

Administration for Community Living

Administration on Aging

Alzheimer's Disease Supportive Services Program (ADSSP): Creating and Sustaining Dementia-Capable Service Systems for People with Dementia and their Family Caregivers

HHS-2017-ACL-AOA-ADSG-0212

Application Due Date: 05/12/2017

Alzheimer's Disease Supportive Services Program (ADSSP): Creating and Sustaining Dementia-Capable Service Systems for People with Dementia and their Family Caregivers

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Department of Health & Human Services
Administration for Community Living

ACL Center:	Administration on Aging
Funding Opportunity Title:	Alzheimer's Disease Supportive Services Program (ADSSP): Creating and Sustaining Dementia-Capable Service Systems for People with Dementia and their Family Caregivers
Announcement Type:	Initial
Funding Opportunity Number:	HHS-2017-ACL-AOA-ADSG-0212
Primary CFDA Number:	93.051
Due Date For Letter of Intent:	**03/27/2017**
Due Date for Applications:	**05/12/2017**
Date for Informational Conference Call:	**04/03/2017**

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with http://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

Executive Summary

There are two parts to the cooperative agreements available under the Alzheimer's Disease Supportive Services Program (ADSSP) funding opportunity announcement (FOA). The first opportunity **(PART A)** is for new three year, forward funded grants to states that have not benefited from the program since 2011 and the second **(PART B)** is a program expansion opportunity through which existing grantees that are not presently benefitting from expansion grants, can apply to receive 18 month expansion grants to build upon a successful component within the ACL ADSSP project they are presently implementing. **Applicants eligible for the ADSSP program would be eligible for either Part A OR Part B, there would be no applicant eligible to apply for both opportunties.**

The cooperative agreements under the ADSSP are designed to ensure that people with dementia and their family caregivers have access to a sustainable home and community-based services (HCBS) system that is dementia-capable. Such a system meets the unique needs of each person with dementia by 1) identifying those with a possible dementia and recommending follow up with a physician, 2) ensuring that the staff encountered by consumers of the system have appropriate training, understand their unique needs and the services available, as well as knowledge of how to effectively communicate with them, and 3) providing quality, person-centered services that help them remain independent and safe in their communities. A dementia-capable HCBS system also includes services and supports for family caregivers.

Eligible applicants for both Part A and Part B must be the designated state agency for dementia-capability and have working relationships with their state Medicaid agencies that enable creating and sustaining a dementia-capable HCBS System that meets two key objectives:

Objective 1: Create and sustain a dementia-capable HCBS system that includes Single Entry Point/No Wrong Door (SEP/NWD) access for people with dementia and their family caregivers.

Objective 2: Ensure access to a comprehensive, sustainable set of quality HCBS that are dementia capable

and provide innovative services to the population with dementia and their family caregivers.

A model dementia-capable HCBS system would:

1. Identify people with possible dementia and recommend that they see a physician for a timely, accurate diagnosis and to rule out reversible causes of dementia or conditions that resemble it.
2. Ensure that program eligibility and resource allocation take into account the impact of cognitive disabilities.
3. Ensure that staff communicate effectively with people with dementia and their caregivers and provide services that are person- and family-centered, offer self-direction of services, and are culturally appropriate.
4. Educate workers to identify possible dementia, and understand the symptoms of dementia and appropriate services.
5. Educate the public about brain health, including information about the risk factors associated with developing dementia, first signs of cognitive problems, management of symptoms if individuals have dementia, support programs, and opportunities to participate in research.
6. Implement quality assurance systems that measure how effectively providers serve people with dementia and their caregivers.
7. Encourage development of dementia-friendly communities, which include key parts of dementia-capability.

Additional information on dementia-capable systems is found in the issue brief entitled Dementia-capable States and Communities: the Basics (https://nadrc.acl.gov/node/93).

In addition to implementing a program designed to result in dementia-capable HCBS system that meets objectives 1 and 2 above and moving toward the outlined model system, applicants **MUST** identify at least one evidence-based or evidence-informed service/intervention designed to support individuals with dementia or their caregivers that will be implemented over the course of their proposed project. Applicants are required to comply with statutorily imposed cost sharing/match and direct service requirements as outlined in the FOA.

Please direct any questions about the programmatic goals and objectives of this FOA to erin.long@acl.hhs.gov.

Please note that letters of intent are requested; please see Section IV.3 of this FOA

An informational conference call will be held on April 3, 2017 from 2:30pm – 3:30 pm EST.

The dial-in information is below:

Toll Free Number: 877-918-2312

Passcode: 7962346

A recording will be available approximately 48 hours after the call concludes at the following number:

Toll Free Playback Number: 800-947-6935

I. Funding Opportunity Description

The national consensus is that our home and community-based service (HCBS) system must be person-centered, that is, more responsive to the unique needs and preferences of each individual utilizing the system. It is critical that every person-centered HCBS system consider the needs and preferences of people with cognitive impairment, as they represent a substantial proportion of those in the system. For example, 15 percent of older adults living in the community with at least one activity of daily living (ADL) or instrumental activity of daily living (IADL) limitation have a cognitive impairment. [1] Such an impairment is also attributable to about 25 percent of older adults with severe disabilities, people with three or more limitations in ADLs. It is also worth noting that about 24 percent of people of all ages who receive Medicare or Medicaid-funded home health care have moderate to severe cognitive impairment.[2]

Dementia, the loss of cognitive functioning, thinking, remembering, and reasoning and behavioral abilities to the extent that it interferes with a persons daily life and activities, is the major cause of impairment among older adults. Impairment as a result of dementia ranges in severity from the mildest stage, when it is just beginning to affect a persons functioning, to the most severe stage, when the person must depend completely on others for basic activities of daily living. Estimates of the percentage of older persons with dementia vary, but the prevalence of the disease increases with age. Alzheimer's disease is responsible, at least in part, for about 60 percent of cases of dementia.

Estimates are that about half of older persons with dementia do not have an accurate diagnosis or any diagnosis at all. [3] It is critically important to correctly identify these conditions to enable appropriate referral. A number of conditions can mimic dementia, including dehydration, malnutrition, hearing loss, and depression. Medication mismanagement can result in the appearance of dementia. People with dementia (70 percent of whom live in the community) and their caregivers use the full spectrum of HCBS available from a variety of public and private sector programs. Creating a dementia-capable HCBS system involves building upon and integrating existing programs from the private sector and those that AoA and its partners offer. Public sector partners include, but are not limited to, tribes or tribal organizations, the Administration for Intellectual and Developmental Disabilities (AIDD); the Centers for Medicare & Medicaid Services (CMS); and the Department of Veterans Affairs. Among the innovative programs that AoA and its partners have implemented are those listed in the Appendix. It is critical that grantees build dementia capability into their current programs in partnership with key agencies in their states, including, but not limited to, Medicaid and the Veterans Health System. Inclusion of dementia capability in existing and future efforts (i.e. Medicare-Medicaid integration demonstrations, the State Innovation Models, and other Affordable Care Act initiatives) will foster better quality, coordinated care and improve population health at lower cost.

Funding Opportunity Requirements

Applicants for **Part A** of this cooperative agreement funding must describe their current system as related to this FOAs goal, objectives, and core components including but not limited to the identification of a lead state agency for dementia capability, and implementation of a partnership between the State Unit on Aging and the State Medicaid Agency.

Applicants for **Part B** must describe their current system and the activities in which they are engaged through the ADSSP cooperative agreement they are in the process of implementing, including the program component targeted for expansion.

Applicants for **Part A** and **Part B** must either agree to implement dementia-capable HCBS systems that meet this FOAs two objectives and their core components, or already be in the process of implementing programs meeting those requirements.

Objective 1: Create and sustain a dementia-capable HCBS system that includes Single Entry Point/No Wrong Door (SEP/NWD) access for people with Alzheimer's disease and related dementias (ADRD) and their caregivers.

In such systems, people with ADRD and their family caregivers have streamlined access to the full array of person-centered, public and private sector HCBS that promote community living and independence.

Applicants for **Part A** must fully describe how they plan to implement the following four core components of Objective 1 by the end of the cooperative agreement period.

Applicants for **Part B** must be in the process of implementing the core components of an existing ADSSP grant and identify a specific area of the grant targeted for expansion. The **Part B** application would fully describe the component proposed for expansion as it relates to their overall existing project, the rationale for the expansion, the target consumers, the methodology and the desired outcomes for the proposed expansion.

The core components include:

1.a. Information, Referral and Access

This component requires that the grantee have a highly visible and trusted place for people with ADRD and their family caregivers to seek objective information on HCBS that maximizes their ability to remain independent in the community. Applicants must fully describe their method(s) for achieving this and providing access to a full range of services, which may include, but are not limited to person-centered home and community-based services; care transitions; and family caregiver support programs. Applicants must provide measurable targets for achieving maximum population coverage of dementia capable information, referral and access for each year of the cooperative agreement period. For example, applicants might propose to have a dementia capable HCBS system available in geographic areas where 25% of the state's population lives in the first year, 35% in the second year and 50% in the third year.

Applicants for **Part A** must fully describe their methods for achieving this core component of the grant. Applicants for **Part B** must be in the process of implementing a project that includes this component.

1.b. Options Counseling and Assistance

Options counseling enables persons with dementia and their family caregivers to understand and use the services available in their communities by assisting in:

- Identification of the person with dementias strengths, values, needs, and preferences;
- Person-centered service plan development;
- Enrollment in self-directed programs or seamless transfer into this process, as appropriate
- Service initiation;
- On-going assistance and follow-up.

Applicants for **Part A** must fully describe their methods for achieving this core component of the grant. Applicants for **Part B** must be in the process of implementing a project that includes this component.

Applicants must provide measurable targets for achieving maximum population coverage for Options Counseling each year of the cooperative agreement period. For example, applicants might propose to have options counseling available in geographic areas where 25% of the states population lives in the first year, 35% in the second year and 50% in the third year.

1.c. Person-Centered Care Transitions Across Multiple Settings

Care transitions is a person-centered, interdisciplinary approach to integrating health care and social support services for individuals and their caregivers as they move across settings, such as hospitals, nursing homes, and home. Care transition services identify individual needs and preferences, develop and activate comprehensive service plans, empower people to take an active role in their health care, and connect them to resources provided by options counselors or staff with similar responsibilities. Care transitions can involve self-direction of services for those with dementia and their caregivers. Examples of evidence-based care transition programs for the general population appear in the definition of care transitions in the Appendix. By the end of the third grant year period, successful applicants must offer person-centered care transitions that are dementia capable in at least two geographic areas of the state.

Applicants for **Part A** must fully describe their methods for achieving this core component of the grant. Applicants for **Part B** must be in the process of implementing a project that includes this component.

1.d. Streamlined Eligibility Determinations for Public Programs and Assistance in Applying for These Programs

Applicants must fully describe how they plan to make Streamlined Eligibility Determination an integral part of their state and local HCBS systems and these systems Options Counseling functions. These processes must be both administratively efficient and easy-to-use for persons with dementia, their family caregivers or their legal representatives, regardless of the program or type of service.

Applicants for **Part A** must fully describe their methods for achieving this core component of the grant. Applicants for **Part B** must be in the process of implementing a project that includes this component.

Objective 2: Ensure access to a comprehensive, sustainable set of quality services/interventions that are dementia-capable and provide innovative services to the population with dementia and their family caregivers.

Applicants for **Part A** must describe the dementia-capable services/interventions proposed to meet Objective 2. At least one of the proposed services/interventions must be evidence-based or evidence-informed and designed for implementation with individuals living with or at risk of developing Alzheimer's or a related dementia and/or their family caregivers. **Applicants must identify, by name, and describe the evidence based or evidence informed intervention they are proposing to implement and how it fits into their proposed program**.

Applicants for **Part B** must be in the process of implementing the core components of an existing ADSSP grant and identify a specific component of the grant that would benefit from expansion.

Applicants for **Part A** must fully describe how they plan to implement the following three core components of Objective 2 by the end of the cooperative agreement period. These components include the following:

2.a Comprehensive set of services

Applicants for **Part A** must fully describe how people with ADRD and their family will have access to a wide range of person-centered HCBS that promote independence in the community. These services must be responsive to the individuals needs and preferences, and have self-direction opportunities. The comprehensive set of services must include and identify at least one evidence-based or evidence informed service/intervention, as well as HCBS supports for family caregivers, and related supportive services.

2.b Quality assurance system

Applicants for both **Part A and Part B** must fully describe their implementation and use of a quality assurance and improvement process that will help ensure delivery of quality, dementia capable services. Quality measurement and data collection are integral parts of quality assurance. Applicants must propose measurable performance goals and indicators related to the quality assurance systems visibility, ease of access, responsiveness to persons with dementia and their family caregivers, efficiency and effectiveness.

2.c Sustainable service system

Applicants for both **Part A and Part B** must fully describe how they plan to ensure sustainability of the grantees dementia capable HCBS system. Sustainability involves leveraging existing traditional Federal and State level resources, as well as innovations underway as part of the Affordable Care Act such as the Medicare-Medicaid integration demonstrations, the State Innovation Models, and other Affordable Care Act initiatives.

Grantees must maintain the infrastructure and capacity to deliver programs throughout the state including partnerships that have effectively embedded dementia capability within HCBS systems, and an adequate number of delivery sites and workforce to deliver the programs in geographic areas containing half of the states population. Applicants for both **Part A and Part B** will identify program outcomes as well as measures to demonstrate program impact and evaluation strategies that will document progress toward implementing and sustaining a comprehensive, dementia capable system.

Please see the dementia-capability issue brief for more information on this type of system at: https://nadrc.acl.gov/node/93 .

Evidence-based or Evidence-informed Services

In addition to implementing and evaluating a dementia capable HCBS system that meets objectives 1 and 2 above, applicants for **Part A must identify** and fully describe how they plan to provide **at least one** evidence-based or evidence-informed intervention in the provision of service. The chosen intervention(s) must be designed to assist persons with dementia and their caregivers in maintaining their health and independence while remaining in their communities.

The evidence-based or evidence-informed services of the grantees choosing must be pilot-tested and evaluated in at least one geographic area of the state. Applicants must specify services chosen, summarize the evidence base for those services and the methods the applicants propose to use in developing, pilot testing and evaluating the services. The application must also describe how the service(s) will be sustained and expanded, if proven successful.

Evidence-based programs or interventions have been tested through randomized controlled trials and are: 1) effective at improving, maintaining, or slowing the decline in the health or functional status of older people or family caregivers; 2) suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention; 3) the research results have been published in a peer-reviewed scientific journal; and 4) the intervention has been translated into practice and is ready for distribution through community-based human services organizations.

Evidence-informed interventions have substantive research evidence that demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of older people or family caregivers. For the purposes of this announcement, evidence-informed interventions:1) have been tested by at least one quasi-experimental design with a comparison group, with at least 50 participants; OR 2) have been adapted from evidence-based interventions.

By the end of the cooperative agreement period, successful applicants must agree to implement, and sustain the core components of dementia-capable HCBS and the successful evidence-based or evidence informed services implemented under this FOA.

Evaluation

Applicants for both **Part A and Part B** must fully include a robust, independent evaluation plan. The evaluation plan must describe the method(s), techniques and tools that will be used to: 1) determine whether or not the proposed dementia-capability efforts achieved their anticipated outcome(s), and 2) document the lessons learned both positive and negative from the project that will be useful to people interested in replicating it, if it proves successful.

SPECIAL REQUIREMENTS FOR USE OF FUNDS AND MATCHING REQUIREMENTS UNDER THIS FUNDING OPPORTUNITY ANNOUNCEMENT

States must use these Alzheimer's Disease Supportive Services Program (ADSSP) funds, which are provided under the Public Health Services Act, to implement dementia-capable HCBS systems and at least one evidence-based or evidence-informed service under this FOA.

The Public Health Services Act has specific requirements that shape the use of funds:

- The statute governing the ADSSP requires that grantees provide a 25% match (cash and/or in-kind) during the first year, 35% during the second year, and 45% during the third and subsequent years of the grant period. Waivers to these match requirements are not permitted under the Public Health Services Act.
    - Applicants for **Part A** are subject to the escalating match over the course of the three year grant.
    - Applicants for **Part B** are subject to the Year Three match rate of 45%.
- Applicants to both **Part A** and **Part B** are subject to the statute governing the ADSSP which states,

the State agrees to expend not less than 50 percent of the federal grant funds for the provision of [direct] services to persons with Alzheimer's disease or related dementias and their families. **All** ADSSP funded projects are subject to the 50% direct service requirement.
- Those services which are listed as direct services in the programs 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 FOA, 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.

- Applicants to both **Part A** and **Part B** are subject to the statute governing the ADSSP which states that the State agrees that not more than 10 percent 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 the ADSSP. Any person with Alzheimer's disease or a related dementia or their caregiver, regardless of age, is eligible to benefit from the services provided through the AdSSP program.
- In the ADSSP statute, there is a particular focus on providing access to services to individuals, who are members of racial or ethnic minority groups, who have limited proficiency in speaking the English language, or who live in rural areas. Reviewers will be encouraged to give favorable consideration to applicants that propose robust efforts to serve these populations.

Funding Opportunity Requirements

Projects awarded under the **Part A** cooperative agreement will have two phases:

1. ***Planning Phase*** during which the grantee develops a plan acceptable to AoA that will result in accomplishing the goal, objectives, and core components of these objectives and pilot testing of at least one evidence-based or evidence-informed service under this FOA.

2. ***Implementation Phase*** that carries out the grantees plan for accomplishing the goal, objectives, and core components of these objectives and pilot testing of at least one evidence-based or evidence-informed service under this FOA.

Projects awarded under the **Part B** cooperative agreement will be expanding an element of an existing ADSSP program that is well into the implementation stage.

Planning Phase:

Part A applicants are to propose a planning phase of no more than 6 months from the notification date of the grant award. During this planning phase, grantees will be able to access no more than 15% of total grant funding to develop their implementation plan. During the planning phase of the grant, AoA will be actively involved. At the conclusion of the planning phase, the grantee must participate in a Planning Phase Exit Conference and receive the approval of AoA to progress to the Implementation Phase and access the remaining 85 percent of cooperative agreement funding.

During the planning phase the grantee must conduct a dementia capability assessment of the system within they are operating and through which they intend to implement their program.

Implementation Phase:

Part A grantees may not advance to the Implementation Phase without a Planning Phase Exit Conference and AoA staff approval of their implementation plan. Upon AoA approval of the implementation plan the State grantee may begin the Implementation Phase of the grant period. During the

implementation phase the grantee must commit to periodic reassessment of their dementia capability to allow them to report on systems change over time.

Part B applicants would be well into the implementation phase of their program they are proposing to expand.

Data Collection

Applicants receiving awards under **Part A and Part B** will be required to collect OMB approved data (OMB approval # 0985-0022) for the **Alzheimer's Disease Supportive Services Program** services and any subsequent OMB-approved data during the grant period.

Technical Assistance:

Successful applicants are to draw on the expertise of AoA program staff and existing AoA-sponsored resources, including the National Alzheimer's and Dementia Resource Center (NADRC), to develop, implement, and sustain their strategic plans. All grantees will be expected to participate in technical assistance activities as they pertain to the program development, management and integration. This includes, but is not limited to, participation in regularly scheduled technical assistance conference calls, web casts, and one-on-one technical assistance opportunities initiated by ACL/AoA staff, technical assistance resource center staff or the grantees.

Please see the Appendix for a list of existing resource centers.

At any time after a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by AoA or the awardee. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the mutual agreement of both parties, except where AoA is authorized under the Terms and Conditions of award, 45 CFR 75, or other applicable regulation or statute to make unilateral amendments.

[1] Johnson, R. W., &Wiener, J. M. (2006). *A Profile of Frail Older Americans and their Caregivers*. Washington, DC: The Urban Institute. Available at http://www.urban.org/UploadedPDF/311284_older_americans.pdf.

[2] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. (No date). Unpublished data from rollup summary reports, case mix means and episode counts, national values for the 12-month period from March 2003February 2004, Baltimore MD.

[3] Boustani M, Peterson B, Hanson L, Harris R, Lohr, KN. Screening for dementia in primary care: A summary of the evidence for the U.S. Preventive Services Task Force. *Ann Intern Med* 2003; 138(11):927-37.

Statutory Authority

Pub.L. 78-410; 42 U.S.C. §280c-3. Amended by Pub.L. 101-557 and by Pub.L. 105-392

II. Award Information

Funding Instrument Type:	Cooperative Agreement
Estimated Total Funding:	$3,758,933
Expected Number of Awards:	7
Award Ceiling:	$650,000 Per Project Period
Award Floor:	$300,000 Per Project Period
Average Projected Award Amount:	$550,000 Per Project Period
Length of Project Period:	Other

Seven to nine grants. The Part A grant distribution is anticipated to be approximately five traditional ADSSP grants forward-funded for up to three years (floor of $450,000 and ceiling of $650,000) and Part B is approximately three ADSSP expansion grants for 18 months (floor of $300,000 and ceiling of $325,000).

This program is subject to a statutorily mandated escalated cost sharing/matching requirement. The cost sharing/match escalation schedule is as follows 25% in year one, 35% in year two and 45% in year three.

Part A Cooperative Agreements will be a 36 month project period within a 36 month budget period.

Part B Cooperative Agreements will be a 18 month project period within an 18 month budget period.

All awards will be forward-funded for the entire grant project period: **Part A** - 36 month project period; **Part B** - 18 month project period,

The ACL/AoA plans to fund approximately five **Part A** Cooperative Agreements with a federal funding level of up to $600,000 and approximately three **Part B** Cooperative Agreements with a Federal funding level of up to $325,000. The final number of awards will vary based on the following factors: 1) appropriation levels, and 2) the number of applications funded under the FOA.

The size of each award will vary, as dictated by the nature and scope of the projects proposed by applicants. ACL/AoA reserves the right to offer a lower level of funding than that requested in the application.

Funding decisions are at the discretion of the Administrator for ACL/Assistant Secretary for Aging. Only those applications ranking the highest in a third party review will be recommended for funding by the ACL/AoA Program Officer. It is anticipated that not all applications will be funded.

Description of ACL's Anticipated Substantial Involvement Under the Cooperative Agreement

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by ACL/AoA or the awardee at any time. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the mutual agreement of both parties, except where ACL is authorized under the Terms and Conditions of award, 45 CFR Part 75, or other applicable regulation or statute to make unilateral amendments. When an award is issued the cooperative agreement terms and conditions from the program announcement are incorporated by reference.

The ACL/AoA plans to fund approximately eight awards. **Part A** grants with a federal funding level of up to $600,000 per three year project period and **Part B** with a federal funding level of up to $325,000. The number of awards will vary based on the following factors: 1) appropriation levels, and 2) the number of applications received under the FOA.

The size of each award will vary, as dictated by the nature and scope of the projects proposed by applicants. ACL/AoA reserves the right to offer a lower level of funding than that requested in the application.

Funding decisions are at the discretion of the Administrator for ACL/Assistant Secretary for Aging. Only those applications ranking the highest in a third party review will be recommended for funding by the ACL/AoA Program Officer. It is anticipated that not all applications will be funded.

Description of ACL's Anticipated Substantial Involvement Under the Cooperative Agreement

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by ACL or the awardee at any time as long as it stays within the original confines of the proposed project

description. Major changes may affect the integrity of the competitive review process. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the execution of an award

notice. When an award is issued the cooperative agreement terms and conditions from the program announcement are incorporated by reference unless ACL is authorized under the Terms and Conditions of

award, 45 CFR Part 75, or other applicable regulation or statute to make unilateral amendments.

The **grantee** agrees to execute the responsibilities outlined below:

1. Fulfill all of the requirements of the grant initiative as outlined in this funding opportunity announcement (FOA), as well as carry out project activities as reviewed, approved, and awarded.

2. Communicate with the AoA project officer and/or the assigned technical assistance liaison regularly to improve the effectiveness of the activities carried out under this Agreement.

3. Conduct a baseline assessment of the dementia capability in collaboration with Project Officer and technical assistance team.

4. Produce and submit to the AoA/ACL 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.

5. Cooperate with any federal evaluation efforts and comply with the timeline, content and format of all required data collection and reporting requirements (see Section VI-3 for more detail). Submit to the AoA/ACL project officer a final, clean copy of all data developed or supported with these grant funds, in the format in which it was developed or produced, as provided for in the HHS Grants Policy Statement http ://www .hrsa .gov /grant s /hhsgr antsp olicy .pdf) and referenced in the Notice of Award.

The HHS Grants Policy Statement defines “data” as: “recorded information, regardless of the form or media on which it may be recorded, and includes writings, films, sound recordings, pictorial reproductions, drawings, designs or other graphic representations, procedural manuals, forms, diagrams, work flow charts, equipment descriptions, data files, data processing or computer programs (software), statistical records, and other research data” (p. II-69, Footnote 18).

6. Participate in Learning Collaborative activities as organized by the AoA/ACL Project Officer and the technical assistance team. Collaborative participants will mentor one another in their efforts to fulfill the aims of the ADI-SSS program.

7. Include the following disclaimer on all products produced using this grant funding:

"This (report/document/etc.) was supported in part by a cooperative agreement (No. XXX) from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official AoA, ACL, or DHHS policy."

The **AoA/ACL project officer** agrees to execute the responsibilities outlined below:

Perform the day-to-day Federal responsibilities of managing a grant initiative and work with the grantee to ensure that the minimum requirements for the grant are met.

1. Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the grantee project, and, as necessary, negotiate with grantee to achieve a mutually agreed upon solution to any needs identified by the grantee or AoA/ACL.

2. Assist the grantee project leadership in understanding the strategic goals and objectives, policy perspectives, and priorities of AoA, ACL, and the U.S. Department of Health and Human Services; and about other federally-sponsored projects and activities relevant to activities funded under this announcement;

3. Provide technical advice to the grantee on the provision of technical support and associated tasks related to the fulfillment of the goals and objectives of this grant.

4. Attend and participate in major project events as appropriate.

5. Communicate with the grantee project director regularly to improve the effectiveness of the activities carried out under this Agreement.

III. Eligibility Information

1. Eligible Applicants

The Administration for Community Living/Administration on Aging (ACL/AoA) will award up to $3,758,933 in competitive cooperative agreements to eligible State Units on Aging through this Funding Opportunity Announcement (FOA) entitled: ***Creating and Sustaining Dementia-Capable Systems to* serve Persons with Alzheimer's Disease and Related Dementias and their Family Caregivers**.

There are two parts to this funding opportunity, **Part A** and **Part B,** both opportunities are extended to eligible state governments and also subject to the following limitations.

Part A, "traditional" ADSSP three year cooperative agreements, is for states that have not already received ADSSP systems integration grants (2011, 2013, 2014, 2015 and 2016). The states are Alabama, Alaska, Arkansas, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, U.S. Territories, Utah and Vermont.

Part B, 18 month expansion grants, is extended to those states that received ADSSP systems integration grants in 2011, 2013, 2014, 2015 and 2016 and desire to expand on a specific component of their program. The states that already have expansion grants in place may not apply for a second one. The expansion grants provide the opportunity for the existing ADSSP grantees to build on a specific component of their ongoing project that shows potential but for which expansion would otherwise not be feasible. These States are Arizona, Colorado, Florida, Illinois, Iowa, Maine, Michigan, New York, Ohio, Oregon, Texas, Washington and West Virginia.

Individuals, foreign entities, and sole proprietorship organizations are not eligible to compete for, or receive, awards under this announcement.

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement: Yes

Grantees are required to meet a non-federal share of the project cost, in accordance with **Pub.L. 78-410;** 42 U.S.C. §280c-3, as amended by Pub.L.101-557 and by Pub.L. 105-392.

There are two types of match: 1) non-federal cash and 2) 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-grantees, contractors and consultants, are considered matching funds. Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations. Budgetary funds provided from the applicant agencys budget for costs associated with the project is an example of a non-federal cash match **. ACL encourages you to not exceed the minimum match** requirement. **Applications with a match greater than the minimum required will not receive additional consideration under the review**. Match is one of the responsiveness criteria as noted in Section III, 3 Application Disqualification Factors.

The statute governing the ADSSP requires that grantees provide a 25% match (cash and/or in-kind) during the first year, 35% during the second year, and 45% during the third and subsequent years of the grant period. Waivers to these match requirements are not permitted under the Public Health Services Act. Applicants for **Part A** cooperative agreements are subject to the escalated match outlined above. Applicants for **Part B** cooperative agreements are subject to the year three 45% match rate throughout the entirety of

the program expansion project.

Refer to Section IV.2 for Information on pre-application submissions.

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

Applications will be reviewed to establish responsiveness to the following criteria. **Those applications that do not meet the required criteria, listed below, will be administratively eliminated and will not be reviewed**

All applications will go through an initial programmatic screening to verify that the applicant meets the following criteria:

1. Is an eligible State Unit on Aging;
2. **Does not** propose **conduit or pass-through funding for another entity to lead the project;**
3. Meets the statutory defined cost sharing/match requirements;
4. Meets statutory defined direct service requirements;
5. Includes quality assurance/outcome measures in their program plan;
6. Identifies and describes an evidence-based/evidence-informed intervention to be implemented over the course of the proposed project;
7. Does not propose a research project;
8. Does not propose a brick and mortar project;

Applications that fail to meet all of the above criteria will not be reviewed and will receive no further consideration.

Application Screening Criteria

All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet the three screening criteria described below will not be reviewed and will receive no further consideration.

In order for an application to be reviewed, it must meet the following screening requirements:

1. Applications must be submitted electronically via http://www.grants.gov by 11:59 p.m., Eastern Time, by the **due date listed in section IV.3 Submission Dates and Times.**
2. The Project Narrative section of the Application must be **double-spaced**, on 8 ½ x 11 plain white paper with **1 margins** on both sides, and a **standard font size of not less than 11, preferably Times New Roman or Arial.**
3. The Project Narrative must not exceed 20 pages. **Project Narratives that exceed 20 pages** will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel should be included as attachments. Attachments **are not counted** as part of the Project Narrative for purposes of the 20-page limit.

Unsuccessful submissions will require authenticated verification from ***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 ;***submission error notification and/or tracking number in order to substantiate missing the application deadline.

IV. Application and Submission Information

1. Address to Request Application Package

Application materials can be obtained from http://www.grants.gov or http://www.acl.gov/Funding_Opportunities/ Announcements/Index.aspx.

Please note, ACL is requiring applications for all announcements to be submitted electronically through http://www.grants.gov. The Grants.gov (http://www.grants.gov) registration process can take several days. If your organization is not currently registered with http://www.grants.gov, please begin this process immediately. **For assistance with http://www.grants.gov, please contact them at** support@grants.gov **or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time.**

- At the http://www.grants.gov ;website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process through http://www.grants.gov ;because of the time involved to complete the registration process.
- All applicants must have a DUNS number (http://fedgov.dnb.com/webform/) and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Applicants should finalize a new, or renew an existing, registration at least two weeks before the application deadline. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: https://www.sam.gov /sam/ transcript/ SAM_Quick_ Guide_Grants_ Registrations-v1.6. ;pdf .
- The agency is prohibited from making an award until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the agency:
    - May determine that the applicant is not qualified to receive an award; and
    - May use that determination as a basis for making an award to another applicant.

Note: Once your SAM registration is active, you will need to allow 24 to 48 hours for the information to be available in Grants.gov before you can submit an application through Grants.gov. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award.

- **Note**: Failure to submit the correct suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV)**or receive subawards directly from the recipients of those grant funds** to be:

1. Be registered in SAM prior to submitting an application or plan;
2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
3. Provide its DUNS number in each application or plan to submit to the OPDIV.

An award cannot be made until the applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Additionally, all first-tier subaward recipients must have a DUNS number at the time the subaward is made.

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. It is a unique,**nine-digit identification number**, which provides unique identifiers of single business entities. The DUNS number is*free and easy* to obtain.

- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: http://www. ;white house.gov/ sites/default/files/omb/grants/duns _num_guide.pdf.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- **Your application must comply with any page limitation requirements described in this Program Announcement.**
- After you electronically submit your application, you will receive an automatic acknowledgement from http://www.grants.gov that contains http://www.grants.gov tracking number. The Administration for Community Living will retrieve your application form from http://www.grants.gov.

U.S. Department of Health and Human Services
Administration for Community Living
Erin Long
Administration on Aging
Phone Number: (202) 795-7389
E-mail: Erin.Long@acl.hhs.gov

2. Content and Form of Application Submission

Letter of Intent

Letter of Intent

Due Date for Letter of Intent: **03/27/2017**

Letter of Intent

To assist ACL in planning for the application independent review process, applicants are requested and strongly encouraged to submit, via email, a letter of intent to apply for this funding opportunity. The purpose of the letter of intent is to allow our staff to estimate the number of independent reviewers needed and to avoid potential conflicts of interest in the review. The deadline for submission of the letter of intent is 14 days from publication of the funding opportuntiy announcement. Letters of intent should be sent to: Email: Erin.Long@acl.hhs.gov.

Project Narrative

The Project Narrative must be double-spaced, on 8 ½" x 11" paper with 1" margins on both sides, and a standard font size of not less than 11, preferably Times New Roman or Arial. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is 20 pages; the maximum length allowed is 20 pages. Project Narratives that exceed 20 pages will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. The Project Work Plan, Letters of Commitment, and Vitae of Key Personnel should be included as attachments in the application package and are not counted as part of the Project Narrative. All of the sections of the project narrative noted below are included in the 20 page limit.

Summary/Abstract
Problem Statement

Goal(s) and Objective(s)
Proposed Intervention
Special Target Populations and Organizations
Outcomes
Project Management
Evaluation
Dissemination
Organizational Capability

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for grants under the authorizing statutes. The Project Narrative should provide a clear and concise description of your project. ACL recommends that your project narrative include the following components:

Summary/Abstract

This section should include a brief - no more than 265 words maximum - description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in the "Instructions for Completing the Project Summary/Abstract."

Problem Statement

This section should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention is designed to address, including how the project will potentially affect the elderly population and/or their caregivers (including specific subgroups within those populations), and possibly the health care and social services systems (e.g., the use of health care and/or nursing home services.)

PLEASE NOTE: When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the dementia capable HCBS system objectives 1 and 2 and the one additional evidence-based or evidence informed intervention.

Goals and Objectives

This section should consist of a description of the project's goal(s) and major objectives. Unless the project involves multiple, complex interventions, we recommend you have only one overall goal.

PLEASE NOTE: When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the dementia capable HCBS system objectives 1 and 2 and the one additional evidence-based or evidence informed intervention.

Proposed Intervention

This section should provide a clear and concise description of the intervention you are proposing to use to address the problem described in the "Problem Statement". You should also describe the rationale for using the particular intervention, including factors such as: "lessons learned" for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the "right conditions" for the intervention (e.g., existing social, economic or political factors that you'll be able to take advantage of, etc.). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, supporters, and/or consumer groups.

PLEASE NOTE: When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the dementia capable HCBS system objectives 1 and 2 and the one additional evidence-based or evidence

informed intervention.

Special Target Populations and Organizations

This section should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposal project. This section should also describe how the proposed intervention will target disadvantaged populations, including limited-English speaking populations, those of greatest economic need and those of greatest social need .

PLEASE NOTE: When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the dementia capable HCBS system objectives 1 and 2 and the one additional evidence-based or evidence informed intervention.

Outcomes

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project's design.

This section of the project narrative **must clearly identify the measurable outcome(s)** that will result from the project. **(NOTE: ACL will not fund any project that does not include measurable outcomes).** This section should also describe how the project's findings might benefit the field at large, (e.g., how the findings could help other organizations throughout the nation to address the same or similar problems.) List measurable outcomes in the work plan grid ("Project Work Plan – Sample Template") under "Measurable Outcomes" in addition to any discussion included in the narrative along with a description of how the project might benefit the field at large. In 2016 the National Alzheimer's and Dementia Resource Center (NADRC) published a list of evaluation measures intended to help providers of dementia-related services identify appropriate and well-researched measures in support of their program evaluation plans. The evaluation measure resource can be found at https://nadrc.acl.gov/node/70 .

A "measurable outcome" is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the functional status, mental well-being, knowledge, skill, attitude, awareness or behavior.) It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated in the aging network; new knowledge that can contribute to the field of aging; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable "output", such as: the number of clients served; the number of training sessions held; or the number of service units provided.

You should keep the focus of this section on describing what outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe how the outcome(s) will be measured and reported.

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project's design.

Project Management

This section should include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; communications with other partners and ACL. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives.

Evaluation

This section should describe the method(s), techniques and tools that will be used to: 1) determine whether or not the proposed intervention achieved its anticipated outcome(s), and 2) document the "lessons learned" – both positive and negative - from the project that will be useful to people interested in replicating the intervention, if it proves successful.

All projects applications must include a plan to conduct a robust, independent evaluation of the proposed program.

In December 2016 the NADRC conducted a webinar entitled "Writing an Effective Work Plan and Evaluation Plan". Attendees learned: (1) learn how to write project objectives, activities and tasks; (2) learn key elements of an evaluation plan; (3) understand the importance of providing specific details in the work plan and evaluation plan; and (4) find out about available tools and resources. A recording of the webinar and the associated tools can be found at https://nadrc.acl.gov/node/91 .

Dissemination

This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats, to parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the project.

Organizational Capacity Statement

Each application should include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses. It should also include the organization's capability to sustain some or all project activities after Federal financial assistance has ended.

This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization. Please attach short vitae for key project staff only. Neither vitas nor an organizational chart will count towards the narrative page limit. Also include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

Other

Budget Narrative/Justification

The **Budget Narrative/Justification must be provided using the format included in the document**, "Budget Narrative/Justification – Sample Format."

Applicants are encouraged to pay particular attention to this document, which provides an example of the level of detail sought. A combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding is required. **The Budget Narrative should clearly identify where the direct services requirements allocations will be met in each budget year.**

Work Plan

The Project Work Plan should reflect and be consistent with the Project Narrative and Budget and should cover all three (3) years of the project period. It should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks / action steps that will be pursued to achieve the goal and outcome(s). For each major task / action step, the work plan should identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. Please use the "Project Work Plan - Sample Template" format as a reference and resource.

In December 2016 the NADRC conducted a webinar entitled "Writing an Effective Work Plan and Evaluation Plan". Attendees learned: (1) learn how to write project objectives, activities and tasks; (2) learn key elements of an evaluation plan; (3) understand the importance of providing specific details in the work plan and evaluation plan; and (4) find out about available tools and resources. A recording of the webinar and the associated tools can be found at https://nadrc.acl.gov/node/91 .

Letters of Commitment from Key Participating Organizations and Agencies

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. Signed letters of commitment should be scanned and included in the application attachments.

3. Submission Dates and Times

Due Date for Applications: **05/12/2017**

Date for Informational Conference Call: 04/03/2017

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with http://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

In addition, if you are submitting your application via Grants.gov, you must (1) be designated by your organization as an Authorized Organization Representative (AOR); and (2) register yourself with Grants.gov as an AOR. Details on these steps are outlined at the following Grants.gov Web page: http://www.grants.gov/web/grants/register.html.

After you electronically submit your application, you will receive from Grants.gov an automatic notification of receipt that contains a Grants.gov tracking number. (This notification indicates receipt by Grants.gov only.)

If you are experiencing problems submitting your application through Grants.gov, please contact the Grants.gov Support Desk, toll free, at 1-800-518-4726. You must obtain a Grants.gov Support Desk Case Number and must keep a record of it.

If you are prevented from electronically submitting your application on the application deadline because of technical problems with the Grants.gov system, please contact the person listed under For Further Information Contact in section VII of this notice and provide a written explanation of the technical problem you experienced with Grants.gov, along with the Grants.gov Support Desk Case Number. ACL will contact you after a determination is made on whether your application will be accepted.

Note: We will not consider your application for further review if you failed to fully register to submit your application to Grants.gov before the application deadline or if the technical problem you experienced is unrelated to the Grants.gov system.

Unsuccessful submissions will require authenticated verification from 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 submission error notification and/or tracking number in order to substantiate missing the cut off date.

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.

4. Intergovernmental Review

This funding opportunity announcement is not subject to the requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs."

5. Funding Restrictions

Identify any activities which are not fundable under the grant program, e.g., construction and/or major rehabilitation of buildings. This section also may include any other types of funding restrictions, e.g., ceiling amounts for particular activities if an application will consist of multiple programmatic components. This section should also indicate whether pre-award costs are allowable.

You should review and/or add activities that are not fundable in the text field below:

The following activities are not fundable:

- Construction and/or major rehabilitation of buildings
- **Basic research (e.g. scientific or medical experiments)**
- Continuation of existing projects without expansion or new and innovative approaches

Note: A recent Government Accountability Office (GAO) report has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (E.O. 13589) and Delivering Efficient, Effective and Accountable Government (E.O. 13576) have been issued and instruct Federal agencies to promote efficient spending. Therefore, if meals are to be charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

- *Meals are generally unallowable except for the following:*
  - *For subjects and patients under study (usually a research program);*
  - *Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g., Headstart);*
  - *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;*
  - *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and*
  - *Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances. (Note: conference grant means the sole purpose of the award is to hold a conference)*

6. Other Submission Requirements

Letters of intent are requested. Letters of intent should be emailed to Erin Long at Erin.Long@acl.hhs.gov

Erin Long

V. Application Review Information

1. Criteria

Applicants must document all of their source material. If any text, language and/or materials are from another source, the applicant must make it clear the material is being quoted and where the text comes from. The applicant must also cite any sources when they obtain numbers, ideas, or other material that is not their own. If the applicant fails to comply with this requirement, regardless of the severity or frequency of the plagiarism, the reviewers shall reduce their scores accordingly even to the degree of issuing no points at all.

Applications are scored by assigning a maximum of 100 points across five criteria:

a) Project relevance & Current Need - (20 points)

b) Approach - (30 points);

c) Budget – (10 points);

d) Project Impact - (20 points); and

e) Organizational Capacity - (20 points).

Project Relevance & Current Need	Maximum Points:20

PART A AND PART B

1. Does the application provide a clear understanding of the dementia capability of the system within which they are operating?
2. Does the proposed project clearly and adequately identify the relevance of the priority areas, as described in this Funding Opportunity Announcement (FOA), in relation to current state/community needs?
3. Does the application adequately and appropriately describe and document the key problem(s)/condition(s) relevant to the applicant's purpose/need?
4. Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge?

Approach	Maximum Points:30

PART A Traditional ADSSP Applicants

Goals/Objectives (10 Points)

1. Is the project work plan clear and comprehensive?
2. Does the work plan cover the entire project period?
3. Has the applicant stated clear and meaningful goals and objectives for the proposed program as well as problems that relate to the proposed program?

    * Are the goals and objectives reasonable and likely to be achieved?

    * Is the dementia capability systems project clearly defined?

4.Does the application propose measurable performance outcome goals and indicators related to the quality assurance system's visibility, ease of access, responsiveness to persons with dementia and their family caregivers, efficiency and effectiveness?

5. Does it reflect a coherent and feasible approach for successfully achieving this FOA's goals, objectives, and core components of the objectives?

6. If applicable, does the proposal seek to coordinate and collaborate with other systemic transformation efforts in the state such as the Medicare-Medicaid integration demonstrations, the State Innovation Models, and other Affordable Care Act initiatives.

7. Does the project take into account barriers and opportunities that exist in the larger environment that may impact project success?

Work/Management Plan (10 Points)

1. Is the project work plan clear and comprehensive, covering ALL years of the proposed project?
    - **Does the work plan include specific objectives and tasks that are linked to measurable outcomes?**
    - Does it include sensible and feasible timeframes for the accomplishment of the tasks presented?
    - Are evidence-based/evidence informed intervention(s) included as components of the proposed work plan?
    - Does the workplan include a commitment to conduct an initial dementia capability assessment at the beginning of the project and reassess over the course of the program?
2. Does the proposal include a clear and coherent management plan, including plans for administration, collaboration and coordination of program activities with other related services or programs?
3. Are the roles and responsibilities of project staff, consultants and partners clearly delineated and linked to specific objectives and tasks?
4. Does the application fully describe their implementation and use of a quality assurance and improvement process that will help ensure delivery of quality, dementia capable services?

Methods of Addressing the Problem (10 Points)

1. Does the application fully describe how people with ADRD and their family will have access to a wide range of person-centered HCBS that promote independence in the community?
2. Does the application include a plan to create and sustain a dementia-capable HCBS system that includes Single Entry Point/No Wrong Door (SEP/NWD) access for people with Alzheimer's disease and related dementias (ADRD) and their caregivers.
3. Does the application describe the implementation of a partnership between the State Unit on Aging and the State Medicaid Agency?
4. Does the applicant propose robust efforts to serve members of racial or ethnic minority groups and/or those with limited proficiency in speaking the English language, or who live in rural areas?
5. **Does the application identify and fully describe how they plan to provide at least one evidence-based or evidence-informed intervention in the provision of service?**
    - Does the applicant specify services chosen, summarize the evidence base for those services and the methods the applicants propose to use in developing, pilot testing and evaluating the services.
6. Does the applicant fully describe their plans to provide, by the end of the third grant year period, person-centered care transitions that are dementia capable in at least two geographic areas of the state?
7. Does the application fully describe how they plan to make Streamlined Eligibility Determination an integral part of their state and local HCBS systems?

PART B Expansion Applicants

Goals /Objectives (10 Points)

1. Is the expansion project work plan clear and comprehensive?
2. Has the applicant stated clear and meaningful goals and objectives for the proposed expansion effort as well as problems that relate to the proposed effort?
    - Are the goals and objectives reasonable and likely to be achieved?
3. Does the application propose measurable performance goals and indicators related to the quality

assurance system's visibility, ease of access, responsiveness to persons with dementia and their family caregivers, efficiency and effectiveness?
4. Does it reflect a coherent and feasible approach for successfully achieving this FOA's goals, objectives, and core components of the objectives?

Work/Management Plan (10 Points)

1. Does the work plan include specific objectives and tasks that are linked to **measurable outcomes?**
    - Does it include sensible and feasible timeframes for the accomplishment of the tasks presented?
    - Does the work plan include specific objectives and tasks that are link to **measurable outcomes**?
2. Does the proposal include a clear and coherent management plan, including plans for administration, collaboration and coordination of program activities with other related services or programs?
3. Are the roles and responsibilities of project staff, consultants and partners clearly delineated and linked to specific objectives and tasks?
4. Does the application fully describe their implementation and use of a quality assurance and improvement process that will help ensure delivery of quality, dementia capable services through the expansion project?

Methods of Addressing the Problem (10 Points)

1. Does the application fully describe how people with ADRD and their family are accessing a wide range of person-centered HCBS that promote independence in the community through the existing project proposed for expansion?
2. Does the applicant propose robust efforts to serve members of racial or ethnic minority groups and/or those with limited proficiency in speaking the English language, or who live in rural areas?
3. Does the applicant specify activities chosen for expansion, summarize the evidence for the expansion and the methods the applicants propose to use in developing, executing and evaluating the effort.

Budget	Maximum Points:10

PART A Traditional ADSSP Applicants

1. Does the budget and associated narrative cover ALL YEARS the proposed project?
2. Does the budget clearly demonstrate that the proposed program IS NOT A PASS THROUGH?
3. Are budget line items clearly delineated and consistent with work plan objectives?
4. Is the budget justified with respect to the adequacy and reasonableness of resources requested?
5. Does the budget reflect match requirements outlined in the FOA: 25% match (cash and/or in-kind) during the first year, 35% during the second year, and 45% during the third and subsequent years of the grant period?
6. Does the application reflect an understanding that the applicant agrees to expend not less than 50 percent of the federal grant funds for the provision of [direct] services to persons with ADRD and their caregivers?
7. Does the budget identify where in the budget the direct services will be allocated?
8. Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project?

    - Are the budget amounts proposed for personnel proportionate to other activities, given the scope of the proposal?
    - Does the proposed budget include time and financial resources for the lead agency staff to ensure engagement in and oversight of program activities?

PART B Expansion Applicants

1. Does the budget and associated narrative cover the entire 18 months the proposed project?
2. Does the budget clearly demonstrate that the proposed program **IS NOT A PASS THROUGH?**
3. Are budget line items clearly delineated and consistent with work plan objectives?
4. Is the budget justified with respect to the adequacy and reasonableness of resources requested?
5. Does the budget reflect 45% match requirement outlined in the FOA?
6. Does the application reflect an understanding that the applicant agrees to expend not less than 50 percent of the federal grant funds for the provision of [direct] services" to persons with ADRD and their caregivers?
7. Does the budget identify where in the budget the direct services will be allocated?
8. Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project?
9. Are the budget amounts proposed for personnel proportionate to other activities, given the scope of the proposal?

Project Impact	Maximum Points:20

PART A Traditional ADSSP Applicants

Project Outcomes (7 points)

1. Are the expected project benefits/results clear, realistic, and consistent with the objectives and purpose of the project?
2. Are the proposed outcomes quantifiable and measurable, consistent with the definition of the project outcome contained in the program announcement?
3. Has the applicant agreed to work with AoA/ACL and comply with any OMB approved reporting requirements and to submit reports according to the required schedule?
4. Does the application provide measurable targets for achieving maximum population coverage of dementia capable information, referral and access for each year of the cooperative agreement period?

Project Evaluation (7 Points) ***(ACL will not fund any project that does not include measureable outcomes.)***

1. Does the application include a robust, independent evaluation plan?
2. Does the project evaluation reflect a thoughtful and well-designed approach that will be able to successfully measure whether or not the project has achieved it proposed outcomes?
3. Does the plan include the qualitative and/or quantitative methods necessary to reliably measure outcomes?
4. Is the evaluation designed to capture "lessons learned" from the overall effort?
5. Does the applicant describe how the chosen intervention will be pilot-tested and evaluated in at least one geographic area of the state.

Dissemination (3 points)

1. Does the application describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats?
2. Is there a dissemination plan to get relevant and easy to use information about the program, the services they are providing?
3. Does the project plan include efforts to deliver information on project efforts (i.e. conference presentations, web-based methods, media outreach, etc.)?

Sustainability (3 points)

1. Does the application include a plan to ensure sustainability of the grantee's dementia capable HCBS system.
2. Is there a clear and realistic plan to try to identify resources and avenues through which program activities can continue after Federal Financial assistance has ended?
3. Is sustainability of the program beyond the program period likely?

PART B Expansion Applicants

Project Outcomes (7 points)

1. Are the expected benefits/results of the expansion project clear, realistic, and consistent with the objectives and purpose of the existing ADSSP project?
2. Are the proposed outcomes quantifiable and measurable, consistent with desired of the project outcomes of existing ADSSP project?
3. Has the applicant agreed to work with AoA/ACL and comply with any OMB approved reporting requirements and to submit reports according to the required schedule?

Project Evaluation (7 Points) ***(ACL will not fund any project that does not include measureable outcomes.)***

1. Does the application include a robust, independent evaluation plan?
2. Does the project evaluation reflect a thoughtful and well-designed approach that will be able to successfully measure whether or not the project has achieved it proposed outcomes?
3. Does the plan include the qualitative and/or quantitative methods necessary to reliably measure outcomes?
4. Is the evaluation designed to capture "lessons learned" from the expansion effort?
5. Does the applicant describe how the chosen intervention will be pilot-tested and evaluated in at least one geographic area of the state.

Dissemination (3 points)

1. Does the application describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats?
2. Is there a dissemination plan to get relevant and easy to use information about the program, the services they are providing?
3. Does the project plan include efforts to deliver information on project efforts (i.e. conference presentations, web-based methods, media outreach, etc.)?

Sustainability (3 points)

1. Is there a clear and realistic plan to try to identify resources and avenues through which program activities can continue after Federal Financial assistance has ended?
2. Is sustainability of the program beyond the program period likely?

Organizational Capacity	Maximum Points:20

Organizational Capacity (10 Points)

1. Does the applicant organization clearly identify their capacity for carrying out the proposed project and evaluation?
2. Does the application identify a lead state agency for dementia capability?
3. **Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project.**
4. Do the proposed project director(s), key staff and consultants have the dementia capability

background, experience, and other qualifications required to carry out their designated roles?
5. Do key staff have time commitments allocated that are sufficient to carry out a project of this scope?
6. Are letters from participating organizations included, as appropriate, and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions?

Organization and Management (10 Points)

1. Does the applicant demonstrate the commitment to lead the project?
2. Does the application adequately describe organizational ability to work with other state and community based entities?
3. Does the application demonstrate the organization's intent/capability to sustain some or all project activities after Federal financial assistance has ended?
4. Does the applicant demonstrate commitment and ability to comply with the timeline, content and format of all required Federal data collection and reporting requirements.

2. Review and Selection Process

As required by 2 CFR 200 of the Uniform Guidance, effective January 1, 2016, ACL is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS), https://www.fapiis.gov before making any award in excess of the simplified acquisition threshold (currently $150,000) over the period of performance. An applicant may review and comment on any information about itself that a federal awarding agency has previously entered into FAPIIS. ACL will consider any comments by the applicant, in addition to other information in FAPIIS, in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 2 CFR § 200.205 Federal Awarding Agency Review of Risk Posed by Applicants (http://www.ecfr.gov/cgi-bin/text-idx?node=se2.1.200_1205&rgn=div8).

An independent review panel of at least three individuals will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

Final award decisions will be made by the Administrator, ACL. In making these decisions, the Administrator will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

3. Anticipated Announcement Award Date

Award notices to successful applicants are expected to be sent around July 1, 2017 for an anticipated start date of August 1, 2017.

VI. Award Administration Information

1. Award Notices

Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the U.S. Administration for Community Living authorizing official, Office of Grants Management, and the ACL Office of Budget and Finance. Acceptance of this award is signified by the drawdown of funds from the Payment Management System. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and destroyed.

2. Administrative and National Policy Requirements

The award is subject to DHHS Administrative Requirements, which can be found in 45 CFR Part 75 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement.
A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires the grantees inform their employee in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Other Administrative and National Policy Requirements

The award is subject to DHHS Administrative Requirements, which can be found in 45CFR Part 75 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement.

A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that applies to the terms of 48 CFR section 3.908 to the award, and requires the grantees inform their employee in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

3. Reporting

Effective March 1, 2011, ACL requires the submission of the SF-425 (Federal Financial Report). The reporting cycle will be reflected in the Notice of Award. The ACL program progress report is due semi-annually from the start date of the award and is due within 30 days of the reporting period end date.

The final progress report and SF-425 reports are due 90 days after the end of the project period.

Grantees are required to complete the federal cash transactions portion of the SF-425 within the Payment Managements System as identified in their award documents for the calendar quarters ending 3/31, 6/30, 9/30, and 12/31 through the life of their award. In addition, the fully completed SF-425 will be required as denoted in the Notice of Award terms and conditions

4. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (http://www.FSRS.gov) for all sub-awards and sub-contracts issued for $25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.
For further guidance please see the following link: http://www.acl.gov/Funding_Opportunities/Grantee_Info/FFATA.aspx

VII. Agency Contacts

Project Officer

U.S. Department of Health and Human Services

Administration for Community Living

Erin Long

Office of Supportive and Caregiver Services

Phone Number: (202)795-7389

E-mail: Erin.Long@acl.hhs.gov

Grants Management Specialist

U.S. Department of Health and Human Services

Administration for Community Living

Sherlonda Blue

Office of Grants Management

E-mail: Sherlonda.Blue@acl.hhs.gov

VIII. Other Information

1. Application Elements

a. SF 424, required – Application for Federal Assistance (See "Instructions for Completing Required Forms" for assistance).

b. SF 424A, required – Budget Information. (See Attachment A for Instructions; See "Standard Form 424A – Sample Format" for an example of a completed SF 424A).

c. Separate Budget Narrative/Justification, required (See "Budget Narrative/Justification - Sample Format" for examples and "Budget Narrative/Justification – Sample Template.")

NOTE: Applicants requesting funding for multi-year grant projects are REQUIRED to provide a Narrative/Justification for each year of potential grant funding, as well as a combined multi-year detailed Budget Narrative/Justification.

d. SF 424B – Assurance, required. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).

e. Lobbying Certification, required

f. Proof of non-profit status, if applicable

g. Copy of the applicant's most recent indirect cost agreement, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.

h. Project Narrative with Work Plan, required (See "Project Work Plan – Sample Template" for a formatting suggestions).

i. Organizational Capability Statement and Vitae for Key Project Personnel.

j. Letters of Commitment from Key Partners, if applicable.

2. The Paperwork Reduction Act of 1995 (P.L. 104-13)

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018 which expires on 3/12/17. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

Appendix

Instructions for Completing Required Forms

This section provides step-by-step instructions for completing the four (4) standard Federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of Federal grant programs, and Federal agencies have the discretion to require some or all of the information on these forms. ACL does not require all the information on these Standard Forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms.

a. Standard Form 424

1. **Type of Submission:** (REQUIRED): Select one type of submission in accordance with agency instructions.

- Preapplication
- Application
- Changed/Corrected Application – If ACL requests, check if this submission is to change or correct a previously submitted application.

2. **Type of Application**: (REQUIRED) Select one type of application in accordance with agency instructions.

- New
- Continuation
- Revision

3. **Date Received:** Leave this field blank.

4. **Applicant Identifier**: Leave this field blank

5a **Federal Entity Identifier**: Leave this field blank

5b. **Federal Award Identifier**: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award (grant) number.

6. **Date Received by State:** Leave this field blank.

7. **State Application Identifier:** Leave this field blank.

8. **Applicant Information**: Enter the following in accordance with agency instructions:

a. Legal Name: (REQUIRED): Enter the name that the organization has registered with the System for Award Management (SAM), formally the Central Contractor Registry. Information on registering with SAM may be obtained by visiting the Grants.gov website (http://www.grants.gov) or by going directly to the SAM website (www.sam.gov).

b. Employer/Taxpayer Number (EIN/TIN): (REQUIRED): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. In addition, we encourage the organization to include the correct suffix used to identify your organization in order to properly align access to the Payment Management System.

c. Organizational DUNS: (REQUIRED) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (http://www.grants.gov). Your DUNS number can be verified at http://fedgov.dnb.com/webform/.
d. Address: (REQUIRED) Enter the complete address including the county.

e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable**)** that will undertake the project.

f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.

9. **Type of Applicant:** (REQUIRED) Select the applicant organization "type" from the following drop down list.

A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

10. **Name Of Federal Agency**: (REQUIRED) Enter U.S. Administration for Community Living

11. **Catalog Of Federal Domestic Assistance Number/Title:** The CFDA number can be found on page one of the Program Announcement.

12. **Funding Opportunity Number/Title:** (REQUIRED) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.

13. **Competition Identification Number/Title:** Leave this field blank.

14. **Areas Affected By Project:** List the largest political entity affected (cities, counties, state etc).

15. **Descriptive Title of Applicant's Project:** (REQUIRED) Enter a brief descriptive title of the project (This is not a narrative description).

16. **Congressional Districts Of**: (REQUIRED) 16a. Enter the applicant's Congressional District, and 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. See the below website to find your congressional district: http://www.house.gov/

17. **Proposed Project Start and End Dates**: (REQUIRED) Enter the proposed start date and final end date of the project**. If you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.** In general, all start dates on the SF424 should be the 1st of the month and the end date of the last day of the month of the final year, for example 7/01/2014 to 6/30/2017. The Grants Officer can alter the start and end date at their discretion.

18. **Estimated Funding:** (REQUIRED) If requesting multi-year funding, enter the full amount requested from the Federal Government in line item 18.a., as a multi-year total. For example and illustrative purposes only, if year one is $100,000, year two is $100,000, and year three is $100,000, then the full amount of Federal funds requested would be reflected as $300,000. The amount of matching funds is denoted by lines b. through f. with a combined Federal and non-Federal total entered on line g. Lines b. through f. represents contributions to the project by the applicant and by your partners during the total project period, broken down by each type of contributor. The value of in-kind contributions should be included on appropriate lines, as applicable.

NOTE: Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 75 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the Federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3rd of the amount of Federal funds being requested (the amount in 18a). For a full explanation of ACL's match requirements, see the information in the box below. For sub-item 18f (program income), enter only the amount, if any, that is going to be used as part of the required match. Program Income submitted as match will become a part of the award match and recipients will be held accountable to meet their share of project expenses even if program income is not generated during the award period.

There are two types of match: 1) non-Federal cash and 2) 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-grantees, contractors and consultants, are considered **matching funds**. Examples of **non-Federal cash match** includes budgetary funds provided from the applicant agency's budget for costs associated with the project. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-Federal in-kind matching funds. Volunteered time and use of third party facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

NOTE: **Indirect charges** may only be requested if: (1) the applicant has a current indirect cost rate

agreement approved by the Department of Health and Human Services or another Federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement must be included with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, a copy of the latest approved indirect cost agreements must also be included with the application, or reference to an approved cost allocation plan.**

ACL's Match Requirement:

Under many ACL programs, ACL will fund no more than 75 % of the projects total cost, which means the applicant must cover at least 25% of the projects total cost with non-Federal resources. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the projects total cost (i.e., the amount on line 18g.). This three-to-one ratio is reflected in the following formula which you can use to calculate your minimum required match:

FederalFundsRequested*MatchPercentage = Minimum Match Requirement

Inverse Match Percentage

Examples of varying match levels:

1) $100,000(federalfundsrequested)*5%(match) = $5,263

95%

2) $100,000*25%(match) = $33,333

75%

3) $100,000*35%(match) = $53,846

65%

4) $100,000*45%(match) = $81,818

55%

If the required non-Federal share is not provided by the completion date of the funded project period, ACL will reduce the Federal dollars awarded when closing out the award to meet the match percentage, which may result in a requirement to return Federal funds.

19. **Is Application Subject to Review by State Under Executive Order 12372 Process?** Please refer to IV. Application and Submission Information, 4. Intergovernmental Review to determine if the ACL program is subject to E.O. 12372 and respond accordingly.

20. **Is the Applicant Delinquent on any Federal Debt?** (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.

21. **Authorized Representative**: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

Standard Form 424A

NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this ACL program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a multi-year budget. See Attachment B.**Section A Budget Summary**

Section A - Budget Summary

Line 5: Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total nonFederal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

Section B Budget Categories

Column 1: Enter the breakdown of how you plan to use the Federal funds being requested by object class category (see instructions for each object class category in Attachment C).

Column 2: Enter the breakdown of how you plan to use the non-Federal share by object class category.

Column 5: Enter the total funds required for the project (sum of Columns 1 and 2) by object class category.

Section C – Non Federal Resources

Column A: Enter the federal grant program.

Column B: Enter in any non-federal resources that the applicant will contribute to the project.

Column C: Enter in any non-federal resources that the state will contribute to the project.

Column D: Enter in any non-federal resources that other sources will contribute to the project.

Column E: Enter the total non-federal resources for each program listed in column A.

Section D –Forecasted Cash Needs

Line 13: Enter Federal forecasted cash needs broken down by quarter for the first year only.

Line 14: Enter Non-Federal forecasted cash needs broken down by quarter for the first year.

Line 15: Enter total forecasted cash needs broken down by quarter for the first year.

Note: This area is not meant to be one whereby an applicant merely divides the requested funding by four and inserts that amount in each quarter but an area where thought is given as to how your estimated expenses will be incurred during each quarter. For example, if you have initial startup costs in the first quarter of your award reflect that in quarter one or you do not expect to have contracts awarded and funded until quarter three, reflect those costs in that quarter.

Section E – Budget Estimates of Federal Funds Needed for Balance of the Project (i.e. subsequent years 2, 3, 4 or 5 as applicable).

Column A: Enter the federal grant program

Column B (first): Enter the requested year two funding.

Column C (second): Enter the requested year three funding.

Column D (third): Enter the requested year four funding, if applicable.

Column E (forth): Enter the requested year five funding, if applicable.

Section F – Other Budget Information

Line 21: Enter the total Indirect Charges

Line 22: Enter the total Direct charges (calculation of indirect rate and direct charges).

Line 23: Enter any pertinent remarks related to the budget.

Separate Budget Narrative/Justification Requirement

Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: Federal; non-Federal cash; and non-Federal in-kind. Cost breakdowns, or justifications, are required for any cost of $1,000 or for the thresholds as established in the examples. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-Federal cash as well as, sub-contractor or sub-grantee (third party) in-kind contributions designated as match

must be clearly identified and explained in the Budget Narrative/Justification The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

Line 6a: **Personnel**: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants, which should be included under 6h Other.

In the Justification: Identify the project director, if known. Specify the key staff, their titles, and time commitments in the budget justification.

Line 6b: **Fringe Benefits**: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.

In the Justification: If the total fringe benefit rate exceeds 35% of Personnel costs, provide a breakdown of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a break down but you must show the percentage charged for each full/part time employee.

Line 6c: **Travel**: Enter total costs of all travel (local and non-local) for staff on the project. NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.

In the Justification: Include the total number of trips, number of travelers, destinations, purpose (e.g., attend conference), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).

Line 6d: **Equipment**: Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is nonexpendable tangible personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. If the item does not meet the $5,000 threshold, include it in your budget under Supplies, line 6e.

In the Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions. Further, the purchase of specific items of equipment should not be included in the submitted budget if those items of equipment, or a reasonable facsimile, are otherwise available to the applicant or its subgrantees.

Line 6e: **Supplies**: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d.

In the Justification: . For any grant award that has supply costs in excess of 5% of total direct costs (Federal or Non-Federal), you must provide a detailed break down of the supply items (e.g., 6% of $100,000 = $6,000 – breakdown of supplies needed). If the 5% is applied against $1 million total direct costs (5% x $1,000,000 = $50,000) a detailed breakdown of supplies is not needed. Please note: any supply costs of $5,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., 5% x $100,000 = $5,000 – no breakdown needed).

Line 6f: **Contractual**: Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR's) mentioned below. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards. Also include any awards to organizations for the provision of technical assistance. Do not include payments to individuals on this line. Please be advised: A subrecipient is involved in financial assistance activities by receiving a sub-award and a subcontractor is involved in procurement activities by receiving a sub-contract. Through the recipient, a subrecipient performs work to accomplish the public purpose authorized by law. Generally speaking, a sub-contractor does not seek to accomplish a public benefit and does not perform substantive work on the project. It is merely a vendor providing goods or services to directly benefit the recipient, for example procuring landscaping or janitorial services. In either case, you are encouraged to clearly describe the type of work that will be accomplished and type of relationship with the lower tiered entity whether it be labeled as a subaward or subcontract.

In the Justification: Provide the following three items – 1) Attach a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The Federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at $100K in the CFR, you must certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR Part 75 for states, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative.

Line 6g: **Construction**: Leave blank since construction is not an allowable costs for this program.

Line 6h: **Other**: Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits), non-contractual fees and travel paid directly to individual consultants, postage, space and equipment rentals/lease, printing and publication, computer use, training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs.

Note: A recent Government Accountability Office (GAO) report number 11-43, has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. If meals are to be charged towards the grant they must meet the following criteria outlined in the Grants Policy Statement:

- *Meals are generally unallowable except for the following:*
- *For subjects and patients under study(usually a research program);*
- *Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g., Headstart);*
- *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;*
- *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and*
- *Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances (Note: the sole purpose of the grant award is to hold a conference).*

In the Justification: Provide a reasonable explanation for items in this category. For example, individual consultants explain the nature of services provided and the relation to activities in the work plan or indicate where it is described in the work plan. Describe the types of activities for staff development costs.

Line 6i: **Total Direct Charges**: Show the totals of Lines 6a through 6h.

Line 6j: **Indirect Charges**: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. **State governments should enter the amount of indirect costs determined in accordance with DHHS requirements.** An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the Federal share of your direct costs. Any unused portion of the grantee's eligible Indirect Cost amount that are not claimed on the Federal share of direct charges can be claimed as un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

Line 6k: **Total**: Enter the total amounts of Lines 6i and 6j.

Line 7: **Program Income**: As appropriate, include the estimated amount of income, if any, you expect to be generated from this project that you wish to designate as match (equal to the amount shown for Item 15(f) on Form 424). **Note:** Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-Federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, **do not** include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as grantee match should be described in the Level of Effort section of the Program Narrative.

c. Standard Form 424B – Assurances (required)

This form contains assurances required of applicants under the discretionary funds programs administered by the Administration for Community Living. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

d. Certification Regarding Lobbying (required)

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

Proof of Non-Profit Status (as applicable)

Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying

that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

Indirect Cost Agreement

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency. This is optional for applicants that have not included indirect costs in their budgets.

Budget Narrative/Justification - Sample Format

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	$47,700	$23,554	$0	$71,254	**Federal** Project Director (name) = .5 FTE @ $95,401/yr = $47,700 **Non-Fed Cash** Officer Manager (name) = .5FTE @ $47,108/yr = $23,554 **Total** 71,254
Fringe Benefits	$17,482	$8,632	$0	$26,114	**Federal** Fringe on Project Director at 36.65% = $17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) **Non-Fed Cash** Fringe on Office Manager at 36.65% = $8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)
Travel	$4,707	$2,940	$0	$7,647	**Federal** Local travel: 6 TA site visits for 1 person Mileage: 6RT @ .585 x 700 miles $2,457 Lodging: 15 days @ $110/day

					$1,650 Per Diem: 15 days @ $40/day $600 Total $4,707 **Non-Fed Cash** Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ $500 $1,500 Lodging: 3 days x 3 staff @ $120/day $1,080 Per Diem: 3 days x 3 staff @ $40/day $360 Total $2,940
Equipment	$10,000	$0	$0	$10,000	No Equipment requested OR: Call Center Equipment Installation = $5,000 Phones = $5,000 Total $10,000
Supplies	$3,700	$5,670	$0	$9,460	**Federal** 2 desks @ $1,500 $3,000 2 chairs @ $300 $600 2 cabinets @ $200 $400 **Non-Fed Cash** 2 Laptop computers $3,000 Printer cartridges @ $50/month $300 Consumable supplies (pens, paper, clips etc…) @ $180/month $2,160 Total $9,460
Contractual	$30,171	$0	$0	$30,171	(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide respite services: 11 care givers @ $1,682 = $18,502 Volunteer Coordinator =

					$11,669 Total $30,171 *If contract details are unknown due to contract yet to be made provide same information listed above and:* A detailed evaluation plan and budget will be submitted by (date), when contract is made.
Other	$5,600	$0	$5,880	$11,480	**Federal** 2 consultants @ $100/hr for 24.5 hours each = $4,900 Printing 10,000 Brochures @ $.05 = $500 Local conference registration fee (name conference) = $200 Total $5,600 **In-Kind Volunteers** 15 volunteers @ $8/hr for 49 hours = $5,880
Indirect Charges	$20,934	$0	$0	$20,934	21.5% of salaries and fringe = $20,934 IDC rate is attached.
TOTAL	$140,294	$40,866	$5,880	$187,060	

Budget Narrative/Justification - Sample Template

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	**Federal Funds**	**Non-Federal Cash**	**Non-Federal In-Kind**	**TOTAL**	**Justification**
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Contractual					
Other					
Indirect Charges					

TOTAL					

Project Work Plan - Sample Template

NOTE : Applicants requesting funding for a multi-year grant program are REQUIRED to provide a Project Work Plan for EACH potential year of grant funding requested.

Goal:
Measurable Outcome(s):

* Time Frame (Start/End Dates by Month in Project Cycle)

Major Objectives	Key Tasks	Lead Person	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*
1.														
2.														
3.														
4.														
5.														
6.														

NOTE: Please do note infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.

Instructions for Completing the Project Summary/Abstract

- All applications for grant funding must include a Summary/Abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, limit the length to 265 words or less, on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

Goal(s) – broad, overall purpose, usually in a mission statement, i.e. what you want to do, where you want to be.

Objective(s) – narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the "how") to attain the goal(s).

Outcomes - measurable results of a project. Positive benefits or negative changes, or measurable characteristics that occur as a result of an organization's or program's activities. (Outcomes are the end-point)

Products – materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

APPENDIX

Definitions

Care Transitions: is a person-centered, interdisciplinary approach to integrating health care and social support services for individuals and their caregivers as they move across settings in which individual needs and preferences are identified, comprehensive service plans are developed and activated, individuals are empowered to take an active role in their healthcare and support and connection to resources are provided by options counselors and/or identified care transition staff. Randomized-controlled trials of care transitions activities (or care coordination programs with care transition elements) have shown positive results, such as significant reductions in hospital admissions and re-admissions, hospital costs, and nursing facility days. Some examples of these types of interventions include:

- Care Transitions Intervention
- Guided Care
- Transitional Care Model
- GRACE (Geriatric Resources for Assessment and Care of Elders)
- BOOST (Better Outcomes for Older Adults through Safe Transitions)
- The Bridge Program

Centers for Independent Living (CIL): (1) Center for independent living. The term "center for independent living" means a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that – (A) is designed and operated within a local community by individuals with disabilities; and (B) provides an array of independent living services such as information and referral, peer counseling, advocacy, and independent living skills training. (2) Consumer control. The term "consumer control" means, with respect to a center for independent living, that the center vests power and authority in individuals with disabilities.

Dementia-capable: Means tailored to the unique needs of persons with dementia stemming from conditions such as Alzheimer's disease and related disorders, and their caregivers. In model dementia-capable systems, programs are tailored to the unique needs of people with Alzheimer's disease and related dementias, and their caregivers:

- Information and assistance services have a method to identify people with possible dementia. Individuals with possible dementia receive a recommendation for follow-up with a physician.
- Options counseling staff communicate effectively with persons with dementia and their family caregivers and know what services this population is likely to need.
- Eligibility criteria and resource allocation take into account the impact of dementia on the need for services.
- Publicly and privately financed services are capable of meeting the unique needs of persons with dementia and their caregivers.
- Self-directed services ensure that persons with dementia and their caregivers are supported in their decision-making and involve others who can represent the person's best interest when necessary.
- Workers who interact with persons with dementia and their caregivers have appropriate training in identifying a possible dementia in persons that they serve, the symptoms of Alzheimer's disease and related dementias, the likely illness trajectory, and services needed. Quality assurance systems measure how effectively individual providers, the Aging Network, and LTSS systems serve persons with dementia and their family caregivers.

Disability: As defined by the American's with Disability Act Statutory Definition -- With respect to an individual, the term "disability" means (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment. 42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g). A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the Act.

Elder abuse and neglect: can affect people of all ethnic backgrounds and social status and can affect both men and women. The following types of abuse are commonly accepted as the major categories of elder mistreatment:

- Physical Abuse—Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.
- Emotional Abuse—Inflictingmental pain, anguish, or distress on an elder person through verbal or nonverbal acts.
- Sexual Abuse—Non-consensual sexual contact of any kind, coercing an elder to witness sexual behaviors.
- Exploitation—Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.
- Neglect—Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.
- Abandonment—The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

Eligibility Screening: Is a non-binding inquiry into an individual's income and assets, as necessary, and other circumstances in order to determine probable eligibility for programs, services, and benefits, including Medicaid. This screening should be provided to all individuals who may be eligible for publicly funded programs.

Evidence-based programs or interventions: have been tested through randomized controlled trials and are: 1) effective at improving, maintaining, or slowing the decline in the health or functional status of older people or family caregivers; 2) suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention; 3) the research results have been published in a peer-reviewed scientific journal; and 4) the intervention has been translated into practice and is ready for distribution through community-based human services organizations.

Evidence-informed interventions: have substantive research evidence that demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of older people or family caregivers. For the purposes of this announcement, evidence-informed interventions:1) have been tested by at least one

quasi-experimental design with a comparison group, with at least 50 participants; OR 2) have been adapted from evidence-based interventions.

Long-Term Services and Supports: refers to a wide range of in-home, community-based, and institutional services and programs that are designed to help older adults and individuals with disabilities or chronic conditions with activities of daily living or instrumental activities of daily living.

Options Counseling: is a person-centered, interactive, decision-support process whereby individuals receive assistance in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values. Essential components of Options Counseling include:

- a personal interview
- assisting with the identification of choices available (including personal, public, and private resources)
- facilitating a decision-support process (weighing pros/cons of various options)
- assisting as requested and directed by the individual in the development of an action plan
- connecting to services (when services are requested and assistance in connecting is requested or needed)
- follow-up

Options Counseling is available to persons regardless of their income or financial assets. Options Counseling is preferably provided by one person but may be collaboratively provided by more than one person or agency.

Palliative Care: is comprehensive treatment of the discomfort, symptoms and stress of serious illness. The goal is to prevent and ease suffering and improve an individual's quality of life.

Person-centered Planning and Services: are those that empower people with disabilities by focusing on the desires and abilities of the individual. Person-centered Planning and Services most importantly are directed by the individual but often involves a team of family members, friends, and professionals. The individual chooses their team members. This team then identifies the skills and abilities of the individual that can help them achieve their goals of competitive employment, independent living, continuing education, and full inclusion in the community. They also identify areas in which the individual may need assistance and support and decide how the team can meet those needs. While it is recognized that not all of the elements of a complete person-centered plan can be achieved prior to discharge from the hospital, many elements can be addressed. Elements, such as working with the consumer to develop the most independent living arrangement and providing assistance and supports that are desired by the consumer are included. The consumer with involvement of family members, professionals and others work toward the ultimate discharge plan goal of living as independently as possible with home and community-based services.

Program Eligibility Determination: A determination of the publicly supported benefits or services to which a person is eligible, based on non-financial criteria. This may require a formal assessment to determine the full scope of the individual's needs. It may include a functional assessment of the individual's current health conditions and provide a situational assessment of the client's environment, available resources, and current support. For Medicaid services, this function includes the "Level of Care" determination process.

Public Education and Outreach: Activities related to ensuring that all potential users of long-term support (and their families) are aware of both public and private long-term support options, as well as awareness of the ADRC, especially among underserved and hard-to-reach populations.

Single Entry Point (SEP)/No Wrong Door: is a system that enables consumers to access long-term and supportive services through one agency or organization. In their broadest form, SEPs perform a range of activities that may include information and assistance, referral, initial screening, nursing facility preadmission screening, assessment of functional capacity and service needs, care planning, service authorization, monitoring, and periodic reassessments. SEPs may also provide protective services. [1]

State: Refers to the definition provided under 45 CFR 74.2 indicating that any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments.

Self-direction: is an approach to providing services (including programs, benefits, supports, and technology) intended to assist an individual so that:

1. services (including the amount, duration, scope, provider, and location of the services are planned,

budgeted, and purchased under the control of the individual;
2. the individual is provided with the information and assistance necessary and appropriate to enable the individual to make informed decisions about the individual's care options;
3. the needs, capabilities, and preferences of the individual with respect to services, and the individual's ability to direct and control the individual's receipt of services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;
4. based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with the individual and the individual's family, caregiver (as defined in paragraph (18)(B)), or legal representative:
    1. a plan of services for the individual that specifies which services the individual will be responsible for directing
    2. a determination of the role of family members (and others whose participation is sought by such individual) in providing services under the plan; and
    3. a budget for the services;
    4. the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.

Senior or Older Adult: as defined in the Older Americans Act, "an individual who is 60 years of age or older."

S**tatewide system:** is one in which individuals anywhere in the state have streamlined access to the full array of public and private sector programs and services that promote community living, health and independence.

Streamlined eligibility processes: ensure that potential beneficiaries of public programs have easy access through one entry point to programs such as Low Income Heating and Assistance Program (LIHEAP),Medicaid, Medicare Savings Program, Older Americans Act programs, Senior Housing programs, Supplemental Nutrition Assistance Program (SNAP), and transportation services. The required administrative functions of streamlined eligibility include:

- Screening and intake of persons with dementia and their family caregivers for these programs;
- Assessing a person's needs for these programs;
- Determining whether a person meets or is likely to meet programmatic and financial eligibility requirements;
- Assistance to persons who request it when they choose to apply for any of these programs;
- Developing service plans for these programs as required;
- Ensuring that persons receive the services for which they are found to be eligible.

AoA-Sponsored Resource Centers

National Alzheimer's and Dementia Resource Center (NADRC) supports ADSSP grantees and their community partners' efforts to maintain integrated and sustainable service delivery systems for individuals with ADRD and their family caregivers. Materials developed through the efforts of the resource center can be found at: http://www.aoa.acl.gov/AoA_Programs/HPW/Alz_Grants/index.aspx

National Resource Center for Participant-Directed Services (NRCPDS) serves to assist all programs, regardless of funding source, to develop and improve their participant-directed options. NRCPDS expertise is based in years of experience as the National Program office for the Cash and Counseling Demonstration and Evaluation project. NRCPDS' website - http://www.bc.edu/schools/gssw/nrcpds/ - provides information and resources on all aspects of consumer direction including webinars and training materials.

Technical Assistance Centers for Caregiver Programs and Lifespan Respite - offer comprehensive information and training on a range of issues associated with the development and implementation of family caregiver support and Lifespan Respite Care Programs. Technical Assistance available includes two web sites (http://www.caregiver.org or http://www.archrespite.org) training materials, fact sheets, policy briefs, workshops, webinars, and specialized technical assistance through phone calls, emails and in-person communication.

Programs and Initiatives

Creating a dementia capable HCBS system involves building upon and integrating existing programs from the private sector and those that AoA and its partners offer. Among the innovative programs that AoA and its partners have implemented are those listed here.

CMS Community Based Care Transition Program http://innovation.cms.gov/initiatives/CCTP/

CMS Independence at Home Demonstration https://innovation.cms.gov/initiatives/independence-at-home/

CMS Money Follows the Person Initiative https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/balancing/money-follows-the-person.html

CMS Health Home for Enrollees with Chronic Conditions http://www.medicaid.gov/ Medicaid-CHIP-Program-Information/By-Topics /Long-Term-Services -and-Support/ Integrating-Care /Health-Homes /Health-Homes .html

CMS ACO Pioneer Model, https://innovation.cms.gov/initiatives/Pioneer-ACO-Model/index.html

CMS Advance Payment Initiative UnderMedicare Shared Savings Program http://www.cms.gov/ Medicare /Medicare- Fee-for-Service-Payment/sharedsavingsprogram /index.html?redirect=/ sharedsavingsprogram/

CMS State Demonstrations to Integrate Care for Dual Eligible Individuals https://www.medicaid.gov/affordablecareact/provisions/dual-eligibles.html

HHS Partnership for Patients Initiative http://partnershipforpatients.cms.gov/

HHS Initiative on Multiple Chronic Conditions http://www.hhs.gov/ash/initiatives/mcc/

CMS Medicare-MedicaidCoordination Office http://www.cms.gov/Medicare -Medicaid-Coordination/ Medicare-and- Medicaid-Coordination /Medicare-Medicaid -Coordination-Office/

CMS Innovation Center http://innovations.cms.gov/

HHS Public Health Quality Initiative, http://www.hhs.gov/ash/initiatives/quality/index.html

Caregiver support programs such as the National Family Caregiver Support Program and Lifespan Respite Care that are designed to provide caregivers of older adults and persons with disabilities assistance in carrying out their responsibilities.

Community Living Programs that promote the health and independence of persons with disabilities in the community. These programs encompass Aging and Disability Resource Centers, Options Counseling, Care Transitions, and Veteran-Directed Home and Community-Based Services. Descriptions of all of these programs and more can be found at http://www.aoa.acl.gov/AoA_Programs/HCLTC/NHD/index.aspx .