Frequently Asked Questions

Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education (CDSME) Programs

Financed by FY 2015 and FY 2016 Prevention and Public Health Funds (PPHF)

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A. TECHNICAL ASSISTANCE RESOURCES

1. Who are the Administration for Community Living (ACL)/Administration for Aging (AoA) staff members managing the CDSME grant program?

   - **Kristie Kulinski** – CDSME Lead and Project Officer
   - **Shannon Skowronska** – Project Officer
   - **Phantane Sprowls** – Project Officer
   - **Lacey Vaughan** – Project Officer

2. Who are the National CDSME Resource Center staff members providing technical assistance for the CDSME grant program?

   - **Kathleen Cameron** – Senior Director, Center for Healthy Aging
   - **Binod Suwal** – Senior Program Manager
   - **Angelica Herrera-Venson** – Data Management & Evaluation Manager, Technical Assistance Liaison
   - **Kathleen (Katie) Zuke** – Program Associate, Technical Assistance Liaison
   - **Mary Walsh** – Consultant, Technical Assistance Liaison
   - **Megan Thompson** – Consultant, Sound Generations

3. When I need technical assistance, who do I contact?

   When you need technical assistance, you should email requests to your assigned ACL/AoA and NCOA staff members. Both of these individuals serve as the core team members for your technical assistance needs. Periodically, leadership staff and/or consultants may assist AoA and NCOA staff with meeting your technical assistance needs.
4. What’s the difference between my assigned ACL/AoA Project Officer and my Grants Management Specialist?

Your Project Officer works in ACL/AoA’s program office and your Grants Management Specialist works in ACL’s grants office. You should contact your assigned ACL/AoA Project Officer for any programmatic issues and contact your assigned Grants Management Specialist for all budgetary and administrative issues regarding your grant. When contacting your assigned Grants Management Specialist, please copy your Project Officer on the email.

5. Who is the ACL Grants Management Specialist for the CDSME grant program?

The Grants Management Specialist is Sean Lewis (sean.lewis@acl.hhs.gov). Please copy your Project Officer on all correspondence with the grants office.

6. Will I participate in technical assistance conference calls with ACL/AoA and NCOA staff?

Yes. Conference calls are part of the federal grant monitoring process. They allow the grantee to provide program updates and allow ACL/AoA and NCOA staff to provide technical assistance and help ensure success of the grantees in meeting their goals.

7. How many individuals per grantee organization should attend NCOA’s Resource Centers’ technical assistance annual meeting?

As noted in the Funding Opportunity Announcement, at least two individuals per grantee organization should attend the annual meeting, including the Project Director. Additional grantee staff may attend if this was included in the grantee’s approved budget. Representatives of key partner organizations may also attend if they have the funding to support the registration fee and travel costs.

8. Where can I learn about the NCOA National Chronic Disease Self-Management Education Resource Center’s resources?

NCOA’s Center for Healthy Aging website contains a wealth of tools and resources to assist aging services providers in planning, implementing, marketing, evaluating, and sustaining evidence-based health promotion programs. Resource types include: fact sheets, issue briefs, learning modules, toolkits, tip sheets, webinars, and videos.

- **CDSME Grantee Resources:** Includes information on grant reporting requirements, calendar, and forms; data collection training resources; and data collection forms and processes.
- **Key Components of Evidence-Based Programming:** Find resources for implementing evidence-based programs focused program planning and implementation, outreach and recruitment, evaluation, and sustainability.
- **Best Practices Toolkit: Resources from the Field:** A collection of over 150 successful
strategies and resources shared by grantees and other partners. Resources focus on leadership, partnerships, delivery infrastructure, centralized and coordinated processes, marketing, evaluation, and sustainability.

- **Roadmap to Community-Integrated Health Care**: Learn more about developing relationships with health care organizations.
- **Past webinar recordings**
- **Creating a Business Plan Training Module**
- **Resource Library** (use the drop down boxes to get the best results from your search)

Stay connected with NCOA and other grantees by:
- Joining [NCOA Crossroads](#), an online community for professionals implementing CDSME.
- Signing up for the [Center for Healthy Aging eNewsletter](#), a monthly e-mail with the latest information from the National CDSME and Falls Prevention Resource Centers, policy developments, updates on evidence-based programming, and other healthy aging topics.

### B. PROGRAM ISSUES

#### 1. What are the purpose and goals of this funding opportunity?

As described in the Funding Opportunity Announcement, this grant program is designed to bring to scale and sustain evidence-based self-management education programs in the community that empower older adults and adults with disabilities from underserved areas and populations to better manage their chronic conditions. There are two overarching goals:

1. **Goal 1**: Significantly increase the number of older adults and adults with disabilities in underserved areas and populations who participate in evidence-based self-management education and support programs to empower them to better manage their chronic conditions; and

2. **Goal 2**: Implement innovative funding arrangements (e.g., contracts with integrated health care systems) to support the proposed self-management programs beyond the grant period, while embedding the programs into an *integrated, sustainable evidence-based prevention program network*.

#### 2. What is an integrated, sustainable evidence-based prevention program network?

As discussed in the Funding Opportunity Announcement, an integrated, sustainable evidence-based prevention program network is defined as a state/regional/tribal-level approach towards providing older adults and adults with disabilities easy access to evidence-based CDSME and other prevention programs that are embedded into the nation’s health and long-term services and supports systems. A sustainable network includes:

1. Sustainability strategies including, but not limited to, a business plan with clear strategies, contracts, and/or other means to secure and expand sustainable financing (including non-Older Americans Act financing), as well as an infrastructure in place to receive
reimbursement for services;
2. Substantial involvement of state/regional/tribal aging, public health, and disability entities;
3. Strategic partnerships with other government or community-based organizations/coalitions involved in chronic disease prevention programs and multi-site delivery system partners with capacity to embed programs into their routine operations and budget;
4. A delivery infrastructure/capacity to increase access and scale up evidence-based chronic disease prevention programs targeting a significant geographic area or population base;
5. Coordinated public awareness, education, marketing, and recruitment processes; and
6. Ongoing quality assurance efforts including both fidelity monitoring and continues quality improvement.

3. **What is a sustainability partner?**

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

4. **What is ACL’s/AoA’s expectation about partnerships, collaborations, and/or contracts with an integrated care entity to provide sustainable funding for self-management programs?**

The Funding Opportunity Announcement required that applicants already have proposed plans for partnerships, collaborations, and/or contracts with health care or insurance entities or other innovative arrangements to receive sustainable funding for evidence-based CDSME programs. Therefore, we expect that you will make it a priority to implement your proposed plans (e.g., receiving support from a state Medicaid program, accountable care organization, patient-centered medical home, large employer group, or health insurance company). ACL will be closely monitoring your progress with your proposed/existing sustainability partners.

5. **How do you define “embed”?**

Embedding is the process of facilitating an organization’s adoption of evidence-based programs as part of the organization’s routine operations and budget with resulting sustained delivery.

6. **What is a self-management support program?**

The 2015 and 2016 funding announcements allowed applicants to propose one self-management support program, defined as a community-based, behavioral change intervention that is proven to increase one or more skills or behaviors relevant to chronic disease self-management such as physical activity and medication management.

7. **What is a business plan?**

A business plan is a 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 provide documentation of potential benefits and return on investment. Learn more about how to create a business plan.

8. **What is a sustainability plan?**

A sustainability plan focuses on the management and acquisition of fiscal and in-kind resources to expand and maintain programming.

9. **What is a quality assurance (QA) plan?**

For the purpose of this grant program, quality assurance is an ongoing system for describing, measuring, and evaluating program delivery and grant activities to ensure that participants receive effective, quality services and grant goals and work plan objectives are met. The ideal QA plan addresses both: 1) continuous quality improvement and 2) program fidelity. Learn more about developing a QA program.

10. **What is a Session Zero?**

Session Zero is an optional information session offered in some programs and by some agencies prior to the first official program session/class. Generally, during session zero, an overview of the program is provided, along with expectations for participation. Additionally, administrative paperwork is often collected at this time. NCOA has developed a tip sheet that describes how this pre-program session can help increase program retention and completer rates: https://www.ncoa.org/resources/increaseparticipant-completion/.

11. **Who do I contact if I have a question regarding program licensing?**

Stanford University offers licensing and training for their self-management programs. For the most recent information, visit the Stanford Patient Education Research Center’s licensing guidelines. For other programs, contact the program administrator/developer.

C. **PARTICIPANTS**

1. **Who meets the definition of an older adult?**

Consistent with the Older Americans Act, we are defining an older adult as an individual aged 60 and older.

2. **Who meets the definition of an adult with a disability?**

Consistent with the definition of disability in the Older Americans Act (42 U.S.C. §3002(8)), ACL defines an adult with a disability as one who has a developmental, physical, and/or mental impairment that results in substantial functional limitation in one or more major life activities.
including self-care, communication, learning, mobility, capacity for independent living, self-direction, economic self-sufficiency, cognitive functioning or emotional adjustment. ACL considers any participant to meet this definition if they respond “YES” to the following questions on the Participant Information Survey:

- Are you deaf or do you have serious difficulty hearing?
- Are you blind or do you have serious difficulty seeing even with glasses?
- Because of a physical, mental, or emotional condition, do you have serious difficulty walking or climbing stairs, dressing or bathing, or doing errands alone such as visiting a doctor’s office or shopping?

3. What is a “participant?”

A participant is an individual who attends at least one session of an evidence-based program.

4. How are you defining a “completer?”

For the purposes of this grant program, ACL defines a completer as a participant in a group program who completes the recommended intervention dose or at least 2/3 of the total possible sessions, e.g. four or more sessions out of six in a six-week program, excluding any Session Zero classes. Learn more about increasing completion of CDSME workshops.

5. Can participants who attended workshops that started before the beginning of the grant period be counted towards ACL CDSME grantee participation targets?

Yes, participants who attended workshops that began before the start of the grant period can be counted as long as the workshop ended after the grant started. For example, participants who attend the six-week CDSMP beginning on July 1 can be counted for a grant program that began on August 1.

6. Will individuals who complete multiple CDSME programs or who have previously participated in a CDSME program only count once?

Grantees can count individuals who complete more than one program as a completer in each of those programs. The count is based on total number of completers and not unique individuals.

7. If we are not directly funding a partnering organization, can we still count their CDSME completers toward our grant goal?

Yes, grantees will be allowed to count these completers as long as the organization is operating as part of your state’s/region’s/tribe’s integrated services system. At a minimum, that means that you have an agreement with the organizations that they will collect and share data from the workshops with you. This method of counting is being allowed since one of the goals of the grant is to leverage all the CDSME programs being delivered in the state, regardless of their funding source, and to create a single statewide CDSME delivery system.

8. Can a grantee propose to give fiscal or other types of incentives, such as small amounts of
money or gifts, to recruit CDSME participants?

In limited circumstances to meet programmatic goals, an applicant may propose to use some non-cash incentives. Cash incentives are not allowable. Gift cards in very small denominations ($1-$10) signed for and properly accounted for can be an option. However, ACL does not recommend this approach for sustainability reasons. You should have a compelling need and evidence as to why it is necessary to use incentives and be clear about how this practice can be maintained after the grant period. You should weigh your programmatic resources against your ability to meet your targeted number of program completers. From a fiduciary perspective, every cost in the grant must meet the Federal Cost Principles (see OMB Circular A-87), which include being reasonable, allowable, and allocable. Additionally, from a programmatic perspective, grant expenditures should be developed within the context of sustainability.

9. Can a grantee use these funds to pay for transportation costs associated with getting participants to and from a CDSME Program?

In limited circumstances to meet programmatic goals, you may propose to do so. However, ACL does not recommend this approach for sustainability reasons. A better approach would be to leverage existing transportation resources from various public and private sources to provide any needed transportation.

10. Can sites offering the workshops charge participants a fee for participation?

Yes, charging participants a reasonable fee is an acceptable part of a sustainability plan to offset costs. ACL considers any fees received to be program income and grantees must use those funds as they are earned toward grant related activities. ACL expects grantees to expend program income funds before drawing down additional Federal dollars. If there is program income remaining after the grant expires, you must contact your Project Officer for disposition instructions, which usually means you must return the remaining balance.

D. LEADERS

1. Can grant funds be used to pay for the direct service of the CDSME program, i.e. to pay for the workshop leaders or may we provide a stipend to leaders or master trainers?

It is allowable to pay direct service costs including salary, honorariums, and expenses as part of start-up costs. However, the intent of this grant program is to embed the program into the ongoing operations of the delivery system partners. Part of the sustainability planning efforts should be to develop strategies that will cover personnel costs/honorariums. ACL does not encourage the use of “stipends” since that terminology is usually reserved for payments to students as part of an internship.

2. Do Department of Labor rules allow volunteers to be paid stipends or other fees for their services?
According to Tom Endres, Director of the Aging Network Volunteer Resource Center, “Unless authorized like the Foster Grandparent Program, VISTA, AmeriCorps, Senior Companions—organizations may not “pay” their volunteers a stipend or give them money for services rendered. Organizations may reimburse volunteers for out of pocket expenses such as mileage, meals (if serving during meal time), parking, and other out of pocket expenses considered reimbursable costs by the local agency policy. Agency policies should contain provisions for volunteer cost reimbursement. If there is a standard service schedule that includes set reimbursable costs such as parking, mileage, and lunch, then these could be reimbursed every two weeks or monthly, as long as the volunteer hours log shows that they served on the days being reimbursed. This is the basic or standard policy to follow: Volunteers may never replace staff or receive pay for services rendered and any appearance of this is to be avoided.”

The following references may be helpful in understanding this issue:

- “Employee or Volunteer: What’s the Difference?”
- Information on Department of Labor’s website on volunteers
- Background and link to the final rule on overtime pay

In summary, if volunteers are paid beyond what is allowable reimbursement for a volunteer, then they would be considered an employee, and all Department of Labor rules would be applicable. It is important to note that if any of the organizations have questions, they should consult their employment office and/or legal counsel.

E. PERFORMANCE MONITORING AND REPORTING

1. What are the reporting requirements for this grant?

Because this funding opportunity is funded through the Prevention and Public Health Fund (PPHF), the reporting requirements include those of ACL/AoA as well as the U.S. Department of Health and Human Services (HHS). The PPHF report, grantee semi-annual program progress report, and financial report are due semi-annually. A final report is due after the end of the project period. Note that there are different deadlines for these reports.

View a list of report deadlines for the grant period:

- 2015 Grantees: [2015-2017 PPHF-CDSME Grant Reporting Calendar](#)
- 2016 Grantees: [2016-2018 PPHF-CDSME Grant Reporting Calendar](#)

2. What is the Prevention and Public Health Fund (PPHF) Report?

Recipients of awards funded through the Prevention and Public Health Fund (which include this grant program) must report on use of these funds on a semi-annual basis within 20 days after the end of each reporting cycle. The report includes a brief summary of the major activities undertaken and any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the sub-recipient). Information from these reports is made available to the public [here](#).
Steps to complete the PPHF report:
- Download the report template and directions. The reports must be in 508 compliant format, so do not make any formatting changes to the template (e.g., changes in font, underline, caps, etc.).
- Upload your completed report to GrantSolutions.
- E-mail a copy of the report to: (1) your assigned ACL/AoA Project Officer and (2) Binod Suwal at NCOA.

3. What is the Grantee Semi-Annual Program Progress Report?

The semi-annual program progress report enables ACL/AoA to monitor grantee performance, identify program implementation issues and technical assistance needs, and identify successes and best practices. Part of the grantee progress report is a required appendix that provides quantitative information, such as the number of participants and completers. The quantitative section of the report will be pre-populated with the data entered into the National CDSME Database for the respective reporting period. Instructions for completing the appendix are included below.

This report must be completed by the grantee Project Director within 30 days after the end of each six month grant period.

Steps to complete the semi-annual report:
- Download the report template and directions.
- Access the quantitative section of the report:
  - Log in to the National CDSME Database;
  - Navigate to “State Reports” and choose “Additional Reports;”
  - Under the heading “Grantee Semi-Annual Program Progress Report,” select the appropriate reporting period.
- Upload your completed report to GrantSolutions.
- E-mail a copy of the report in Word to: (1) your assigned ACL/AoA Project Officer and (2) Binod Suwal at NCOA.

4. What is the Final Report?

Final Reports are due within 90 days of the project’s completion date and must follow a standardized ACL template.

5. What is the Financial Status Report?

All 2015 and 2016 grantees are required to submit a semi-annual Financial Status Report (SF-425) as denoted in the Notice of Award. The form can be accessed here.

6. Where can we get more information on using GrantSolutions?
F. DATA COLLECTION

1. Does this grant require data collection?

Yes, this cooperative agreement requires the use of data collection tools that have been approved by the federal Office of Management and Budget (OMB). The tools are used to obtain data about your programs and participants, as described below.

2. Where can I find the data collection forms?

Find the data collection forms on the NCOA CDSME Grantee Resource page.

- Leaders/instructors/coaches must complete a Program Information Cover Sheet and an Attendance Log. This information documents the location of the program, type of program, and the number of participants who completed the program.
- Participants will complete a Participant Information Survey (English/Spanish) on a voluntary basis. The Participant Information Survey documents demographic and health characteristics, including age, gender, race/ethnicity, types of chronic condition(s), disability status, and education level as well as one post-workshop question.

3. Are the data collection forms available in Spanish?

Yes, the Participant Information Survey and Group Leader Script have been translated into Spanish.

4. What is the best method for collecting question #14 on the Participant Information Survey (“After taking this workshop, I am more confident that I can manage my chronic conditions.”)?

ACL recommends that implementation sites securely store participant and workshop data forms until the final session or encounter and then re-distribute the surveys to participants to complete question #14. The completed Participant Information Survey may then be sent, along with the other workshop forms, in one packet for data entry. Alternatively, implementation sites may choose to distribute a separate form with only question #14 on the last session, as long as the appropriate identification on the form can be linked to the participant in the Attendance Log and the Participant Information Survey distributed at the start of the program.

5. Can we edit the Program Information Cover Sheet to make it more useful for our partners?

You can tailor question #5 (program type) and #6 (program language) to match your local programming. For any other changes, please submit a proposed draft to your ACL/AoA Project
Officer for prior review and approval.

6. Which forms need to be stored and what should be destroyed?

The Non-Disclosure Agreements (English/Spanish) for data collection and data entry personnel must be kept by the grantee or their data collection designee for three years in locked, secure storage. The other forms (Participant Information Survey (English/Spanish), Program Information Cover Sheet, Attendance Log, etc.) must be stored in a secure location until data entry, and then should be destroyed.

7. Can we keep the paper version of the workshop forms until we have an opportunity to perform our quality assurance process, even after they are entered into the CDSME National Database?

You may keep the paper forms as long as they are in a secure, locked place or are scanned and securely stored to protect confidentiality. We recommend destroying them as soon as the quality assurance process is complete, or entered into the database, which should be as soon as possible.

8. How can we track participant reach if a participant doesn’t want to complete the Participant Information Survey or share their demographic data?

Participant attendance is tracked separately from the information on the Participant Information Survey. If a participant does not agree to share their demographic information, you can still enter information from the Attendance Log into the database.

9. What is the best way to collect complete data if participation is voluntary?

As a requirement of your grant, you are required to make every attempt at gathering complete Participation Information Surveys from participants even if their participation is voluntary. NCOA developed a Group Leader Script (English/Spanish) to facilitate the collection of surveys during workshops and compiled a number of strategies to help sites encourage participants to provide complete and accurate data. Gathering complete data helps ACL/AoA and NCOA produce more reliable and accurate reports describing the reach and value of CDSME and support programs. See the tip sheet, Maximizing Complete and Accurate Data.

10. Can we collect additional data?

Yes, if you would like to capture additional data you may do so. You can add those questions to the standard form packet that captures the required data. Any desired additions to the forms must be submitted for review and approval to your ACL Project Officer and NCOA Technical Assistance Liaison.

In addition, e-mail NCOA to see if these additional data elements can be entered into the online data system or if you will have to use your own database to track these items.
11. Are pre-/post-surveys required for this grant project? What if we would like to utilize them to capture data we can use on the state/regional/tribe level? May we do that using our own database, as long as we enter the required information in the online CDSME Reporting System database?

The Participant Information Survey (English/Spanish) should be completed at the beginning of the program and the last question (#14), should be collected at the end of the last session.

If you would like to capture pre-/post-survey data within your state/region/tribe, that is fine, and many others do. You can add those pre-/post-survey forms to the “standard” form packet that captures the required CDSME data (workshop data, participant demographics, and attendance), and enter the data for the pre-/post-surveys into your own data management system.

12. Some workshops are being supported through non-grant funding. Will these other sponsors (such as Medicaid, private pay, managed care plans, and other insurers) have access to this data?

ACL recommends that you modify the group leader script to include the name of any other sponsors who you intend to share data with. Only individuals who you designate will have direct access to the raw data in the National CDSME Database. We encourage no more than 5 users per grantee.

G. DATA MANAGEMENT TRAINING

1. There are staff on my team that have not been trained on how to use the web-based CDSME Reporting System. How can they get trained?

Staff should watch the recording of the CDSME Reporting System training webinar to learn how to use the National CDSME Database.

2. What options do we have for providing privacy and security training to our personnel?

You do not need to provide any additional training for personnel who have already undergone privacy and security training through their agency. NCOA has developed a basic PowerPoint that is available on its website for distribution to those who need training. We recommend that when you orient your personnel to the data collection forms that you also incorporate the slides from this PowerPoint. It is each grantee’s responsibility to monitor that their personnel have completed some type of training and have signed a Non-Disclosure Agreement (English/Spanish).

H. DATA ENTRY, MANAGEMENT, AND ANALYSIS

1. How do I request help regarding data collection, data entry, or technical issues related to the database?
Contact your ACL/AoA Project Officer or NCOA technical assistance liaison with any questions about data collection. You may also post questions about data collection on the CHA Community in Salesforce. There are two ways to request help in the CHA Community. (View the CDSME Reporting System training webinar for a description of these features.)

- For issues that may be pertinent to other grantees/network partners:
  You can join groups to see and respond to messages from others on specific topics like technical support and training and technical assistance. As you post questions, you may find that others have similar issues that NCOA has responded to. You may also access any files shared by other members or add files that you would like to share.

- For very individualized assistance: The second way to get help is through your “Feed” tab available throughout your data entry records for workshops, host and implementation sites, state, and contacts. You can click back and forth between the “Feed” and “Details” tabs to move between a view of your history of communication with the database administrator at NCOA and your specific data record.

2. **How do we access the National CDSME Database?**

   The Project Director for your grant will receive an email to log-in to the National CDSME Database, operated by Salesforce, within the first 3 months of the grant period. The target number of participants and completers for your grant will be added to the database by NCOA staff.

   Once you receive access to the database from NCOA, you may log in by visiting: [https://ncoaging.force.com/chacommunity/login](https://ncoaging.force.com/chacommunity/login).

   Grantees will have the ability to generate reports and share them with partners so they know how they are doing in terms of participation and completion rates, etc. In addition, you will be able to use the CHA Community “Chatter” feature to post questions about various topics related to CDSME implementation, data collection, data entry, and more. Responses may be provided by NCOA staff or other grantees. Post any questions that you have about using the National CDSME Database in the “Technical Support Group.”

3. **What is the CHA Community?**

   The CHA Community is one part of the National CDSME Database and the main way that you will contact NCOA about questions regarding data collection, entry, management, and analysis. You access the community by logging into Salesforce. The community includes several tabs across the top of the page, including “Chatter,” which allows you to communicate with NCOA staff and other grantees. View the CDSME Reporting System training webinar for a description of these features.

4. **When should data be entered into the database?**

   Local data entry staff should enter workshop and participant data into the National CDSME
Database or a third party database within 30 days after the end of each program.

5. **Can we manage grant data in a third party database? How do we migrate data managed by a third party vendor to the National CDSME Database?**

Yes, grantees may contract with a third party database to enter or manage program data. The grant lead or data manager should contact Angelica Herrera-Venson to coordinate quarterly data migration from the third party database to the National CDSME Database. The data files must be compatible and formatted following NCOA’s guidelines to minimize errors when uploading the data. Use this spreadsheet to export the data from the third party database.

6. **How many staff members can have access to the National CDSME Database?**

We encourage centralized data entry for your project as a quality assurance precaution. Ideally, there should be 3 to 5 users per grant with access to the National CDSME Database. In rare cases, NCOA may grant access to more than 5 users if the grant Project Director assigns appropriate access levels, as defined below.

A “user” is defined as an individual who has access to the system. As this is a web-based system, users can log-in from any computer with internet access. There are two types of users with different levels of access to database functions, including “State Administrator” or “Data Entry” users. A “Data Entry” user can only enter workshop data and view the records that they created. “Data Entry” users cannot run reports. A “State Administrator” user can enter workshop data, modify host/implementation site information, and run state reports. Both types of users have access to the CHA Community.

7. **How do we add new host organizations and/or implementation sites to the database?**

Formerly, grantees contacted NCOA to add a new host organization or implementation site. As of October 2016, database users may add new host organizations and/or implementation sites independently. Use these instructions to successfully complete this task. If you need assistance, post a message in the “Technical Support” group in the Salesforce CHA Community.

8. **We have organizations that are entering data on behalf of multiple implementation sites in their region. Is it the responsibility of the data entry site to have the Non-Disclosure Agreements in place before the data is entered?**

We recommend that any data collection and entry personnel sign a Non-Disclosure Agreement (English/Spanish) prior to their handling of the data. Ultimately, obtaining and storing these Agreements is the responsibility of the grantee.

9. **Should the Non-Disclosure Agreements be stored at the grantee or partner level?**

This is a grantee responsibility, but it may be delegated to a sub-grantee. While it is permissible
to maintain the forms locally, remember that this is ultimately a grantee responsibility should the forms need to be retrieved.

10. I have information regarding the total number of participants who enrolled in a CDSME workshop, but not the specific sessions that were attended by each participant. Should I still enter this information into the online reporting system?

   Because the CDSME grant requires grantees to set and meet goals for program completers, it is important to have comprehensive attendance information entered into the system to track this outcome. Therefore, you should only enter workshop data that includes attendance information for each participant.

11. If a participant leaves a question blank, can I leave that question blank in the online system?

   Yes.

12. How do I delete a record that I entered accidentally?

   Submit a question through the “feed” section of the CDSME Community indicating which record needs to be deleted. NCOA staff will assist you in deleting the record.

13. How do we create a customized report in the National CDSME Database to show progress toward grant goals?

   The National CDSME Database is currently undergoing several upgrades. The new platform includes enhanced features that allow users to create more sophisticated and customizable reports in Salesforce Domo. A training is planned in early 2017. In the interim, continue using custom reports within the existing Salesforce platform. If users are unable to customize reports as needed, contact Angelica Herrera-Venson for assistance. We can walk you through the system, or provide the reports for you.

   **I. GRANT ADMINISTRATIVE/MANAGEMENT ISSUES**

1. How many years is this cooperative agreement funded?

   The 2015 funding for this opportunity is for two years, from September 1, 2015 to August 31, 2017. The 2016 funding is also for two years, from August 1, 2016 – July 31, 2018. These are forward funded grants, meaning that they are fully funded upfront for their two year project and budget period.

2. What is the difference between a grant and a “cooperative agreement?”

   Federal grants are financial assistance issued by the U.S. Government. A cooperative agreement is a variation of a grant, which is awarded when a grant provider anticipates having substantial involvement with the grantee during the performance of a funded project. These CDSME grants
are cooperative agreements because they are significant and multifaceted endeavors in which ACL/AoA will have substantial involvement with the recipients during performance of funded activities. Therefore, throughout the project period of the grant award, ACL/AoA will furnish technical assistance, oversight, and support to each grantee to help ensure program success. The cooperative agreement structure will allow ACL/AoA to provide a higher level of technical assistance, oversight and support than a grant relationship offers. For more information, see the HHS Grants Policy Statement.

3. Can we incorporate additional CDSME or self-support programs that were not included in the funded proposal?

Adding additional programs beyond what was proposed in your application would be a change in the scope of work and must be discussed in advance with your Project Officer. You must have a rationale for making this type of change. After both you and your Project Officer agree on the change, you must document this in writing.

4. Do we need to include a standardized acknowledgement anywhere that our products are being supported by ACL/AoA funding?

Yes. All ACL/AoA discretionary grantees MUST include this disclaimer on the first page or preface of all documents and web pages produced, all or in part, with ACL/AoA funding:

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

5. Can grantee lead agencies subcontract services to an external organization?

Yes, certain services can be contracted out. Grantees may distribute funding for delivering the CDSME programs to local lead agencies, which may subcontract services, including program delivery. Examples of such services are training of lay leaders and quality assurance functions. However, grantees have programmatic and fiduciary responsibility for the grant, including meeting program milestones, goals, guidelines, and all reporting requirements.

6. What’s the difference between sub-recipients and vendors?

Sub-recipients are defined in Office of Management and Budget guidance as those entities that receive funding from the prime recipient to support the performance of any portion of the substantive project or program for which the prime recipient received funding. The terms and conditions of the federal award are carried forward to the sub-recipient. Vendors are defined as entities that operate in a competitive environment and provide similar goods and services to many different purchasers, and these goods and services are ancillary to the operation of the federal program.
7. **What are the regulations for drawing down funds?**

   A grantee may draw down funds on an as needed basis from the Payment Management System (PMS) generally for expenses that are going to be incurred three calendar days in advance. For example, if payroll is due on a Monday, recipients can draw down funds from PMS on the preceding Thursday to meet that expense. If cash remains on hand for longer than three days, you must provide an explanation on a federal cash transactions report at the end of the reporting cycle.

8. **In extraordinary circumstances, can a grantee use a memorandum of understanding with a private, non-profit organization in place of a contract when that non-profit will be receiving grant funding and managing contracts with local lead organizations?**

   We cannot advise on this situation. The prime recipient must follow their established procurement policies and procedures which must be compliant with the basic Federal requirements established in the applicable Code of Federal Regulations associated with their award terms and conditions. If a grantee deviates from the normal procurement process, then the relationship could be questioned in an audit review.

9. **How much of my budget can I revise without seeking prior ACL/AoA approval?**

   Up to 25% of the federal award can be moved between budget categories as long as the funds are spent on allowable costs that work toward the grant goals. Although prior ACL/AoA approval is not required, it is recommended that you notify your Project Officer if you plan to make any changes to your budget.

10. **Can our grant funds be used to pay for meals during our trainings? Can we use our grant funds to support snacks for program participants or during an event we are holding for our partners/leaders/coaches?**

   Grant funds may not be used for meals. The cost of providing snacks during programs or partner/leader events is an allowable expense. However, we strongly encourage you to find partners and implementation sites or other funding sources to provide refreshments or support these expenses. You should also determine if this expense will help or hinder your ability to achieve your target number of program completers and other grant goals. From a fiduciary perspective, every cost in the grant must meet the Federal Cost Principle guidelines. Each cost must be reasonable, allowable, and allocable. Additionally, from a programmatic perspective, grant expenditures should be developed within the context of sustainability.

11. **When a grantee purchases equipment to carry out a grant, what are the rules regarding who owns that equipment at the end of the grant period?**

   HHS regulations provide guidance on equipment purchased under a grant. These rules can be found [here](#). The general rule is that grantees can use, manage, and dispose of equipment
acquired under a grant in accordance with relevant state laws and procedures. For grantees other than state agencies, the regulations provide guidance and should be reviewed to ensure compliance.

12. Can a grantee request a no-cost extension if it has not spent its entire funds by the closing date of the grant?

ACL will consider requests for no-cost extensions on a case-by-case basis. Your request must provide sufficient justification for why you were unable to complete your programmatic activities according to your work plan within the project period. All requests for no-cost extensions must be submitted as an amendment request in GrantSolutions. Learn more about applying for a no-cost extension on the ACL website.

13. Can a grantee change the authorizing agency?

Yes, you can change the authorizing agency of your grant as long as the new agency meets the eligibility requirements outlined in the Funding Opportunity Announcement. You must submit changes in the authorizing agency through Grant Solutions as an amendment request. The CDSME Grants Specialist will take the lead in processing this request. You will need to provide a relinquishment letter, along with an accounting of funds and activities from the initial agency and an application from the agency taking over the grant related activities. The initial award was made to one entity and by changing entities we must execute a transfer in our database system based on the appropriate documentation.