

Administration for Community Living

Administration on Aging

2021 Integrated Networks to Deliver and Sustain Evidence-Based Chronic Disease Self-Management Education Programs
HHS-2021-ACL-AOA-CSSG-0014
02/02/2021

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ACL Center:
Administration on Aging

Funding Opportunity Title:
2021 Integrated Networks to Deliver and Sustain Evidence-Based Chronic Disease Self-Management Education Programs

Funding Opportunity Number:
HHS-2021-ACL-AOA-CSSG-0014

Primary CFDA Number:
93.734

Due Date for Letter of Intent:
12/18/2020

Due Date for Applications:
02/02/2021

Date for Informational Conference Call:
12/11/2020

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 https://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

Executive Summary

Additional Overview Content/Executive Summary

Through this funding opportunity, the Administration on Aging (AoA), part of the Administration for Community Living (ACL), plans to award approximately 3 cooperative agreements to domestic public or private non-profit entities.

The intent of these awards is to strengthen integrated networks that address the behavioral and social determinants of health of older adults and adults with disabilities, and increase the number of these individuals who participate in evidence-based chronic disease self-management education and self-management support programs.

Applicants may request a total budget from $1,100,000 to a maximum of $1,400,000 for the three-year project period. All awards will be subject to the availability of federal funds.

The awards will be made in the form of cooperative agreements because AoA will be substantially involved. These cooperative agreements have an anticipated start date of May 1, 2021.

An informational conference call will be held on December 11, 2020 from 12:00 PM EST.

The dial-in information is below:
Toll Free Number: 888-947-8932; Passcode: 7495880

A recording will be available approximately one hour after the call concludes at the following number: 888-568-0182

I. Funding Opportunity Description

Background

The Administration for Community Living's (ACL's) mission is to maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers. ACL's programs provide individualized, person-centered home and community-based services and supports, as well as invest in research and best practices, to make community living a reality for millions of people. [1] Delivered through the national aging and disability services network and their partners, ACL supports effective and efficient programs and services that address the social and behavioral determinants of health for millions of older adults and persons with disabilities each year. [2][3] The aging and disability networks reach into every community across the nation and function as the trusted "eyes and ears" of a person's home and community environments. When essential social and behavioral determinants of health, i.e., adequate nutrition, safe housing, and access to health care services go unmet, we know that this puts older adults and adults with disabilities at greater risk for chronic disease and other threats to their health and independence. [4]

Across the nation, many aging and disability networks are engaged in *community integrated health networks* in an effort to provide older adults, individuals with disabilities, and other high cost, high need populations with streamlined access to services to help them remain healthy, in ways that respect individual preferences, goals, and interests. These networks are comprised of a group of visible and trusted aging and disability organizations, led by a Network Lead Entity (NLE), who have formal partnerships with health care and other relevant sectors to address health and social needs in a coordinated way. NLEs function as a one-stop-shop for contracting with health care entities, and often deploy a multi-payer strategy to ensure individuals have access to needed programs and services; beyond contractual arrangements with health care entities, other sources of financing that networks may draw upon are federal grants (e.g. Older Americans Act and discretionary) or other publicly-funded resources at the state or local levels, philanthropic support, private pay arrangements, and civic/community investment (e.g. local businesses, United Way, etc.). **An important part of any robust *community integrated health network* is the inclusion of evidence-based health promotion and disease prevention programs**. Indeed, results from the Aging and Disability Business Institute's 2020 Request for Information indicate that evidence-based programs are the second most common service provided through contracts (behind case management/care or service coordination). A March 2020 Community Integrated Health Network Report provides more information about the intent,

guiding principles, and function/structure of these networks, and an example of one network.

Over nearly two decades. ACL's Administration on Aging has worked to increase access to, and the sustainability of, evidence-based programs that help older adults make positive changes to maintain and/or improve their health. This portfolio of programs includes interventions focused on chronic disease self-management, behavioral health, medication management, physical activity, falls prevention, and other important areas. These proven programs, alongside the other services and supports the aging and disability networks provide, are essential in helping older adults and older adults with disabilities live healthy and independent lives.

In the United States, approximately three out of four older adults have multiple (two or more) chronic conditions, such as diabetes, arthritis, heart disease, chronic pain, and depression. [5] This burden places older adults at greater risk for premature death, poor oral health, poor functional status, unnecessary hospitalizations, adverse drug events, and nursing home placement. [6],[7] Chronic conditions also impact health care costs: 95% of health care costs for older Americans can be attributed to chronic diseases.

Evidence-based chronic disease self-management education (CDSME) programs can help mitigate chronic disease burden by empowering participants to better manage their conditions. The acronym, CDSME, is being used in this announcement as an umbrella term for community-based education programs specifically designed to enhance patient self- management of chronic illnesses, focus on building multiple health behaviors and generalizable skills such as goal setting, decision making, problem-solving, and self-monitoring, and are proven to maintain or improve health outcomes of older adults with chronic conditions. [5]

AoA has supported CDSME and other evidence-based health promotion programs for many years through grants, as well as collaborations on various federal initiatives. For example, Prevention and Public Health Fund initiatives in 2020 supported 11 CDSME grantees. Additionally, Older Americans Act Title III-D funding supports a broader portfolio of evidence-based disease prevention and health promotion activities. For more information about ACL's CDSME Program, including profiles of current grantees, please visit: https://www.acl.gov/programs/health-wellness/chronic-disease-self-management-education-programs.

Purpose
This funding opportunity has two goals:

Goal 1: Strengthen state or regional Community Integrated Health Networks that address the social and behavioral determinants of health of older adults and adults with disabilities.

These Networks should have the capacity to deliver, strategically incorporate, and embed evidence-based chronic disease self-management education (CDSME) and self-management support programs within their broader context that includes other programs/services that address social determinants of health (e.g. nutrition, transportation, care coordination, etc.).

These networks should have:

1. A Network Lead Entity that is working in partnership with a variety of community-based organizations across a geography to provide a centralized, coordinated model for service provision, administrative functions, and quality improvement. The collective network should have the ability to provide a range of services, including CDSME/self-management support programs. Beyond the partnering community-based organizations, the network should also include state level partnerships (i.e., State Units on Aging, Public Health, etc.), local level partnerships (i.e., AAAs, Centers for Independent Living, etc.), and strategic engagement of health care entities.
2. Sustainability strategies including, but not limited to, a business plan with clear strategies, contracts, and/or other means to secure and expand sustainable financing (including non-federal funding), infrastructure to receive reimbursement for services, and information technology solution(s) that allows for referral management (including closed loop referrals), participant tracking across interventions, and outcome measurement.
3. Strategic partnerships with other entities involved in evidence-based CDSME/self-management support program work.
4. Multi-site delivery partners who have the infrastructure and capacity to increase access to evidence-based CDSME/self-management support programs with a defined geographic or population base, and a commitment to embedding these programs into their routine operations and budget.
5. Coordinated public awareness, education, marketing, and recruitment processes.
6. Ongoing quality assurance efforts including fidelity monitoring and continuous quality improvement.

Goal 2: Significantly increase the number of older adults and adults with disabilities who participate in evidence-based CDSME and self-management support programs to empower them to better manage their chronic conditions.

Please refer to Appendix A (Glossary of Terms) for definitions of CDSME and self-management support programs.

Applicants for this funding opportunity must propose to deliver **two or more** CDSME/self-management support programs on the pre-approved lists in Appendix B and C of this funding announcement. **At least one of the programs proposed must be a CDSME program from Appendix B.**

All applicants must propose to implement at least one program that can be delivered in a remote format, i.e., by video conference, phone, mailed toolkit + phone, or some other format that does not have an in-person component.. The National Council on Aging (NCOA) maintains a website that tracks remote program guidance by program (https://www.ncoa.org/news/ncoa-news/center-for-healthy-aging-news/track-health-promotion-program-guidance-during-covid-19/). However, all applicants should contact the program administrator(s) for any program(s) they are interested in delivering remotely to confirm that: 1) the programs are allowed for remote delivery; and 2) that training is readily available for applicants who need it. **Note that the NCOA website**

includes programs on the pre-approved list in Appendix B and C, as well as other programs not on the list. For this funding opportunity, applicants may ONLY propose programs on the pre-approved lists in Appendix B and C.

All applicants who do not have adequate existing capacity for any in-person and/or remote program(s) they are proposing must include a letter from the program administrator in their application indicating that they will be able to get training in the program no later than three months after the start date of the grant (if selected for funding).

References

[1] U.S. Department of Health and Human Services, Administration for Community Living. (2019). FY2016 Report to Congress: Older Americans Act.
[2] World Health Organization (2019). Social Determinants of Health, Accessed October 2, 2019 from https://www.who.int/social_determinants/en/.
[3] ACL Office of Performance and Evaluation (2019). Program Evaluations and Reports. Accessed October 2, 2019 from https://acl.gov/programs/program-evaluations-and-reports.
[4] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2019). Healthy People 2020: Social Determinants, Accessed October 2, 2019 from https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of- ; ;Health#individual%20behavior.
[5] Gerteis J, Izrael D, Deitz D, LeRoy L, Ricciardi R, Miller T, Basu J. Multiple Chronic Conditions Chartbook. AHRQ Publications No, Q14-0038. Rockville, MD: Agency for Healthcare Research and Quality. April 2014.
[6] Parekh, A.K., et al. 2011. Managing Multiple Chronic Conditions: A Strategic Framework for Improving Health Outcomes and Quality of Life. Public Health Rep. 126(4):460–71.
[7] Kramarow E. et al. 2007. Trends in the Health of Older Americans,1970–2005. Health Affairs (Millwood). Sep-Oct;26(5):1417 25

Statutory Authority
The statutory authority for grants under this Funding Opportunity Announcement is contained in the Continuing Appropriations Act, 2020, Pub.L.116-59; Older Americans Act; and the Patient Protection and Affordable Care Act, 42 U.S.C. § 300u-11 (Prevention and Public Health Fund).

II. Award Information

Funding Instrument Type:
CA (Cooperative Agreement)

Estimated Total Funding:
$ 4,130,440

Expected Number of Awards:
3

Award Ceiling:
$ 1,400,000
Per Project Period

Award Floor:
$ 1,100,000

Per Project Period

Length of Project Period:
Other

Additional Information on Project Periods and Explanation of 'Other'
36 month project and budget period (fully funded)

Current or previous ACL Chronic Disease Self-Management Education grantees are not excluded from this funding opportunity, but must provide a strong rationale for the need for additional funding**.** This must include significant enhancement of the network developed with prior funding, not be a continuation of current efforts/activities supported by previously awarded ACL CDSME grants (particularly because sustainability without additional federal funding has been a goal of all previous ACL CDSME funding opportunities). Applicants must propose an innovative approach that addresses the goals of this funding opportunity that features new partnerships and/or programs. Repeat awardees will be expected to meet the discrete participant and/or completer and sustainability goals that they included in each of their awards.

Cooperative Agreement Terms
This is a new Cooperative Agreement with the following terms. As provided by the terms of the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224), this Cooperative Agreement provides for the substantial involvement and collaboration of AoA in activities that the recipient organization will carry out in accordance with the provisions of the approved grant award.
The **grantee** agrees to execute the responsibilities outlined below:

1. Fulfill all of the requirements of the grant initiative as outlined in this program announcement, as well as carry out project activities as reviewed, approved, and awarded.
2. Engage 25% of your target completers (for CDSME programs) and participants (for self-management support programs) by the end of Year 1, 50% by the end of Year 2, and 100% by the end of Year 3.
3. Commit to sending two project staff to a yearly CDSME-relevant professional development conference mutually agreed upon with the AoA project officer as an appropriate grantee activity. Attendance is expected annually for the duration of your grant activities (including any no-cost extension period, if applicable). Although it remains yet to be seen if future conferences will be in-person or video conference (not requiring travel), all applicants must include funds in your budgets for each budget year for two people to attend a conference in the Washington, D.C. area. Awardees will be able to apply any unused travel funds to other grant activities.
4. Meet all training, licensing, fees, or other requirements associated with the selected CDSME/self-management support programs to ensure compliance with all the requirements stipulated by the authorizing entity.
5. Communicate with the AoA project officer monthly, or at such other times as are agreed upon, to improve the effectiveness of the activities carried out under this Agreement.
6. Collect required program data for all program participants by way of ACL's specific data collection forms (see Appendix D). Within 30 days of participants' completion of the program, grantees are responsible for compiling and reporting the data to the CDSME National Database. Data include de-identified participant demographic and health status

information, attendance information, and workshop type and location. Grantees should plan to train workshop leaders on data collection practices and use of these forms.

7. Participate in any national evaluations of the program(s) you have proposed for remote delivery.
8. Comply with all other reporting requirements, as outlined in Section VI of this Funding Opportunity and the Notice of Award.
9. Include the following disclaimer on all products produced using this grant funding:

> *This project was supported in part by grant number 90XX#### from the Administration for Community Living, U.S. Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.*

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

1. Perform the day-to-day Federal responsibilities of managing a cooperative agreement and work with the grantee to ensure that the minimum requirements for the grant are met.
2. 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.
3. 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.
4. 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.
5. Attend and participate in major project events, as appropriate.
6. Communicate with the grantee project director monthly, or at such other times as are agreed upon, to improve the effectiveness of the activities carried out under this 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. 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. When an award is issued the cooperative agreement terms and conditions from the program announcement are incorporated by reference.

III. Eligibility Information

1. Eligible Applicants

Domestic public or private non-profit entities including state and local governments, Indian tribal governments and organizations (American Indian/Alaskan Native/Native American), faith-based organizations, community-based organizations, hospitals, and institutions of higher education.

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

For awards that require matching or cost sharing by statute, recipients will be held accountable for projected commitments of non-federal resources (at or above the statutory requirement) in their application budgets and budget justifications by budget period, or by project period for fully funded awards. The applicant will be held accountable for all proposed non-federal resources as shown in the Notice of Award (NOA). **A recipient's failure to provide the statutorily required matching or cost sharing amount (and any voluntary committed amount in excess) may result in the disallowance of federal funds. Recipients will be required to report these funds in the Federal Financial Reports.**

For awards that do not require matching or cost sharing by statute, recipients are not expected to provide cost sharing or matching. However, recipients are allowed to voluntarily propose a commitment of non-federal resources. If an applicant decides to voluntarily contribute non-federal resources towards project costs and the costs are accepted by ACL, the non-federal resources will be included in the approved project budget. The applicant will be held accountable for all proposed non-federal resources as shown in the Notice of Award (NOA). **A recipient's failure to meet the voluntary amount of non-federal resources that was accepted by ACL as part of the approved project costs and that was identified in the approved budget in the NOA, may result in the disallowance of federal funds. Recipients will be required to report these funds in the Federal Financial Reports.**

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria
N/A

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 https://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 8.5" x 11" plain white paper with **1" margins** on both sides, and a **standard font size of no less than 11 point, 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 are not counted as part of the Project Narrative for purposes of the 20-page limit.

Unsuccessful submissions will require authenticated verification from https://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an https://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 https://www.grants.gov or https://www.acl.gov/grants/applying-grants.

Please note, ACL requires applications for all announcements to be submitted electronically through http://www.grants.gov in Workspace. Grants.gov Workspace is the standard way for organizations and individuals to apply for federal grants in Grants.gov. An overview and training on Grants.gov Workspace can be found here at: https://www.grants.gov/web/grants/applicants/workspace-overview.html

The Grants.gov registration process can take several days. If your organization is not currently registered, please begin this process immediately. For assistance with https://www.grants.gov, please contact them at support@grants.gov or 800-518-4726 between 7:00 a.m. and 9:00 p.m. Eastern Time.

- At the https://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 because of the time involved to complete the registration process.
- All applicants must have a DUNS number (https://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. Effective June 11, 2018, when registering or renewing your registration, you must submit a notarized letter appointing the authorized Entity Administrator. Please be sure to read the FAQs located at www.sam.gov to learn more. Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. 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/pages/public/help/samQUserGuides.jsf.

Note: Once your SAM registration is active, 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 EIN 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:

1. Register 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.

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 866-705-5711.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications. In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.
- After you electronically submit your application, you will receive an automatic acknowledgement from https://www.grants.gov that containshttps://www.grants.gov tracking number. The Administration for Community Living will retrieve your application form fromhttps://www.grants.gov.

U.S. Department of Health and Human Services
Administration for Community Living

Shannon Skowronski
E-mail: shannon.skowronski@acl.hhs.gov

2. Content and Form of Application Submission
Letter of Intent

Due Date for Letter Of Intent 12/18/2020

12/18/2020
Applicants are requested, but not required, to submit a letter of intent to apply for this funding opportunity to assist ACL in planning for the application independent review process. 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. Letters of intent should be sent to:

U.S. Department of Health and Human Services

Administration for Community Living

Shannon Skowronski

Administration on Aging

E-mail: shannon.skowronski@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. The entirety of the Project Narrative, **including** tables, graphics, and headings must be double-spaced, and of a standard font size of not less than 11. You can use smaller font sizes to fill in the Standard Forms and Sample Formats outside of the Project Narrative section, such as the Project Work Plan and Budget Narrative/Justification.

Twenty pages is the maximum length allowed. 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, Vitae of Key Project Personnel, and Budget Narrative/Justification **are not counted** as part of the Project Narrative for purposes of the 20-page limit.

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether 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:

1. Project Abstract
2. Project Relevance and Current Need
3. Approach
4. Outcomes and Evaluation
5. Sustainability
6. Organizational Capacity

To assist reviewers in scoring your application, we suggest that applicants organize their proposals using the headings above.

Project Abstract

This section should include a brief description of the proposed project, including goal(s), objectives, and outcomes.

In your abstract, clearly specify:

1. The proposed CDSME and/or self-management support programs you plan to implement/disseminate;
2. Your key partners; and
3. Your projected number of program completers (for CDSME programs) and participants (for self-management support programs).

Project Relevance and Current Need

- Briefly describe and cite (using reliable population-based, state, and local data sources) the impact of chronic disease in your state/region/tribe and how your proposed project will address this impact.
- Briefly describe your *community integrated health network's* experience and current capacity to deliver evidence-based CDSME/self-management support programs.
- Describe the gap between the current availability of your proposed CDSME/self-management support programs and the ideal situation where these programs are readily available.
- Include a Project Map of your state/region/tribe that shows where your proposed programs are already being offered (is applicable), and which areas are being selected for this project. Provide data to support why you are targeting those areas (e.g., the number of older adults, the lack of available programs, etc.). **The map should be included as an appendix to your application.**
- If you are a current or past ACL CDSME grantee, you must describe how your proposed project significantly differs from your current or previously funded work, including:

  o what your participant and completer targets were and if you met or are on pace to meet them;
  o the extent to which you secured innovative funding arrangements to continue to offer and/or expand the availability of CDSME/self-management support programs beyond the end of the grant period; and
  o your rationale for the need for additional funding (i.e. not a continuation of current efforts, but rather an innovative approach that features new partnerships and/or programs, substantially increased geographic reach, and increased engagement of older adults and/or adults with disabilities that experience health disparities).

Approach

Project Description
This section should:

- State the project's result-based goals and major objectives.

- Describe the extent to which you are currently addressing the social and behavioral determinants of health for older adults and adults with disabilities in your community through supporting the delivery and/or facilitation of streamlined access to services and supports through a *community integrated health network.*
- Describe the unmet social and behavioral determinants of health that put older adults and adults with disabilities in your community at greater risk for chronic disease.
- Identify the specific evidence-based CDSME/self-management support programs that you propose to implement and a rationale for selecting the programs. Applicants must propose to implement a ***minimum of two*** CDSME/self-management support programs that are on the list of pre-approved programs (in Appendix B and Appendix C). At ***least one*** of the proposed programs must be a CDSME program (in Appendix B). **Do not propose programs that are not included on the lists in Appendices B and C.** Propose at least one program from the pre-approved list that can be delivered in a remote format, i.e., by video conference, phone, mailed toolkit + phone, or some other format that does not have an in-person component. The National Council on Aging (NCOA) maintains a website that tracks remote program guidance by program (https://www.ncoa.org/news/ncoa-news/center-for-healthy-aging-news/track-health-promotion-program-guidance-during-covid-19/). All applicants should contact the program administrator(s) for any program(s) they are interested in delivering remotely to confirm that: 1) the programs are allowed for remote delivery; and 2) that training is readily available for applicants who need it. It is incumbent on the applicant to provide evidence that any proposed remote program(s) are available in this modality, i.e., email or letter from program administrator, link to program website, etc. **Note that the NCOA website includes programs on the pre-approved list in Appendix B and C, as well as other programs not on the list. For this funding opportunity, applicants may ONLY propose programs on the pre-approved lists in Appendix B and C.**
- State the projected total number of participants that you expect to reach through your proposed CDSME/self-management support programs. For any group series program, provide a target number of completers and a specific target completion rate. Provide a rationale for these targets, e.g., by referencing your previous experience delivering CDSME/self-management support programs, the number of older adults and adults with disabilities in your state/region/tribe with chronic conditions, saturation of target participant population (i.e. "low hanging fruit"), partner commitments, referral systems, and other factors. **Targets should be realistic and achievable**. In developing your participant/completer targets, please reference the *Guidance for Administration for Community Living 2020 Chronic Disease Self-Management Education Grant Applicants: Considerations for Estimating Participation and Completer Targets* in Appendix E.
- Describe how your approach will engage approximately 25% of your completer target (CDSME programs) and/or participant target (self-management support programs) by the end of Year 1, 50% by the end of Year 2, and 100% of your target by the end of Year 3.
- Provide a coherent approach to implementing/disseminating the proposed CDSME/self-management support programs through your *community integrated health network* - with

the overall goal of empowering older adults and adults with disabilities to better manage their chronic conditions.

- Describe any existing CDSME, self-management support, and other evidence-based prevention initiatives in your area and how you plan to coordinate with and leverage these efforts. This should include a description of any existing capacity to deliver the proposed program(s), i.e., the number of host sites, implementation sites, and delivery personnel (such as trainers and leaders/coaches).
- If your existing infrastructure for the proposed program(s) is inadequate, please describe and provide a rationale for any proposed training(s). If you require training, you must include a letter of support from the program developer(s) and/or entity that will provide training with your application. The letter should state that the training will be provided no more than three months after the applicant receives the Notice of Award from ACL.
- For any remote program(s) proposed, please identify the IT/technological support needs you anticipate and provide a detailed plan for how you will address these.
- Describe how you intend to identify, market to, and recruit participants for your proposed programs.
- Describe any major challenges and barriers you anticipate encountering, and how your project will address those challenges and barriers.

Special Target Populations and Organizations

This section should:

- Describe the target population that will be served by the proposed CDSME/self-management support programs. Also describe whether and, if so, how the proposed interventions will target any special groups and/or populations, i.e, underserved, rural, etc.
- Provide a rationale (citing relevant data) for selecting the target group(s) and describe any involvement of organizations that would be collaborating in reaching the proposed population(s).

Work Plan

You should also provide a project Work Plan for Years 1, 2, and 3 which reflects and is consistent with the Project Narrative and Budgets. This Work Plan should include a statement of the project's overall goals, anticipated outcomes, key objectives, and the major tasks/action steps that will be pursued to achieve the results-based goals and outcomes. It should also include tasks/action steps taken to evaluate progress toward goals and outcomes and effectiveness of relevant strategies. Applicants should identify timeframes involved (including start- and end-dates) and the lead person responsible for completing the task.

The Work Plan can be attached to your application as an appendix.

Outcomes and Evaluation

Outcomes

This section must clearly identify the outcomes that will result from your comprehensive strategy to implement this project.

Any proposed outcomes should:

- address the goals of this funding opportunity (i.e., strengthening your *community integrated health network* and the delivery of CDSME/self-management support programs, with the goal of empowering older adults and adults with disabilities to better manage their chronic conditions); and
- be quantifiable, measurable, and likely to be achieved during the project period.

List measurable outcomes in the work plan grid under "Measurable Outcomes," in addition to any discussion included in the narrative.

Quality Assurance

This section should include the methods, techniques, and tools (including rapid cycle evaluation, Plan-Do-Study-Act, fidelity monitoring, etc.) that will be used to:

1. Monitor and track progress on the project's objectives and activities;
2. Monitor whether the proposed CDSME/self-management support programs are being implemented with fidelity* and processes for corrective actions if necessary;
3. Ensure the ACL-required CDSME dataset (Appendix D) is being collected and reported accurately by the implementation sites and how you will identify and troubleshoot any potential problems.
4. Document the lessons learned, both positive and negative.

**Fidelity is the extent to which delivery of the evidence-based program consistently adheres to the program's intent and design. In other words, the extent to which you are delivering the program exactly how it is meant to be implemented. Maintaining fidelity to the program is essential to ensure that your participants receive the intended health benefits from the program.*

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 to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the project.

Applicants should also clearly state their commitment to cooperating with any broader efforts led by ACL and/or the National CDSME Resource Center to help others understand how they could replicate the project activities in their communities.

In addition, all applicants should state their commitment to participating in to any national evaluations of the program(s) they have proposed for remote delivery.

Sustainability

Sustainability
In this section:

- Describe your plans for **expanding funding** for your *community integrated health network* to ensure delivery of services and supports addressing the social and behavioral determinants of health, including the proposed CDSME/self-management support programs, beyond the end of the grant period. Applicants should detail:

  o who your vested, experienced sustainability partners are and what their specific commitments to the project are;
  o your proposed plans for contracts, partnerships, and/or collaborations with health care entities, insurance entities, large employers, the business community, or other innovative funding sources;
  o any other business planning efforts to be undertaken;
  o any mechanisms that are in development or already in place to accept payment for programs and services (i.e., infrastructure, Health IT, and back-office support to bill and accept reimbursement from contracts, private pay clients, and/or other potential payers); and
  o your proposed or current centralized and coordinated processes to promote a unified and consistent approach across your state/region/tribe to achieve the goal of a and truly sustainable *community integrated health network* that offers a robust set of CDSME/self-management support programs. These processes may be operationalized by using a Network Hub approach (a Network Hub is akin to a Network Lead Entity, described in the Background section of the Funding Opportunity Description). For more information on this approach, visit https://www.ncoa.org/toolkits/community-integ rated-healthcare-toolkit/ and click on the Program Delivery and Evaluation section to view a description of Centralized and Coordinated Processes.

  IMPORTANT: Your sustainability plan must include centralized efforts, through the *community integrated health network,* to expand funding for CDSME/self-management support programs using a *mulit-payor approach*. Sustainability plans should include, but not be limited to, health care funders. Applicants should **not** propose sustainability plans that **rely solely** on embedding CDSME/self-management support programs into existing community-based organization partner budgets or **put the impetus on individual network partner agencies** to seek/obtain funding on their own.

  At the time of application, at least two of the network partners should provide firm commitments (in their letters of commitment) to helping secure and/or provide funding to sustain the evidence-based CDSME/self-management support program(s) beyond the end of the grant period.

Letters of Commitment

Provide letters of support confirming commitments from grant partners. These letters should describe the **specific role** of each partner in the project (should it be funded).

Applicants must include the letters of commitment as an appendix to your application and use a **Table of Contents** to clearly describe which letters represent which partners:

1. All Community Integrated Health Network Partners. It is expected that all current/proposed network partners identified in the application provide letters of support, and identify their defined role in the project.

2. State Unit on Aging. It is expected that the State Unit on Aging will provide a letter affirming their support of your proposed project. If you are proposing a mulit-state network, you should have a letter from the State Unit on Aging in each state involved in the network. If the State Unit(s) on Aging decline to provide a letter, you must provide documentation indicating this, e.g., an email from the State Unit on Aging stating that letters of support are not being provided. If you are a State Unit on Aging applicant, include a letter from your Director. **This requirement is applicable for all applicants except tribes/tribal entities**. You can locate this information applicable SUA information using the search feature on https://eldercare.acl.gov/Public/Index.aspx.

- If you are a tribe or tribal entity, you must include a tribal resolution that states the reasons you are applying for the grant, and your commitment to executing the grant activities (should it be awarded).

3. Area Agency(ies) on Aging (AAA). It is expected that relevant AAAs will provide letters affirming their support of your proposed project (a letter from the state AAA association is not permissible in lieu of this requirement). This letter should reference their defined role in the project. Include a letter from the AAA(s) that reaches/covers your target geographic areas. **If you are an applicant from a Single State Authority (Alaska, Delaware, Nevada, New Hampshire, North Dakota, Rhode Island, South Dakota, Washington DC, and Wyoming) or tribe/tribal entity, this requirement is not applicable.** You can locate applicable AAA information using the search feature on https://eldercare.acl.gov/Public/Index.aspx.

4. Program Administrator. Applicants are expected to begin delivering their proposed CDSME/self-management support programs within three to six months after receiving their Notice of Award. If you require training for the evidence-based programs you propose before you can begin delivery of the programs, your application must include letters of support from the program administrator. The letters should state that the training will be provided within three months of award notification. ACL encourages applicants to have a thorough discussion with the program administrator of any programs being proposed to ensure that applicants: 1) fully understand the requirements and length of the training/certification process; 2) understand – and can budget appropriately – for the full cost of the training/certification; and 3) proposed an appropriate target population for the program(s) selected. For any program(s) identified for remote delivery, applicants should also confirm with the administrator that the program(s) proposed are indeed available in this format.

Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. **The quality of the letter content (i.e., specificity with respect to the role of that partner) is more important than the quantity of letters submitted with your application.** Signed letters of commitment should be scanned and

included as attachments. Letters of commitment must be uploaded as part of the applicant package via Grants.gov – hard copies will not be accepted.

Organizational Capacity

- Describe how the applicant agency is organized, the nature and scope of its work, and the capabilities it possesses.
- Describe your proposed *community integrated health network* structure and its experience delivering and/or facilitating streamlined access to services/programs that address the social and behavioral determinants of health, including CDSME/self-management support programs. The applicant organization should serve as – and articulate – their role/function as the Network Lead Entity, as well as identify the partners that currently comprise their community integrated health network. It may be helpful to include a network organizational chart as an appendix to your application.
- Describe the project management, including the roles and responsibilities of project staff. You should:
    - Provide a description of the qualifications and experience of the key personnel for this proposed project, including for the Project Director. Applicants must include resumes or CVs as an attachment (upload all resumes/CVs as one attachment to your application if possible).
    - Specify who will have day-to-day responsibility for key tasks such as: leadership of project, monitoring the project's on-going progress, preparation of reports, and communications with other partners and ACL.
    - Detail the approach that will be used to monitor and track progress on the project's tasks and objectives.

Budget Narrative/Justification

Applicants are required to provide a detailed Budget Narrative/Justification. Your budget should be aligned with the proposed activities in your Project Narrative and Work Plan. It should also include travel for two project staff to a yearly CDSME-relevant professional development conference (see item #3 in grantee section of Cooperative Agreement Terms).

Although the expectation is that applicant's *community integrated health network* has the capacity to deliver and/or facilitate streamlined access to a range of supports and services, applicants may only use funds from this grant to support the delivery and sustainability of their proposed CDSME/self-management support programs. In other words, grant funds **cannot be used for the delivery of other aging and/or disability services**, such as meals, transportation, caregiver-specific interventions, etc.

The Budget Narrative/Justification can 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.

Applicants must submit the following:

- Budget Narrative/Justification for Year 1;

- Budget Narrative/Justification for Year 2;
- Budget Narrative/Justification for Year 3; and
- A Combined Year 1, Year 2, and Year 3 Budget.

3. Submission Dates and Times

Due Date for Applications 02/02/2021

02/02/2021

Date for Informational Conference Call:
12/11/2020

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.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, ACL will only accept your last validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application

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 program is not subject to Executive Order (E.O.) 12372, Intergovernmental Review of Federal Programs.

5. Funding Restrictions

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. Head Start);*
    - *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 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.)*

The following updated sections 2 CFR 200.216 "Prohibition on certain telecommunications and video surveillance services or equipment" became **effective on or after August 13, 2020**.

Recommended Actions for any recipient that has received a loan, grant, or cooperative agreement **on or after August 13, 2020**:

- Develop a compliance plan to implement 2 CFR 200.216 regulation.
- Develop and maintain internal controls to ensure that your organization does not expend federal funds (in whole or in part) on covered equipment, services or systems.

- Determine through reasonable inquiry whether your organization currently uses "covered telecommunication" equipment, services, or systems and take necessary actions to comply with the regulation as quickly as is feasibly possible.

6. Other Submission Requirements

Not applicable

V. Application Review Information

1. Criteria

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

1. Project Abstract
2. Project Relevance and Current Need
3. Approach
4. Outcomes and Evaluation
5. Sustainability
6. Organizational Capacity
7. Budget Narrative/Justification

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 include numbers, ideas, or other material that are 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.

Project Abstract **Maximum Points:** 2

Does the abstract include, at minimum, each of the following: results-based goals, objectives, and outcomes; name of evidence-based CDSME/self-management support programs to be implemented; the number of completers (CDSME programs) and participants (self-management support programs) to be reached; and key partners? (*2 points)*

Project Relevance and Current Need **Maximum Points:** 6

1. Does the applicant: (3 points total)

    - Briefly describe and cite (using reliable population-based, state, and local data sources) the impact of chronic disease in their state/region/tribe and how the proposed CDSME/self-management support programs will address this impact? *(1 point)*
    - Briefly describe your *community integrated health network's* experience and current capacity to deliver evidence-based CDSME/self-management support programs? *(1 point)*
    - Include a Project Map of their state/region/tribe showing where the proposed CDSME/self-management support programs are already being offered (if applicable), and which areas are being selected for this project, along with relevant data to support why they are targeting these areas? *(1 point)*

2. Does the applicant identify as a current or past ACL CDSME grantee? (3 points total)
    - If **yes**, do they:
        - clearly state what their participant and completer targets were and if they met or are on pace to meet them? *(1 point)*
        - describe successes they have had in securing innovative funding arrangements to continue to offer and/or expand the availability of CDSME/self-management support programs beyond the end of the grant period? *(1 point)*; and
        - describe how their proposed project significantly differs from their current or previously funded work and provide adequate rationale for the need for additional funding (i.e. not a continuation of current efforts, but rather an innovative approach that features new partnerships and/or programs, substantially increased geographic reach, and increased engagement of older adults and/or adults with disabilities that experience health disparities)? *(1 points)*
    - If **no** do they:
        - adequately describe the status of evidence-based CDSME/self-management support program delivery within the targeted geographic area and the gap that exists between the "status quo" and the ideal situation where programs are readily available to older adults and/or adults with disabilities? *(3 points)*

Approach **Maximum Points:** 27

Project Description (19 points)

1. Has the applicant stated clear, measurable, and results-based goals and objectives for this proposal that align with the purpose, objectives, and activities described in this program announcement? *(2 points)*

2. Does the applicant describe the CDSME/self-management support programs that they propose to implement and/or expand, and a rationale for selecting these programs? Are all programs proposed on the list of approved programs (Appendices B and C)? Is at least one of the proposed programs a CDSME program on the pre-approved list in Appendix B? Has the applicant clearly identified which program(s) they will deliver in a remote format? *(4 points)*

3. Has the applicant provided a coherent approach, and comprehensive strategy to implement, the proposed CDSME/self-management support programs in their target area through their *community integrated health network*? Has the applicant described any existing evidence-based CDSME/self-management support programs in their area (or lack thereof) and how they plan to coordinate with and leverage these efforts? *(3 points)*

4. Has the applicant specified whether its existing infrastructure for the proposed programs is adequate? If applicable, did they provide a rationale for any proposed trainings? If additional training is proposed, did the applicant include a letter of support from the program developer(s)

and/or training entity(ies) in which they agreed to provide training no more than three months after the applicant receives the Notice of Award from ACL? *(2 points)*

5. For any program(s) proposed for remote delivery, has the applicant provided a detailed plan for implementing these programs, including – but not limited to – addressing any IT/technology support needs? *(4 points)*

6. Is there a coherent approach to identifying, marketing to, and recruiting program participants (including any targeted populations proposed by the applicant)? *(3 points)*

7. Does the applicant describe the major challenges and barriers they anticipate encountering in enhancing their *community integrated health network* and delivering the proposed CDSME self-management support programs, as well as how they will address these challenges and barriers? *(1 point)*

Special Target Populations and Organizations (3 points)
Does the applicant describe the target population that will be served by the proposed CDSME/ self-management support programs? *(1 point)*

Do they describe how the proposed interventions will target any special groups and/or populations? *(1 point)*

Does the applicant provide a rationale (citing relevant data) for selecting the target group(s) and describe any involvement of organizations that would be collaborating in reaching the proposed population(s)? *(1 point)*

Work Plan (5 points)
Has the applicant provided a project Work Plan for Years 1, 2, and 3 that reflects and is consistent with the Project Narrative and Budgets? *(1 point)*

Does the Work Plan include a statement of the project's overall result-based goal, anticipated outcomes, key objectives, and the major tasks/action steps that will be pursued to achieve the goal and outcome(s)? Does the Work Plan include a component(s) to evaluate progress toward achieving the applicant's stated goals and outcomes? Does the Work Plan identify timeframes involved (including start- and end-dates) and the lead person (including partners/consultants) responsible for completing the task? *(4 points)*

Note: if the applicant proposes to use ACL funds to implement programs not on the pre-approved list(s), reviewers must assign zero (0) out of the 19 possible points for the Project Description Section.

Outcomes and Evaluation **Maximum Points:** 10

Project Outcomes (4 points)

1. Does the applicant identify the measurable, results-based outcomes that will result from the project, and do these outcomes address the two goals of this funding opportunity? *(2 points)*
2. Are the proposed outcomes quantifiable, measurable, and likely to be achieved during the project period? *(2 points)*

Quality Assurance (3 points)

1. Does the applicant describe the methods, techniques, and tools that will be used to monitor and track the project's objectives and activities, as well whether the proposed CDSME/self-management support programs are being implemented with fidelity (along with the process for corrective actions, if necessary)? *(2 points)*
2. Has the applicant described how they will ensure the collection of the ACL required CDSME dataset to ensure accurate collection by the sites and timely reporting to the National CDSME Database? *(1 point)*

Dissemination (3 Points)

1. Does the applicant describe the method that will be used to disseminate the project's results and findings in a timely manner for those who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making? *(1 point)*
2. Does the applicant clearly state their commitment to cooperating with any broader efforts led by ACL and/or the National CDSME Resource Center? *(1 point)*
3. Does the applicant clearly state their commitment to participating in any national evaluations of the program(s) they have proposed for remote delivery? *(1 point)*

Sustainability **Maximum Points:** 30

Sustainability (22 Points)

1. Does the applicant describe plans for strengthening and expanding funding for their *community integrated health network* (including the proposed CDSME/self-management support programs) beyond the end of the grant period, including:

    - Who their sustainability partners are and what their specific commitments to the project are? (*4 points)*
    - Their proposed plans for contracts, partnerships, and/or collaborations with health care entities, insurance entities, large employers, the business community, or other innovative funding sources? (*4 points)*
    - Any business planning efforts to be undertaken? *(4 points)*
    - Any mechanisms that are in development or already in place to accept payment for their proposed program(s) (i.e. infrastructure, Health IT, and back-office support to bill and accept payment from contracts, private pay clients, and/or other potential payers)? *(4 points)*
    - Their proposed or current centralized and coordinated processes to promote a unified approach across their state/region/tribe to achieve the goal of a sustainable *community integrated health network,* with robust CDSME/self-management support program offerings?*) (6 points)*

Letters of Commitment (8 points)

Does the applicant include detailed letters of commitment describing and confirming the commitments to the project (should it be funded) made by key collaborating organizations and

agencies in this part of the application? At a minimum, letters of commitment should be included from:

All Community Integrated Health Network Partners

State Unit on Aging

- Is a letter from the State Unit on Aging provided? If applicant is proposing a mulit-state effort, does the applicant have a letter from the State Unit on Aging in each state involved in the network? If a letter from the State Unit(s) on Aging is not provided, is there documentation indicating that a letter was sought, but that the State Unit on Aging declined to provided a letter? This requirement is applicable for all applicants except tribes/tribal entities.
- If the applicant is a tribe or tribal entity, did they include a tribal resolution stating the reasons for applying for the grant, as well as their commitment to executing grant activities (should it be awarded)?

Area Agency on Aging

- Does the applicant provide a letter from an Area Agency on Aging (AAA) that indicates their defined role in the project? If a AAA letter is not provided, is there documentation indicating that a letter was sought, but that the AAA declined to provide a letter? For applicants proposing a geographic area that is covered by more than one AAA, did they include a letter from each relevant AAA? This requirement is not applicable for tribes/tribal entities or applicants from a Single State Authority (Alaska, Delaware, Nevada, New Hampshire, North Dakota, Rhode Island, South Dakota, Washington DC, and Wyoming.

Program Administrator(s)

- If the applicant indicates there is a need to build capacity for the CDSME/self-management support program(s) proposed before beginning delivery of the program(s), did they include a letter from the program administrator(s) committing to providing this training within 3 months of the start date of this grant?

Note: if the applicant does not include the required letters of support from the SUA and AAA (or evidence that they sought them, but were unsuccessful), reviewers must assign zero (0) out of the 8 possible points for Letters of Commitment.

Organizational Capacity **Maximum Points:** 15

1. Has the applicant described how the applicant agency is organized, the nature and scope of its work, and the capabilities it possesses? *(5 points)*

2. Has the applicant described their *community integrated health network* structure and experience delivering and/or facilitating streamlined access to services/programs, including evidence-based CDSME/self-management support programs, that improve the health and well-being of their target population? Does the applicant organization identify how they will carry out the role/functions of the Network Lead Entity and identify the partners that currently comprise their *community integrated health network*? *(5 points)*

3. Has the applicant described how the project will be managed, including the experience/qualification, roles, and responsibilities of key project staff? *(5 points)*

Budget Narrative/Justification **Maximum Points:** 10

1. Are the budget and requested resources justified with respect to the adequacy of resources requested? Are budget line items clearly delineated and consistent with work plan objectives? Are relevant activities from the workplan/project narrative reflected in the budget (as appropriate)? *(5 points)*

2. Does the budget include travel for two project staff to a yearly CDSME-relevant professional development conference per year? *(1 point)*

3. Has the applicant included detailed budgets for each of the following:

- Project Year 1 *(1 point)*
- Project Year 2 *(1 point)*
- Project Year 3 *(1 point)*
- A combined Year 1, Year 2, and Year 3 budget *(1 point)*

Note: if the applicant does not include a budget narrative/justification, reviewers must assign zero (0) out of the 10 possible points for the Budget Section.

2. Review and Selection Process

As required by 2 CFR Part 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 Section 200.205 Federal Awarding Agency Review of Risk Posed by Applicants (https:// 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 governments, 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 will be sent out prior to the project start date.

The anticipated project period start date for this announcement is: 05/01/2021

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. 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. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and will be destroyed.

2. Administrative and National Policy Requirements

The award is subject to HHS 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.

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see the appendix for this announcement to review the entire policy and guidelines.

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.

Applicants may follow their own procurement policies and procedures when contracting with Project Funds, but You must comply with the requirements of 2 C.F.R. §§ 200.317-200.326. Additionally, when using Project Funds to procure supplies and/or equipment, applicants are encouraged to purchase American-manufactured goods to the maximum extent practicable. American-manufactured goods are those products for which the cost of their component parts that were mined, produced, or manufactured in the United States exceeds 50 percent of the total cost of all their components. For further guidance regarding what constitutes an American-manufactured good (also known as a domestic end product), see 48 C.F.R. Part 25.

3. Reporting

Reporting frequency for performance and financial reports, as well as any required form or formatting and the means of submission will be noted within the terms and conditions on the Notice of Award.

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 follow this link to access ACL's Terms and Conditions: https://www.acl.gov/grants/managing-grant#

VII. Agency Contacts

Project Officer

First Name:
Shannon

Last Name:
Skowronski

Phone:
202-795-7438

Office:
Administration on Aging

Grants Management Specialist

First Name:
Sean

Last Name:
Lewis

Phone:
202-795-7384

Office:
Office of Grants Management

VIII. Other Information

Application Elements

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

• SF 424A, required – Budget Information. (See Appendix for instructions).

• 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.

• 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).

• Lobbying Certification, required.

• Proof of non-profit status, if applicable

• Copy of the applicant's most recent indirect cost agreement or cost allocation plan, 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.

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

• Vitae for Key Project Personnel.

• Letters of Commitment from Key Partners, if applicable.

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. 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

Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.

- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment. Please see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html; https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html; and https://www.eeoc.gov/sexual-harrassment.
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at https://www.hhs.gov/ocr/about-us/contact-us/index.html or call 1-800-368-1019 or TDD 1-800-537-7697.

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 (https://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 (https://www.grants.gov). Your DUNS number can be verified at https://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:

https://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 1/3 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 HHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement or cost allocation plan 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.**

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.

Section A - Budget Summary

Line 5: Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total non federal 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.

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 breakdown 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 Nonprofit 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 among those served through this funding (e.g., clients, consumers, systems, organizations, communities) that occur as a result of an organization's or program's activities. These should tie directly back to the stated goals of the funding as outlined in the funding opportunity announcement. (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 A – Glossary of Terms

Aging network: The Older Americans Act of 1965 (OAA) established a national network of federal, state, and local agencies to plan and provide services that help older adults to live

independently in their homes and communities. This interconnected structure of agencies is known as the Aging Network. The National Aging Network is headed by the Administration on Aging. The network includes 56 State Agencies on Aging, 622 Area Agencies on Aging, and more than 260 Title VI Native American aging programs.

Business plan: management tool to guide the process of planning for financial sustainability and assist in seeking support from other organizations. Business plans can be used to articulate program goals and objectives, substantiate organizational capacity, explain program operations, and to provide documentation of potential benefits and return on investment. For additional information about business planning, visit https://www.ncoa.org/center-for-healthy-aging/cdsme-resource-center/sharing-best-practices/cdsme-best-practices-toolkit/business-planning-sustainability/.

Chronic conditions: illnesses or disabilities that persist for at least a year and require medical attention and/or self-care. They include physical conditions, e.g., arthritis, diabetes, chronic respiratory conditions, heart disease, HIV/AIDs and hypertension, as well as behavioral conditions such as depression and mental illnesses.

Chronic disease self-management education program (CDSME program): for the purpose of this Funding Opportunity Announcement, an umbrella term that refers to community-based education programs specifically designed to enhance patient self-management of chronic illnesses, as well as focus on building multiple health behaviors and generalizable skills such as goal setting, decision making, problem-solving, and self-monitoring. CDSME programs are proven to maintain or improve health outcomes of older adults with chronic conditions.

Completer: a participant in a group program who completes the recommended intervention dose or at least 2/3 of the total possible group program sessions (e.g., four or more sessions out of six in a six-week program).

Continuous quality improvement (CQI): an ongoing quality assurance process that includes: 1) planning (setting performance objectives based on grant goals and work plan objectives); 2) performance monitoring (e.g. obtaining ongoing data to inform decision-making); 3) evaluating (e.g. team analysis of what is or is not working and problem-solving); and 4) making corrective changes as needed with the aim of improving overall performance.

Delivery infrastructure/capacity: the structure that is in place within a state to provide evidence-based programs on an ongoing basis, including the number of sites (host organizations and implementation sites) and workforce (trainers, leaders, and other personnel) involved in delivering programs.

Delivery system partner: an organization that can provide evidence-based programs to large numbers of people. The ideal delivery system partner has multiple sites for delivering programs and agrees to embed the programs into their routine operations and budget.

Disabilities/adults with disabilities: consistent with the definition of disability in the Older Americans Act (42 U.S.C. §3002(8)), one who has a developmental, physical, and/or mental

impairment that results in substantial functional limitation in one or more major life activities including self-care, communication, learning, mobility, capacity for independent living, self-direction, economic self-sufficiency, cognitive functioning or emotional adjustment.

Embed: the process of facilitating an organization's adoption of evidence-based programs as part of the organization's routine operations and budget with resulting sustained delivery.

Fidelity monitoring: activities to ensure that an evidence-based program is being delivered consistently by all personnel across sites, according to the program developer's intent and design.

Geographic/population reach: the percentage of counties/PSAs or other geographic unit or percentage of the population in a state or territory that has access to chronic disease self-management education programs at least twice a year.

Host organization: an organization or agency that sponsors evidence-based programs. The host organization is often responsible for training master trainers and leaders, and for planning and monitoring the implementation of workshops. Often the host organization holds the license to train and offer the program and may serve as an implementation site.

Implementation site: the physical location where program workshops are offered in the community. An implementation site may be identical to the host organization, or it may be a location (such as a community center, health care facility, church, etc.) that the host organization arranges to use.

Long-term services and supports: 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.

Multi-payor approach: an approach to sustainability that includes a variety of funders, i.e., health care, public (federal, state, and local government) and private, i.e., philanthropy, foundations, businesses/employers, etc.

Older adult: For the purpose of this Funding Opportunity Announcement and consistent with the Older Americans Act, "an individual who is 60 years of age or older." For tribes and tribal organizations, the age of older Indians is defined by the tribe and may vary.

Quality assurance (QA) program: an ongoing system for describing, measuring, and evaluating program delivery and grant activities to ensure that participants receive effective, quality services and grant goals and work plan objectives are met. The ideal QA program addresses both: 1) continuous quality improvement and 2) program fidelity. For additional information about developing a QA program, go to https://www.ncoa.org/resources/administration-on-aging-aoa-recommendations-forgrantee-quality-assurance-programs/.

Participant: an individual who attends at least one session of an evidence-based program**.**

Self-management support program: community-based, behavioral change intervention that is proven to increase one or more skills or behaviors relevant to chronic disease self-management such as physical activity and medication management.

State: refers to the definition provided under 45 CFR 74.2, 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.

Sustainability partner: an organization with the role and commitment to help sustain the proposed programs (e.g., by pursuing Medicare reimbursement, contracting to pay for the proposed programs, incorporating the programs into their routine operations, providing a steady source of program participants whose program costs are covered, assisting in setting up third party arrangements to provide billing or other back-office functions for the programs, etc.).

Sustainability plan: plan that focuses on the management and acquisition of fiscal and in-kind resources to expand and maintain programming. For additional information about sustainability planning, visit: https://www.ncoa.org/center-for-healthy-aging/cdsme-resource-center/sharing-best-practices/cdsme-best-practices-toolkit/business-planning-sustainability/.

APPENDIX B: Listing of Evidence-Based CDSME Programs

This is a list of pre-approved CDSME programs that may be proposed for this Funding Opportunity. **Applicants may only propose CDSME programs that are on the lists in Appendix B and C of this Funding Opportunity Announcement.**

The National Council on Aging maintains a website that indicates which programs on this list are available in a remote format (https://www.ncoa.org/news/ncoa-news/center-for-healthy-aging-news/track-health-promotion-program-guidance-during-covid-19/). It is, however, incumbent on the applicant to contact the program administrator(s) for any program(s) they are interested in delivering remotely to confirm that: 1) the programs are allowed for remote delivery; and 2) that training is readily available for applicants who need it. **Note that the NCOA website includes information about remote programs on the pre-approved lists in Appendix B and C, as well as information about other programs not on the pre-approved list. For this funding opportunity, applicants may ONLY propose delivery of programs on the pre-approved list in Appendix B and C.**

Better Choices, Better Health® (Online Chronic Disease Self-Management Program)

- https://www.selfmanagementresource.com/programs/online.programs/chronic-disease/

Better Choices, Better Health® for Arthritis (Online Arthritis Self-Management Program)

- https://www.selfmanagementresource.com/programs/online.programs/

Better Choices, Better Health® for Diabetes (Online Diabetes Self-Management Program)

- https://www.selfmanagementresource.com/programs/online.programs/diabetes

BRI Care Consultation

- http://www.benrose.org/bricareconsultation/

Cancer: Thriving and Surviving Program

- https://www.selfmanagementresource.com/programs/small-group/cancer-thriving-and-surviving

Chronic Disease Self-Management Program (CDSMP)

- https://www.selfmanagementresource.com/programs/small-group/chronic-disease-self-management/

Chronic Pain Self-Management Program (CPSMP)

- https://www.selfmanagementresource.com/programs/small-group/chronic-pain-self-management

Diabetes Self-Management Program (DSMP)

- https://www.selfmanagementresource.com/programs/small-group/diabetes-self-management

EnhanceWellness

- http://www.projectenhance.org/enhancewellness.aspx

Health Coaches for Hypertension Control

- http://www.clemson.edu/cbshs/centers-institutes/aging/resources/health-coaches/index.html

Living Well in the Community

- http://healthycommunityliving.com/living-well-in-the-community.html

Mind Over Matter

- https://wihealthyaging.org/mind-over-matter

Positive Self-Management Program for HIV

- https://www.selfmanagementresource.com/programs/small-group/hiv-positive-self-management

¡Sí, Yo Puedo Controlar Mí Diabetes!

- https://www.selfmanagementresource.com/programs/small-group/hiv-positive-self-management

Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program)

- https://www.selfmanagementresource.com/programs/small-group-spanish/tomando-control-de-su-salud

Programa de Manejo Personal de la Diabetes (Spanish Diabetes Self-Management Program)

- https://www.selfmanagementresource.com/programs/small-group-spanish/programa-de-manejo-personal-de-la-diabetes

Toolkit for Active Living with Chronic Conditions*

- https://www.selfmanagementresource.com/programs/mail-program/

Wellness Recovery Action Plan (WRAP)

- https://copelandcenter.com/about

Workplace Chronic Disease Self-Management Program (wCDSMP)

- https://www.selfmanagementresource.com/programs/small-group/workplace-chronic-disease- self-management/

**The Toolkit for Active Living with Chronic Conditions program (Toolkit) must be offered in conjunction with another evidence-based CDSME program listed in Appendix B – it cannot be proposed as an applicant's sole or primary program.*

APPENDIX C: Listing of Self-Management Support Programs

This is a list of pre-approved self-management support programs that may be proposed for this Funding Opportunity (see Appendix A [Glossary of Terms] for definition of self-management support program). **Applicants may only propose a self-management support program that is on this list.** Do not propose any self-management support programs that are not included on this list.

The National Council on Aging maintains a website that indicates which programs on this list are available in a remote format (https://www.ncoa.org/news/ncoa-news/center-for-healthy-aging-news/track-health-promotion-program-guidance-during-covid-19/). It is, however, incumbent on the applicant to contact the program administrator(s) for any program(s) they are interested in delivering remotely to confirm that: 1) the programs are allowed for remote delivery; and 2) that training is readily available for applicants who need it. **Note that the NCOA website includes information about remote programs on the pre-approved lists in Appendix B and C, as well as information about other programs not on the pre-approved list. For this funding opportunity, applicants may ONLY propose delivery of programs on the pre-approved list in Appendix B and C.**

Active Living Every Day

- http://www.activeliving.info/

Arthritis Foundation Aquatic Program

- http://www.aeawave.com/Arthritis.aspx

Arthritis Foundation Exercise Program

- http://www.aeawave.com/Arthritis.aspx

Eat Smart, Move More, Weigh Less

- https://esmmweighless.com/

EnhanceFitness

- http://www.projectenhance.org/enhancefitness.aspx

Fit and Strong!

- https://www.fitandstrong.org/

Geri-Fit

- https://www.gerifit.com/

HealthMatters Program

- http://www.healthmattersprogram.org/

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)

- http://healthyideasprograms.org/

Healthy Moves for Aging Well

- https://www.picf.org/

HomeMeds

- https://www.picf.org/homemeds/

On the Move

- http://www.onthemove.pitt.edu/

Prepare for Your Care

- https://prepareforyourcare.org/welcome

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

- http://www.pearlsprogram.org/

Respecting Choices

- https://respectingchoices.org

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- https://www.integration.samhsa.gov/clinical-practice/sbirt

Walk with Ease (Self-Guided and Group Formats)

- https://www.arthritis.org/living-with-arthritis/tools-resources/walk-with-ease/

APPENDIX D: Required Data Collection Forms

- Attendance Log (also available in Spanish)
- Program Information Cover Sheet (also available in Spanish)
- Participant Information Survey (also available in Spanish)
- Host/Implementation Organization Form

APPENDIX E: Guidance for Administration for Community Living Chronic Disease Self-Management Education Grant Applicants: Considerations for Estimating Participation and Completion Targets

This guidance is intended to aid applicants in applying for Administration for Community Living (ACL) grants focused on chronic disease self-management education (CDSME). This resource was developed by the National Council on Aging's National CDSME Resource Center to support organizations in:

I. Choosing the right CDSME and self-management support programs;

II. Reviewing existing infrastructure for program implementation;

III. Developing a target number of participants;

IV. Developing a target completion rate; and

V. Creating a quality assurance plan.

This guidance document draws on data analyses from the National CDSME Database. The majority of available data is specific to the Self-Management Resource Center's suite of programs. Applicants should consider multiple sources of information, highlighted throughout this resource, when identifying their proposed program(s) and participant/completer targets. Follow instructions in the Funding Opportunity Announcement for requirements around the number and types of programs that must be included in your proposal.

I. Choosing the right program(s)

Grant applicants may only propose programs from the list of pre-approved options provided in Appendix B and C in the ACL Funding Opportunity Announcement. This list indicates which programs have remote (e.g. telephone, videoconference, or mail) modes of implementation available.
In the past, some grantees have opted to implement solely CDSME programs, while others offer an array of CDSME and self-management support programs to support health and wellness. In addition, some applicants propose a "set" of programs to target a specific issue.
For example:

- Chronic Pain Self-Management Program + Walk With Ease to address pain associated with arthritis and promote physical activity as a strategy to manage it.
- Enhance Wellness + PEARLS to address a high prevalence of depression and anxiety among older adults with chronic conditions.
- Chronic Pain Self-Management Program + Walk With Ease to address pain associated with arthritis and promote physical activity as a strategy to manage it.
- Wellness Recovery Action Plan + HomeMeds to address the role of medication reconciliation in managing chronic conditions and mental health needs.

Questions to consider when choosing a program:

- What are the specific chronic disease needs in your community, region, state? Specifically, are there conditions with high prevalence or impact that are not being adequately addressed by other interventions? Tip: Check your state or county health

department's website for a Community Health Assessment or research performance measures of accountable care organizations (ACOs) in your region. Learn more about ACOs here.

- Thinking of the particular populations you're aiming to reach and the settings you're planning to utilize, are there specific types of programs to consider? Are there things that have worked well or haven't worked well in the past? Does your target population prefer small group or individual interventions? Or have you had success with both formats?
- Does your organization currently implement a CDSME program? If yes, is your goal to expand that program, offer more options, or a combination of both?
- How many programs do you have the resources and capacity to offer? Do you have resources to build staff support, manage volunteers, provide space, implement training, etc. for each program you are proposing?
- Is there a need to offer a self-management support program focused on physical activity, behavioral health, or medication management?
- Is it necessary to find a program translated into a specific language for one of your target populations?
- What are the sustainability goals and strategies of your organization? Do particular programs align with those goals?
- What are the costs of implementing different types of programs, for example by mail, phone, videoconference, or in-person? Consider shipping costs for mailed programs and other materials, licenses for videoconferencing platforms (may need to consider HIPAA compliance), tools for collecting data online (also includes HIPAA-compliant options), different marketing methods (social media, newspaper ads, prescription bags, etc.).

Helpful resources:

- Key Components of Offering Evidence-based Programs
- Conducting Community Needs Assessments
- Best Practices Toolkit: Resources from the Field
  - Strategic Partnerships
  - Delivery Infrastructure and Capacity
- CDC National Center for Chronic Disease Prevention and Health Promotion
- Frequently Asked Questions for Administration for Community Living Grantees Implementing Better Choices, Better Health Online®
- Track Health Promotion Program Guidance During COVID-19
- Frequently Asked Questions: COVID-19 and Health Promotion Programs
- Archived Events: Health Promotion Programs and COVID-19

II. Reviewing existing infrastructure for program implementation

Whether your organization has been implementing evidence-based programs for a long time or just starting, it's important to consider the infrastructure in place for implementation and what is needed to support the activities proposed for the grant. (See Key Components of Offering Evidence-based Programs.) Organizations that are new to implementing evidence-based programs will need to evaluate the number of leaders/facilitators needed to carry out the proposed activities and think about current or new partners that may be leveraged to achieve this work. Infrastructure needs may also have changed due to the COVID-19 pandemic. Consider including an explanation of the need to build capacity for remote programs implemented by phone or videoconference. This mode of implementation may require different processes, materials, and levels of staffing.

It's important to think strategically about building infrastructure and best practices for retaining leaders/facilitators and partners to meet your goals over the grant period.

As you plan the grant proposal, keep in mind the end goal of creating a sustainable delivery system to reach your target number of participants and how the delivery infrastructure can be built to efficiently engage participants and partners beyond the three-year grant period.
Take the following into consideration:

- *Cost per participant*: A 2015 national study of CDSMP estimated program costs to be approximately $350 per participant. Use this cost calculator to estimate the cost per participant for your state or region.

- *Cost for training master trainers and lay leaders*: Review the scenarios below to consider different options for the number of master trainers and lay leaders needed, based on the number of trainings and workshops led. Be sure to review program training requirements carefully and support leaders in fulfilling each step. Strategies for screening, supporting, and retaining leaders can be found here.

o Scenario 1:10 master trainers (MTs) pair off to offer 2 lay leader (LL) trainings per pair with 15 participants/training= 150 LLs (-10% of trained leaders that will not implement any workshops= 125 LLs)
125 LLs pair off to offer 2 CDSME workshops per pair with 12 participants= **1500 CDSME participants in 125 workshops**

o Scenario 2:4 MTs pair off to offer 3 LL trainings per pair with 15 participants= 90 LLs (-10% of trained leaders that will not implement any workshops= 80 LLs)
80 LLs pair off to offer 4 CDSME workshops per pair with 12 participants= **1920 CDSME participants in 160 workshops**

In addition, the following data from the National CDSME Database can help inform the number and type of program leaders that need to be trained to meet your program goals.
The number of workshops delivered by a program leader can vary greatly depending on the workshop type, implementation site, grantee, whether they are a staff member or volunteer, and

the language in which a program is delivered. According to the database, lay leaders conduct approximately **6 to 10 workshops**, with an **average of 7 workshops**. This excludes individuals that are trained but never deliver a workshop. Staff members implementing workshops led an average of **8 workshops** and volunteers conducted an average of **6 workshops**.

Figure 1. Average number of workshops delivered per leader across Self-Management Resource Center program types, 2010-2018 (n= 28,666 workshops).

Program	Average Number of Workshops Delivered by Program Leaders	Number of Workshops	Standard Deviation	Total # of Leaders
Chronic Pain Self-Management Program	9.9	889	12.4	531
Cancer: Thriving and Surviving	8.9	101	10.3	69
Diabetes Self-Management Program	8.4	5677	10.5	2793
Programa de Manejo Personal de la Diabetes	7.7	479	7.6	279
Tomando Control de su Salud (Spanish CDSMP)	7.4	1956	9.4	888
Chronic Disease Self-Management Program	6.4	20453	8.6	9508
TOTAL	**6.9**	**28666**	**9.1**	**4560**

Note: Figure 1 is limited to select Self-Management Resource Center programs delivered in-person due to limitations in sample size and differences in program format.

If you have a history of program implementation, evaluate the current delivery infrastructure in your state/region by considering the following:

CDSME delivery infrastructure	Sample responses
How long has CDSMP been implemented in your state/region?	5 years
Which programs are being implemented?	CDSMP, DSMP, Cancer: Thriving & Surviving (CTS)

Program license	Our organization holds a current license
Number of active T-trainers	1 in the state
Number of active master trainers	10 CDSMP, 4 cross-trained in DSMP, 1 cross- trained in CTS
Number of active lay leaders	25 CDSMP, 10 cross-trained in DSMP, 3 cross- trained in CTS
Number of existing host organizations/ implementation sites	40 organizations that have conducted programs in the past
Number of participants in last 12 months	950 participants
What is needed to implement programs by phone or videoconference?	Purchase videoconference platform and other technology, train leaders in new format, revise marketing strategy, etc.

If you do not have a history of program implementation, evaluate the current delivery infrastructure in your state/region by considering the following:

CDSME delivery infrastructure	**Sample responses**
Has CDSME been implemented by other organizations in your state or region? Do your delivery regions overlap?	Yes, the Department on Aging has supported CDSME in metropolitan areas. Programs aren't offered in our region.
Is there potential to partner with those already offering programs?	Yes, for training or license. No for program implementation.
Which programs are being implemented?	CDSMP
Program license	Department on Aging holds a license. Is it a statewide license that we can utilize?
Number of active T-trainers	1 in the state (can travel, if needed)
Number of active master trainers	3 (would they be available to conduct training in our region?)
Number of active lay leaders	0 in our region
Number of partners that are committed to serving as host organizations/ implementation sites	- 3 local health departments - 2 area agencies on aging - 1 health clinic - 4 senior centers

How many workshops have your partners committed to offering in the next 12 months?	- 3 local health departments (2 workshops each= 6) - 2 area agencies on aging (3 workshops total) - 1 health clinic (2 workshops) - 4 senior centers (3 workshops each= 12) Total= 23
What is needed to implement programs by phone or videoconference?	Purchase videoconference platform and other technology, train leaders in new format, revise marketing strategy, etc.

Attendance by implementation site type and race/ethnicity (Table A)Use Table A to consider whether race/ethnicity impacts the type of implementation site where programs are most frequently attended. Some key findings include:

- Hispanic participants more frequently attended programs at health care organizations. Since Hispanic participants tend to be younger, they may be less likely to attend programs at traditional aging network locations like senior centers.
- African-American, White, and Asian American participants more frequently attended programs at senior centers.
- Tribal centers uniquely served American Indian/Alaska Native participants. However, American Indian/Alaska Native participants were more likely to be reached through health care organizations, senior centers, and other locations.

Questions to consider:

- Do you need to maintain or expand the current program delivery infrastructure? Are there gaps that need to be filled? For example, leaders that speak a specific language or are cross-trained in a new program?
- If there are trained lay leaders, are there retention strategies proposed or in place?
- Are there any training opportunities available in your state or region within the first three months of the planned grant period? If not, will you need to plan a master trainer or lay leader training?
- Have you allocated time into your work plan to build the infrastructure to implement programs, like establishing partnerships or recruiting and training leaders?
- Are there plans in place to address potential staff turnover? How does this impact leader training? How will this be addressed with major partners?
- Does your grant proposal include plans to reach a new population, such as rural communities, veterans, individuals with mental illness, individuals with substance abuse/misuse issues, etc.? If yes, consider whether it will take additional time to create partnerships to reach participants in these target groups.

Helpful resources:

- Best Practices Toolkit: Resources from the Field
  - Delivery Infrastructure and Capacity
  - Strategic Partnerships
- Chronic Disease Self-Management Program Cost Calculator
- National Study of the Chronic Disease Self-Management Program: A Brief Overview
- Overview of the National CDSME Database
- Quarterly Program Highlights and Charts

III. Developing a target number of participants

Applicants are required to identify a target number of participants and completers for any CDSME and self-management support programs chosen for the proposal. Target goals should be realistic and achievable for your community—whether that means reaching 400 participants or 2,000 participants. While developing your goal, think about how many participants have been engaged in evidence-based programs in the past (and what percentage have completed the program, on average) or how many individuals you reach in your community through other programs. If you are newly offering remote programs, consider factors that may slow recruitment and participation including access to and familiarity with technology, different outreach and scheduling methods, and new processes for leaders.
If you are awarded the grant, you will be expected to reach approximately 25% of your target participants/completers by the end of Year 1, 50% of participants/completers by the end of Year 2, and 100% of participants/completers by the end of Year 3. Consider whether it is feasible to meet these benchmarks with your target participation goal.
Example 1:

Sample Grant Goal	Year 1 Target **≥25% of total goal**	Year 2 Target **≥ 50% of total goal**	Year 3 Target **100% of total goal**
400 participants	≥ 100 participants	≥ 200 participants	≥ 400 participants
74% completer rate	≥ 74 completers	≥ 148 completers	≥ 296 completers

Planning questions	**Sample responses**
What is your target number of completers for Year 1?	74
How many completers do you expect per workshop?	7
How many workshops do you need in Year 1 to reach	74 target completers / 7 completers per workshop= 11 workshops in Year 1

the target number of completers?	
When will the target number of workshops be scheduled to meet the grant goal?	Quarter 1 of Grant Year 1 (May-Jul.): 0 workshops, use this time to develop partner MOUs/contracts and train leaders Quarter 2 (Aug.-Oct.) and Quarter 3 (Nov.- Jan.): Leaders are trained, schedule, and hold 8 workshops (yielding approximately 56 completers). Ensure that you consider potential holiday season conflicts when scheduling. Quarter 4 of Grant Year 1: (Feb.-April): Hold at least 3 workshops (yielding approximately 21 completers)

Example 2:

Sample Grant Goal	Year 1 Target **≥25% of total goal**	Year 2 Target **≥ 50% of total goal**	Year 3 Target **100% of total goal**
2,000 participants	≥ 500 participants	≥ 1,000 participants	≥ 2,000 participants
74% completer rate	≥ 370 completers	≥ 740 completers	≥ 1,480 completers

Planning questions	**Sample responses**
What is your target number of completers for Year 1?	370
How many completers do you expect per workshop?	7
How many workshops do you need to reach the target number of completers?	370 target completers / 7 completers per workshop= 53 workshops in Year 1

When will the target number of workshops be scheduled to meet the grant goal?	Quarter 1 of Grant Year 1 (May-Jul.): 10 workshops (yielding approximately 70 completers), use this time to develop contracts and train leaders. Quarter 2 (Aug.-Oct.) and Quarter 3 of Grant Year 1 (Nov.-Jan.): Leaders are trained, schedule and hold 30 workshops (yielding approximately 210 completers). Ensure you consider potential holiday season conflicts and cancellations due to inclement weather when scheduling. Quarter 4 of Grant Year 1 (Feb.-April): Hold at least 13 workshops (yielding approximately 91 completers).

Questions to consider when developing a target participation goal:

- How many older adults and adults with disabilities live, work, or worship in your target community? What is your current reach to older adults and adults with disabilities? Will this change over the grant period?
- If you have a history of implementing programs, how many participants were reached over the last 12 months? If not, what may impact participation in the future? Do you expect to continue to enroll participants at the same rate going forward? Consider that you may saturate your current target participant population (e.g. reach all of the "low hanging fruit") and will need to engage additional partners to maintain enrollment in CDSME and self-management support programs.
- For each program to be implemented, note whether there is a required minimum and maximum number of participants per workshop to maintain fidelity. This requirement may differ between in-person and remote implementation.
- Do you need options for individuals with and without access to devices (e.g. phone, computer, tablet) or internet connectivity?
- Do you have a marketing plan and materials for recruiting older adults and adults with disabilities to programs?
- How much time will be needed to build capacity to implement programs prior to beginning workshops? For example: finalizing contracts, establishing plans with partners, training leaders, etc.
- Do you have any participant referral systems in place from partners, health care providers, etc.? How many participants do they refer on a regular basis? Will this continue during the grant period?
- What commitments do you have from partners to meet goals? Are partners able to commit to conducting a certain number of workshops each grant year?
- Does your grant proposal include plans to reach a new population, such as rural communities, veterans, individuals with mental illness, individuals with substance

abuse/misuse issues, etc.? If yes, consider whether it will take additional time to create partnerships to reach participants in these target groups.

Helpful resources:

- Best Practices Toolkit: Resources from the Field
  - Delivery Infrastructure and Capacity
  - Marketing and Recruitment
- Presentation- Planning Your Grant Deliverables: Secrets of Workshop Coordination
- Dissemination of CDSME Programs in the United States: Intervention Delivery by Rurality
- Tip Sheet: Offering Chronic Disease Self-Management Education In Rural Areas
- Tip Sheet: Engaging Veterans in Evidence-Based Programs
- Resources for Engaging Adults with Disabilities in Evidence-Based Programs
- Frequently Asked Questions: Data Collection & Management for Health Promotion Programs during the COVID-19 Pandemic

IV. Developing a target completion rate

Applicants are required to identify a target completion rate for all CDSME programs chosen for the proposal. Target completion rates are not required for self-management support programs. ACL defines a completer as a participant in a group program who completes the recommended intervention dose or at least 2/3 of the total possible sessions. For example, four or more sessions in a six-session program, excluding orientation sessions (for example, Session Zero).
Similar to target participation goals, it's important to identify a target completion rate that is realistic and achievable for your community. If you have implemented programs in the past, consider the historical completion rate and whether it's likely to remain constant or decrease as you expand reach to new populations. In addition, refer to the following national statistics based on data collected through the National CDSME Database for 376,537 participants from 2010-2018.
Nationally, the average completion rate for all programs is **74%**. Participant completion rates can vary by several factors, including the type of program, racial/ethnic target population, implementation site, and urban/suburban/rural setting. Additionally, the mode of implementation may impact completion rates. As organizations transition to remote programs during the COVID-19 pandemic, we're beginning to see completion rates for phone and videoconference offerings. As of October 2020, the completion rate for all remote programs is **80%**, calculated based on 233 workshops.
There are several factors that may be contributing to the higher completion rate for remote programs, including the ability to provide a reminder call 30-60 minutes prior to a remote session or call a participant if they don't log on. This is feasible with the additional facilitator required for many remote methods.

Figure 2. Completion rate for selected in-person Chronic Disease Self-Management Education programs, 2010-2019 (n= 391,546)

Program Name	Enrolled	Completed	Completion Rate
Better Choices, Better Health® Online	387	199	51%
Cancer Thriving and Surviving	1481	1122	76%
Chronic Disease Self-Management Program	255,015	188, 070	74%
Chronic Pain Self-Management Program	15,711	11,363	72%
Diabetes Self-Management Program	83,235	62,471	75%
Positive Self-Management Program	188	147	78%
Tomando Control de su Salud	26,521	20,347	77%
Programa de Manejo Personal de la Diabetes	8,101	6,437	79%
TOTAL	**391,546**	**290,839**	**74%**

Consider the following variables:

Completion rates by implementation site and program type (Table B)

Use Table B to consider whether the average completion rate differs for the type of implementation sites you will be using based on select Self-Management Resource Center programs. Some key findings include:

- Area agencies on aging have high completion rates for the Chronic Pain Self-Management Program and Programa de Manejo Personal de la Diabetes compared to other delivery sites.
- The completion rate for the Chronic Pain Self-Management Program appears to be the highest in workplace settings and multi-purpose social service organizations.
- Programa de Manejo Personal de la Diabetes has an above average completion rate and appears to perform especially well when delivered in senior centers, area agencies on aging, and county health departments.
- Generally, workplace sites tend to have higher than average completion rates for CDSMP, the Chronic Pain Self-Management Program, and the Diabetes Self-Management Program.

Completion rates by program type and race/ethnicity (Table C)Use Table C to consider whether the average completion rate differs for the type of Self- Management Resource Center programs by race/ethnicity. Some key findings include:

- Programa de Manejo Personal de la Diabetes has a high completion rate among Hispanic, African American, and White participants.
- The Diabetes Self-Management Program has the highest completion rates among Hispanic, African American, and Native Hawaiian/Pacific Islanders.

- The highest completion rate for Cancer: Thriving and Surviving is among Asian Americans.

Considerations for rural outreach (Table D)
The 2017 article *Dissemination of CDSME Programs in the United States: Intervention Delivery by Rurality* provides analysis of program participation in rural areas based on data from the National CDSME Database. The study found that while rural areas had a smaller number of participants in workshops, their completion rates were higher than those for workshops hosted in metro areas. One explanation of this finding may that community dynamics and higher social cohesion among rural communities make coming together weekly more palatable. It may also be possible that carpooling or other forms of transportation were provided to minimize the travel burdens characteristic in rural communities. See Table D for more detailed demographics for rural participants.
Considerations for serving American Indian and Alaska Native communities

- Out of 10,148 participants, most American Indian/Alaska Native participants attended CDSMP (75%), followed by the Diabetes Self-Management Program (16%). 3% of American Indian/Alaska Native participants participated in Tomando Control de su Salud.
- Across all programs, American Indian/Alaska Native participants had a 74% completion rate.
- American Indian/Alaska Native participants have a very high completion rate (95%) compared to all other racial/ethnic groups for Cancer: Thriving and Surviving.
- 3% of American Indian/Alaska Native participants attended workshops delivered by tribal organizations funded by ACL to implement CDSME programs.
- American Indian and Alaska Native participants attending workshops sponsored by organizations that were not tribal organizations had higher completion rates (75%) compared to those who attended workshops sponsored by tribal organizations (67%).

Helpful resources:

- Best Practices Toolkit: Resources from the Field
    - Delivery Infrastructure and Capacity
    - Marketing and Recruitment
- Dissemination of CDSME Programs in the United States: Intervention Delivery by Rurality
- Tip Sheet: Offering Chronic Disease Self-Management Education In Rural Areas
- Tip Sheet: Engaging American Indian/Alaska Native/Native Hawaiian Adults in Chronic Disease Self-Management Education
- Frequently Asked Questions for Administration for Community Living Grantees Implementing Better Choices, Better Health Online

V. Creating a quality assurance plan

Each of the evidence-based CDSME programs approved for this funding opportunity follow a curriculum that has been researched and proven to lead to specific health-focused outcomes. It's important to develop a quality assurance and fidelity monitoring plan to ensure programs are implemented as intended regardless of implementation site or program leader. Adhering to program fidelity ensures that participants receive researched benefits of the program and assure partners that programs meet high standards across your service area.
Find resources in our Best Practices Toolkit: Resources from the Field focused on quality assurance, including sample plans and fidelity checklists.

Table A: Attendance by implementation site type and race/ethnicity

Rate of CDSME program attendance (%) at various implementation sites by race/ethnicity, 2010-2019 (n = 362,407)

	Hispanic	Black/ African-American	Asian American	American Indian/ Alaska Native	Hawaiian/ Pacific Islander	White
Health care organizations	30.7	17.3	19.2	23.3	13.0	23.5
Senior centers	17.9	20.9	21.7	16.5	12.4	21.1
Faith-based organizations	7.4	11.7	3.5	4.7	15.5	6.3
Residential facility	11.6	18.1	20.0	14.2	10.4	16.9
Other	9.4	11.1	8.0	15.4	No Data	10.1
Tribal center	Insufficient Data	Insufficient Data	Insufficient Data	7.3	Insufficient Data	Insufficient Data

Note: Insufficient data indicates that there have been fewer than 30 participants at that specific implementation site type for that race/ethnicity category.

Table B: Completion rates by program and implementation site type
Completion rates (%) by Self-Management Resource Center program and type of implementation
site, 2010-2019 (n= 388,750)

	Cancer: Thriving & Surviving	Chronic Disease Self-Management Program	Chronic Pain Self-Management Program	Diabetes Self-Management Program	Programa de Manejo Personal de la Diabetes	Tomando Control de su Salud
Area agency on aging	Insufficient Data	73	75	71	74	75
Community center	Insufficient Data	74	74	74	82	78
Educational institution	75	74	72	73	78	72
Faith-based organization	75	75	70	73	72	75
Health care organization	68	70	68	71	73	71
Department of Public Health						
County	71	70	66	73	81	75
State	No Data	70	Insufficient Data	76	No Data	No Data
Library	Insufficient Data	71	73	72	74	77
Multi-purpose social services organization	Insufficient Data	75	75	74	75	69
Municipal government	No Data	73	Insufficient Data	75	No Data	Insufficient Data
Senior center	Insufficient Data	74	74	74	75	77
Residential facility	84	71	70	71	70	74
Parks and recreation	73	72	70	73	75	73
Tribal center	No Data	72	Insufficient Data	63	Insufficient Data	No Data
Workplace	75	78	73	77	Insufficient Data	73

Notes:

- Insufficient data indicates that there have been fewer than 50 participants in that specific program for that implementation site type.
- The Positive Self-Management Program for HIV has been primarily delivered in health care organizations or other unspecified community center types. There was insufficient data to report completion rates for other implementation site types.

Table C: Completion rates by program type and race/ethnicity
Completion rates (%) by Self-Management Resource Center program and race/ethnicity, 2010-2019 (n= 388,750)

		Ethnicity	Race				
Program	**Overall Completion Rate***	**Hispanic**	**African-American**	**Asian**	**American Indian**	**Native Hawaiian / Pacific Islander**	**White**
Chronic Disease Self-Management Program	74	72	75	76	74	83	73
Chronic Pain Self-Management Program	71	72	73	77	72	72	72
Diabetes Self-Management Program	72	70	74	77	70	79	73
Cancer: Thriving and Surviving	71	69	71	81	Insufficient Data	Insufficient Data	73
Positive Self-Management Program	80	Insufficient Data	78	Insufficient Data	Insufficient Data	Insufficient Data	85
Tomando Control de su Salud	74	76	81	Insufficient Data	74	80	77

Programa de Manejo Personal de la Diabetes	74	75	82	Insufficient Data	76	Insufficient Data	77

Notes:

- The overall completion rate is calculated for all participants from attendance data, regardless of whether they provided a response for race and/or ethnicity. This is not an average across the rates for each race and ethnicity category.
- Among participants attending at least one session, 17.5% do not report ethnicity and 19.4% do not report race.
- The total sample size for Table C includes the number of participants reporting at least one category of race and/or one ethnic group.
- Insufficient data indicates that there have been fewer than 30 participants in that specific program type for that race/ethnicity category.

Table D: Completion rates by metro and non-metro implementation sites
Comparison in demographics, participant enrollment, and completion between metro and non-metro (and not-adjacent) implementation sites, 2010-2016 (n=300,640)

	Non-Metro (& Not-Adjacent)	**Metro**
Average Age	63.99	65.76
White	83.19%	66.50%
Hispanic	6.74%	18.78%
Less than High School Education	16.94%	17.12%
Median Household Income	$39,771.14	$51,257.75
Living Over Poverty Line	18.78%	18.36%
Number of Chronic Conditions	2.05	2.06
No. of Participants Enrolled	12.09	13.77
No. Participants who completed (4 of 6 sessions)	4.46	4.27

Source: *Dissemination of CDSME Programs in the United States: Intervention Delivery by Rurality*