Frequently Asked Questions

PPHF – 2012 - Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education (CDSME) Programs financed by 2012 Prevention and Public Health Funds (PPHF-2012)

FY 2012 Funding Opportunity
U.S. Administration on Aging
HHS-2012-AoA-CS-1211

UPDATED MAY 22, 2012—SEE NEW QUESTIONS #44-53
UPDATED MAY 24, 2012—SEE NEW QUESTIONS #54-56

1. **Question: What is the correct CFDA#?**
   Answer: Please use 93.734.

2. **Question: Is funding for this project provided through the Affordable Care Act (ACA)?**
   Answer: Yes, this project is being financed through Fiscal Year 2012 Prevention and Public Health Funds (PPHF) authorized through Title IV, Section 4002 of the Patient Protection and Affordable Care Act, Public Law 111-148.

3. **Question: The Program Announcement says that these cooperative agreements will range from about $200,000 to $575,000 per year. Can applicants request more funding than indicated in the Announcement? Are these figures the ceiling a state could request?**
   Answer: Applicants should request the amount they believe is needed to achieve the goals and expectations laid out in the Program Announcement, which will be corroborated by the budget and work plan submissions, included with their application. The range is displayed in order to give applicants an idea of the amount of funds that Federal government is looking to expend per grantee. If an applicant chooses to submit a larger request, it may not be in the government's best interest to fund such a project or additional negotiations may be needed to reduce the requested amount. Applicants are encouraged to submit realistic budgets for their program needs.

4. **Question: Who may apply?**
   Answer: See Section III-1 (pages 14-15) of the Program Announcement. This competition is limited to State Units on Aging (SUA) and State Public Health (SPH) departments. Priority consideration will be given to those SUAs and SPH departments that previously received and successfully completed either an AoA Evidence-Based Disease and Disability Prevention (EBDDP) Grant or a Recovery Act Communities Putting Prevention to Work CDSMP grant. Among the 47 Recovery Act CDSMP grantees, priority will also be given to the SUAs and SPHs that 1) successfully reached their CDSMP completer target goal by 3/30/12 and 2) made substantial progress towards developing sustainable financing strategies to continue to offer CDSME programs beyond the grant period. Only **ONE** application will be accepted from each state or territory.

5. **Question: Are you limiting the eligible agencies to the previous grantee lead agency?**
   Answer: Any SUAs and SPH departments may apply. Priority will be given to those SUAs and SPH departments in the states/ territories that previously received an AoA EBDDP or Recovery Act CDSMP grant but either the lead agency or co-lead agency may apply for this opportunity.

6. **Question: Are we still eligible to apply if our AoA Evidence-Based Disease and Disability Prevention (EBDDP) and/or Recovery Act CDSMP grant has a no-cost extension beyond June 2012? Will the no-cost extension be counted against us?**
   Answer: Any SUAs and SPH departments may apply, including those with no-cost extensions. More review points will be given to those applicants who previously completed an AoA EBDDP or Recovery Act CDSMP grant and successfully met their grantee key outcomes such as their Recovery Act completer target by 3/30/12 and other project goals. Applicants should clearly describe what they have accomplished in the Organizational Capability Statement section of the project narrative (see Section IV-2a on page 21 of the Program Announcement).

7. **Question: Are Tribal Organizations eligible to apply?**
   Answer: No. However, they may participate in projects as a partner. States are encouraged to include tribal organizations in their applications.

8. **Question: I am an occupational therapist working at a home health agency doing self-management programs. Can I apply for this opportunity?**
   Answer: No. See FAQ #4. Individuals and agencies with a desire to provide evidence-based chronic disease self-management programs are encouraged to contact their respective SUA or SPH department to explore the potential to be a partnering agency on this funding opportunity.

9. **Question: Are potential applicants required to submit a Letter of Intent?**
   Answer: No. Letters of Intent are not required nor expected for this announcement.

10. **Question: Can we propose a physical activity or falls prevention program under this funding opportunity?**
    Answer: No. The intent of this announcement is to fund broader evidence-based chronic disease self-management programs that empower adults to manage their chronic disease(s) on an ongoing basis. Eligible programs include the Stanford University-developed programs listed in Attachment G or other similar evidence-based programs that address the multiple needs or problems of persons with chronic conditions; are multi-session or multi-component programs; teach multiple skills including goal setting, problem-solving and/or other self-efficacy enhancing skills; and are interactive, not didactic.

11. **Question: Are A Matter of Balance; PEARLS (Program to Encourage Active, Rewarding Lives for Seniors); and Identifying Depression, Empowering Activities for Seniors (Healthy Ideas) or EnhanceFitness considered a Chronic Disease Self-Management Program under the terms of this program announcement?**
    Answer: No.

12. Question: Can we propose doing the online Better Choices, Better Health program and if so, will we be able to get information to count the participants?
Answer: Yes, this program is on the pre-approved list in Attachment G. Grantees will be able to obtain information about who is participating. For more information about this program, go to the National Council on Aging website: http://www.ncoa.org/improve-health/chronic-conditions/better-choices-better-health.html and then email Julie Kosteas, whose contact information is listed on this site.

13. Question: Should we specify completer benchmarks per program or just a total number?
Answer: Applicants are only required to specify an overall target number of completers for the 3-year period and annual benchmarks. However, as part of a grantee's quality assurance program, it would be beneficial to establish performance monitoring measures for each proposed program.

14. Question: Will the number of completers need to be unique completers or would we be able to count individuals who complete multiple programs as multiple completers?
Answer: Grantees will be allowed to count individuals who complete more than one program as a completer in all of those programs. The count is based on completers and not unique individuals.

15. Question: Will we be able to count the participants of workshops offered by agencies that we are not directly funding?
Answer: Yes, grantees will be allowed to count these workshops as long as the agencies are operating as part of the state's integrated services system. At a minimum that means that there is an agreement to collect and share data from the workshops.

16. Question: Can these grant funds be used for services to persons under the age of 60?
Answer: Yes. Program participants can include older adults (those age 60 and over) and/or adults age 18 and over with a disability.

17. Question: Can you specify who meets the definition of a disabled adult?
Answer: As defined by the Americans with Disability Act Statutory Definition, with respect to an individual, the term "disability" means (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment. 42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g). A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the Act.

18. Question: Can we target obesity as a chronic condition for this announcement?
Answer: There are varied opinions about whether obesity is a chronic disease or condition and/or a risk factor that increases the prevalence of chronic conditions such as diabetes. The World Health Organization, Internal Revenue Service, Food and Drug Administration and the National Heart, Lung and Blood Institute (NHLBI) are among the organizations that support the position that obesity is a disease. For example, NHLBI's *Clinical Guidelines on*

the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults states that "Obesity is a complex multi-factorial chronic disease that develops from an interaction of genotype and the environment." Applicants may choose to target obese adults as a target population for this announcement but must also propose an evidence-based chronic disease self-management program that meets AoA's highest quality criteria and with proven effectiveness in improving the health outcomes of adults who are obese.

19. **Question: Where in the Program Announcement can I find the additional expectations for the co-lead agency?**
    Answer: Grantee expectations regarding the co-lead agency responsibilities are described on page 9, page 20 (project management), page 21 (organizational capability), page 22 (letter of commitment), page 25 (partnership review criteria), and page 26.

20. **Question: Do we need to designate a minimum 25% FTE position within both the State Unit on Aging and the State Public Health department or 25% combined between the two agencies?**
    Answer: Applicants should designate a specific position within both agencies. For each of these two positions, the recommended minimum time commitment is 25% FTE.

21. **Question: In our state, the SUA and SPH department are not separate departments but are integrated within one department under the same director. Therefore, can we designate only one FTE of at least 25% to meet the grant requirement?**
    Answer: Applicants should ensure that there is adequate staffing to manage, carry out and support activities consistent with the grantee expectations listed on pages 8-12 of the Program Announcement. If only one FTE is proposed, the Project Narrative should clearly outline that position's responsibility in engaging and coordinating efforts with both the aging network and public health network.

22. **Question: Regarding the recommended minimum 25% FTE staffing, is it permissible to include a staff person at the co-lead agency who is being funded through another Federal program or other funding source? If so, how would we indicate that in the application?**
    Answer: It is acceptable to designate a person at the co-lead agency who is being partially funded through other sources as long as the person can commit at least 25% of his/her time to the specific responsibilities described in the proposal. There is no match requirement (see FAQ #31) so this information should be clearly stated in your Project Narrative (and not in the budget justification). Grantees are responsible for monitoring all aspects of the grant including assuring this time allocation and reporting on this aspect in the Semi-annual Progress Reports.

23. **Question: Regarding the statement on page 9 of the Program Announcement: "Grantees are expected to coordinate with tribal entities in their jurisdiction, *if applicable, w*hat does the "if applicable" mean?**
    Answer: Applicants with any tribal entities in their jurisdiction are expected to try to coordinate with these entities, i.e., to try to collaborate on getting tribal members trained and

involved in implementing the proposed program if the tribe agrees that the program meets the needs of the tribe.

24. **Question: Regarding the requirement to coordinate with tribal entities, do we need to have an agreement with all tribal entities in our jurisdiction or just those receiving AoA Title VI funding?**
    Answer: If an applicant identifies a tribe as one of its targeted populations, it will be expected to establish an agreement with the tribal entity during the grant period. This may be an entity that does not receive Title VI funding.

25. **Question: If we work with a tribal agency, does that count as our specific targeted population or is there an additional expectation that we'd be working with another population as well?**
    Answer: Applicants should demonstrate the capacity to reach underserved populations. There is an expectation that you reach at least one population. The tribal entity would meet this minimum requirement.

26. **Question: What is the difference between a grant and a "cooperative agreement"?**
    Answer: In the United States federal grants are financial assistance issued by the U.S. Government. A cooperative agreement is a variation of a grant, which is awarded when a grant provider anticipates having substantial involvement with the grantee during the performance of a funded project. These grants will be issued as cooperative agreements because they are significant and multifaceted endeavors in which AoA anticipates having substantial involvement with the recipients during performance of funded activities. Therefore, throughout the project period of the grant award, AoA will furnish technical assistance, oversight and support to each grantee to help ensure program success. The cooperative agreement structure will allow AoA to provide a higher level of technical assistance, oversight and support than a grant relationship offers. For more information, see the HHS Grants Policy Statement at http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html

27. **Question: Can we subcontract some or all grant activities?**
    Answer: Grantees, not the Federal Government, must decide whether it is in their best interest to subcontract grant activities. However, it is very important that grantees realize that the administrative responsibility and oversight of all grant activities remains with the grantee. When subcontracting, the grantee should retain sufficient funding to adequately fulfill its administrative and oversight responsibilities. Applicants who propose to subcontract out a significant portion of their grant activities should provide a rationale in their proposal that justifies any additional overhead costs that affect the funding for programmatic activities.

28. **Question: Should applicants submit one comprehensive work plan that includes goals for all three years or should proposals include a separate work plan for each of the three years?**
    Answer: Applicants must provide a separate work plan for each budget year (year one, year two and year three).

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29. Question: How long should the abstract be?
   Answer: Limit the abstract to no more than 300 words.

30. Question: If my state encounters an obstacle to submitting the application by the deadline, will AoA accept the application after the deadline passes?
   Answer: No, the application must be submitted by the deadline. Late applications will not be considered, unless they meet the requirements below. 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*. After AoA retrieves your application form from http://*www.grants.gov*, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by http://*www.grants.gov.*

   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 deadline.

31. Question: Is there a match requirement?
   Answer: No, there is no match requirement. Applicants that do provide match will not be viewed differently, or given more points, during the independent review process. Applicants also are encouraged to not provide match because if they choose to do so, then the match amount will become a part of their award notice and the awardee will be held to that match.

32. Question: Should the budget include funds for traveling to meetings?
   Answer: Yes. Applicants should plan and budget to send 2 representatives to one annual meeting during each of the three years of the project period.

33. Question: Is there a cap on the indirect costs that will be permitted? (Line 22 on the budget worksheet). Would an indirect cost rate of 45% be permitted?
   Answer: There is no set limit on the indirect costs. Indirect charges can only be charged if the organization has an approved allocation plan or an approved federal indirect cost agreement. Applicants should check with their fiscal staff for the amount that can be charged on the grant as it is different for each organization. Also see pages 41-42 of the Program Announcement, the HHS Grants Policy Statement at http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html and OMB Circular A-87 on Cost Principles at http://www.whitehouse.gov/omb/circulars_default.

34. Question: Regarding the budget template, can you clarify the difference between non-federal cash versus non-federal in kind?
   Answer: These are both forms of match, and match is not required for this program. Non-federal cash is any cash from your partners; it does not include funds from the federal government. In kind includes any non-cash items that are program-related such as meeting room space that can be used as match for this program (please note, there is no match requirement in this funding opportunity). Applicants who voluntarily decide to add a match

to their application will be held to that match and the match dollar amounts will be in their Notice of Award.

35. Question: Can we use another format for the budget rather than Attachment C as long as the other format includes all of the information and detail that is required?
Answer: No. All applicants must use the standardized justification format as provided in Attachment C with full details and calculations, and provide a completed SF424 A for three years as stated in the Program Announcement.

36. Question: Can you clarify what are non-allowable expenses, particularly in the areas of staff and partners and training and travel and whether there are expectations regarding attendance at grantee meetings?
Answer: Please see the HHS Grants Policy Statement at http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html and OMB Circular A-87 on Cost Principles at http://www.whitehouse.gov/omb/circulars_default. There are some funding restrictions listed on page 23. Applicants should plan and budget to send 2 representatives to one annual meeting during each of the three years of the project period.

37. Question: Can you clarify the salary cap?
   Answer: The salary cap is required due to restrictions on the use of the Prevention and Public Health Funds (PPHF) contained in the Consolidated Appropriations Act, 2012. This funding opportunity uses funds from the PPHF and therefore applicants must follow the restrictions. None of the funds appropriated under PPHF may be used to pay the salary of an individual at a rate in excess of Executive Level II, or $179,700. An individual may receive a larger salary, but the PPHF federal portion of their salary is capped at $179,700. This applies to any researchers, project directors or other personnel included in the applicant's budget justification. It also applies, in aggregate, to any other funding from the PPHF under this Act that the individual may be receiving. Example:

1. Base annual salary is $179,700, this person is at the annual salary rate limit

2. 50% of time is spent on the AoA PPHF funded project, 50% of time is spent on another non-PPHF federal funded project.

3. 50% of $179,700 = $89,850 can charged in AoA PPHF funds for salary expense

Percentage of Time on Project	Maximum Allowable Amount under P.L. 112-74 Salary Cap
If someone spent this amount of time on the project,	*they are allowed to have up to this amount of PPHF funded salary costs charged to the project.*
100%	$179,700
90%	$161,730
80%	$143,760
70%	$125,790
60%	$107,820
50%	$89,850
40%	$71,880
30%	$53,910
20%	$35,940
10%	$17,970

38. Question: Can an applicant propose to give fiscal or other types of incentives, such as small amounts of money or gifts, to recruit CDSME participants?
   Answer: This is not recommended, but in limited circumstances to meet programmatic goals, an applicant may propose to do so. If an applicant proposes to offer such incentives, it must present a compelling reason and evidence as to why it is necessary to do so and describe how this practice can be maintained after the grant period. An applicant needs to weigh its programmatic resources and fiscal costs against its ability to meet its targeted number of program completers. From a fiduciary perspective, every cost in the grant must meet the Federal Cost Principles (see OMB Circular A-87 at http://www.whitehouse.gov/omb/circulars_default), which include being reasonable,

allowable and allocable. Additionally, from a programmatic perspective, grant expenditures should be developed within the context of sustainability.

39. **Question: Can an applicant use these funds to pay for transportation costs associated with getting participants to and from a CDSME Program?**
    Answer: This is not recommended, but in limited circumstances to meet programmatic goals, an applicant may propose to do so. A better approach would be for the applicant to describe how it is going to leverage existing transportation resources from various public and private sources to provide for any needed transportation. Also see FAQ #38.

40. **Question: Can grant funds be used to pay for the direct service of the CDSME program, i.e. to pay for the workshop leaders or may we provide a stipend to leaders or master trainers?**
    Answer: It is allowable to pay direct service costs including stipends as part of start-up costs. However, the intent of this announcement is to embed the program into the ongoing operations of the delivery system partners. Part of the sustainability planning efforts should be to develop strategies that will cover the costs related to the leaders and master trainers.

41. **Question: Can sites offering the workshops charge participants a fee for participation?**
    Answer: Yes, charging participants a reasonable fee is an acceptable part of a sustainability plan to offset costs. It is recommended that scholarships be available for those unable to pay these costs. Fees charged will be considered program income and would have to be returned at the end of the grant period or used to further grant related activities.

42. **Question: What new reports will be required?**
    Answer: As described on page 28 of the program announcement, recipients receiving awards through the 2012 Prevention and Public Health Fund with a value of $25,000 or more will need to produce semi-annual reports. AoA may also request a few more data elements to be reported in the grantee progress reports. Additional information will be provided with the Notice of Awards.

43. **Question: Will we need to submit time sheets?**
    Answer: No, time sheets will not be required.

44. **Question: To whom do we address the governor's letter of support?**
    Answer: Letters of support may be addressed to the applicant, to the AoA Office of Grants Management or to the attention of Michele Boutaugh, Project Officer, or Heather Wiley, Grants Management Specialist (see contact information on page 29 of the Program Announcement).

45. **Question: One of the pre-screening requirements is a letter of support from our state's governor. We're having trouble obtaining that letter due to administrative and political issues. Can this requirement be waived?**
    Answer: No. As indicated in Section III- 3 Application Screening Criteria on pages 14-15, an application that does not include a letter of support from the governor will not be

reviewed. This is a highly competitive competition which requires documentation that the governor is supportive of the proposal.

46. **Question: Should we tie our 3-year completer target to the number of completers we achieved as of 3/30/12 (our original Recovery Act grant period end date) or the date of our proposal, since we are in a no-cost extension period?**
Answer: Applicants may use any baseline date and completer number but are encouraged to provide the baseline date in their narrative. Recovery Act CDSMP grantees are expected to report on what they accomplished through the two years of their Recovery Act grant (either through their original project end date or by the time of the proposal if they are under a no-cost extension) and are encouraged to propose a significant increase over this number.

47. **Question: The Program Announcement suggests 150% of our current numbers as a potential completer target for our application. Is this based on the actual number of completers we reached under our Recovery Act grant or the number we specified in our original proposal?**
Answer: Applicants are expected to propose a significant increase over the actual number of completers that were reached. Since this is a competitive competition, applicants are encouraged to propose an aggressive, but achievable target number of completers. This target may exceed the suggested 150% of the Recovery Act number of completers.

48. **Question: Can we propose to do the Tai Chi for Arthritis program through this funding opportunity?**
Answer: No. This funding opportunity is not intended to support physical activity or falls prevention programs. See FAQ #10.

49. **Question: Can we propose more than one CDSME and would it be acceptable to continue the two CDSMEs that we have been doing and then add a third program in the areas with greater capacity in Year Two?**
Answer: It is acceptable to propose more than one CDSME and to phase in additional programs. Applicants are not limited in the number of CDSMEs that they propose but are expected to clearly describe the current status of CDSME program delivery in the state and the gap that exists between the current status and the ideal where older and disabled adults with chronic conditions have easy access to CDSMEs throughout the state. Applications will be judged based on how clearly they describe a coherent approach to implementing the proposed CDSME program(s).

50. **Question: Can we just submit a work plan for Year One and then submit the work plans for Year Two and Year Three at the end of the first year?**
Answer: No, you must submit a work plan for each year. See FAQ #28.

51. **Question: Can we use grant funds for annual meeting registration fees and should we include a registration fee for the annual meetings in our budget?**
Answer: Yes, grantees may use grant funds to cover registration fees for annual grantee meetings. It is anticipated that grantee meetings may be held in conjunction with other professional meetings that could require an estimated $250- 525 registration fee.

52. Question: Does the top bullet point on page 12 of the Program Announcement mean we are to build capacity to get more Diabetes Self-Management Training sites accredited as Medicare reimbursable or to work towards getting the Stanford CDSME programs reimbursable?

Answer: The Stanford model Diabetes Self-Management Program (DSMP) is suitable as the curriculum for seeking accreditation and Medicare reimbursement. The Stanford model Chronic Disease Self-Management Program does not meet the requirements for accreditation. So the intent is to expand the number of sites doing the Stanford model DSMP or another evidence-based diabetes self-management education program that will meet the accreditation and Medicare reimbursement requirements.

53. Question: Would it be an appropriate use of funds to pay for a computer software program called DIAweb to help sites with Diabetes Self-Management Training accreditation?

Answer: The purchase of computer software can be an allowable expense. Applicants should provide a description of the software and a clear rationale for its use in the Budget Narrative/ Justification. Every cost in the grant must be reasonable, allowable and allocable, and meet other requirements in the Federal Cost Principles (see OMB Circular A-87 at http://www.whitehouse.gov/omb/circulars_default). Also see FAQ #38.

54. Question: Can you clarify whether we need to purchase the DIAWeb or AADE7 DSMT System or similar type of tracking software to achieve Diabetes Self-Management Training accreditation?

Answer: Software such as DIAWeb (http://www.chirondata.com/) and the American Association of Diabetes Educators AADE7 System (http://www.diabeteseducator.org/ProfessionalResources/AADE7/A7S.html) is NOT required in order to get accreditation for diabetes self-management education programs. Such software may be useful in assisting with achieving accreditation and the continuous quality improvement standards that are part of the process. However sites have achieved accreditation without such software. Sites can decide whether to use such software and which type to use, but they should be cognizant of the requirements for accreditation (whether they are seeking accreditation from AADE or ADA) and make sure that the software they choose will assist them in meeting those requirements.

55. Question: Will the existing agreement that we have with the public health department work with the new grant and will it hurt us if we submit the one we have with our application?

Answer: Applicants do not need to submit a copy of their memorandum of understanding (MOU) or other agreement with the co-lead agency with their application—only a letter of commitment. The letter should clearly describe the co-lead's commitment and areas of responsibility. If awarded the new grant, the grantee is expected to document its partnership with the co-lead agency, e.g. by extending an existing or creating a new MOU that lists the roles and responsibilities of each agency required for meeting the new grant objectives.

56. Question: For the project map, can we plot areas of activity by county since much of our state is rural?
Answer: Applicants may choose to show areas of activity within counties, PSAs, AAA regions or other relevant geographic or organizational boundaries.