



ADRC/NWD COVID-19 Vaccine Access Funding Frequently Asked Questions

Updated September 2021

FAQs about Use of Funds for Incentives

Can the CDC ADRC/NWD Vaccine Access Funds be used to pay for incentives?

No, incentives are not an allowable use of the CDC funded ADRC/NWD Vaccine Access funds (**grant # NWC5**).

Can the ADRC/NWD COVID-19 Relief Funds be used to pay for incentives?

Yes, grantees may use the ADRC/NWD COVID-19 Relief Funds (**grant # NWC3**) to establish incentive programs.

Businesses, non-profit organizations, and research entities have long used incentives to raise awareness and encourage participation in their programs and services. Incentives such as gift cards, vouchers, giveaways, or prize items can motivate an individual to take action when they may not have otherwise. When used thoughtfully, they can increase the success of many programs. **ADRC/NWD Grantees may use gift cards, gift items, giveaways, and prizes as incentives in limited circumstances to encourage participation in COVID-19 vaccination. If an incentive program is established, it must adhere to the following:**

- All costs of the incentive program must meet Federal Cost Principles when purchased with ADRC/NWD COVID-19 funds (i.e., costs are reasonable, allowable, and allocable).
- The program must adhere to all Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards found at 45 CFR 75 and other applicable federal laws and regulations.
- State, local, and territorial policies, procedures, and requirements may be more restrictive than other federal laws, regulations and policies, and these state, territory and local restrictions must be adhered to.
- Consideration should be given to the purpose of the incentive, how it will be used effectively and sustainably, how the incentive program will address equity, and how the program will be evaluated.

Can the incentive be cash?

No.

Can the incentive be a gift card?

Yes. While gift cards are allowable, they can present several challenges in security and accounting. In addition, such incentives are not and should not be portrayed as an endorsement by HHS or ACL of any company (or its goods, services, or policies) associated or affiliated with the incentive. For example, if an incentive is funded by grant funds, a general purpose pre-paid card (e.g., one issued by a credit card network brand) would more clearly separate the incentive from appearing to be an endorsement vs. a card to be used only at a specific store or with a specific company. To the extent practicable given the proposed incentive, such non-endorsement should be clearly articulated.

Is there a limit to how much the incentive can be?

While there is no specific dollar amount limit, the amount of the incentive must be allocable and reasonable. Policies and procedures should be developed to ensure adherence to 45 CFR 75 and other applicable laws and regulations.

Specifically, what should a grantee think about and plan for before implementing an incentive program?

ACL recommends that SUAs, AAAs, ADRCs, and tribal organizations consider the following seven elements in designing an incentive program:

- a. Proposed incentive (i.e., what incentive will be provided?)
- b. Justification (i.e., what is the purpose for the incentive and what is the specific reason for selecting this incentive? What evidence indicates that an incentive is needed, and what evidence suggests that the selected incentive will be effective at achieving the desired result?)
- c. Anticipated gains (i.e., explain how providing such an incentive will defray societal costs or have a positive return on investment, for example by increasing overall participation. Additionally, describe potential unintended negative consequences and how those are outweighed by the benefits.)
- d. Defined amount (e.g., cost per person and total allocated funding for the recipient incentives)
- e. Qualifications for issuance (i.e., what makes a person eligible for the incentive? Does it take into consideration issues related to equity in your community?)
- f. Method of issuance and tracking (i.e., how will the incentive be delivered? Does the proposed plan and implementation align with any relevant policies and procedures governing your organization [e.g., procurement, ethics, etc.]? How will the budget and supply be tracked?)
- g. Method of evaluation (i.e., how will the incentive plan be evaluated for effectiveness?)

Previous FAQs

Are the allowable activities under the ADRC/NWD COVID-19 Vaccine Access Supplemental Funding the same as other funding streams from the ACL partnership with the CDC?

No, each funding stream has its own guidelines on allowable activities. The allowable activities discussed in this FAQ document are **specific only to the ADRC/NWD funding stream**. For additional detail on the other funding streams, please refer to the table below, which includes hyperlinks for more information in the first column.

ACL/CDC Funding Stream	Description
SUAs/AAAs	Funding (\$50M) is provided to State Units on Aging that make sub-awards to Area Agencies on Aging (AAAs). Funding is distributed via the usual Older Americans Act (OAA) Section 304 formula and states are required to use their approved Intrastate Funding Formula (IFF) for Title III-B funding to distribute the funding to the AAAs.
CILs	Funding (\$5M) is provided via formula grants to Centers for Independent Living (CILs) that are designated as a Part C CIL.
P&As	Funding (\$4M) is provided via formula grants based on state/territory population to Protection and Advocacy Systems (P&As). The eligible entity for these awards is the agency designated as a P&A per the Developmental Disabilities Act.
DD Councils	Funding (\$4M) is provided via formula grants based on state/territory population to entities designated as Councils on Developmental Disabilities in each state and territory.
UCEDDs	Funding (\$4M) is provided via grants to entities designated as University Centers for Excellence in Developmental Disabilities (UCEDDs) in each state and territory.

Can this funding be used for the “last mile” of vaccine distribution, including personnel costs?

Yes, this funding is meant to help individuals receive vaccines. Paying for staff to go into people’s homes to provide the vaccine is an allowable use. For example, the funding can pay the personnel costs of nurses going into homes to vaccinate individuals. The funding may be used to pay a healthcare partner, such as a hospital, clinic, or Federally Qualified Health Center (FQHC), for last mile efforts that include mileage, vaccine transport costs, mobile refrigeration, and administration.

Can this funding be used for IT enhancement or other infrastructure development?

This funding can be used to pay for infrastructure only if it directly supports vaccine access or addresses vaccine hesitancy. For example, it may be used to improve an appointment scheduling platform used for vaccination clinics or pay for a bi-directional referral system (i.e., a referral system that both sends and receives referrals) between an ADRC and hospital or health plan in order to identify individuals in need of the vaccine that may be outside of the ADRC’s typical reach. Referrals from hospitals and health plans may be especially important in reaching hesitant or rural populations as they are often more comfortable receiving the vaccine after speaking with a healthcare provider rather than going through a large vaccine distribution site. Bi-directional referrals would also allow the ADRCs to notify the hospital or health plan when the individual received their vaccine.

Can this funding be braided with the CARES Act funding to pay for staff in order to secure a position through the end of the project period?

Yes, the original ADRC/NWD CARES Act funding can be used in combination with the ADRC/NWD Vaccine Access funding to support staff, such as community health workers, to ensure that positions are secured through the end of the project period. The staff role would need to include vaccine access functions to meet ADRC/NWD Vaccine Access funding requirements.

Can this funding be used to pay for staff providing Care Transitions services?

Yes, as long as the Care Transitions services includes assistance with vaccine access. An example would include care transitions activities that target persons that are admitted to a hospital and have not had a vaccine. The care transitions service would address SDOH that impact vaccine access and provide information and assistance to address vaccine hesitancy post discharge. The staff can directly integrate with healthcare sites to provide outreach to the target population.

Can this funding be used to back-pay or reimburse vaccine access-related activities that have occurred to date?

Funding can only support activities that occur during the new project period: 4/1/21 – 9/30/22. Therefore, funding can be used for historical vaccine access efforts dated to 4/1/21.

Is there a list of allowable costs for this funding opportunity?

All expenses related to the following activities are allowable to be charged to this award:

- Education about the importance of receiving a vaccine;
- Identifying people unable to independently travel to a vaccination site;
- Helping with scheduling a vaccine appointment;
- Arranging or providing accessible transportation;
- Providing companion/personal support;
- Reminding people of additional vaccination appointments if needed;
- Providing technical assistance to local health departments or other entities on vaccine accessibility; and/or
- Any additional activity related to increasing vaccination access, including forging partnerships with state or local agencies.

All of these activities are also allowable under the ADRC/NWD CARES Act funding.

Can we use some of the funds to support the current CARES Act ADRC/NWD funding initiatives or should the focus be primarily targeted to vaccine-related activities?

The funding associated with this funding opportunity should be only focused towards vaccine activities. However, the original CARES Act ADRC/NWD funds can also be used for vaccine support to supplement related activities.

What are potential uses of the funds? For example, could we pay for clear masks for the deaf community? We get a lot of requests for clear masks, which would help individuals at vaccination sites. Is using the funding for tablets or internet hotspots appropriate?

Yes, this funding can be used for masks and other PPE, which is needed when going to vaccine sites, and for tablets or internet hotspots. This could also be a great opportunity for collaborating with assistive technology programs.

Potential uses of funds include:

- Disseminating credible information about COVID-19 vaccines and directing those with questions to additional sources of information
- Identifying people who may need help getting a COVID-19 vaccination, including those who are unable to independently travel to a vaccination site
- Arranging or providing accessible transportation to COVID-19 vaccination sites
- Addressing accessibility needs at vaccination sites or post-vaccination recovery needs
- Helping with scheduling a COVID-19 vaccination appointment including through statewide websites, 211 or in-person
- Coordinating with local health departments, health systems, healthcare providers, and other entities to increase access to vaccines and connect about in-home vaccination options
- Outreach and education to older adults and people with disabilities about the importance of receiving the vaccine
- Addressing inequity in COVID-19 vaccination access among older adults, family caregivers, and aging network staff and volunteers from communities defined by race, ethnicity, geography, disability, income, sexual orientation, gender identity, and other factors.

Can the funding be used to pay for staff to plan and organize these activities, participate in meetings with state and local partners, and/or collect and analyze data on COVID-19 vaccination rates of older adults, family caregivers, and individuals with disabilities?

Yes, paying for staff for these activities is an allowable use of funds.

Can the funding be used to serve people of any age or any disability?

This funding is intended to be used to serve all populations. These discretionary funds allow for flexibility, and grantees are encouraged to leverage the ADRC/NWD infrastructure to increase the reach to all populations – of all ages, all disability types, caregivers, etc. in ways that other pieces of funding in this partnership with the CDC may not reach.