> John Doe Program Officer Centers for Medicare & Medicaid Services email@email.com XXX-XXX-XXXX
9a. Amount of Federal Funds Obligated by this Action	\$	50,000					
10a. Total Amount of the Federal Award	\$	150,000					
<b>22. Remarks</b> OpDiv Specific							