

NWX-HHS-AOA-1 (US)

Moderator: Michele Boutaugh
May 07, 2012
2:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants are placed on listen only mode. During your question answer session please press star 1 to ask a question.

Today's conference is being recorded. If you have any objections you may disconnect at this time.

Now I would like to introduce your first speaker, Ms. Michele Boutaugh. You may begin.

Michele Boutaugh: Hi everyone and good afternoon. I'd like to thank you for participating in this conference call related to the program announcement entitled Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs which is financed by the 2012 Prevention and Public Health Funds.

Today you'll hear from Edwin Walker who is our Deputy Assistant Secretary for Aging at the Administration on Aging or AOA which is now part of the Administration for Community Living or ACL.

He will talk about our larger vision at ACL and AOA to promote the health and independence of older persons and people with disabilities.

And then we'll hear from Laura Lawrence who is the Director of the Office of Nutrition and Health Promotion Programs at AOA who will review who's eligible to apply for this announcement and some other key award information.

Then I will go over some key points for you to note about the program announcement itself.

And then Heather Wylie from our Office of Grants Management will then highlight a few award administration items.

So we'll begin now with, and I'll turn this over to Edwin.

Edwin Walker: All right thanks, Michele, and welcome everyone.

The Administration for Community Living and the Administration on Aging really has created a new operating division within the Department of Health and Human Services and we're charged with improving supports for seniors and people with disabilities of all ages.

It's important for us to highlight that the Administration on Aging remains intact within the Administration for Community Living but now we have more potential leverage and more influence.

We have a shared vision of the aging and disability communities to help older adults and those with disabilities maintain their health and independence receiving appropriate supports and services wherever they choose to live.

We believe that this funding opportunity actually continues other efforts within the aging network to serve both older adults and people with disabilities of all ages.

This funding opportunity reflects our support for evidence based programs and builds upon two prior AOA grant programs, first the Evidence Based Disease and Disability Prevention Program and second the American Recovery and Reinvestment Act of 2010, Chronic Disease Self-Management Program.

As with those prior grants this current funding opportunity demonstrates our vision of embedding evidence based programs into the health care delivery and long term supports and services system. And our intent to strengthen the aging network as a bridge between the aging, public health, health care, and disability communities.

Now I'd like to turn to Laura Lawrence to give you some key award information.

Laura Lawrence: Thank you, Edwin.

So I'm going to talk about three items. The first is the eligibility information, you know, who can apply for this funding opportunity. The second we'll be talking about that it's, fact that it's highly competitive, and the third I'll just go over briefly some key dates and later in the program Heather will repeat these key dates because they are so important.

So first, who's eligible to apply for this funding opportunity? Well eligible applicants include state units on aging and state public health departments in all United States and territories.

However please note that priority consideration will be given to those state units on aging and those state public health departments that previously received and successfully completed the AOA Evidence Based Disease and Disability Prevention Grant or the Recovery Act, Communities Putting Prevention to Work CDSMP grant, so those are the two grants that Edwin spoke about.

Among the 47 Recovery Act CDSMP grantees, priority will also be given to the state units on aging and state public health departments that number one, successfully reached their CDSMP completer target goal by March 30 of this year, and two, made substantial progress toward developing sustainable financing strategies to continue to offer the CDSMP programs beyond that grant period.

I'd also like to note that only one application will be accepted from each state or territory who chooses to participate. So if the state unit on aging is submitting the state health department should work with them but only one application. And if the state health department is going to be the main applicant working with the state unit on aging still, only one application per state.

Okay secondly, this is a highly competitive competition. Approximately 8.45 million is available in this funding opportunity for an estimated 15 to 20 cooperative agreements. They would range approximately from about 200,000 to 575,000 each year for each grant.

Now of course remember, as always these cooperative agreements are subject to the availability of funds. So the second and the third year of the grant are not guaranteed that they would be funded.

And then finally some key dates. The deadline date for submission of the application is 11:59 pm Eastern Time on Monday, Jun 11, 2012. We anticipate issuing the notice of grant awards and starting the project period the week of September 1, 2012.

So back to you, Michele.

Michele Boutaugh: Okay thank you, Laura.

I'd like to now highlight some key aspects of the program announcement itself. I'll be covering the grantee expectations, a little bit about the project narratives, and then the review criteria.

This funding opportunity is designed to achieve two goals. There are specific expectations related to these two goals that are outlined on pages 8 to 13 of the program announcement.

So applicants should make sure that their application and their program activities align closely with these goals and grantee expectations. I'd like to review some key parts of these expectations.

The first goal is to significantly increase the number of older and/or disabled adults who complete Evidenced Based Chronic Disease Self-Management Education programs.

We're using the acronym CDSME in this announcement as an umbrella term that refers not only to the Stanford model Clinic Disease Self-Management Program but also other Evidence Based Chronic Disease Self-Management Education Programs that are proven to maintain or improve health outcomes of adults with chronic conditions.

An applicant must propose implementing or continuing at least one CDSME, either one of the Stanford model programs which are listed in attachment G, or you may also propose another self-management program but this program must meet AOA's highest level evidence based criteria.

These criteria are listed in attachment G . Basically they require that the program has proven to be effective with older adults or with the specific target population that you're proposing for this announcement. And it needs to be proven effective through a randomized controlled or a quasi-experimental trial.

The results need to have been published in a peer reviewed journal and the program must have already been translated into practice. And basically that means that there's available training materials and implementation manuals so it's ready for broad national distribution through community based organizations.

Applicants that propose programs that are not pre-approved must include with their application an explanation about how the program meets AOA's criteria for a high level evidence based program and must supply a copy of the peer reviewed published articles which document the program's effectiveness.

Also regarding goal one, we are not specifying a specific number of completers that each state must reach as we did with the Recovery Act Grants. With the Recovery Act Grants we had a nationwide goal of 50,000 people.

We're now close to reaching 75,000 completers and nearly 100,000 participants. And we had individual grantees who achieved over 600% of their goals. Most of our grantees were somewhere between 100% to 200% of their individual goal.

So this time we really want the applicants to be much more ambitious. You will be expected to specify a target number of program completers for the three year project period and set benchmarks for each budget year.

And again as Laura mentioned this is going to be a very competitive competition so it's recommended that applicants propose a three year target set as a significant increase over the current number of people that they're reaching.

Finally related to goal one, there is a continued focus on underserved populations. Applicants must identify and select a specific targeted population including at least one minority, rural, or other underserved population. And applicants are also expected to partner within the tribal entities or other agency that is already serving that specific target population.

The second goal of this announcement is to strengthen and expand integrated, sustainable service systems within states to provide evidence based CDSME programs. We've defined an integrated, sustainable service system as a state level approach to providing easy access to these evidence based programs.

A sustainable system includes six key components that are outlined in the announcement. I'd just like to quickly review these.

The first component of an integrated system is the state level aging and public health leadership. As with the Recovery Act Grant, this is a continued opportunity for state units on aging and state public health departments to partner closely.

And as Laura mentioned while only one agency will apply for the grant we do expect the other agency to serve as the co-lead. We've been much more

explicit in this announcement about what we expect from the co-lead. They're expected to show significant collaborative activities such as designated staff position of at least 25% time within both organizations, a memorandum of understanding and other strategies that are included in the announcement.

Applicants should show a high level of involvement within their project narrative, within your work plan, your budget, and also it's expected that you provide a letter of commitment from the co-lead agency.

And this letter of commitment should be as explicit as possible about what the co-lead agency is prepared to bring to the entire project period.

The second component is effective partnerships to embed CDSME programs into statewide health and long term services and support systems. You'll note that we want applicants to be very strategic. There's a focus on working with delivery system partners that have multiple delivery sites or the capacity for conducting ongoing programs that can reach large populations hopefully to increase your access throughout your state or territory.

And there are also other key players that should be involved. Our previous grantees have been very innovative in the kinds of helpful partners that they've been able to recruit and we've listed many examples of these kind of partnerships in the announcement.

The third component of an integrated system is the delivery infrastructure and capacity to provide programs throughout the state.

So in addition to specifying and expecting that you'll have a specific number of completers that you'll be reaching through this announcement we also want you to be specific about setting a target for increasing your geographic or population capacity. So for instance if you're currently in 25% of the counties

in your state we would expect you to set a goal of increasing that a significant percentage over this grant period.

The fourth component of an integrated system is centralized or coordinated processes for making it easier for people to find out about and get into workshops. And there are some suggested strategies included in the announcement. One in particular that I wanted to mention is to coordinate with any aging and disability resource centers as a referral source.

The fifth component is a quality assurance program. And we just want to highlight the fact that by quality assurance we're not only talking about the fidelity monitoring aspect of maintaining the quality of the program but also having a system in place for continuous quality improvement and for really monitoring whether or not your grant goals and objectives are being achieved.

And we will have some additional data collection and reporting requirements with this grant, because it's funded through the Prevention and Public Health Fund and we'll be providing more information about that later.

The sixth component is business planning and financial sustainability. Applicants must describe their current efforts to sustain programs and must describe how they'll develop a sound and feasible financial sustainability or business plan.

We're encouraging applicants to integrate with other Affordable Care Act supported initiatives such as Care Transitions Programs and Health Homes.

And another recommended sustainable strategy that you'll see in the announcement is to partner with a Medicare provider to implement a diabetes self-management education program and to include strategies that will allow

you to work towards getting that program accredited through either the American Diabetes Association or the American Association of Diabetes Educators, and ultimately to obtain Medicare reimbursement.

So those are the major grantee expectations. I'd like to just comment on the project narrative guidelines. The project narrative must not exceed 20 pages and there are specific instructions starting on page 17 about subheads and content to include under each subhead. To make it as easy as possible for the reviewers you're encouraged to label each section and appendix clearly.

And then finally regarding the review criteria which start on page 23, you'll hear us repeating that this is a very competitive announcement so the easier you can make it for the reviewers to find out how closely you're matching the review criteria the better.

We encourage you to really look at the review criteria and make sure that you're addressing these in your narrative and in the application materials. Don't expect the reviewers to try to find this information throughout your application. Be as explicit as you can.

And now I'm going to turn the call over to Heather Wiley from our Grants Office.

Heather Wiley: Hi I'm Heather Wiley and I'm with the Office of Grants Management. And I would just like to say a few words. The prevention and public health funds were appropriated under the Consolidated Appropriations Act of 2012, Public Law 112-74.

Please note there are some key changes in the reporting and grants requirement and one of them is going to be a salary cap which means that none of the funds can be used to pay the salary of an individual through a

grant cooperative agreement or other external mechanisms at a rate in excess of 179,700.

For this particular announcement there is no match requirement. I would encourage you to only indicate match if your organization can make it because it will be required if it's stated in your application and it will be stated on the award notice.

Currently the synopsis states that the CFDA is 93.048. Please note that at the time that this was uploaded into grants.gov the actual CFDA number was not available. That will be 93.734 which is stated in the program announcement.

Also note that this is not going to be forward funded. The budget period length is going to be three one-year budget periods and the project period length is three years and will be subject to funding availability.

Please submit all applications to grants.gov and provide enough time to encounter any issues you may have with that submission. It's suggested that a minimum of five days prior to the application closing date you begin the upload.

And I will ask my colleagues if they have any other closing remarks.

Laura Lawrence: Well I just wanted to repeat what I said you were going to say but you didn't know that you were...

Heather Wiley: Oh.

Laura Lawrence: ...supposed to say that so I'm going to say it again.

Don't miss the deadline, June 11, 2012.

Heather Wiley: Good idea.

Laura Lawrence: And we expect the awards to go out the week of September 1. And finally one more repeat from what Michele had said and I did, highly competitive so do your best work. We're looking forward to applications.

I'm turning it over to Michele.

Michele Boutaugh: And (Bobbi), let's turn it over now for questions and answers.

Coordinator: At this time if you would like to ask a question please press star 1. Please record your name at the prompt. Again that is star 1 to ask a question, to remove your question you may press star 2.

Please standby for all incoming questions.

Michele Boutaugh: And while we're waiting for a question let me just note that there will be a transcription of this recording and some frequently asked questions will be posted on the Web site where the program announcement is within the next few days.

Coordinator: And our first question comes from Gail. Your line is open.

Gail Schwersenska: Good afternoon. This is Gail Schwersenska from the state office on aging in Wisconsin. The question that I have is in regards to a fall prevention program that we do in conjunction, well in addition to CDSMP. And that has been vetted and determined to be evidence based by CDC. In fact they are disseminating it through state injury prevention programs. We

are wondering if we want to include that in our grant what we would need to do from AOA.

Michele Boutaugh: That's a good question and that'll be, we already anticipated getting that question. It'll be included in the frequently asked questions.

The intent of this announcement is not to fund specific behavioral change programs but rather broader chronic disease self-management programs, programs that empower individuals with chronic conditions to manage their conditions on an ongoing basis, that address the multiple needs of people with chronic conditions, that include the teaching of multiple skills that people with chronic conditions need to have.

And that are designed to help build their confidence or their self-efficacy in dealing with their chronic conditions, so skill - self-efficacy enhancing strategies such as goal setting and problem solving.

Gail Schwersenska: That's what this is.

Michele Boutaugh: We do not, it's not the intent to...

Gail Schwersenska: Okay.

Michele Boutaugh: ...fund falls preventions programs.

Gail Schwersenska: Okay thank you very much.

Coordinator: Our next question comes from (Adam). Your line is open.

(Adam): Hi there, a couple questions but they're all short. I am wondering if we will be allowed or encouraged to serve completers that are under 60 years of age?

Michele Boutaugh: Yes since this announcement also applies to adults with disabilities that can be anyone over 18.

(Adam): Great. And then I'm wondering the benchmarks of numbers of the completers for each year, will that be just in general or would we be specifying per evidence based program? In other words a set amount for say ASMP and another benchmark for DSMP and another for CDSMP or something like that?

Michele Boutaugh: The announcement only talks about a total number but I think the, as specific as you can be would be beneficial.

(Adam): Okay and then final question, the 25% percent dedicated to staff, is that per 25% for the (SUA) and 25% for the department of public health or 25% combined between the two agencies?

Michele Boutaugh: It's recommended that there be at least a 25% person within each agency.

(Adam): At each one, okay. Thank you.

Coordinator: Our next question comes from (Tracy). Your line is open.

(Tracy): Well good afternoon and it appears that (Adam) just asked the three questions that I was going to ask so thank you.

Michele Boutaugh: So let me readdress the question about having specific goals for each program. There's not the requirement that you do that. You could just specify the total number of people that you're going to be reaching through one or more interventions under this initiative.

Coordinator: Our next question comes from (Vita). Your line is open.

(Vita): Hi my question is about the total number of pages allowed for all of the attachments. I didn't see a page limit so I was just wondering.

Michele Boutaugh: We did not include a page limit.

(Vita): Great.

Michele Boutaugh: It's only for the project narrative. Now, you know, again to simplify things for the reviewers, it's best to be as concise but as complete as possible and label everything clearly.

(Vita): Great, thank you.

Coordinator: Our next question comes from (Todd). Your line is open.

(Todd): Hi I was calling regarding the eligible partners. You talked about priority given to previous grantees. Is that previous states or the specific agency that had been doing the program?

Michele Boutaugh: We did not specify in this announcement that it had to be the same unit. It's priority to the grantees.

(Todd): Okay.

Coordinator: Our next question comes from (Laura). Your line is open.

(Laura): The additional expectations for the agency that's the co-lead and I just wanted to check and see, I'm looking at page nine and seeing what's spelled out there.

Are there other expectations for the co-lead agency that we should be aware of?

Michele Boutaugh: I'm flipping through to see under the review criteria if there's anything else in there. On page 25 there's a little bit more at the top of the page under partnership and I believe the section that describes the letter of commitment has some information as well.

(Laura): Great, thank you very much.

Coordinator: Our next question comes from (Beth). Your line is open.

(Beth): Hi we had a couple of questions. The first one is related to the budget template and just wanting more clarification on what non-fed cash versus non-fed in kind means?

Michele Boutaugh: Heather, can you address that?

Heather Wylie: Sure. What specifically did you need?

(Beth): Well just the difference between the two I think.

Heather Wylie: Well non-federal cash is any cash from your partners. In kind would be any non-cash items that are program related that can be used as match for this program.

(Beth): Okay that are more in house I guess? Okay.

Heather Wylie: But you know I just want to be, I just want to clarify one more time that there is no match requirement on this so that if you do decide that you would like to

add match to your application you will be held to it and it will be in your notice of award. Okay?

(Beth): Okay, thank you.

Heather Wylie: Okay great.

(Beth): Also just had a question about the Better Choices, Better Health online. I know that in the past we've received notices if we've had participants participate in that program from your state. So could you describe if there will be any other details provided or if that's something that we work directly with Stanford on or if that's even an option to get more information on those individuals.

Michele Boutaugh: Yes you should connect with the National Council on Aging and there'll actually be a Webinar in a couple weeks about the Better Choices Program. You'll be able to do a separate agreement with them that would allow you then to capture whatever data you need.

(Beth): Okay. My final question is just, it's quick. In a couple different places the abstract's mentioned and there's two different numbers provided for the limit. Could we get the final announcement on that? There's 265 mentioned and then there's 300 mentioned.

Michele Boutaugh: Okay we'll go with the 300 and I'll correct that in the frequently asked questions.

(Beth): Thank you.

Coordinator: Our next question comes from (Betsy). Your line is open.

(Betsy): Hi I was wondering if you could - thank you so much and this is a very exciting opportunity and we're all pretty excited about it.

Wondering if you could talk a little bit about allowable expenses and non-allowable expenses particularly in the areas of staff and partners and training and travel and whether there's expectations of attending conferences, et cetera, grantee meetings.

Michele Boutaugh: Heather can you start addressing that?

Heather Wylie: Well I, do you have a specific allowable cost that you have a question on because it would be similar to what is in the budget justification example in the attachment. Do you have a specific cost that you have a question on?

(Betsy): No I just haven't studied this carefully yet and I just wondered if there were things that would be unusual from past grants that we should all be cognizant of.

Heather Wylie: Not particularly. I would highly recommend that you take a look at the Grant's Policy Statement which is the HHS Policy Statement for all Discretionary Grants and that does bring you through some allowable issues that you might come across when you're putting together your budget.

And you also want to look at the cost principles.

(Betsy): Okay.

Heather Wylie: So you, I mean you're doing this in conjunction with your fiscal staff and I think they're pretty much aware of what is allowable and what's not allowable in a federal application. But if you have...

Michele Boutaugh: There are some funding restrictions listed on page 23 and the general grant key expectations talk about travel to a conference, grant key conference. And there is a little bit of information related to the public health and prevention funding starting on pages, page 28 and 29.

(Betsy): Thank you.

Coordinator: Our next question comes from (Robert). Your line is open.

(Robert): Someone has already asked my question but thank you.

Coordinator: All right thank you. The next question comes from (Marjorie). Your line is open.

(Marjorie): Oh hi yes, I was just wondering, it was mentioned that there was a salary cap. Can you explain that a little bit more?

Heather Wiley: Yes that was actually, that came out in the Appropriations Act of 2012 and it puts a cap on salary at the executive level too for any grants under this particular funding that is awarded after December 23, 2011. So what you want to do is you want to keep your salary for an individual and that also includes benefits, it includes all salary related items to 179, what was it again?

Edwin Walker: Seven hundred, 179,700.

Laura Lawrence: One seventy-nine, seven hundred.

(Marjorie): Is that the, what they're talking about under number six on page 28, that says cap on research salaries? I wasn't sure if that was what they were talking about.

Laura Lawrence: It is.

(Marjorie): Okay, thank you.

Michele Boutaugh: Yes.

Coordinator: Our next question comes from (Cathy). Your line is open.

(Cathy): Hi yes thank you. I apologize if someone asked this question while I was offline. I'm wondering about the 0.25% staffing.

What if one had the situation where a staff person from both public health and elderly and adult was working on the grant and spending 0.25% time but the funding for that was actually under a different grant other than this one, still working on chronic disease self-management but yet under the auspices of diabetes or coordinated chronic disease or some other program such as that.

Is that permissible and would you call that an in kind donation or how would that be stated in the budget if it is permissible? Thanks.

Michele Boutaugh: Yes it sounds like that might be a place where you would want to indicate an in kind support. And I, what we're looking for is really concrete evidence that both agencies are significantly involved. So if the funding is through a different funding stream but that position has designated, specific responsibility to doing the responsibilities included in this announcement...

(Cathy): Right, exactly.

Michele Boutaugh: ...then and you'll have to specify that in the organizational capacity in the section on, you know, positions descriptions.

(Cathy): Okay yes because we wouldn't want to be applying doubly for funding the same responsibilities.

Michele Boutaugh: Heather, do you have anything else to add?

Heather Wylie: No.

Laura Lawrence: Do we have any other questions, Michele?

Coordinator: And we do have one final question. I believe this question comes from Laura. Your line is open.

Laura Saddler: Thanks this is Laura Saddler with the Oregon Health Authority. I actually have two questions. The first, if you could clarify at the top of page nine the information about working with specific targeted populations and there's also information about tribal entities and I just wanted to get some clarification.

It sounds like we are required to work with tribes but I'm wondering if we do work with tribes does that count as our specific targeted population or is there an additional expectation that we'd be working beyond with, just with tribes?

Michele Boutaugh: No if you have a tribal entity in your area then that would count as your one required target underserved population.

Laura Saddler: Okay thank you. The other question was about the data collection reporting requirements. It sounds like there's more information coming about at a future date. We were wondering is there any advance information you can give us about those requirements and how different or similar they may be compared to what was required under (ARA).

And if there isn't information available is there, do we know when that will be available?

Michele Boutaugh: It's our understanding that we're going to have to go through (OMB) clearance for the data that we have to collect. And so we don't have a lot of specifics yet but for instance this announcement is for older adults and people with disabilities. We were not collecting any information about disability before in our prior announcements and so we're wanted to add at least a question about that.

With the Prevention and Public Health Funding it's our understanding that there's going to be a Web based semi-annual report that will have to be filed on finances and possibly something related to numbers of people, numbers of completers and participants.

But so the information about the reporting requirements will come out as part of your notice of award.

Laura Saddler: Okay thank you.

Coordinator: And we did receive a few more questions. Our next question comes from (Adam). Your line is open.

(Adam): Hi I'm wondering if the number of completers in our benchmarks needs to be unique completers or if we would be able, if we would want to count people who completed multiple programs more than once.

Michele Boutaugh: You know with the Recovery Act they had to be unique. But we've gotten a lot of input that for some reason people like to attend these programs and

they'll go from a diabetes program to a chronic disease to an arthritis program so we will allow you to count participants who attend different programs.

They would only be counted once for each intervention.

(Adam): Thank you.

Coordinator: And our next question comes from (Laura). Your line is open.

Woman: How do we get the questions down (unintelligible).

Michele Boutaugh: Hello, Laura?

Coordinator: You may go ahead and ask your question.

Okay at this time we have no further questions.

Michele Boutaugh: Okay so please feel free to email me if you have any additional questions and we will add them to the frequently asked questions document which should be posted within the next, by the end of this week. We thank you all for your participation.

My colleagues at AOA and ACL, do you have anything else, any other closing comments?

Laura Lawrence: I don't.

Edwin Walker: No, we don't.

Heather Wylie: I just wanted to state one thing in the arena of compliance is to be as careful and accurate as you can when completing the application because you are held

to what you state in the work plan and what you state in the budget justification. But that's about it.

Michele Boutaugh: Thank you, Heather.

Heather Wylie: Thank you.

Michele Boutaugh: Thank you, Edwin and Laura.

Laura Lawrence: Thank you, Michele.

Edwin Walker: Thank you.

Michele Boutaugh: Thank you, (Bobbi).

Coordinator: Thank you for everyone's participation. You may disconnect at this time.

END