

Moderator: Erin Long
July 11, 2014
1:00 pm CT

Coordinator: Welcome and thank you for standing by.

At this time all participants are in a listen only mode.

After the presentation, there will be a question and answer session. To ask a question at that time, you may press star 1 on your touchtone phone and record your name at the prompt.

Today's conference is being recorded. If you have any objections please disconnect at this time.

I would not like to turn the call over to Ms. Erin Long.

Erin Long: Hi everyone. This is Erin Long. I am a program officer with the Administration on Community Living - the Administration on Aging within the Administration of Community Living.

And I'm here today to talk about the recent funding opportunity announcement that was posted for the Alzheimer's Disease Initiative Special Supportive Services Project. The project is financed solely by the 2014 Prevention in Public Health Fund with funds from the Affordable Care Act.

Basically what I'm going to do today is just go through the funding announcement. And hopefully by doing that we'll be able to address any concerns - questions you might have just by talking it through - me talking it through.

And then at the end we'll have a brief period where we will be able to do some questions and answers. If we don't get to all the questions and answers, anyone feel free to email me. My email address is Erin - E-R-I-N dot long - L-O-N-G at aoa.hhs.gov.

I will be posting a frequently asked questions document on the AOA web page. So you might want to check back there periodically to see if there are any questions that have been asked that you didn't think about.

So let me just kick it off. I've already told you the application date is - the due date is August 6, 2014. So I'm just literally going to go through the announcement. The CFDA number is 93.763.

You can get sort of briefing on the - if you just want to look at the - who the eligible entities are. And pretty much it's open to just about anybody. And there - if you look up at that number you should be able to get sort of a Cliff's Notes on that.

The letters of intent - I really request that you - if you are going to apply - that you do send me an email. It's only requested but not required. But it's tremendously helpful for us in our planning process of how - because of the review process. Those - we ask that you have those to us by Monday, July 14. The applications are due August 6.

These are the type of grants that these will be - will be cooperative agreements. They are - the project itself is designed to fill gaps in dementia capable long term services and support for persons living with Alzheimer's disease and related dementias and their caregivers.

There is - in the Executive Summary - I'm not going to go through the definitions and read things. In the Executive Summary you'll find a definition of what we - how we define a dementia capable system.

The cooperative agreement - just so that - just to put it out there - the service gaps that this grant is designed to fill are the provision of effective support of services to persons living alone in the community that are living with Alzheimer's disease and related disorders, improvement of the quality and effectiveness of programs and services dedicated to individuals aging with intellectual disabilities in - at high risk of developing Alzheimer's disease and related sort of, and also the delivery of behavioral symptom management training and expert consultation for family caregivers.

The eligible applicants are those private and public entities that are able to demonstrate the existence of a dementia capable system dedicated to the population that they serve and to articulate opportunities and additional services that would enhance and strengthen the existing system.

We desire that the services be evidence based and for evidence informed to the extent possible. And eligible applicants will be all those entities that are well into the development of a dementia capable system, and not those at the beginning of developing such a system.

We plan to award as many as ten cooperative agreements. And that's dependent on what the applicants ask for. We have a total of \$993,176 to award for three year forward funded project periods. By forward funded we mean that it's not continuations. The money is all obligated at the award of the grants. The anticipated start dates of the grants would be somewhere between September 1 and September 30.

The statutory authority for the cooperative agreements under this - I'm going to just instead of saying fund and opportunities, I'm going to say FOAs - F-O-As. Under this FOA announcement is Title IV of the Older Americans Act and it's - the funding is provided under the Patient Protection and Affordable Care Act, the Prevention and Public Health Fund - PPHF. And the authority to transfer PPHF resources for Alzheimer's disease prevention and education and outreach is contained within the Consolidated Appropriations Act of 2014.

There's a lengthy section in the background that describes the problem as we see it. It sort of gives us an idea of what we've done in the past, but explains how we perceive this ADISSF grant opportunity as filling the gaps that we're unable to fill through our Alzheimer's Disease Supportive Services Program - ADSSP.

I'm just going to go into - I'm not going to and read through the background. It's a page and a half. Hopefully that would provide you with all the information of where we're coming from on this, and I'm going to go right into the funding opportunity requirements.

Like I said, these will be cooperative agreements. There will be two phases. The first phase will be what we're calling the planning phase in which - your applications will have work plans. But during the planning phase we will ask the grantees to work with our technical assistance team and myself to expand on their - may possibly expand on their work plans. It depends on how developed they are in their applications.

And we'll have a six month period by which - through which the applicants will be able to tap into the resources that we have available - the technical assistance resources that we have available and work on fine tuning their work

plan to develop something that will result in accomplishing goals, objectives and core components of the objective.

And then after - in the planning phase you will only be eligible to access 15% of the total grant. So it behooves grantees to, you know, get through this process as the most expedient fashion possible and be fully engaged in order to get - once the technical assistance phase is over and we've all agreed that your work plan is acceptable to you, to the grantees and to ACL, then we would have what we call an exit conference.

And at that point you will be going to the implementation phase. The implementation phase would - they know how to access to the remainder of the grant funds.

There is a direct service requirement in this opportunity. Successful applicants are required to dedicate 30% of its first year budget, 40% of the second and 50% of the third to provision of direct services.

There is also a data collection component of this grant. Grantees will be required to collect information on the services they provide under the authority of existing and future approved data collections. So we have an OMB approved data collection in place. And we anticipate that early on in this program that we will require some other level of data collection, most likely through an OMB approved process.

Evaluation is a very strong component of this at the onset of the project. Grantees will be required to conduct a baseline assessment of the dementia capability of their existing system. The assessment will afford grantees the opportunity to create metrics for use in future service program evaluations as

well as setting the basis for the goals, objectives and milestones for program monitoring and reporting throughout the period.

At the conclusion of the program successful grantees will be able to document the progress they've made and by reporting on the aspects of their project that were successful and those that weren't, as well as providing some degree of lessons learned.

Successful applicants - we have a very strong technical assistance component with this grant program, so successful applicants will be able to draw on the expertise of our program staff as well as our AOA sponsored resources.

Grantees will be expected to participate in all technical assistance activities as they pertain to the program development and management. This includes technical assistance calls. We have a learning collaborative component of this grant. We do webinars. And hopefully, you know, these are designed to be of great benefit to the grantees.

So we have - I'm going to go to the award information. Again it's a cooperative agreement - total funding 9,931,760. We anticipate ten grants. The ceiling of the awards is \$1 million per three year project period. The award floor is 750. We anticipate 750,000 per project period, the project period being that three year forward funded period, and that's 36 months. We expect that the average award will be about 993,176.

Let's see - the funding decisions are at the discretion of the administrator, the assistant secretary and aging. Only those applications ranking the highest - we're going to have a third party panel review - will be recommended for funding by myself and our grants team. And we do not expect that all applications will actually receive funding.

I just want to sort of give a really good sense of what the expectations are when under cooperative agreements. The cooperative agreements provide for us to be substantially involved and collaborate in the activities of - with the recipient organization.

So once a cooperative agreement is in place, requests to modify or amend the program have to be made through our offices at ACL. And we would have to mutually agree on any modifications that you want - a grantee would want to make.

The grantees as part of the award will have to agree to a few things - to fulfill all the requirements of the grant initiative as outlined in the FOA, communicate with the project officer and the TA liaison regularly, conduct a baseline assessment of the dementia capability in collaboration with the project officer and the TA team, produce and submit to the project officer at the conclusion of the project a summary report or manual describing how the project was conducted and goals were achieved.

The report would also include ways in which barriers to goal achievement were addressed, cooperate with any federal evaluation efforts and comply with the timeline, content and format of all the required data collections and reporting requirements.

And that would include our semi-annual report process. We do have an OMB approved semi-annual report that is required every six months. And these would be submitted through our Grant Solutions Program.

Participate in a learning collaborative. We anticipate that there will likely be three learning collaboratives through this particular program. They're run by

our TA team, and they are great opportunities to - the cohort grantees would decide on the topics that they think are most appropriate to work on. And each year they would have a different collaborative. And also whatever products are produced, they would have to include a disclaimer.

As the project officer, we also have responsibilities. We perform day to day management, grant initiative and work to insure the minimum requirements of the grant are met or cooperatively with the grantees to clarify that programmatic and budgetary issues are addressed, assist grantee and project leadership in understanding strategic goals and objectives, provide some technical advice to grantees on the provision of technical support and associated task related to the fulfillment of the goals and objectives of the grant, and attend and participate in major project events as appropriate as well as communicating with the grant officer - the grantee project director to improve effectiveness of the grant.

So eligibility - eligible - I think I already covered that. But I just want to hit that one more time. Eligible entities are those that are able to demonstrate the existence of a dementia capable system dedicated to the population they serve and articulate opportunities and additional services that would enhance and strengthen the existing systems through this funding opportunity.

Entities that are unable to do either of those two things would not be eligible for this opportunity. And again, those entities that are not well into the development of a dementia capable system and those at the beginning of the system are not eligible.

This program does have a cost sharing match requirement. The standard match is 25% of cash and in kind. But grantees will be afforded the opportunity to apply for waivers for a portion of the match. The application

would have to include a justification for such a waiver. And the match requirements will not result in requirements below 15%.

Grantees are required to meet non-federal match - non-federal share of the project as outlined. There's two kinds of match - non-federal cash and non-federal in kind. In general costs borne by the applicant and cash contributions of any and all third parties involved in the project including sub-guarantees, contractors, consultants are considered matching fund, volunteered time and use of facilities to hold meetings, conduct projects. Activities would be considered in kind.

I just wanted to say that we discourage applicants from exceeding the required minimum match, only because if you - say you get the award based on a match of 100% of your grant and then you don't meet that match that you set forward, your grant will have to be adjusted based on the percentage that you don't meet. So it's not beneficial to - you're not going to get more consideration for having a higher match - for exceeding the minimum match requirement.

So applications will be reviewed to establish responsiveness criteria. Those that don't meet the criteria will be administratively eliminated and will not be reviewed. The responsive ADISSS project application will demonstrate an existing home and - dementia capable home and community based service system or be well placed to have one in place within a year of the grant award.

They will demonstrate preparedness and agree to conduct a baseline assessment of the dementia capability of the existing system with the intent of creating metrics to use in future service program evaluations as well as the basis for setting goals, objectives and milestones for program monitoring and reporting throughout the program period, be leaders or partners in an existing

dementia capable system designed to improve the quality and effectiveness of programs and services, demonstrate capacity to serve persons of all ages with dementia including those with intellectual and developmental disabilities, develop and implement strong collaboration among entities serving individuals living with Alzheimer's disease and related dementias and their caregivers including but not limited to the state's area agencies for aging, Medicaid and agencies that serve persons living with intellectual and development disabilities, build on existing access points for services relevant to those agencies, agree to participate in the learning collaboratives that I spoke of earlier, and include a sustainability plan for program elements that are deemed successful.

So the screening criteria - just the application screening criteria - the generic stuff. All applications will be screened to assure a level playing field. Applications that fail to meet the three screening criteria that I'm going to tell you about now will not be reviewed and will receive no further consideration.

The applications must be submitted to grants.gov by 11:59 on the due date, which is August 6. The project narrative section of the application must be double spaced, 8 ½ x 11, plain white paper with one inch margins on both sides, standard font size - not less than 11 point - and preferably Times New Roman or Arial.

The project narrative must not exceed 20 pages. Project narratives that exceed 20 pages will have additional pages removed, and only the first 20 pages will be considered as part of the review process. You should note that the work plan, letters of commitment, vitae of project personnel are not counted as part of the narrative.

If you - unsuccessful applications will require verification indicating system - so if you try - if you're trying to submit your application and you experience difficulties and you want to pursue getting consideration, you will - grants.gov - if you're in there trying to do something, it will produce an error notification and a tracking number that you would contact us later with.

So beginning on Page 9 of the - lights just went out in my office. Sorry about that. Beginning on Page 9 of the package is a pretty comprehensive section on the application package. I don't think it's necessary to go through that whole section.

It talks about the DUNS number. Make sure you have a DUNS number. If you don't already have a DUNS number you need to start the process now because it can be a lengthy process - could take at least a minimum of two weeks.

So if you don't have a DUNS number or aren't registered in I believe it's call the SAM System, you need to go after this call and look at Page 9 and see what the requirements are to make sure that you have that in place because that's something that's going to set up a big wall for you when - if you don't have it before, you're not going to get anywhere when you try and apply.

So I am the - if you have questions regarding the program announcement, you can contact me. My name again is Erin Long. My number is 202-357-3448 and my email is erin.long@acl.gov.

We've covered the letter of intent. We've covered the requirements for the project narrative. The project narrative should - in the 20 pages - consist of a summary, abstract, problems, statement goals and objectives, proposed intervention, special target populations and organizations, outcomes, program

management, evaluation, dissemination and organizational capability. And those are the areas that you will be reviewed on.

The project narrative is the most important of the application and is the primary basis for which we determine whether or not your project meets the requirements for the grant under this statute. The project narrative should have a clear and concise description of your project.

And we go through the - each section and - beginning on Page 12, beginning with the summary and abstract - we go through each section and describe the items that should be in there. I don't know that it would be helpful for me to go through all those. It's quite clear I believe. I do want to note that when it comes to the outcomes, we do not fund any projects that don't include measurable outcomes. So when you're doing your work plans, you need to keep that in mind.

Letters of commitment are always very helpful. The evaluation is extremely important in this project. We've already talked about that. The letters of commitment don't count in your page count, so get them.

We've provided you with a format for both - a sample format for the work plan and a sample for the budget - for the narrative and the justification. We would ask that you have budget narratives for all three years of the program.

The review - there will be a - funding restrictions. There are - we don't fund construction or major rehab of buildings, basic research, continuation of existing projects without expansion or new and innovative approaches. Meals are not allowable except for subjects under study where specifically approved as part of the program activity. It's outlined on Page 15 what our restrictions are. And we don't reimburse for pre-award costs.

There are - please note that there are additional requirements. Because this is part of the Affordable Care Act and the patient - and the PPHF funding - there are requirements that are subject - that this program is subject to that other programs that we've done have not been.

Successful applicants are subject to the cap on researcher salary, gun control prohibition. I have to say that I'm imagining that they wouldn't necessarily be part of this project, but needle exchanges - no appropriated funds shall be used to carry out a program to distribute needles. There's no publicity or - no lobbying. The additional requirements start on Page 16.

So just let me - I'm going to take a quick run over the review criteria. The review will have panel reviews, three independent reviewers with one moderator per panel. They will be reviewing on a scale of 100. Five criteria - project relevance and current need, approach, budget, project impact, organizational capacity.

The breakdown of the 100 points is noted on Page 17. And then we do go through and give sort of the outline of the questions that we provide to our reviewers for consideration when they are rating the applications. And that just is Page 17 through 18.

I've explained the review process, the anticipated award date. Those that receive awards will receive notification through this system. And unsuccessful applicants are generally notified within 30 days of the funding decision and would receive some kind of notification that they were not successful.

Reporting - because this is part of the Affordable Care Act there is some pretty stringent reporting requirements that will be - that the grantees will be

subject to. PPHF requirements - recipients are required to report semi-annually on activities including sub-awards.

Now this PPHF funding is in addition to the AOA semi-annual reports. So recipients will agree to separately identify to each sub-recipient and document at the time of sub-award and the time of disbursement of the funds the federal award number. They agree to report on the use of the funds provided through the award.

And the reporting periods - it's January or June - so I think the first reporting period for this will be January - beginning in January. Well the first report will be in January of 2015. There's also - all of the reporting requirements are outlined beginning on Page 20.

The agency contact and our grants management contact are on 21. The application elements are all very carefully lined out beginning on Page 21 as well. The different certifications that you have that you are required to include with the application. They all need to be there.

Then we have the instructions for completing the required forms. Then there are some - a pretty substantial explanation of the match requirements that merit attention. There is a pretty significant amount of information on the budget information, and then sample formats for budgets and work plans.

Other than that I think we do have, just because sometimes it helps to know what we're thinking, we do have some dementia capable system related definitions on the back side beginning on Page 36 and some AOA sponsored resource centers - AOA and government programs that might be of use to this sort of program.

So that is sort of an overrun of the program. (Sharon), if we could open up the lines and see if anybody has any questions, and I will do my best to answer them. But if I can't answer them I will put something in writing and I will put it in the FAQs that I'm going to post next week assuming we have some FAQs.

If we can get answers to questions on this call, it will be included in the transcript which will be posted next week.

Coordinator: Thank you.

We will now begin the question and answer session. If you would like to ask a question please press star then 1 on your touchtone phone. Please unmute your phone and record your name when prompted. That is star 1 if you have a question.

If your question has been asked you may press star 2 to remove yourself from the queue.

One moment please while we wait for the questions to come in.

Our first question comes from (Susan Messina). Go ahead, your line is open.

(Susan Messina): Hi, thanks. Does a grantee have to address all three service gaps?

Erin Long: Yes.

(Susan Messina): Okay. Can we dedicate more than 30% of the first year budget to direct services? Or is that a maximum?

Erin Long: Absolutely.

(Susan Messina): Okay, good. I thought so. And lastly, are the learning collaboratives virtual or in person, because that would have budget implications?

Erin Long: Virtual. They're all teleconference.

(Susan Messina): Great, thank you.

Erin Long: Thanks.

Coordinator: Our next question comes from (Susan Demoyers). Go ahead, your line is open.

(Susan Demoyers): Thank you. My question was already asked or already answered. Thank you.

Erin Long: Thanks.

Coordinator: And our next question comes from (Wendy Fernside). Go ahead, your line is open.

(Wendy Fernside): I'm wondering how you define direct services, and specifically whether training and counseling and technical assistance for family caregivers can count as direct services.

Erin Long: Yes. And I'm not - I'm thinking that direct services is included in there. But if it's not - it's not. We're going by the definition - the direct services definition that would be for the ADSSP. But I will add to the transcript the exact - there's six categories.

Let me see if I can find it right here. I'm not going to be able to find it to give it to you on the phone. But I will add to it - the direct services definition to the transcript - to the - I'll put a FAQ that includes the definition of direct services.

And those are categories within which grantees are - there's a reasonable amount of flexibility in how things fit into each category. But definitely training and caregiver services would count.

(Wendy Fernside): Right. Thank you.

Coordinator: Again, if you would like to ask a question it is star 1 and record your name when prompted.

Our next question comes from (Donna Walberg). Go ahead, your line is open.

(Donna Walberg): Hi. The question I have is about administrative expenses. Are you using the ADSSP definition for administrative expenses too?

Erin Long: I didn't know that there was an actual definition of administrative - I mean, yes. Whatever the standard definition of administration - administrative expenses is would be what we will use. So it will be - if that's - we will use the ADSSP. And I'll put the administrative - if there's such a definition, I will put the administrative definition up there.

And you note that it says in there that there isn't a requirement for - for instance our ADSSP program requires - I can't remember the amount...

Woman: Ten percent.

Erin Long: Ten percent - we don't have that 10% requirement on this. But it is stated in the announcement that applicants that keep their admin costs low will get a more favorable rating.

(Donna Walberg): Just to clarify, in the current ADSSP grant, project coordination and things like that aren't included in the 10% of administration. Would that be the same case in this grant? Not that you have a 10%, but that they wouldn't be considered as part of administration.

Erin Long: Project coordination?

(Donna Walberg): Development - project development.

Erin Long: I don't - I need to sort of check on that. I'm not - I would think that project development - it depends on what you're talking about. Are you talking about salaries? I have to check on that. And I'll put it in the FAQ.

(Donna Walberg): Thank you.

Coordinator: Our next question comes from (Cheryl Sorrata). Go ahead ma'am, your line is open.

(Cheryl Sorrata): Yes. My question has to do with serving persons of all ages with dementia. You talked about including individuals with intellectual and developmental disabilities. And my question is when you speak of all ages, is there a limit in those ages?

I know that only older adults tend to suffer from dementia. But when you look at intellectual and developmental disabilities, that age limit...

Erin Long: But we don't have an age limit. I mean we understand that individuals with - that's why they're one of the target populations because the systems aren't necessarily equipped to assist individuals with intellectual and developmental disabilities that are at risk of experiencing dementia at an earlier age.

(Cheryl Sorrata): Okay. So does it - does the grant require that you serve both those individuals with dementia as well as intellectually and developmentally disabled?

Erin Long: It has to have a component. Each of - there are three components to it and there has to be a piece of each. It doesn't - we're not saying how much.

(Cheryl Sorrata): Okay.

Erin Long: But there has to be a piece of each.

(Cheryl Sorrata): Okay. Great. When you talk about program expansion, is an expansion inclusive of moving from one environment to another with the program?

Erin Long: Yes.

(Cheryl Sorrata): Or expanding it to a new environment?

Erin Long: Yes.

(Cheryl Sorrata): Great. That's all of my questions. Thank you.

Coordinator: Again, if you have a question it is star 1 and record your name at the prompt.

Our next question comes from (Lynn Austin). Go ahead, your line is open.

(Lynn Austin): Hi. I was just wondering if this grant is subject to a 133 audit. And if so, can we put that cost in the budget?

Erin Long: I don't know what a 133 audit is.

(Lynn Austin): Okay.

Erin Long: I'm sorry.

(Lynn Austin): That's okay. We'll figure that one out. And also, on the point size being 11, if we include charts in the narrative, can we go down to something smaller? And also in the work plan, would it also have to be 11?

Erin Long: No, it would not have to be 11 in the work plan. Whatever's readable...

(Lynn Austin): Okay.

Erin Long: Because those are just - I mean it's - those - the page limits and the margins and those in the font are really directed towards the narrative - the 20 page narrative.

(Lynn Austin): Okay. Thank you very much.

Erin Long: Um-hmm.

Coordinator: Our next question comes from (Deborah Cherry). Go ahead, your line is open.

(Deborah Cherry): Hi. So I'm curious about whether you can tell us who the mandated collaborators are for the project. In different parts in the RFA I saw mentioned

the VA and what I thought were state departments for the development, disabled, aging and Medicaid.

Erin Long: There are no mandated. There are suggested.

(Deborah Cherry): Okay. And if I may ask one more?

Erin Long: Um-hmm.

(Deborah Cherry): Must the dementia capable system be a public system? Can it be a private, not for profit system?

Erin Long: Yes, it can be a private, not for profit. It does not necessarily have to be a public - like a - are you saying like a state?

(Deborah Cherry): Like if a state had a series of Alzheimer's Association chapters or caregiver resource centers, could they be...

Erin Long: Absolutely.

(Deborah Cherry): Okay. Thank you.

Coordinator: Again, if you would like to ask a question please press star 1 on your touchtone phone and record your name when prompted.

One moment and we'll see if we get any more questions in.

Please stand by for the next question.

Our next question comes from (Susan Messina). Your line is open.

(Susan Messina): Hi. You may not be able to answer this. But is there a sort of a number that you're looking for in terms of partners for a system? You know could a system be three or two, or does it really need to be five or six?

Erin Long: As long as you can demonstrate it as a system, we don't have anything in our heads as to what that will be.

(Susan Messina): Okay. Thank you.

Coordinator: And our next question comes from (Sally White). Go ahead, your line is open.

(Sally White): Hi. This sort of relates to the previous question. But do you have any examples of the types of systems you would like to see - the types of ways you'd like to see these gaps filled?

Erin Long: I really - we really don't. If you look at the AOA ADSSP web page, you might find some documents that will give you an idea of where we've been in the past. There is something - there is a paper there on individuals living alone.

I can't remember if there is something on individuals with intellectual and developmental disabilities. I really don't have any examples.

(Sally White): Okay.

Erin Long: I'm sorry.

(Sally White): That's okay. Thank you.

Erin Long: Systems that we sort of talk about that are working well - State of Minnesota, Georgia - but other than that we don't have anything that we're putting out there as what we want someone to follow.

(Sally White): Okay. And could the system be a relatively small system that could be replicated in a bigger way? Or are you looking for large impact on a large number of people?

Erin Long: The first.

(Sally White): Okay. It can be smaller and replicable.

Erin Long: Right. As long as you can demonstrate that it meets the criteria outlined in the FOA, it does not have to be like huge.

(Sally White): Okay. Great. That's all my questions then. Thank you.

Erin Long: Thank you.

Coordinator: And I am showing no further questions at this time.

Erin Long: Okay. Well I want to thank everybody for your interest. I'm excited. We all here at AOA are excited about this project and are looking forward to receiving the applications that are going to come out of it.

And I will get - by the end of next I will get the two answers - we'll get the transcript up as well as the FAQ with information on the definition of the direct services and the question about the admin expenses and whether project coordination can be considered as part of the admin costs.

Thanks everybody for your time, and I imagine I'll be hearing from you.

Thanks. Bye.

Coordinator: This concludes today's conference. Thank you for your participation. You may now disconnect.

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