

NWX-HHS-AOA-1

**Moderator: Erin Long
May 14, 2015
1:00 pm CT**

Coordinator: Welcome and thank you all for standing by. I would like to inform parties this call is being recorded. If you have any objections you may disconnect. All lines have been placed on a listen-only mode until the question and answer portion of today's call.

That that time you may press star 1 on your touchtone phone to ask a question. And now I'd like to turn the conference over to Erin Long. Thank you, you may begin.

Erin Long: Hi everyone my name is Erin Long I'm the project officer for the Administration on Aging, Alzheimer's and Dementia Supportive Services Program. We are here today to review the funding announcement for the Alzheimer's Disease Supportive Services Program commonly known as ADSSP.

It's titled "Creating and Sustaining Dementia Capable Systems for People with Dementia and their Family Caregivers. The funding opportunity announcement (FOA) for this project was posted last week and the application due date is July 6.

What I'm going to do here is basically just run through most of the funding opportunity announcement. Just sort of giving the highlights.

I'm not going to read the entire announcement - some places I'm going to read what it says just to make the point and then other places I'm going to just sort of give the highlights. And then at the end after running through things I will give you guys an opportunity to ask any questions that might have come up as a result of my going through the application.

So again, this is an opportunity for the Administration on Aging within the Administration of Community Living within the Department of Health and Human Services. We already provided the opportunity title.

We are requiring letters of intent for this opportunity. The letters of intent are due May 20th which is next Wednesday. Nothing complicated just send me an email indicating that you intend to apply.

My email address is included in the funding opportunity announcement which you'll hear me reference as the FOA. Just an email the letter of intent is solely for the purpose of planning the review process. I don't need any specifics on anything other than you intend to apply. Applications for this program are for cooperative agreements under this funding opportunity. It's designed to ensure that people with dementia and their family caregivers have access to sustainable home and community based service systems that are dementia capable.

Such systems meet needs of a person with dementia by identifying those with possible dementia and recommending follow-up with their physician. Ensuring that staff they encounter have appropriate training, understand the unique needs and services available and knowing how to communicate with them and provide quality person centered services that help them remain independent and safe in their communities.

A dementia capable HCBS system also involves family caregivers when they are available and it is appropriate. Applicants must specify a lead state agency for dementia capability and have working relationships with their Medicaid agencies that create and enable creating and sustaining dementia capable HCBS systems that meet two key objectives.

The creation and sustainability of a dementia capable system that includes single entry point/no wrong door access for people with dementia and their family caregivers. This system will ensure access to a comprehensive sustainable set of quality HCBS services that are dementia capable and provide innovative services to the population with dementia and their family caregivers.

Services must be evidence-based or evidence-informed. In the implementation of this program, all applicants must provide at least one evidence-based or evidence-informed service.

The next part of the funding announcement describes the rationale behind our implementing this program. You may be familiar with the ADSSP program, it's been in place since 1992, it's evolved over the years. In 2013, we started working towards dementia capability in the United States and we have presently 15 different states that hold ADSSP grants and are working towards building dementia-capable state systems.

I'm not going to go over our funding description of the why we think that we need these services in the states. I'm going to go into the requirements.

Again, this is a cooperative agreement. There is a pretty extensive description of what we consider what is a cooperative agreement the substantial involvement of the - of AOA and myself as the program officer in the

planning and execution of your work plan is what we would consider substantial involvement as well as engagement with our technical assistance resource center.

Services of the Alzheimer's and Dementia Technical Resource Center are a part of this program. Applicants must agree to meet to implement the dementia capable systems meeting the two objectives that I mentioned earlier about creating and sustaining the single point of entry/no wrong door access for people with Alzheimer's disease and related dementia and their caregivers. In such systems people with ADRD and their family caregivers have streamlined access to a full array of person-centered public and private sector HCBS that promote community living and independence.

Applicants must fully describe how they plan to implement the following four core components of the no wrong door objective by the end of the cooperative agreement period.

The core components include information referral and access and there is a description there of that requirement. It includes the importance of providing measurable targets within your application - says applicants must provide measurable targets for achieving maximum population cover of dementia capable systems, information referral and access for each year.

So basically, it's saying okay in year one we're going to cover X amount to X percentage of the state's population in the first year and X amount in the second and so on. That is true for each of the four areas those being the information referral and access, options counseling and assistance, person centered care transitions across multiple settings.

By the end of the third year successful applicants must offer person-centered care transitions that are dementia capable in at least two geographic state areas in the state.

Your application must describe your method for doing this. The fourth area is streamlined eligibility determinations for public programs and assistance and assistance in applying for the programs.

Applications must describe how they plan to make the streamline eligibility determination and create these functions. These processes must be both administratively efficient and easy to use for persons with dementia and their family caregivers or their legal representative.

The second objective ensuring access to comprehensive sustainable set of quality services, applicants must fully describe how they plan to implement the following three core components of this objective.

This is where the evidence-based and evidence-informed services come in. The three core components are comprehensive set of services. Applicants must describe how people with ADRD in their family will have access to a wide range of person centered home and community based services that promote independence in the community.

These services must be responsive to the individual's needs and preferences and have self-direction opportunities. Quality assurance system, applicants must fully describe their implementation and use of quality assurance and improvement processes that will help ensure to deliver quality dementia capable services.

Quality measurements and data collection are integral parts of quality assurance and applicants must propose measurable performance goals and indicators relating to the quality assurance system visibility, easy to access, responsiveness to persons with dementia and their family caregivers.

Applicants must describe how they plan to ensure sustainability of their dementia capable system. That involves leveraging existing traditional federal and state resources as well as innovation such as areas of the Affordable Care Act, Medicare and Medicaid integration, demonstration of state innovation models and Affordable Care Act initiatives.

The successful applicants must maintain the infrastructure and capacity to deliver programs throughout the state.

Next in the announcement is a description of the evidence-based/evidence-informed requirement. It is laid out what evidence-based/evidence-informed services are and applicants must describe how they plan to provide that service the chosen intervention. It should be designed to assist persons with dementia and their caregivers in maintaining their health and independence while in the community. It must be piloted as an evidence-based or evidence-informed service. It must be pilot tested and evaluated in at least one geographic area of the state. Applicants must specify chosen services, summarize the evidence base for those services and methods the applicants proposed to use in developing pilot testing and evaluating the services they're going to provide and how the services will be sustained and expanded if they are proven to be useful in the communities that you're serving.

There is a description of what evidence-based programs and interventions are. I won't go through the specifics of that. All grants are required to have an evaluation.

Applicants must fully describe the methods, techniques and tools that they will be using to determine whether or not the proposed dementia capability and evidence based and evidence informed services achieved the year and anticipated outcomes. Grantees must document lessons learned both positive and negative from the project that will be useful in interest for folks to replicate it in the future if it does prove to be successful.

So the ADSSP program is not funded with funds from the Older Americans Act, it's funded with resources from the Public Health Service Act. The statute includes very specific requirements for being eligible for this funding opportunity.

The statute for ADSSP requires that grantees provide a pretty significant match. It's an escalating match and it is non-negotiable. It is 25% the first year and it can be in kind or cash and there is a description sort of a definition of what the in kind and cash match is later in the funding opportunity.

So it's an escalating match 25% the first year, 35% year two and 45% for year three. I just want to make it clear that the match is applied in the year that the funds are spent not the year that they're budgeted.

So if you plan activities to occur in year one and say you plan \$100,000 of activities in year one in which you're matching the appropriate amount but you don't spend the 100 you only spend the 50.

Fifty of that will be at the 25% match, the other 25% that you - the other \$50k that you did not spend will be subject to the 35% that go into the second year would be subject to the year two match.

Anything at the end if you say had a no cost extension at the end of the three years anything at that end would be at the highest 45% match. If you have questions on that when the time comes if you receive an award please ask so that we can help you avoid not having a burden of extra match that would be difficult.

The states that receive awards must agree to spend not less than 50% of the federal grant funds in the provision of direct services. The direct services are in the definitions.

We have examples there is areas and will also be included in a frequently asked questions document that I will post after this call and with, along with the transcript. The services listed as direct services in the program statute are home health personal care, adult daycare, companion services, short-term care and health facilities and other respite care for individuals with Alzheimer's disease that are living in single family or congregate settings. We also provide examples of the sorts of things that would fit into each of those categories. For this FOA respite is defined as an interval of rest or relief or results in a direct service intervention that generates rest or relief for the person with dementia or their family caregiver.

The statute also states the state grantee agrees that not more than 10% of the grant will be expended for administrative expenses with respect to the grant. There are no age restrictions on who may be served through ADSSP.

Any person with Alzheimer's disease or a related dementia or their caregiver regardless of age is eligible for ADSSP services. In the statute there is a particular focus on providing services to individuals who are members of racial and ethnic minority groups and those with limited proficiency in speaking the English language or who live in rural areas.

And we do encourage our reviewers to give favorable consideration to applicants that provide proposed robust efforts in those service populations.

So just a little background on the structure of the grant these are cooperative agreements. It explains in the FOA what cooperative agreements are, how they are laid out, what the substantial involvement is.

These cooperative agreements have two phases. The planning and the implementation phase. The planning phase is typically up to six months of the first six months after the award and that is the time in which the grantee and the AOA staff and the TA team work together to refine the work plan and develop goals and expand or refine the goals, objectives and core components of these objectives.

Once a final work plan is developed then the grantee participates in an exit conference and is authorized to move to the implementation phase. During the planning phase there are only able to access 15% of the total grant funding before getting to the implementation phase.

Once in the implementation phase they have access to all of the funds that come under the award. ADSSP has what's called an OMB approved data collection tool, which includes the demographics of the people served the caregivers and the persons with dementia. As well as an accounting of the direct service units that are provided and the expenditure of resources to monitor the compliance with - a big piece of which is monitoring the compliance with the requirement not to spend more than 10% on administrative costs.

Successful applicants are required to draw on the expertise provided by our National Alzheimer's and Dementia Resource Center. Through the resource center we not only have liaisons assigned to each grant but we have learning collaboratives in which grantees are expected to participate. They are participant driven, while we determine the topics, the grantees determine the direction of the substance and what will result from the activities of the learning collaborative.

The authority is the Public Health Service Act. The instrument type is a cooperative agreement. The total funding available is approximately \$2,852,254.

We anticipate five, six, maybe seven it depends grants with a ceiling of \$600,000 per project period and a floor of \$450,000. The way these are structured is they are what we call forward funded projects and that means they are three years – they are 36 month projects with three 12 month budget periods.

When you do your budgeting you have to break it out by three years but the funding is appropriated or allocated in 2015 and but it will be dispersed over the three year period through the 12 month budget periods.

The size of each award will vary depending on what folks ask for and what is available and the decisions that the Assistant Secretary makes based on the recommendations of the reviewers and the program officers.

Depending on how many applications we get and what they ask for will determine what gets funded.

The eligibility is limited to state units on aging for funding. States that have previously benefited from these dementia capability grants are not eligible. As I mentioned there are 15 states that are already engaging in these activities. The list is in the FOA so you can make sure that if your state is already getting it which would make your state ineligible.

There is a cost sharing/match requirement we've already gone through that with the escalating match. There is a description of the matches.

We encourage grantees not to exceed the minimum match requirement because if you do propose and are awarded based on a match that exceeds the requirement and then you don't make your match it is problematic. If there is a percentage of your over match that you don't make, the same percentage of that failed match would have to be deducted from your award.

Applications as far as responsiveness and screening, applications will be reviewed on - and as far as eligibility these grants can't be pass throughs.

Applicants can't propose a project that's a conduit or pass through funding for another agency to lead the project and if we receive applications that do just that they will be eliminated and not be reviewed. This is one of the responsiveness criteria. The other two specific responsiveness criteria that can get an application administratively eliminated is that the applicant is not the state eligible state unit on aging and that we also do not propose brick and mortar projects.

If you present an application that has any of these three criteria or all of them you won't receive consideration. Again, only state units on aging, not proposed a conduit or passed through funding for another agency to lead the project and no brick and mortar projects.

The other screening requirements are they must - the application must be received by 11:59 on July 6- There are also some specifics on margins and page lengths. The project narrative cannot exceed 20 pages. If you do - but that doesn't mean you can't have more than 20. You do the project narrative is 20 pages and things like resumes, work plans, budgets, budget narratives, letters of commitment they all go in as attachments or appendices or whatever you'd like to call them.

So that the narrative is 20 pages, no more. If you do 21 page 21 will not be considered. So all of the supporting information for your application comes in as attachments.

There is information on the materials for your submission of your application. You must have the (SAM), be registered with the (SAM) system. You must have a DUNS number.

Please make sure that you have all of those items outlined in this application package section well before the application is due so that you don't get screwed up at the last minute. If you have anything missing it could take two weeks and you wouldn't be able to get an application in.

To repeat, letter of intent, we are requiring that interested states expecting to submit applications are required to send in a letter of an intent. That letter of intent is due on the 20th which is next Wednesday. That should be sent to me Erin Long at my email address is in there. It's nothing extensive it's for planning processes only. All you have to do is send an email saying who you are and that you intend to submit an application and what the organization intends to submit the application.

Then we go through the project narrative and different pieces of the project narrative, this is the most important part of your application. The narrative is comprised of the abstract, the problem statement, the goals and objectives, the intervention, target populations, outcomes, project management, evaluation, dissemination and organizational capacity.

This is the primary part of the application on which your eligibility to get reviewed will be determined. So all of those areas will be reviewed. I'm not going to go through because we're running out of time and I want to give you enough chance to ask some questions if you have them.

The abstract is pretty self-explanatory. The intervention, the goals, the goal of this section should be - the goals should be consistent with the description of the project goals and objectives that are included in your work plan.

The intervention to be clear and concise and aligned with the problem statement describing the rationale. Special target populations through the statute. I already described the special populations, target populations that this intended to reach.

Outcomes, very important, we will not fund any project that does not include measurable outcomes. And, they must be clearly identified both in the-- they need to be included in the work plan as well as in the narrative and there's a definition of what we-- of what a measurable outcome is.

Project management, clear delineation of roles and responsibilities of project staff, consultants, partners, how they'll contribute. Who's going to have the day to day responsibilities etcetera.

Evaluation, this section should describe the methods, techniques, and tools that will be used to determine whether or not the proposed intervention achieves the anticipated outcome. And, the lessons learned from the project that will be useful if should you be successful would be a useful tool for those who wanted to replicate what you did.

Dissemination, how you'll disseminate your results and findings.

Organization capacity statement, each application should include organizational capacity statement and vitae for key personal. It should describe how the applicant agency is organized, the nature and the scope of the work and it possess. And, it should include the organizations capability to sustain some or all the projects after the federal assistance is over.

Work plan, pretty self-explanatory there is a sample in the back in the appendices of a sample work plan. It should be cover all three years of the project period. We recommend one overall project goal and then anticipated outcomes, objectives, major tasks, action steps. Again, the template is included in the back.

Letters of commitment from key personal, very important, they would confirm commitments of program partners. And, you would include those as an appendix.

Budget narrative justification, there is also a template for that in the back. Applicants must have budget narratives for each budget year.

I've already gone over the submission recommendations and the due dates. Funding restriction no construction, no basic research. Not continuation of

existing projects without expansion to new and innovative approach, no meals.

I would encourage you to pay particular attention to the criteria in section five there is the review criteria that that the reviewers will use to score each of the proposals. It's very specific, it includes the breakdown of the points that each section is assigned. And, our panels of experts will use these questions to direct their scoring for relevant and current needs.

Does the application provide clear understanding of the dementia capable system, the system in which they're operating, clear and adequate relevance of the priority areas? The proposed project justified, when you go into approach is it clear and comprehensive. Work plan, is it clear work plan all of the years included clear and coherent management plans.

I'm just sort of picking and choosing it's certainly much more extensive than what I'm going through. Does the application fully describe how they plan to provide at least one evidence-based or evidence-informed intervention? Does the application, the applicant specify services chosen, summarize the evidence base for those services and methods?

Does the budget narrative, budget and associated narrative cover all years? Project impact, what are the expected benefits. Evaluation, there's questions dissemination. Sustainability, the organizational capacity does the organization clearly identify their capacity. Is the applicant the lead state agency? Is it clear that the applicant does not proposing to be a conduit or pass through for funding for other agencies that lead the project. Does it demonstrate commitment to lead the project?

So, that's just sort of the highlights of the review criteria. Once we receive the applications we'll convene as many panels as necessary. The panels typically consist of three experts outside of our agency and from the field. They review and score, then we tally up the scores and provide recommendation to the Assistant Secretary and she will make the final decision.

We anticipate that awards will be announced around August 31st and then with a start date of September 1st. Folks will receive electronic notice of the awards. There is reporting required, semi-annual reports are required under this program.

Both data and narrative reports, we have a format of question -- I think it's like five questions -- that are all AOA/ACL grantees are required to comply with. The agency contact it would be me as the Project Officer and then our Grants Management Specialist is Sherlonda Blue.

And, then the last section here is the section containing application elements. There are financial forms that are required certification -- this is essentially a list of things that you need to include in our applications -- that if you don't have them it could be problematic for you.

And, then the appendices just sort of walk you through everything that's required for the project. And, then there is a section with definitions. So, there are samples, the sample work plan, the sample budget, sample budget narrative.

Hopefully, everything there is what you need. If there is something that's not there that you need you're always welcome to ask me or our Grants Management Specialist to see if we can help get you what you need.

So, that's my review of the funding opportunity announcements. And, operator if you want to ask folks if they have any questions I'd be happy to answer.

Coordinator: Thank you at this time if you would like to ask a question from the phone lines please press Star and then 1 on your touch tone phone. You will be promoted to record your name. Again, that is Star 1 on your touch tone phone. One moment.

Again, if you would like to ask a question please press Star 1 and record your name clearly when promoted. We do have a question that just came. (Belinda Bruns). Your line is open.

QUESTIONS AND ANSWER HAVE BEEN INCLUDED IN THE FAQ DOCUMENT

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