

OMB Approval No. 0985-0018
Expiration 08/31/2013

U.S. Administration on Aging

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

**Program Announcement and Grant Application
Instructions**

**U.S. Administration on Aging
FY 2012**

Intentionally Left Blank

Table of Contents

I.	FUNDING OPPORTUNITY DESCRIPTION	4
II.	AWARD INFORMATION.....	7
	Cooperative Agreements Terms and Conditions of Award	8
III.	ELIGIBILITY INFORMATION	14
1.	Eligible Applicants.....	14
2.	Cost Sharing or Matching	14
3.	Application Screening Criteria.....	14
IV.	APPLICATION AND SUBMISSION INFORMATION.....	15
1.	Address to Request Application Package	15
2.	Content and Form of Application Submission.....	17
3.	Submission Dates and Times	22
4.	Intergovernmental Review	23
5.	Funding Restrictions	23
V.	APPLICATION REVIEW INFORMATION	23
1.	Criteria.....	23
2.	Review and Selection Process.....	26
VI.	AWARD ADMINISTRATION INFORMATION	27
1.	Award Notices.....	27
2.	Administrative and National Policy Requirements.....	27
3.	Reporting.....	27
4.	FFATA and FSRS Reporting.....	28
5.	PPHF Reporting	28
6.	Additional General Provisions	28
VII.	AGENCY CONTACTS	29
VIII.	OTHER INFORMATION	30
1.	Application Elements	30
2.	The Paperwork Reduction Act of 1995 (P.L. 104-13).....	31
	ATTACHMENTS	32
	Attachment A: Instructions for Completing Required Forms.....	33
	Attachment B: Standard Form 424A – Sample Format	44
	Attachment C: Budget Narrative/Justification – Sample Format	46
	Attachment D: Budget Narrative/Justification — Sample Template.....	49
	Attachment E: Project Work Plan – Sample Template.....	50
	Attachment F: Instructions for Completing the Project Summary/Abstract.....	53
	Attachment G: Evidence-Based Chronic Disease Self-Management Education Programs	54
	Attachment H: Definitions	56
	Attachment I: Diabetes Self-Management Training	60
	Endnotes.....	63

Department of Health and Human Services (HHS)

Administration on Aging (AoA)

AoA Center for Policy, Planning, and Evaluation

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

Announcement Type: Initial

Funding Opportunity Number: HHS-2012-AoA-CS-1211

Catalog of Federal Domestic Assistance (CFDA) Number: 93.734

Key Dates: The deadline date for submission of applications is 11:59 p.m., Eastern Time, on **June 11, 2012**. 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 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.

An optional Technical Assistance conference will be held for potential applicants on **May 7, 2012** at 3:00 PM EST. The toll-free teleconference phone number will be: 888-946-7302 passcode 8747866.

Other key dates are:

Anticipated Issuance of Notice of Grant Awards

September 1, 2012

Anticipated Project Period Start Date

September 1, 2012

I. FUNDING OPPORTUNITY DESCRIPTION

Program Description and Background

The mission of the Administration on Aging (AoA) is to develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps older adults maintain their health and independence in their homes and communities. The growing prevalence of chronic conditions impacts the health and quality of life of older adults. Chronic conditions are illnesses or disabilities that persist for at least a year and require medical attention and/or self-care. They include physical conditions, e.g., diabetes, arthritis, hypertension, chronic respiratory conditions, heart disease, HIV/AIDs and chronic pain, as well as behavioral conditions, such as depression and mental illnesses. In the United States, 91% of older adults have at least one chronic condition and 73% have multiple (2 or more) chronic conditions (MCC).¹ Individuals with MCC are at greater risk for premature death, poor functional status, unnecessary hospitalizations, adverse drug

events, and nursing home placement.^{2 3} Chronic conditions also impact health care costs: 99% of Medicare expenditures are for beneficiaries with chronic conditions.⁴ One of the more costly chronic conditions affecting Americans is diabetes. According to 2009 Medicare claims data; approximately 27% of all Medicare beneficiaries have a diagnosis of diabetes.⁵ In 2007, the total direct and indirect costs of diabetes were estimated to be \$174 billion.⁶

To address the growing prevalence and impact of chronic conditions, experts are recommending that health care systems include a combination of health and community-based interventions such as evidence-based chronic disease self-management education programs.⁷ One example of such a program is the Stanford University Chronic Disease Self-Management Program (CDSMP). The Stanford program teaches participants the skills to manage their conditions, build their self-confidence, adopt healthy behaviors, and enhance their quality of life. The program consists of workshops conducted once a week for two and a half hours over six weeks in community-based settings such as senior centers, congregate meal sites, faith-based organizations, libraries and senior housing programs. People with different chronic health conditions attend together, and the workshops are led by a pair of trained facilitators, many of whom also have one or more chronic conditions. The program focuses on problems and topics of interest that are common to adults with any chronic condition, such as managing pain, fatigue and other symptoms, nutrition, exercise, appropriate use of medications, managing stress and emotions, and communicating effectively with health professionals.

In addition to the English version of the Stanford CDSMP, which is appropriate for any type of chronic condition, other evidence-based self-management education programs have been developed at Stanford University for specific chronic conditions, for Spanish-speaking cultures, and in an internet format:

- Tomando Control de su Salud (Spanish version of the CDSMP)
- Diabetes Self-Management Program (DSMP) and Programa de Manejo Personal de la Diabetes (Spanish version of DSMP)
- Arthritis Self-Management Program (ASMP) and Programa de Manejo Personal de la Artritis (Spanish version of ASMP)
- Positive Self-Management Program for HIV
- Chronic Pain Self-Management Program
- Internet format programs, including: Better Choices, Better Health (for all chronic conditions); Better Choices, Better Health for Diabetes and Better Choices, Better Health for Arthritis.

Applicants for this funding opportunity may propose any Stanford or other chronic disease self-management education program that meets AoA's criteria for a highest-level evidence-based program. See **Attachment G** for information about AoA's criteria and for a list of websites where you can obtain additional information about the programs listed above.

The acronym, CDSME programs, is being used in this announcement as an umbrella term that refers to the Stanford model Chronic Disease Self-Management Program as well as the programs listed above and other non-Stanford evidence-based chronic disease self-

management education programs. See **Attachment H** for a list of definitions of other terms used in this announcement.

In general, individuals who complete one of the Stanford model self-management programs have shown statistically significant improvements in self-efficacy, health behaviors and health status. There is also some evidence of improved health care utilization and reduced health care costs.^{8 9} Despite their benefits, CDSME programs are underutilized. For instance, there is a Medicare benefit that reimburses for Diabetes Self-Management Training programs that have been accredited by the American Diabetes Association or American Association of Diabetes Educators. Yet, only 2.2 percent of adults aged 65 years and older have received Diabetes Self-Management Training benefits.¹⁰

AoA has a long history of supporting CDSME programs and other evidence-based health programs. Since 2003, AoA, in conjunction with the Centers for Disease Control and Prevention (CDC), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare and Medicaid Services (CMS) and other Department of Health and Human Services (HHS) and private sector partners, has funded collaborations between the aging and public health networks at the state and community level.

Two core AoA grant programs that have supported CDSME programs are the Evidence-Based Disease and Disability Prevention Program and the American Recovery and Reinvestment Act of 2010 Communities Putting Prevention to Work: Chronic Disease Self-Management Program (Recovery Act CDSMP). Through the latter initiative, AoA awarded \$27 million through 47 cooperative agreements with 45 states, Puerto Rico and the District of Columbia. These two-year projects had two major goals: (1) to deliver evidence-based self-management programs to 50,000 older adults with chronic conditions who completed at least four of the six workshop sessions and (2) to strengthen and significantly expand the capacity of the public health and aging networks through distribution and delivery systems that increase the availability of, and access to, these programs.

As of March 27, 2012, Recovery Act CDSMP grantees had reported hosting 8,223 workshops at 5,318 unique implementation sites. They had collectively exceeded the original 50,000 completer target goal, reaching 90,522 participants, of whom 67,757 completed at least 4 sessions (retention rate of 75%). More than 60% of participants who voluntarily reported relevant data indicated having multiple chronic conditions, with the most common conditions being hypertension (43%), arthritis (41%), and diabetes (30%).

Both State Units on Aging (SUA) and State Public Health Departments (SPH) were eligible for funding as the lead agency through the Recovery Act cooperative agreements. Awards were given to 31 SUAs and 16 SPHs. Both SUAs and SPHs were expected to collaborate in administering the program and work with their State Medicaid agency and local partners (area agencies on aging, local health departments and others) to develop their distribution and delivery systems. To help build their sustainable infrastructures, grantees utilized diverse strategies including embedding programs within Affordable Care Act initiatives such as care transitions and medical homes, partnering with Medicaid and other health insurance providers, collaborating with Federally Qualified Health Centers, Veterans Administration Medical Centers and other healthcare organizations, influencing

state and local policies, and teaming up with non-traditional partners such as the Department of Corrections and state and local mental health agencies.

More information about the AoA Recovery Act CDSMP grantees is available at the following website:

http://www.aoa.gov/AoARoot/AoA_Programs/HPW/ARRA/Index.aspx

Purpose

The overall purpose of this funding opportunity is to help ensure that evidence-based self-management education programs are embedded into the nation's health and long-term services and supports systems. This effort will help preserve and expand the prevention program distribution and delivery systems that were developed through previous AoA Evidence-Based Disease and Disability Prevention Program and Recovery Act CDSMP grants.

This funding opportunity is supportive of the HHS Strategic Framework on Multiple Chronic Conditions in bringing to scale and enhancing sustainability of evidence-based, self-management programs.¹¹ It also helps to address the Healthy People 2020 objectives to increase the proportion of older adults with one or more chronic health conditions who report confidence in managing their conditions and to increase the proportion of older adults who receive Medicare benefits for Diabetes Self-Management Training.¹²

This funding opportunity is designed to achieve the following two major goals:

- **Goal 1:** Significantly increase the number of older and/or disabled adults with chronic conditions who complete evidence-based CDSME programs to maintain or improve their health status.
- **Goal 2:** Strengthen and expand integrated, sustainable service systems within States to provide evidence-based CDSME programs.

Statutory Authority

The statutory authority for cooperative agreements under this program announcement is contained in Section 1701 (a)(3)(A-B), Section 1701(a)(4), and Section 1703(a)(4) of the Public Health Service Act; and Consolidated Appropriations Act, Fiscal Year 2012, Public Law 112-74; and the Patient Protection and Affordable Care Act, Public Law 111-148; and Title IV, Section 4002 of the Affordable Care Act (PPHF)

II. AWARD INFORMATION

Award Mechanism: Cooperative Agreements

Fiscal Year Funds: 2012

Approximate Current Fiscal Year Funding: \$8.45M (This amount is an estimate, and is subject to availability of funds. This includes direct and indirect costs.)

Approximate Number of Awards: 15-20

Approximate Size of Individual Awards: Range from about \$200,000 – \$575,000/year

Budget Period Length: Three 1-year budget periods

Project Period Length: Three years [subject to funding availability]

These awards are competitive, and applications will be evaluated in part on applicants' stated target number of individuals they plan to serve, and their demonstrated capacity to achieve their targets and to establish integrated, sustainable service systems. Applicants should request an adequate funding amount to achieve the objectives they are proposing.

Cooperative Agreements Terms and Conditions of Award

Consistent with the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224), awardees will receive Financial Assistance Awards that establish a **Cooperative Agreement** between the AoA and the grantee. This Cooperative Agreement, whose terms are described below, provides for the substantial involvement and collaboration of AoA in activities that the recipient organization will complete in accordance with the provisions of the approved award. The terms grant and grantee are used to refer to cooperative agreements and awardees. The following section outlines:

- A. Grantee responsibilities related to the grant goals,**
- B. General grantee responsibilities, and**
- C. AoA responsibilities**

A. Grantee responsibilities related to the grant goals

Grantees are expected to align their application and program activities to meet the following expectations related to the two grant goals:

Goal 1: Significantly increase the number of older and/or disabled adults with chronic conditions who complete evidence-based CDSME programs to maintain or improve their health status.

- Implement or continue at least one type of evidence-based CDSME program to maintain or improve the health outcomes of older and/or disabled adults with diabetes, arthritis, heart disease, HIV/AIDs, chronic pain, depression or other chronic condition. Applicants may propose a Stanford model or another type of CDSME program that meets AoA's highest-level evidence-based criteria. **Attachment G** provides AoA's criteria, examples of programs that meet these criteria and instructions for proposing other CDSME programs.
- Specify and meet a target number of CDSME program completers for the 3-year project period and set benchmark numbers for each budget year. It is recommended that applicants propose a 3-year target that is a significant increase over their current numbers (e.g., 150% of their Recovery Act CDSMP grant completer numbers, if applicable, or a percentage of their State's Medicare population or older and/or disabled adults with chronic illnesses). Numbers of Medicare beneficiaries by State can be accessed at: <https://www.cms.gov/MedicareEnrpts/>. Information about chronic disease frequency can be obtained at: <http://www.cdc.gov/nccdphp/CDI/overview.htm>
- Reach an average completion rate among participants of at least 75%. Completion is defined as attendance at 4 or more out of six sessions or 2/3 of the sessions for CDSME programs that have a different length.
- Demonstrate capacity and ability to achieve health equity among disparately affected

populations. Applicants must identify and select a specific targeted population(s) including at least one low-income, minority, rural, limited English speaking or other underserved older and/or disabled population with chronic conditions and provide a rationale for this selection. Grantees are expected to coordinate with tribal entities in their jurisdiction, if applicable, and during the project period to negotiate and implement at least one written partnership agreement with a tribal entity or other agency to deliver the proposed CDSME program to the targeted underserved population(s).

Goal 2: Strengthen and expand integrated, sustainable service systems within States to provide evidence-based CDSME programs.

Applicants must describe the structure they already have in place and propose how they will meet the following minimum expectations regarding an integrated, sustainable service system that can be used to systematically deliver evidence-based CDSME programs to older and/or disabled adults with chronic conditions throughout the State.

An *integrated, sustainable service system* is defined as a state-level approach towards providing older and/or disabled adults with easy access to evidence-based CDSME programs. A sustainable system includes:

1. State-level aging and public health leadership
2. Effective partnerships to embed CDSME programs into statewide health and long-term services and supports systems
3. Delivery infrastructure/capacity to provide programs throughout the State
4. Centralized or coordinated processes for recruitment, intake, referral, registration/enrollment
5. Quality assurance program and ongoing data systems and procedures
6. Business planning and financial sustainability

Expectations regarding an integrated, sustainable service system include:

1) State-level aging and public health leadership

- Ensure an effective State Unit on Aging (SUA) and State Public Health (SPH) partnership. This grant program is an opportunity for SUA and SPH departments to collaborate closely on the development of an integrated, sustainable service system for evidence-based CDSME programs. A SUA or SPH department will be the lead agency for this cooperative agreement. Regardless of which of the two departments is the lead, the entire grant application, including the work plan, should reflect substantial mutual planning, effort, cooperation, and substantive contributions by both. Throughout the grant period, significant collaborative activities are expected (such as memorandums of understanding, shared support of staff positions, joint planning activities, regular meetings and communications, inclusion of evidence-based prevention program priorities in the state aging, public health, chronic disease or other major state plan, etc.).
- Designate a specific position (recommended minimum of at least 25% FTE) within both the SUA and also at the SPH department to coordinate and manage grant activities identified in the work plan submitted with this funding opportunity.

2) Effective partnerships to embed CDSME programs into statewide health and long-term services and supports systems

- Strategically recruit and partner with organizations that can embed CDSME programs into their ongoing operations. Priority should be given to delivery system partners with multiple delivery sites and/or capacity to reach large populations to increase access throughout the State and to help sustain program delivery and who commit to offer workshops on an ongoing basis beyond the project period.
- Strategically develop and maintain partnerships with other key agencies to support their service system and coordinate and integrate with other chronic disease programs and relevant stakeholders to continue to develop the long-term services and supports available in communities throughout the State. In addition to agencies within the Aging Network (area agencies on aging, Aging and Disability Resource Centers, senior centers and other provider agencies) and local health departments, examples of other appropriate agencies include:
 - Health care organizations, particularly physician groups, health systems, health plans, Veterans Affairs Medical Centers and Federally Qualified Health Centers involved in chronic care management programs and demonstrations
 - Existing CDSME program licensed agencies and agencies delivering other community-based evidence-based prevention programs to older and/or disabled adults
 - Faith-based and other community agencies that can reach specific targeted populations
 - Academic institutions to assist with quality assurance activities or help build the delivery workforce
 - Area health education centers, cooperative extension services and other agencies that can provide outreach and/or serve the targeted populations
 - Corporations, unions and employee/retiree groups
 - Other State agencies such as the State Medicaid agency, Quality Improvement Organizations (QIO), the State's Community and Economic Development Agency, and Departments of Disability, Mental/ Behavioral Health, Education, Labor, Minority Affairs, Corrections, etc.

3) Delivery infrastructure/capacity to provide programs throughout the State

- Expand and/or strengthen their geographic and/or population reach (e.g., number of counties/PSA and/or percentage of the population that has access to CDSME programs at least twice a year). Applicants should describe their current geographic/population reach in their application. In addition to the target number of completers, grantees are expected to specify and meet a measurable target for a service system that increases the current geographic/population capacity (e.g., 25% increase per year in the population or counties that have access to CDSME programs at least twice a year).
- Describe their current infrastructure/delivery capacity (including number of host and implementation sites and program trainer/delivery workforce) and ensure that they will have adequate capacity for delivering CDSME programs to meet both the target completer goals and proposed geographic/population reach.

NOTE: Consistent with current fidelity standards, applicants are cautioned against

proposing more training workshops and training more personnel than are needed to satisfy the expected demand for workshops. (For example, see Stanford CDSMP Fidelity Manual for more information, available at:

<http://patienteducation.stanford.edu/licensing/FidelityManualOct2011.pdf>

4) Centralized or coordinated processes for recruitment, intake, referral, registration/enrollment

- Implement centralized or coordinated outreach and marketing efforts to promote the CDSME programs to targeted groups and individuals. Strategies could include a statewide workshop calendar, online registration process, toll-free information line, local radio/television announcements, newspaper ads or inserts, use of social media and/or word of mouth ambassadors, etc.
- Coordinate with any Aging and Disability Resource Centers (ADRCs) operating within the State to leverage the ADRCs' capacity to provide an easy access, "no wrong door/single entry point" and referral of potential participants to CDSME programs. For more information on ADRCs and to find out where ADRCs are located, go to: <http://www.adrc-tae.org/tiki-index.php?page=HomePage>

5) Quality assurance program and ongoing data systems and procedures

- Describe their development and use of a quality assurance (QA) program to ensure continuous quality improvement. The system should be designed to provide at least semi-annual management reports on progress towards and completion of items in the work plan submitted under this funding announcement and procedures for corrective actions. For additional information about developing a QA program, go to: http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/AoA_Quality_Assurance_Expectations-9-16-w-text-boxes.pdf
- Incorporate ongoing processes into the QA program to monitor whether the CDSME programs are being delivered with fidelity to the original program design.
- Ensure 100% compliance with the timeline and content of all required data collection and reporting requirements (see page 27 for more detail).

6) Business Planning and Financial Sustainability

- Develop a sound and feasible financial sustainability or business plan to sustain their CDSME programs and service system beyond the grant period. In their application, applicants should describe their current efforts to sustain their evidence-based programs and describe the process they will use to involve governmental agencies, private foundations and corporations, employer groups, unions, health plans and other public and private entities to formulate an overall strategy and detailed plan for sustaining the program.
- Demonstrate how CDSME programs are supported and integrated with other AoA Older Americans Act programs, e.g. evidence-based programs funded through Title III-D. For more information go to: http://www.aoa.gov/AoARoot/AoA_Programs/HPW/index.aspx
- Grantees are encouraged to collaborate with agencies being supported through the Affordable Care Act to conduct care transitions, health homes and other innovative

programs that could help sustain ongoing program delivery. For additional information about possible opportunities, go to:

http://www.aoa.gov/Aging_Statistics/health_care_reform.aspx#webinar..

- To work towards Medicare reimbursement as a sustainability mechanism, grantees are also encouraged to partner with a health system, physicians group or other Medicare provider to implement a diabetes self-management education program and submit this for accreditation to the American Diabetes Association (ADA) or American Association of Diabetes Educators (AADE). Additional information about this process is provided in **Attachment I**.

B. General Grantee Responsibilities

Grantees must also agree to the following general conditions:

- Work cooperatively and in good faith with AoA, its technical assistance partners, and other AoA designated entities involved in the development, implementation and evaluation of the program.
- Commit to sending a lead staff person from both the State Unit on Aging and State Public Health department to any scheduled annual grantee conferences. In addition, funds for these 2 persons to attend a meeting in the Washington DC area should be included in the budget.
- Meet all training, licensing, fees or other requirements, associated with the selected CDSME program to ensure compliance with all the requirements stipulated by the authorizing entity. (For example, if a Stanford model program is proposed, the grantee must adhere to Stanford's training and licensing requirements. NOTE: the Stanford CDSMP is being updated in 2012, which will require completion of an online training. For more information, go to: <http://patienteducation.stanford.edu/>)
- Designate/hire the State level project staff within the State Unit on Aging and State Public Health department within two months of receipt of an award under this announcement.
- Maintain regular contact with their AoA Project Officer, and share with the AoA all significant products produced by their projects.
- If requested, provide a revised project narrative, budget, and/or other required documents to the AoA Project and Grants Officers within the timeframe requested. These requested documents may include, but are not limited to:
 - A revised narrative updating the status of the project and priorities;
 - A revised budget on approved forms;
 - A revised budget narrative that provides a justification for the funds requested; and
 - A revised Financial Status Report (SF-425) updating and tracking the fiscal expenditures of the project.
- If the work plan is revised, agree upon and adhere to the revised work plan within 30 days of the award (based on any required budget or program revisions) that details expectations for major activities, products and reports during the current budget period. The work plan will include timelines, staff assignments, work locations and areas that require AoA review and/or prior approval. Either the AoA or the grantee can propose a revision in the final work plan at any time. Any changes in the final work plan will require the approval of AoA.

- Cooperate with federal research efforts. This may include participation in surveys, interviews, other data collection activities, cross-site evaluations, and case studies. The grantee must be prepared to fully cooperate with any data collection efforts for possible health services utilization and/or outcomes evaluations which may include the collection of personally identifiable information from CDSME program participants.
- Submit copies of analytic data file(s) with appropriate documentation representing the data developed/used in end-product analyses generated under the award at any phase of the project, including the project's conclusion, if requested by the AoA Project Officer. The analytic file(s) may include primary data collected, acquired or generated under the award and/or data furnished by the AoA. The content, format, documentation and schedule for production of the data file(s) will be agreed upon by the grantee and the AoA Project Officer. The negotiated format(s) could include both file(s) that would be limited to AoA's internal use and file(s) that the AoA could make available to the general public.

The project period for this cooperative agreement is 3 years depending on the availability of funds. The State grantee understands that the AoA will review the project's performance on a semi-annual basis to determine the necessity for program improvement. Program improvements may be based upon 4 standards of performance:

1. The extent to which the project fulfills the goals and expectations included in this announcement.
2. The extent to which the project fulfills the objectives and action steps contained in the approved work plan.
3. The standard of performance, which is the **quality** of the grantee's work in fulfilling the objectives and action steps in the approved work plan.
4. The extent to which the grantee submits required reports in a complete and timely manner.

C. AoA Responsibilities

The AoA anticipates having substantial involvement with recipients of this funding opportunity. This involvement may include collaboration, participation or intervention in the funded activities. The AoA will also be involved in developing and implementing the funded project by conducting application reviews and providing technical assistance, training, guidance and oversight throughout the three-year project period. The AoA agrees to work cooperatively concerning the development and execution of the activities of the project as follows:

- AoA project officers will perform the day-to-day federal responsibilities of monitoring the status of this initiative.
- The AoA and the grantee will work cooperatively to clarify issues to be addressed by the project, and the grantee will develop the work plan for the three years of the project, which the AoA may modify as necessary.
- The AoA will assist the project leadership in understanding the policy concerns and/or priorities of the AoA by conducting periodic briefings, as well as ongoing consultations.

- The AoA has designated technical assistance providers to design and implement, in cooperation with the AoA and grantees, joint technical assistance activities.
- To facilitate appropriate involvement during the period of this cooperative agreement the AoA, the technical assistance center and the grantee will be in contact semi-annually and more frequently when appropriate.
- The terms and conditions of the cooperative agreement under this announcement are in addition to, not in lieu of, 45 CFR Part 74 or 92.
- Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by AoA or the awardee at any time. Modifications and/or amendments of the cooperative agreement or work plan shall be effective upon the mutual agreement of both parties, except where AoA is authorized under the Terms and Conditions of award, 45 CFR Part 74 or 92, 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

Eligible applicants include State Units on Aging and State Public Health departments in all U.S. states and territories; however, priority consideration will be given to:

- The State Units on Aging and State Public Health departments within the 48 U.S. states and territories that previously received and successfully completed either an AoA Evidence-Based Disease and Disability Prevention Grant or a Recovery Act Communities Putting Prevention to Work CDSMP grant.
- Among the 47 Recovery Act CDSMP grantees, agencies that successfully reached their CDSMP completer target goal by 3/30/12.
- Agencies that have 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.

2. Cost Sharing or Matching

Matching funds are not required.

3. Application Screening Criteria

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

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

1. Applications must be submitted electronically via <http://www.grants.gov> by 11:59 p.m., Eastern Time, **June 11, 2012**.
2. The application must contain an abstract of no more than 300 words that specifies the evidence-based chronic disease self-management education programs the applicant plans to offer under this funding opportunity.
3. The Project Narrative section of the application must be **double-spaced**, on 8 ½" x 11" plain white paper with **1" margins** on both sides, and a **font size of not less than 11**.
4. **The Project Narrative must not exceed 20 pages**. NOTE: The Project Work Plan, Project Map, Letters of Commitment/ Support, documentation of other evidence-based education programs, and Vitae of key project personnel **are not counted** as part of the Project Narrative for purposes of the 20-page limit.
5. The applicant must be a State Unit on Aging or a State Public Health Department.
6. The application must include a letter of commitment from the co-lead State Unit on Aging or a State Public Health Department.
7. The application must include a letter of support from the State's Governor.

Unsuccessful submissions will require authenticated verification from <http://www.grants.gov> indicating system problems existed at the time of your submission. For example, you will be required to provide an <http://www.grants.gov> submission error notification and/or tracking number in order to substantiate missing the application deadline.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

Application materials can be obtained from <http://www.grants.gov> or <http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx>.

Please note, AoA is requiring applications for all announcements to be submitted electronically through <http://www.grants.gov>. The Grants.gov (<http://www.grants.gov>) registration process can take several days. If your organization is not currently registered with <http://www.grants.gov>, please begin this process immediately. **For assistance with <http://www.grants.gov>, please contact them at support@grants.gov or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time.** At <http://www.grants.gov>, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website (<http://www.grants.gov>).

Applications submitted via <http://www.grants.gov>:

- You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number (HHS-2012-AoA-CS-1209) or CFDA number (**93.734**).
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. AoA strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time involved to complete the registration process.
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the Central Contractor Registry (CCR). You should allow a minimum of **five days** to complete the CCR registration.
- **Note:** Failure to submit the correct suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) **or receive subawards directly from the recipients of those grant funds** to:
 1. Be registered in the CCR prior to submitting an application or plan;
 2. Maintain an active CCR 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 it submits to the OPDIV.

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

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

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

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. It is a unique, **nine-digit identification number**, which provides unique

identifiers of single business entities. The DUNS number is *free and easy* to obtain.

- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide:
http://www.whitehouse.gov/sites/default/files/omb/grants/duns_num_guide.pdf.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the <http://www.grants.gov> compatibility information and submission instructions provided at <http://www.grants.gov> (click on “**Vista and Microsoft Office 2007 Compatibility Information**”).
- **Your application must comply with any page limitation requirements described in this Program Announcement.**
- After you electronically submit your application, you will receive an automatic acknowledgement from <http://www.grants.gov> that contains <http://www.grants.gov> tracking number. The Administration on Aging will retrieve your application form from <http://www.grants.gov>.
- After the Administration on Aging 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>.
- Each year organizations registered to apply for Federal grants through <http://www.grants.gov> will need to renew their registration with the Central Contractor Registry (CCR). You can register with the CCR online and it will take about 30 minutes (<http://www.ccr.gov>).

Contact person regarding this Program Announcement:

U.S. Department of Health and Human Services
Administration on Aging
Washington, DC 20201
Attn: Michele Boutaugh

E-mail: michele.boutaugh@aoa.hhs.gov

2. Content and Form of Application Submission

a. Project Narrative

The Project Narrative must be double-spaced, on 8 ½” x 11” paper with 1” margins on all sides, and a font size of not less than 11. Smaller font sizes can be used to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is 10 to 20 pages. AoA will not accept applications with a Project Narrative that exceeds the maximum allowed of 20 pages. The Project Work Plan, Letters of Commitment, Project Map and Vitae

of Key Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit, but all of the other sections noted below are included in the limit.

The components of the Project Narrative counted as part of the 20 page limit include:

- Summary/Abstract
- Problem Statement
- Goal(s) and Objective(s)
- Proposed Project
- Target Population
- Anticipated Outcomes
- Project Management
- Quality Assurance
- Organizational Capability

Please use each of these project components as headings in the narrative. It is suggested that applicants include a table of contents with the application that provides the page numbers for each section, as well as a list of any appendices. Clearly label all appendices.

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not an application meets the minimum expectations for this funding opportunity, outlined on pages 7-10 of this announcement. The Project Narrative should provide a clear and concise description of the proposed project. Suggested content for each section of the project narrative follows:

Summary/Abstract. Include a brief (no more than 300 words maximum) description of the proposed project including: the goal, objectives and overall approach that will be used to implement the project, including which CDSME program(s) will be implemented, key partnerships, strategies and tactics the State will use to reach the projected number of older and/or disabled adults with chronic conditions and to successfully develop and embed an integrated, sustainable service system for delivering CDSME programs. Detailed instructions for completing the summary/abstract is included in **Attachment F**.

Problem Statement. Describe the “gap” between the current availability of CDSME programs and the “ideal” situation where CDSME programs are readily available to older and/or disabled adults with chronic conditions throughout the State. This should include a description of the extent to which CDSME programs are already being deployed in the State and the extent to which a statewide infrastructure exists for systematically delivering these programs in a way that ensures fidelity to the original research design and outcomes. It should also describe the major management, systems, and financial challenges the State will need to address in order to make CDSME programs readily available statewide.

Goals and Objectives. Describe the proposed project goals and major objectives, including the projected total number of older and/or disabled adults with chronic conditions who will participate in and complete CDSME programs as a result of this funding in the 3-year project period and benchmarks for each budget year, the increase in geographic and/or population reach that will be achieved, and the major accomplishments the applicant plans to achieve with respect to the development of an integrated, sustainable service system that it can use to systematically deliver CDSME programs.

Proposed Project. Provide a clear and concise description of how the grant goals and grantee expectations listed on pages 7-11 will be addressed. This section must describe:

- The specific type of CDSME program(s) that will be implemented. Applicants proposing interventions other than those listed in **Attachment G** must supply copies of the peer-reviewed articles upon which the intervention is based and describe how the intervention meets the criteria for CDSME programs listed in **Attachment G**. The justification for using a program not listed in **Attachment G** and any associated documents will not be counted toward the 20 page limit for the Project Narrative.
- How the applicant plans to address the major challenges identified in the Problem Statement.
- How the applicant plans to go about developing and/or strengthening its evidence-based services system, including all of the components described on pages 7-11 of this announcement, including:
 - the roles, current status and proposed strengthening of an effective, collaborative State Unit on Aging and State Public Health department leadership
 - existing and proposed delivery system partners that have multiple delivery sites and can reach large population and commit to offering a CDSME program on an ongoing basis
 - how the local Aging Network (area agencies on aging, Aging and Disability Resource Centers, senior centers and other provider agencies), local health departments and other local community-based organizations will be involved in a meaningful way in the implementation of the proposed project
 - the identification and involvement of other major partners at the state and community level, including any public or private sector resources it plans to leverage with these funds
 - how the applicant will leverage its existing partnerships and statewide systems that provide community-based services and supports to older and/or disabled adults and ultimately embed the CDSME program within the larger health and long-term services and supports systems.
 - how this effort will be coordinated and/or integrated with existing CDSME program licensed organizations and other

- community-based prevention programs being delivered to older and disabled adults in the State.
- if applicable, how the proposed project will interface with physician practices and/or hospitals involved in initiatives or demonstrations that focus on older or disabled adults with chronic conditions.
- the current geographic/population reach and infrastructure for delivering CDSME programs including the number of host sites, implementation sites and delivery personnel (such as trainers and leaders) and how an adequate capacity will be ensured. Describe how the need for additional delivery personnel was determined and provide a rationale for any proposed training. Illustrate the current and proposed population reach on the Project Map (see page 22).
- how awareness of and easy access to CDSME programs will be ensured through centralized or coordinated advertisement, recruitment, intake, referral and registration processes.
- the applicant's approach to developing a financial sustainability/ business plan as well as key partners and agencies it will engage to help sustain the CDSME program service system beyond the funding period.

Target Population. Describe the target population(s) to be served and how the program will also give special attention to serving low-income, minority and limited English speaking or other underserved older and/or disabled adults with chronic conditions. Provide a rationale for selecting the target group(s) and also describe any involvement of tribes or tribal organizations and other organizations that would be collaborating in reaching the targeted population.

Outcomes. Describe the measurable outcomes the applicant plans to achieve. The outcomes should align with the grantee expectations listed on pages 8-12. List measurable outcomes in the attached work plan grid (**Attachment E**) under "Measurable Outcomes".

Project Management. Include a clear delineation of the roles and responsibilities of project staff at the State Unit on Aging and State Public Health Department, consultants and partner organizations, and other involved entities, and how they will contribute to achieving the project's objectives and outcomes. Specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress (including training and monitoring fidelity of the program to the original intervention), preparation of reports and communications with other partners and AoA.

Quality Assurance. Describe the development and proposed implementation of a quality assurance program to ensure continuous quality improvement and ongoing methods for monitoring the fidelity of the selected CDSME programs. This section should include the method(s), techniques and tools that will be used to: 1) determine whether or not the proposed project achieved its

anticipated outcome(s); 2) describe the approach that will be used to monitor and track progress on the project's tasks and objectives; 3) describe the approach that will be used to monitor that CDSME programs are being implemented with fidelity and processes for corrective actions, and 4) document the "lessons learned" – both positive and negative.

Organizational Capability Statement. Describe the capability of the State Unit on Aging and State Public Health department and other major state and community organizations that will be involved in the project. This section should include whether the applicant previously received an AoA Evidence-Based Disease and Disability Prevention Grant or a Recovery Act Communities Putting Prevention to Work CDSMP grant and if so, briefly summarize their key outcomes (such as to what extent they met or exceeded their CDSMP completer target goal by 3/30/12, or met other key project goals).

AoA and reviewers will use the information provided in this section to determine whether or not the State has assembled the organizational capacities that are necessary to successfully carry out the project the State is proposing to implement under this announcement.

If appropriate, include an organization chart showing the relationship of the project to the applicant agency and key partners. Please attach short vitae for key project staff only. Neither vitas nor an organizational chart will count towards the narrative page limit. Also include information about any contractual organization(s) that will have a significant role(s) in implementing the project and achieving project goals.

b. Work Plan

The Project Work Plan should reflect and be consistent with the Project Narrative and Budget. It should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks / action steps that will be pursued to achieve the grantee expectations listed on pages 8-11. For each major task / action step, the work plan should identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. Please use the Sample Work Plan format included in **Attachment E**.

c. Letters of Support and Commitment from Key Participating Organizations and Agencies

Include letters confirming all commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. Be sure to include a letter of support from the State's Governor, and letter of commitment from the co-lead State Unit on Aging (SUA) or State Public

Health (SPH) department. The SUA/ SPH letter of commitment should describe the department's commitment to substantive contributions in the planning and implementation of the project.

For applications submitted electronically via <http://www.grants.gov>, signed letters of commitment should be scanned and included as attachments. Applicants unable to scan the signed letters of commitment may fax them to the AoA Office of Grants Management at 202-357-3467 by the application submission deadline. In your fax, be sure to include the funding opportunity number and your agency name.

d. Budget Narrative/Justification

The Budget Narrative/Justification should be provided using the format included as **Attachment C** of this Program Announcement. Applicants are encouraged to pay particular attention to **Attachment C**, which provides an example of the level of detail sought. A combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding is required.

e. Project Map

Include a project map of the State with county boundaries, major cities, and relevant geographic boundaries. Show where CDSME programs are already being implemented at least twice a year and which areas are being selected for this project. Give the population of older adults, and if data is available, the number of older and disabled adults with chronic conditions, residing in each of the selected project areas.

3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is June 11, 2012. Applications must be submitted electronically by 11:59 p.m. Eastern Time, June 11, 2012.

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.

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>. After the Administration on Aging 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>.

4. Intergovernmental Review

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

5. Funding Restrictions

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
- Pre-award costs

V. APPLICATION REVIEW INFORMATION

1. Criteria

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

- a. Project Relevance & Current Need - (15 points);**
- b. Approach - (35 points);**
- c. Budget – (10 points);**
- d. Project Impact - (20 points); and**
- e. Organizational Capacity - (20 points).**

Project Relevance & Current Need

Weight: 15 points

Does the proposed project clearly describe the current status of CDSME program delivery within the State, and the “gap” that exists between the “status quo” and the “ideal” where CDSME programs are being delivered systematically to older and/or disabled adults with chronic conditions throughout the State? (10 points).

Is there a clear description of the challenges and barriers the State will need to address in order to make CDSMP more readily available to older and/or disabled adults with chronic conditions, including low-income, minority and limited English speaking older adults? (5 points)

Approach

Weight: 35 points

Goals and objectives (5 points)

Has the applicant stated clear and meaningful goals and objectives for the proposed program? Are the goals and objectives consistent with the Purpose and goals of this announcement? Does the applicant describe the proposed target number of completers that will be achieved by the program? Does the applicant describe its current geographic/population reach and state a measurable objective for increasing this reach?

Work Plan and Overall Approach (20 points)

If the applicant plans to use a CDSME program not included in **Attachment G**, has the applicant provided the information necessary to document the proposed program meets all the criteria for an evidence-based CDSME program outlined in **Attachment G**?

Has the applicant clearly described a coherent approach to implementing the proposed CDSME program(s)? Will the proposed approach successfully address the challenges associated with the development and/or expansion of an integrated, sustainable service system for systematically delivering CDSME programs to older and/or disabled adults in the State that are identified by the applicant? Is it likely that the approach will achieve the specified goals?

Is the project work plan clear and comprehensive? Does it include sensible and feasible timeframes for the accomplishment of tasks presented? Does the work plan include specific objectives and tasks that are linked to measurable outcomes? Does the proposal include a clear and coherent management plan? Are the roles and responsibilities of project staff, consultants and partners clearly defined and linked to specific objectives and tasks? Are the qualifications of the project staff, consultants and/or partners, and the proposed level of effort, adequate to carry out the project? Was a reasonable rationale provided for the number of individuals that will be trained?

Partnerships (10 points)

Are both the State Unit on Aging and the State Public Health department substantially involved in the program throughout the grant period? Are the respective roles of the lead and co-lead department adequately described? Has the applicant assembled an adequate number and quality of other public and private partners, including at least one other major delivery system partner that has committed to embed CDSME programs and other partners that will be needed to ensure the success of the program and its sustainability?

Does the application narrative, work plan and support letters reflect an adequate commitment from the key state and local partners and include descriptions of their specific activities and areas of responsibility?

Has the applicant demonstrated that the proposed activities build on and are coordinated and/or integrated with existing CDSME programs and/or other community-based prevention programs for older and/or disabled adults?

Does the application describe how local aging, public health and other community-based organizations will be involved in a meaningful way in the proposed project? Does the application include appropriate partnerships to serve targeted underserved groups?

Budget

Weight: 10 points

Is the budget justified with respect to the adequacy and reasonableness of resources requested? Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project? (5 points)

Are budget line items clearly delineated and consistent with work plan objectives? Has a multiyear budget covering the entire project period been included as well as a budget covering each individual year? (5 points)

Project Impact

Weight: 20 points

Does the plan propose a significant, but realistic, impact in terms of numbers of people reached and/or increase in the geographic and/or population reach within the State? (5 points)

Are the proposed outcomes quantifiable and measurable, consistent with the Purpose and goals of this announcement, and likely to be achieved? (5 points)

Does the proposed quality assurance program reflect a thoughtful and well-designed approach that will be able to successfully measure whether or not the project has achieved its proposed outcomes, track progress on the project's tasks and objectives; monitor program fidelity, and document the "lessons learned." Will the quality assurance program permit a continuous determination that fidelity to the selected CDSME program is being maintained? (4 points)

Is there a realistic plan to try to secure resources to continue some or all project activities after Federal financial assistance has ended? Does the applicant describe how it will develop a plan for sustaining its CDSME program beyond the three-year grant period, including the key public and private partners it will involve in this effort? (6 points)

Organizational Capacity

Weight: 20 points

Did the applicant previously receive an AoA Evidence-Based Disease and Disability Prevention Grant or a Recovery Act Communities Putting Prevention to Work CDSMP grant and if so, did they successfully meet their key outcomes such as their Recovery Act CDSMP completion target or other key project goals? (5 points)

Does the applicant clearly identify its capacity for carrying out the proposed project? (5 points)

Do the proposed project director(s), key staff at the State Unit on Aging and State Public Health Department, other key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles? (5 points)

Are letters of support from the Governor, and letters of commitment from the State Unit on Aging or State Public Health Department and other major participating organizations included, and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions? (5 points)

2. Review and Selection Process

An independent review panel of at least three individuals will evaluate applications that pass and meet the screening criteria. 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 Assistant Secretary for Aging (ASA). In making these decisions, the ASA 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.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

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

Also, the NOA will incorporate, by reference or by direct term and condition, the FY2012 appropriation act provisions (Titles II and V of Division F of the Consolidated Appropriations Act, Pub. L. 112-74 [dated 12/23/2011] and Agriculture Appropriations Act PL 112-55) and requires that you adhere to all the requirements therein including those such as: Caps on Extramural Salaries, Gun Control, Lobbying, and Needle Exchange, and others as appropriate.

2. Administrative and National Policy Requirements

HHS recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The awards will be subject to DHHS Administrative Requirements, which can be found in 45CFR Part 74 and 92 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement located at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>.

3. Reporting

Effective March 1, 2011, AoA requires the submission of the SF-425 (Federal Financial Report). The reporting cycle will be reflected in the Notice of Award. The AoA program progress report is due semi-annually from the start date of the award and is due within 30 days of the reporting period end date. The final progress report and SF-425 reports are due 90 days after the end of the project period. The suggested content and format for these reports will be available to grantees post award administration.

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

as denoted in the Notice of Award terms and conditions.

4. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

For further guidance, please see the following link:

http://www.aoa.gov/AoARoot/Grants/Reporting_Requirements/index.aspx

5. PPHF Reporting

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and the time of disbursement of funds, the Federal award number, and CFDA number 93.734 for 2012 PPHS fund purposes, and amount of PPHS funds.

Recipient agrees to report on the following: This award requires the recipient to complete projects or activities which are funded under the 2012 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 – June 30 and July 1 – December 31; and email such reports (in 508 compliant format) to the HHS grants management official assigned to the grant or cooperative agreement no later than 20 calendar days after the end of each reporting period (i.e., July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the [sub] recipient).

6. Additional General Provisions

Cap on Researcher Salaries - None of the funds appropriated in this program shall be used to pay the salary of an individual, through a grant, cooperative agreement or other extramural mechanism, at a rate in excess of Executive Level II (capped at \$179,700).

Gun Control Prohibition - None of the funds appropriated in this program may be used, in whole or in part, to advocate or promote gun control.

Needle Exchange - Notwithstanding any other provision of the Act, no funds appropriated in this Act shall be used to carry out a program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

Publicity and Propaganda [Lobbying] – Sec. 503 (a) No part of any appropriation contained in this act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

VII. AGENCY CONTACTS

Project Officer:

U.S. Department of Health and Human Services
Administration on Aging
Washington, DC 20201
Attn: **Michele Boutaugh**
e-mail: michele.boutaugh@aoa.hhs.gov

Grants Management Specialist:

U.S. Department of Health and Human Services
Administration on Aging
Washington, DC 20201
Attn: Heather Wiley
e-mail: grants.office@aoa.hhs.gov

VIII. OTHER INFORMATION

1. Application Elements

SF 424, required – Application for Federal Assistance (See Attachment A for Instructions).

SF 424A, required – Budget Information. (See Attachment A for Instructions; See Attachment B for an example of a completed SF 424A).

Separate Budget Narrative/Justification, required (See Attachment C for a Budget Narrative/Justification Sample Format with Examples and Attachment D for a 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, 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 Attachment E, for Sample Work Plan Format).

Organizational Capability Statement and Vitae for Key Project Personnel.

Letters of Support and Commitment from Key Partners.

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

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018 which expires on 8/31/13. 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.

ATTACHMENTS

**Attachment A:
Instructions for Completing Required Forms
(SF 424, Budget (SF 424A), Budget Narrative/Justification)**

**Attachment B:
SF 424 – Sample Format with Example**

**Attachment C:
Budget Narrative/Justification Format – Sample Format with Examples**

**Attachment D:
Budget Narrative/Justification – Sample Template**

**Attachment E:
Project Work Plan - Sample Template**

**Attachment F:
Instructions for Completing the Summary/Abstract**

**Attachment G:
Evidence-based Chronic Disease Self-Management Education Programs**

**Attachment H:
Definitions**

**Attachment I:
Innovative Opportunities**

**Attachment J:
Diabetes Self-Management Training Benefit**

Endnotes

**Attachment A: Instructions for Completing Required Forms
(SF 424, Budget (SF 424A), Budget Narrative/Justification)**

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. AoA 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 AoA 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 Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website (<http://www.grants.gov>).

b. Employer/Taxpayer Number (EIN/TIN): (REQUIRED): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue

Service. In addition, we encourage the organization to include the correct suffix used to identify your organization in order to properly align access to the Payment Management System.

c. Organizational DUNS: (REQUIRED) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (<http://www.grants.gov>). Your DUNS number can be verified at <http://www2.zapdata.com/CompanyLookup.do>.

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 on Aging

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

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

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

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

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

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

<http://www.house.gov/Welcome.shtml>

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 7/01/2012 to 6/30/2015. 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 74 or 45 CFR Part 92 before completing Item 18 and the Budget Information Sections A, B and C noted below.

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

There are two types of match: 1) non-Federal cash and 2) non-Federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered **matching funds**. Examples of **non-Federal cash match** includes budgetary funds provided from the

applicant agency's budget for costs associated with the project. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-Federal in-kind matching funds. Volunteered time and use of third party facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

NOTE: Indirect charges may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement must be included with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, a copy of the latest approved indirect cost agreements must also be included with the application, or reference to an approved cost allocation plan.**

19. Is Application Subject to Review by State Under Executive Order 12372 Process?

Check c. Program is not covered by E.O. 12372

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.)

b. Standard Form 424A

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

Section A - Budget Summary

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 (see instructions for each object class category in Attachment C).

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

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

Section C – Non Federal Resources

Column A: Enter the federal grant program.

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

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

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

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

Section D –Forecasted Cash Needs

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

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

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

Note: This area is not meant to be one whereby an applicant merely divides the requested funding by four and inserts that amount in each quarter but an area where thought is given as to how your estimated expenses will be incurred during each quarter. For example, if you have initial start up 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 break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a break down but you must show the percentage charged for each full/part time employee.
- Line 6c: **Travel:** Enter total costs of all travel (local and non-local) for staff on the project. NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.
In the Justification: Include the total number of trips, number of travelers, destinations, purpose (e.g., attend conference), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).
- Line 6d: **Equipment:** Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is non-expendable 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 sub-grantees.

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 breakdown 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 74.44 for non-profits and 92.36 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 on Aging. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

d. Certification Regarding Lobbying (required)

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

Proof of Non-Profit Status (as applicable)

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

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

Indirect Cost Agreement

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

Attachment B: Standard Form 424A – Sample Format

OMB Approval No. 0348-0044						
BUDGET INFORMATION--Non-Construction Programs						
SECTION A-BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. LifeSpan Respite	93.048			340,294	113,433	453,727
2.						
3.						
4.						
5. TOTALS				340,294	113,433	453,727
SECTION B-BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) Year 1	(2) Year 2	(3) Year 3	(4)		
a. Personnel	71,254	30,000	35,000		136,254	
b. Fringe Benefits	26,114	15,000	20,000		61,114	
c. Travel	7,647	5,000	5,000		17,647	
d. Equipment	10,000	0	0		10,000	
e. Supplies	9,460	2,500	1,000		12,960	
f. Contractual	30,171	0	0		30,171	
g. Construction	0	0	0			
h. Other	11,480	55,833	47,334		114,647	
i. Total Direct Charges (sum 6a-h)	166,126	108,333	108,334		382,793	
j. Indirect Charges @	20,934	25,000	25,000		70,934	
k. TOTALS (sum 6i and j)	187,060	133,333	133,334		453,727	
7. Program Income	None					

SECTION C-NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other sources	(e) TOTALS	
8. Life Span Respite	80,886		32,547	113,433	
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)	80,886		32,547	113,433	
SECTION D-FORECASTED CASH NEEDS					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	140,294	20,000	50,000	20,000	50,294
14. Non-Federal	46,766	12,000	10,000	9,000	15,766
15. TOTAL (sum of lines 13 and 14)					
SECTION E-BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	Future Funding Periods (Years)				
	(b) First	(c) Second	(d)	(e)	
16. Life Span Respite	100,000	100,000			
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F-OTHER BUDGET INFORMATION (Attach additional Sheets if Necessary)					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks					

Attachment C: 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	<p>Federal Project Director (name) = .5 FTE @ \$95,401/yr = \$47,700</p> <p>Non-Fed Cash Officer Manager (name) = .5FTE @ \$47,108/yr = \$23,554</p> <p>Total \$71,254</p>
Fringe Benefits	\$17,482	\$8,632	\$0	\$26,114	<p>Federal Fringe on Project Director at 36.65% = \$17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)</p> <p>Non-Fed Cash Fringe on Office Manager at 36.65% = \$8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)</p>

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Travel	\$4,707	\$2,940	\$0	\$7,647	<p>Federal</p> <p>Local travel: 6 TA site visits for 1 person</p> <p>Mileage: 6RT @ .585 x 700 miles \$2,457</p> <p>Lodging: 15 days @ \$110/day \$1,650</p> <p>Per Diem: 15 days @ \$40/day <u>\$600</u></p> <p>Total \$4,707</p> <p>Non-Fed Cash</p> <p>Travel to National Conference in (Destination) for 3 people</p> <p>Airfare 1 RT x 3 staff @ \$500 \$1,500</p> <p>Lodging: 3 days x 3 staff @ \$120/day \$1,080</p> <p>Per Diem: 3 days x 3 staff @ \$40/day <u>\$360</u></p> <p>Total \$2,940</p>
Equipment	\$10,000	\$0	\$0	\$10,000	<p><i>No Equipment requested OR:</i></p> <p>Call Center Equipment</p> <p>Installation = \$5,000</p> <p>Phones = <u>\$5,000</u></p> <p>Total \$10,000</p>
Supplies	\$3,700	\$5,760	\$0	\$9,460	<p>Federal</p> <p>2 desks @ \$1,500 \$3,000</p> <p>2 chairs @ \$300 \$600</p> <p>2 cabinets @ \$200 \$400</p> <p>Non-Fed Cash</p> <p>2 Laptop computers \$3,000</p> <p>Printer cartridges @ \$50/month \$300</p> <p>Consumable supplies (pens, paper, clips etc...)</p> <p>@ \$180/month <u>\$2,160</u></p> <p>Total \$9,460</p>

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
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 = <u>\$11,669</u> Total \$30,171 <i>If contract details are unknown due to contract yet to be made provide same information listed above and:</i> 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) = <u>\$200</u> 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	\$40,886	\$5,880	\$187,060	

Attachment D: 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					

Attachment E: 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.														

Attachment E: Project Work Plan, Page 2 – Sample Template

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*
3.														
4.														

Attachment E: Project Work Plan, Page 3 – Sample Template

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*
5.														
6.														

NOTE: Please do not 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.

Attachment F: Instructions for Completing the Project Summary/Abstract

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

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

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

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

Products – materials, deliverables.

A model abstract/summary is provided below:

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

Attachment G: Evidence-Based Chronic Disease Self-Management Education Programs

Under this funding opportunity, applicants may propose to implement either a chronic disease self-management education (CDSME) program selected from the list of Pre-Approved CDSME programs below, or be a CDSME program that meets the Administration on Aging (AoA) criteria for highest level, evidence-based programs. If a program is proposed that is not on the Pre-Approved Program list, the applicant must follow the Application Process below.

AoA Criteria for Highest-Level Evidence-Based Programs

1. The intervention has been tested through randomized controlled or quasi-experimental trials and has been shown to be:
 - i. effective at improving and/or maintaining the health status of adults age 60 and older; and,
 - ii. feasible for deployment through community-based human services organizations and involve appropriately trained non-clinical workers and/or volunteers in the delivery of the intervention;
2. The research results reporting the positive impact on older adults have been published in a peer-reviewed scientific journal; and
3. The intervention has been translated into practice (as evidenced by the availability of training and implementation manuals) and is ready for broad national distribution through community-based human services organizations.

Pre-Approved Programs

The following is a list of CDSME Programs that have been Pre-Approved for use under this announcement and web sites where additional information can be found.

1. **Chronic Disease Self-Management Program (CDSMP)**
<http://patienteducation.stanford.edu/programs/cdsmp.html>
2. **Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program)**
http://patienteducation.stanford.edu/programs_spanish/tomando.html
3. **Diabetes Self-Management Program**
<http://patienteducation.stanford.edu/programs/diabeteseng.html>
4. **Tomando Control de su Diabetes (Spanish Diabetes Self-Management Program)**
http://patienteducation.stanford.edu/programs_spanish/diabetesspan.html
5. **Arthritis Self-Management (Self-Help) Program**
<http://patienteducation.stanford.edu/programs/asmp.html>
6. **Programa de Manejo Personal de la Artritis (Spanish Arthritis Self Management Program)**
http://patienteducation.stanford.edu/programs_spanish/asmpesp.html

7. Positive Self-Management Program for HIV

<http://patienteducation.stanford.edu/programs/psmp.html>

8. Chronic Pain Self-Management Program

<http://patienteducation.stanford.edu/programs/cpsmp.html>

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

<http://www.ncoa.org/improve-health/center-for-healthy-aging/chronic-disease/better-choices-better.html>

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

<http://patienteducation.stanford.edu/internet/diabetesol.html>

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

<http://patienteducation.stanford.edu/internet/arthritisol.html>

Application Process to Propose Other CDSME Programs

Applicants proposing other programs not listed above must include the following with their application:

- An explanation about how the program meets each of AoA's evidence-based criteria listed above.
- A copy of the peer-reviewed, published articles which document the program's effectiveness in older adults with chronic conditions

Attachment H: Definitions

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 how to create a business plan, go to: <http://www.ncoa.org/improve-health/center-for-healthy-aging/online-training-modules/module-9.html>

Care Transitions: a person-centered, interdisciplinary approach to integrating health care and social support services for individuals and their caregivers as they move across settings in which individual needs and preferences are identified, comprehensive service plans are developed and activated, individuals are empowered to take an active role in their health care, and support and connection to resources are provided by options counselors and/or identified care transition staff.

Completer: a program participant who completes at least 2/3 of a program's sessions, e.g. 4 or more sessions out of six in a six-week program.

Continuous quality improvement: cyclical quality assurance process that includes setting performance objectives, monitoring, evaluating what is or is not working, problem-solving, and making corrective changes as needed.

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): used in this announcement as an umbrella term that refers to the Stanford model Chronic Disease Self-Management Program as well as other evidence-based chronic disease self-management education programs proven to maintain or improve health outcomes of adults with chronic conditions. (See Attachment G for examples.)

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

Delivery System Partner: an organization that can disseminate interventions through multiple delivery sites to large numbers of people.

Diabetes Self-Management Education (DSME): term used by the American Diabetes Association (ADA) and American Association of Diabetes Educators (AADE) to cover the full range of diabetes self-management education services.

Diabetes Self-Management Program (DSMP): term used by Stanford University for its diabetes self-management program.

Diabetes Self-Management Training (DSMT): term used by the Centers for Medicare & Medicaid Services (CMS) for a benefit available to Medicare Part B beneficiaries that covers participation in an accredited diabetes education program. See Attachment J for more information.

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

Embed: The process of facilitating an organization's adoption of an intervention as part of the organization's routine business with resulting sustained delivery.

Evidence-based programs: have been tested through randomized controlled trials and are: 1) effective at maintaining or improving the health or functional status of older people; 2) suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention; 3) the research results have been published in a peer-reviewed scientific journal; and 4) the intervention has been translated into practice and is ready for distribution through community-based human services organizations. Examples of AoA- approved Evidence-Based Chronic Disease Self-Management Education Programs are listed in Appendix G.

Fidelity monitoring: activities to ensure that an evidence-based program is being delivered consistently by all personnel across sites, according to the program developers' 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 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 also 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.

Integrated, sustainable service system: state-level approach towards providing older and/or disabled adults with easy access to evidence-based chronic disease self-management education programs. Such a system includes:

- 1) State-level aging and public health leadership
- 2) Effective partnerships to embed evidence-based programs into statewide health and long-term services and supports systems
- 3) Delivery infrastructure / capacity to provide programs throughout the State
- 4) Centralized or coordinated processes for recruitment, intake, referral, registration/enrollment
- 5) Quality assurance program and ongoing data systems and procedures
- 6) Business planning and financial sustainability

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.

No Wrong Door: an entry system where multiple agencies retain responsibility for their respective services while coordinating with each other to integrate access to those services through a single, standardized entry process that is administered and overseen by a coordinating entity. The goal of no wrong door is to create a system where social services wrap themselves around the individual and provide seamless access to information on available options.

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

Quality assurance (QA) program: includes ongoing data systems and procedures that address continuous quality improvement and fidelity monitoring. For additional information about developing a QA program, go to:

http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/AoA_Quality_Assurance_Expectations-9-16-w-text-boxes.pdf

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

Single Entry Point (SEP): a system that enables consumers to access long-term and supportive services through one agency or organization. In their broadest form, SEPs perform a range of activities that may include information and assistance, referral, initial screening, nursing facility preadmission screening, assessment of functional capacity and service needs, care planning, service authorization, monitoring, and periodic reassessments. SEPs may also provide protective services.

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.

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

Sustainability plan: plan that focuses on the management and acquisition of fiscal and in-kind resources to expand and maintain programming.

Attachment I: Diabetes Self-Management Training

Diabetes Self-Management Training (DSMT) is a term used by the Centers for Medicare & Medicaid Services (CMS) for a benefit available to Medicare Part B beneficiaries that covers participation in an accredited diabetes education program.

To obtain Medicare reimbursement for DSMT benefits, three important types of conditions must be met:

- 1. Beneficiary requirements**
- 2. Accreditation**
- 3. Recognition**

Beneficiary requirements:

The beneficiary must have:

- A diabetes diagnosis
- An order for DSMT written by a physician, nurse practitioner or physician assistant
- Part B benefits under “original Medicare” (i.e., not a member of a Medicare Advantage Plan. If a beneficiary is a participant in a Medicare Advantage Plan, DSMT service reimbursement must be negotiated directly with the Advantage plan carrier to receive reimbursement.)

Accreditation:

CMS requires that only accredited DSMT programs submit for reimbursement for DSMT. Organizations may attain accreditation by either of the two Medicare-approved accrediting bodies:

- American Association of Diabetes Educators (AADE)
<http://www.diabeteseducator.org/>
- American Diabetes Association (ADA) American Diabetes Association (ADA)
<http://www.diabetes.org/>

Both organizations use the term, Diabetes Self-Management Education (DSME) to refer to the full range of diabetes self-management education services. In addition, both AADE

and ADA incorporate the same 10 national standards for diabetes self-management education into their accreditation review process (see below for list).

However, each organization has its own accreditation process and when submitting for accreditation, a program must adhere to the accreditation requirements of the entity it is seeking accreditation from – either AADE or ADA.

The Administration on Aging has been assisting some sites who have been implementing the Stanford University Diabetes Self-Management Program (DSMP) as the curriculum to meet Standard 6 for an accredited program that will qualify for reimbursement under Medicare’s DSMT benefit. It is important to note that the Stanford DSMP by itself is not sufficient to meet the other accreditation standards. The program must be supported by an infrastructure that can meet the other standards.

Recognition:

To pursue Medicare reimbursement for DSMT, organizations must either have a current Medicare billing number or partner with a Medicare provider that is able to bill the Medicare program. Only CMS-recognized providers can submit claims to Medicare for DSMT. After a program successfully obtains accreditation from either AADE or ADA, a copy of the accreditation certificate must be submitted to the Medicare provider’s CMS fiscal intermediary, along with the Medicare provider number and National Provider Identification (NPI) number for the entity that will be billing Medicare. Upon acceptance of this information, the program is then recognized by CMS as an approved provider of DSMT to Medicare beneficiaries.

Programs that are accredited and “recognized” are eligible for reimbursement under Medicare Part B and some Medicaid programs for DSMT services. Many private payers, including managed care plans, also reimburse for accredited programs. However, an agreement with payors, other than Medicare, must to be negotiated directly with the insurance plan prior to seeking reimbursement for DSMT.

Accreditation Standards:

The two CMS-approved accrediting organizations for Diabetes Self-Management Training base their accreditation process on the national standards for diabetes education. The national standards were developed after the convening of a joint task force of the American Diabetes Association, American Association of Diabetes Educators, and other stakeholders in 2011. This task force developed a series of established standards that must be included in any structured DSMT program.

The ten standards are:

- Standard 1. The DSME entity will have documentation of its organizational structure, mission statement, and goals and will recognize and support quality DSME as an integral component of diabetes care.
- Standard 2. The DSME entity shall appoint an advisory group to promote quality. This group shall include representatives from the health professions, people with diabetes, the community, and other stakeholders.
- Standard 3. The DSME entity will determine the diabetes educational needs of the target population(s) and identify resources necessary to meet these needs.
- Standard 4. A coordinator will be designated to oversee the planning, implementation, and evaluation of diabetes self-management education. The coordinator will have academic or experienced preparation in chronic disease care and education and in program management.
- Standard 5. DSME will be provided by one or more instructors. The instructors will have recent educational and experiential preparation in education and diabetes management or will be a certified diabetes educator. The instructor(s) will obtain regular continuing education in the field of diabetes management and education. At least one of the instructors will be a registered nurse, dietitian, or pharmacist. A mechanism must be in place to ensure that the participant's needs are met if those needs are outside the instructors' scope of practice and expertise.
- Standard 6. A written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the DSME entity. Assessed needs of the individual with pre-diabetes and diabetes will determine which of the content area are provided.
- Standard 7. An individual assessment and education plan will be developed collaboratively by the participant and instructor(s) to direct the selection of appropriate educational interventions and self-management support strategies. This assessment and education plan and the intervention and outcomes will be documented in the education record.
- Standard 8. A personalized follow-up plan for ongoing self management support will be developed collaboratively by the participant and instructor(s). The patient's outcomes and goals and the plan for ongoing self management support will be communicated to the referring provider.
- Standard 9. The DSME entity will measure attainment of patient-defined goals and patient outcomes at regular intervals using appropriate measurement techniques to evaluate the effectiveness of the educational intervention.
- Standard 10. The DSME entity will measure the effectiveness of the education process and determine opportunities for improvement using a written continuous quality improvement plan that describes and documents a systematic review of the entity's process and outcome data.

Endnotes

¹ Anderson G. Chronic Care: Making the Case for Ongoing Care. Princeton, NJ: Robert Wood Johnson Foundation, 2010. <http://www.rwjf.org/files/research/50968chronic.care.chartbook.pdf>.

² Vogeli C, Shields AE, Lee TA, Gibson TB, Marder WD, Weiss KB, Blumenthal D. Multiple chronic conditions: prevalence, health consequences, and implications for quality, care management, and costs. *J Gen Intern Med* 2007;22(Suppl 3):391–395.

³ Kramarow E, Lubitz J, Lentzner H, et al. Trends in the health of older Americans, 1970–2005. *Health Aff (Millwood)*. 2007 Sep–Oct;26(5):1417-25.

⁴ Medicare Standard Analytic File, 2007

⁵ Centers for Medicare and Medicaid Services (CMS) Chronic Condition Data Warehouse. Available: <http://www.ccwdatga.org>, accessed December 28, 2011.

⁶ Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

⁷ Institute of Medicine, *Living Well with Chronic Disease: A Call for Public Health Action*, Washington, DC: The National Academies Press, 2012.

⁸ CDC. Sorting Through the Evidence for the Arthritis Self-Management Program and Chronic Disease Self-Management Program. Executive Summary. May 2011. Accessed at: <http://www.cdc.gov/arthritis/docs/ASMP-executive-summary.pdf>

⁹ Chodash J et al. Improving Patient Care: Meta-Analysis: Chronic Disease Self-Management Programs for Older Adults. *Ann Intern Med* September 20, 2005 143:427-438

¹⁰ CMS Medicare Administrative Data. Accessed at: http://www.healthindicators.gov/Indicators/Receiptofdiabetesself-managementbenefitsbyolderadults_1263/Profile/Data

¹¹ US Department of Health and Human Services, *Multiple Chronic Conditions: A Strategic Framework*, <http://www.hhs.gov/ash/initiatives/mcc/>

¹² U.S. Department of Health and Human Services. *Healthy People 2020*. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=31>