

# Frequently Asked Questions

## Alzheimer's Disease Supportive Services Program: Dementia-Capability for Persons with Alzheimer's Disease and Related Dementias

United States Administration on Aging

FY 2014 Funding Opportunity

HHS-2014-ACL-AOA-DS-0079

**Last update: June 5, 2014**

**Recent updates are at the end of the document in blue font**

### **Question: Are potential applicants required to submit a Letter of Intent to apply?**

Answer: Though not required, letters of intent are desirable because they help with the review process. The deadline date for submission of a Letter of Intent is **May 7, 2014**. Letters should be submitted to Erin Long, Aging Services Program Specialist, via e-mail at [erin.long@acl.hhs.gov](mailto:erin.long@acl.hhs.gov).

### **Question: What is the difference between a grant and a “cooperative agreement”?**

Answer: In the United States federal grants are financial assistance issued by the U.S. Government. A cooperative agreement is a variation of a grant, which is awarded when a grant provider anticipates having substantial involvement with the grantee during the performance of a funded project. These grants will be issued as cooperative agreements because they are significant and multifaceted endeavors in which AoA/ACL anticipates having substantial involvement with the recipients during performance of funded activities. To ensure program success, the cooperative agreement structure allows AoA/ACL to provide a higher level of technical assistance, oversight and support than a grant relationship offers.

### **Question: Who may apply?**

Answer: State Units on Aging only.

### **Question: Are Tribal Organizations eligible to apply for an ADSSP Cooperative Agreement?**

Answer: No. However, they may participate in projects as partners.

### **Question: Can we subcontract some or all grant activities?**

Answer: Grantees, not the Federal Government, must decide whether it is in their best interest to subcontract some of the grant activities. That said, however, it is very important that the grantee realize that the administrative responsibility and oversight of all grant activities remains with the grantee. Thus, we recommend when subcontracting, that the grantee retain sufficient funding to adequately fulfill its administrative, oversight, and sustainability responsibilities under the grant.

**Question: Can for-profit partners receive grant funds through this funding announcement?**

Answer: States may choose to subcontract with organizations for project-related services that include, but are not limited to, for-profit entities. However, each state is subject to its own procurement policies and procedures and is ultimately responsible for the oversight of the project.

**Question: Can these grant funds be used for services to persons under the age of 60?**

Answer: Yes. There are no age restrictions in the ADSSP or under the authorizing legislation for this program (Sec. 398 of the Public Health Service Act (P.L. 78-410; 42 U.S.C. 280c-3).

**Question: Is it a requirement that persons served under this project have a medical diagnosis of Alzheimer's disease or related dementias?**

Answer: No. However, a diagnosis is helpful for learning about treatment options and for future planning, especially in the early stages of the disease. Many individuals that have Alzheimer's disease and related dementias are undiagnosed.

**Question: What are direct services?**

Answer: Those services which are listed as "direct services" in the program's statute are: "...home health care, personal care, [adult] day care, companion services, short-term care in health facilities, and other respite care to individuals with Alzheimer's disease or related disorders that are living in single family homes or congregate settings." For this program announcement, respite is defined as an interval of rest or relief **OR** the result of a direct service intervention that generates rest or relief for the person with dementia and/or their family caregiver. For example, if people with dementia and/or their family caregivers receive counseling or training through an intervention, the intervention will be considered to have generated respite for the participants. This may be considered part of the direct service requirement. Under this cooperative agreement, at least **50% of the federal funds** must be spent on direct services.

**Question: Can the salary of a direct service provider count towards a direct service?**

Answer: Yes, if a paid position is an essential component of the direct service provision for this project, the salary for that position may count towards direct service.

**Question: If part of a proposal were to focus on increased dementia-capability training for Information and Referral, Options Counseling, or Direct Service staff could the training and the resulting services provided be counted as part of the direct service requirement?**

Answer: Yes, because dementia-capability training can be necessary for providing direct services to people with dementia and their family caregivers.

**Question: Is the Funding Opportunity Announcement intended to create separate, dementia-specific home and community based service systems?**

Answer: No. The intent of the Announcement is to enable the state to make its current home and community-based service system dementia-capable. The FOA does NOT have any requirement for creating a separate, dementia-specific system.

**Question: Are grantees required to participate in technical assistance activities?**

Answer: Yes. Because these are cooperative agreements, we believe that the primary means of sharing information and facilitating discussions of barriers, ways to resolve barriers, and share successes among grantees is through technical assistance. Therefore, to achieve the stated programmatic goals, all grantees must participate in ADSSP technical assistance efforts, which could include individual assistance to grantees, webinars, learning collaboratives and other, similar activities.

**Question: Does the budget have to be equally divided between the 3 years?**

Answer: Applicants can choose how to divide their budgets across the three-year grant period. In other words, there is NOT a requirement that the budget be equally divided among the three years of the grant period.

**Question: What are administrative expenses?**

Answer: Administrative expenses include direct and indirect costs related to (1) routine grant administration and monitoring (for example, receipt and disbursement of program funds, preparation of routine programmatic and financial reports, and compliance with grant conditions and audit reports) and (2) contract development, solicitation review, award, monitoring, and reporting.

Administrative expenses do not include costs associated with substantive programmatic work (e.g. the costs associated with salaries, fringe and travel for a project director and other programmatic staff involved in the implementation of the program). Other examples of expenses that are not considered to be an administrative expense are: the costs of direct services (e.g., training, counseling and respite); project planning and implementation (e.g., translating evidence-based research protocols); and evaluation and information dissemination.

**Question: Is there an upper limit on the amount of indirect costs that will be permitted?**

Answer: A ten percent (10%) administrative limit is required by statute. This limit applies to indirect costs. Under this cooperative agreement, no more than 10% of the federal funds can be spent on administrative expenses. However, there are no restrictions on the use of non-federal funds for administrative purposes, including the matching funds that are used for this cooperative agreement.

**Question: Is there a match requirement?**

Answer: Yes. Section 398 of the Public Health Service Act (42 U.S.C. 398 et seq.), requires that grantees provide a 25% match of total costs during the first year of a project, 35% during the second year, and 45% during the third and subsequent years of the cooperative agreement period. **Match can be made cash or in-kind.** Match does not need to come from the state grantee; it can be contributed by any non-federal sources and it can come from multiple partners. A state funded program may be used as non-federal cash, non-federal share. Please note that States cannot use state resources that were funded by other Federal agencies/programs **Waivers to these match requirements are not allowed.**

**Question: Are there restrictions on what an applicant can use for the non-financial contribution (match) required of grantees?**

Answer: Non-financial recipient contributions may include the value of goods and/or services contributed by the grantee and any and all third parties involved in the project, including sub-grantees, contractors and consultants. Examples of non-financial recipient contributions include: salary/fringe benefits of staff devoting time to the grant and not otherwise included in the budget or derived from federal funds, applicable indirect costs, volunteer time, and use of facilities to hold meetings or conduct project activities. In-kind contributions from a third party may also be used as non-financial contributions and may include the value of the time spent by Advisory Board members in the design, development and implementation of the grant.

**Question: What value should be assigned to volunteer services used for in-kind matching?**

Answer: Volunteer hours included as in-kind matching should be valued at what you would have to pay another individual to provide the service in your area. If you do not have a current measure of the cost of an individual providing a particular service, you may consider investigating other direct service providers in your area.

**Question: Is match calculated on the budgeted spending or actual spending?**

Answer: Match is calculated on actual spending. Because the ADSSP grants have scaled match requirements (year 1 – 25%, year 2 - 35%, year 3 - 35%) each year's required match is calculated on the spending that takes place during that period.

**Question: If budgeted funds are “carried over” from one 12 month budget period to the following period, is the match calculated based on the year in which they were budgeted or the year to which they are “carried over” and eventually spent?**

Answer: Match is calculated on actual spending. If a grantee “carries over” funds from one budget period to the next, the match must be calculated at the rate required for the budget period in which the expenses are incurred.

**Question: If match requirements are not achieved during a 12 month budget period can match from other periods be applied from periods in which the grantee exceeded the requirement?**

Answer: Yes, if the grantee does not meet match in one period, match from other periods may be applied to the period with a deficit. For example, if the grantee does not meet the 25% match requirement in year one, match collected in year two can be applied to the requirement. By the end of the grant the overall match requirement, based on the rate of actual expenditure, must be achieved. Please note match can only be counted once.

**Question: Can we include maps as appendices to our application?**

Answer: Yes. It may be helpful for reviewers to see, visually, how access to services and supports would be enhanced throughout the state over the project period.

**Question: If my state encounters an obstacle to submitting the application by the deadline, will AoA/ACL accept the application after the deadline passes?**

Answer: No, the application must be submitted by the deadline.

Grants.gov (<http://www.grants.gov/>) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in [http://www.grants.gov](http://www.grants.gov/). After AoA/ACL retrieves your application form from [http://www.grants.gov](http://www.grants.gov/), a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by [http://www.grants.gov](http://www.grants.gov/).

Unsuccessful submissions will require authenticated verification from [http://www.grants.gov](http://www.grants.gov/) indicating system problems existed at the time of your submission. For example, you will be required to provide an [http://www.grants.gov](http://www.grants.gov/) submission error notification and/or tracking number in order to substantiate missing the cut off date.

**Question: When will states that are awarded cooperative agreements begin receiving funds?**

Answer: Projects have an anticipated start date between September 1, 2014 and September 30, 2014. Shortly after the grant is awarded, grantees may begin drawing down funds through the Payment Management System. During the planning phase of the cooperative agreement, grantees will be able to access no more than 15% of total grant funding to develop their implementation plans. At the conclusion of the planning phase, the grantee must participate in a planning phase exit conference and receive approval of AoA/ACL to progress to the implementation phase and access the remaining 85% of cooperative agreement funding.

**Question: Is it permissible for the direct service portion of the grant to propose a service/s that we're already funding in a limited way (e.g., only some AAAs in the state and/or some counties in certain AAA area, and/or in limited numbers) because there is limited funding available - and to expand the service to a different catchment area (different county) OR expand the population to whom it's available by altering/lowering the eligibility criteria in existing areas of service?**

Answer: It is permissible, in implementing the direct service requirement of the ADSSP grant, to use grant funds (including federal dollars and match) to expand existing programs/services to a different area or population. What you cannot do is use grant funds (including federal dollars and match) to supplant funding to maintain existing programs/service that are presently funded using other Federal sources.

**Question: We were also told that the award was going to be forward-funded for the entire 36 month project period, and that 'forward-funded' meant the entire amount of funding (all 36 months of it) would be awarded at one time. The grant award will have a 36 month project period, but how will the budget period will be shown? If the entire 36 months of funding is included in the initial grant award, wouldn't the budget period also have to reflect 36 months? And if the grant award's budget period is 36 months, how can we consider funds to be 'carried over' from one 12 month budget period to another?**

Answer: Each project will have a 36 month project period which is comprised of three 12 month budget periods. 100% of the funds will be obligated all at the time of award, and all of the funds will in fact be available at that time, however they can only be drawn down as they are expended. For the proposal process applicants will be expected to present both a workplan that covers the entire 36 month project, as well as three separate and defined budget periods by which they will conduct the business over the course of the grant. "Carry overs" would not be necessary between the three 12 month budget periods within the 36 month project period.

**Question: In the grant announcement (pg. 6), it says: "*...if people and/or their family cgs receive counseling or training through an intervention, the intervention will be considered to have generated respite for the participants. This may be considered part of the direct service requirement.*"**

**This clearly applies to certain interventions and early stage memory loss groups for individuals with dementia and their family caregivers. What is less clear is if trainings/activities, intended to train/educate individuals and families on normal aging vs. dementia, and/or screening for memory loss/dementia could be counted as having generated respite for participants and thus be considered a "direct service" through this particular grant. In the past, we may have considered these types of events more as outreach/awareness activities, but we now we do know that such training/education and/or screening activities are essential components of direct service because without them, individuals and families may not take the steps needed to foster effective disease**

**management and appropriate service use. So, the question is: Is it permissible to incorporate, under the "direct service requirement" for this grant, activities such as education/training and/or screening for memory loss/dementia that promote awareness and action steps related to early detection and diagnosis of dementia?**

Answer: In the ADSSP statute, there are 6 specified direct services (adult day care, companion services, home health care, personal care, respite, and short term care in health care facility) of which a state must implement at least one to meet the 50% direct service requirement. For reporting purposes, only those direct services identified in the ADSSP statute are recorded as "direct services." It is left to the grantees to determine the services that fall within each the defined categories. Definitions of each service category is provided below:

Adult Day Care - an organized program that takes place outside of the home and provides care for the person with dementia in a congregate setting, but is not a residential setting. Services are supervised and include social engagement or health care for elders who require skilled services or physical assistance with activities of daily living. These services may be also referred to as Adult Day Services and Adult Day Health Services.

Companion Services – companion services include non-medical care, supervision and socialization provided to a participant/client. Companions may assist or supervise the individual with such tasks as meal preparation, laundry, light housekeeping, and shopping. Companion services are typically provided in a participant/client's home but may include time spent accompanying participant/client to access services outside of the home. These services may be also referred to as Homemaker Services.

Home Health Care - in-home assistance that addresses medical needs, such as administering medications and physical therapy. These services may be also referred to as Health Maintenance Care.

Personal Care –in-home assistance with daily living activities, including bathing, dressing, eating, meal preparation, and light housekeeping. These services may be also referred to as Personal Assistance.

Respite –an interval of rest or relief OR the result of a direct dementia-specific service or supportive intervention that generates rest or relief for the caregiver and/or care recipient.

Short Term Care in Health Facility – services provided on a short/long term basis in a residential or assisted living facility, nursing home, or other long-term care institution because of the absence/need for relief of the regular caregiver. These services may be also referred to as Institutional Caregiver Respite Care.

Specific to the question: Based on the definitions provided above, yes, activities such as education/training and/or screening for memory loss/dementia are possible activities to include in the "respite" category of direct service requirement of grant activities as they

would provide respite to the caregivers (i.e. reduction of stress/depression through knowledge). As a rule, general “outreach”/ “awareness” activities would not constitute direct service.

**Question: Will there be annual grantee meetings for the Alzheimer’s Disease Supportive Services Program grant**

Answer: No, there will not be a required annual grantee meeting. That said, respondents to the FOA are not discouraged from including funds in their proposals that would allow for them to attend conferences.