

## Frequently Asked Questions

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

Financed by FY 2017, FY 2018, and FY 2019 Prevention and Public Health Funds (PPHF)

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#### A. TECHNICAL ASSISTANCE RESOURCES

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

- [Keri Lipperini](#) – Director, Office of Nutrition and Health Promotion Programs
- [Kristie Kulinski](#) – CDSME Lead and Project Officer
- [Casey DiCocco](#) – Project Officer
- [Shannon Skowronski](#) – Project Officer
- [Phantane Sprowls](#) – 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
- [Dorothea Vafiadis](#) – Director, Center for Healthy Aging
- [Jennifer Tripken](#) – Associate Director, Technical Assistance Liaison
- [Angelica Herrera-Venson](#) – Associate Director, Data Management and Evaluation, Technical Assistance Liaison
- [Kathleen \(Katie\) Zuke](#) – Senior Program Manager, Technical Assistance Liaison
- [Mary Walsh](#) – Consultant, Technical Assistance Liaison
- [Ellen Schneider](#) – Consultant, Technical Assistance Liaison
- [Meghan Thompson](#) – Consultant, Sound Generations
- [Sarath Reddy](#) – Salesforce Developer/Administrator

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

When you need technical assistance, you should email requests to your assigned ACL 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 ACL and NCOA staff with meeting your technical assistance needs.

**4. What's the difference between my assigned ACL Project Officer and my Grants Management Specialist?**

Your Project Officer works in ACL's program office and your Grants Management Specialist works in ACL's grants office. You should contact your assigned ACL 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](mailto: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 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 and NCOA staff to provide technical assistance and help ensure success of the grantees in meeting their goals. Technical assistance calls will take place on a monthly or bi-monthly basis.

**7. How many individuals per grantee organization should attend NCOA's Resource Centers' annual technical assistance 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 on program planning and implementation, outreach and recruitment, evaluation, and sustainability.
- [Best Practices Toolkit: Resources from the Field](#): A collection of over 250 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](#)
- [Resource Library](#)

Stay connected with NCOA and other grantees:

- [Contact us](#) to join the CDSME listserv, an online community for professionals implementing CDSME to share resources, questions, and announcements.
- Sign 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 (FOA), this grant program is designed to develop capacity for, bring to scale, and sustain evidence-based self-management education programs that empower older adults and adults with disabilities to better manage their chronic conditions. The FY 2018 and FY 2019 FOAs included two funding options (Capacity-Building and Sustainable Systems), each with two overarching goals:

#### *Capacity-Building Grants*

**Goal 1:** Develop capacity in areas with no or limited evidence-based program infrastructure to introduce, deliver, and expand the reach of evidence-based chronic disease-self-management education and self-management support programs within underserved geographic areas and/or populations to improve their confidence in managing their chronic condition(s).

**Goal 2:** Develop a business plan with strategies to support the proposed programs during and beyond the grant period.

#### *Sustainable Systems Grants*

**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 improve their confidence in managing their chronic condition(s).

**Goal 2:** Implement innovative funding arrangements, including contracts and collaborations with one or more sustainability partners, to support evidence-based self-management education and support programs during and beyond the grant period. Additionally, embed programs into an *integrated, sustainable evidence-based prevention program network* via centralized, coordinated processes.

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

As discussed in the FOA, 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 to 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 expectation about partnerships, collaborations, and/or contracts with an**

## **integrated care entity to provide sustainable funding for self-management programs?**

The FOA required that Sustainable Systems 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 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 and [explore examples from other organizations](#).

### **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. Review examples of sustainability plans [here](#).

### **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](#) and [webinar](#) that describe how this pre-program session can help increase program retention and completer rates.

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

The Self-Management Resource Center offers licensing and training for the evidence-based self-management programs originally developed at Stanford University. For more information, visit <https://www.selfmanagementresource.com/licensing/>. 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, 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. Can adults under the age of 60 without a disability count toward our participant and completer targets?

Yes, though outreach efforts should prioritize older adults and adults with a disability.

**4. What is a “participant?”**

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

**5. 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.

**6. 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 workshop beginning on April 1 can be counted for a grant program with a start date of May 1.

**7. 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.

**8. 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.

**9. 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](#), which include being reasonable, allowable, and allocable. Additionally, from a programmatic perspective, grant expenditures should be developed within the context of sustainability.

**10. 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.

**11. 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?**

Unless authorized like the Foster Grandparent Program, VISTA, AmeriCorps, or 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?

ACL requires the submission of semi-annual program progress reports and annual financial reports. A final report is due 90 days after the completion of the project period. Please refer to your Notice of Grant Award for additional information on reporting requirements.

View a list of report deadlines for the grant period:

- [2017 Grantees: 2017-2020 PPHF CDSME Grant Reporting Calendar](#)
- [2018 Grantees: 2018-2021 PPHF CDSME Grant Reporting Calendar](#)
- [2019 Grantees: 2019-2022 PPHF-CDSME Reporting Calendar](#)

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

- A document titled “Semi-Annual Performance Report Directions and Sample Template” is available [here](#).
- The semi-annual program progress report enables ACL 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. Upload your completed report as a grant note to [GrantSolutions](#).
- E-mail a copy of the report in Word to: (1) your assigned ACL Project Officer and (2) [Binod Suwal](#) at NCOA.

### 3. 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](#).

#### 4. What is the Financial Status Report?

All 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](#).

#### 5. Where can we get more information on using GrantSolutions?

Learn more about using GrantSolutions [here](#).

### 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. Forms are updated every two years. The next version of these forms will be released in October 2019. Check back in the [Data Entry, Collection, and Management Resources](#) page to get latest forms.

#### 2. Where can I find general information on the National CDSME Database?

The [Data Entry, Collection, and Management Resources](#) is the one-stop shop location where all data management resources and information can be found. These files can also be accessed from your home page on the new Lightning version of the CHA Community 2.0.

#### 3. 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](#)). Forms will be translated in additional languages in the Fall 2019. The Participant Information Survey documents demographic and health characteristics, including age, gender, race/ethnicity, types of chronic condition(s), disability status, caregiving status, self-rated health, provider referral, and education level as well as one post-workshop question on confidence in managing chronic health conditions.

#### **4. Are the data collection forms available in Spanish and other languages?**

Yes, the [Participant Information Survey](#) and [Group Leader Script](#) have been translated into Spanish by a certified Spanish translator and reviewed by staff at the National CDSME Resource Center.

The forms are currently in English and Spanish; however, forms will be translated in additional languages in the Fall 2019. Please make any special translation needs known to your NCOA TA Liaison.

#### **5. 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. The six-character Participant ID # at the top of each form can be used to link baseline and post-test forms. The database provides a space to enter this unique Participant ID #.

#### **6. 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.

#### **7. 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 the data is entered into a secure database, such as the National CDSME Database, and then should be destroyed. For additional information on privacy and security practices related to the data collection and reporting of evidence-based program activity, see the recommended guidance the [Privacy and Data Security Practices: NCOA CDSME and Falls Prevention EBP Databases](#).

#### **8. 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 National CDSME 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.

#### **9. 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. Once you complete the workshop profile page, click on 'Add New Participant', leave all demographic questions blank, and scroll to the bottom of the Participant Profile page. There you can simply check off the class sessions attended (for Standard 6-session workshops, which apply to most Self-Management Resource Center) or enter the # of Encounters for Alternate/Support programs. You can create a custom 6-character Participant ID#, if you wish, to more easily flag participants with missing data fields. Once you click submit, you will notice that the database has auto-generated an ID# for the anonymous participant.

#### **10. 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.

#### **11. 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. For tips for modifying OMB-approved data collection tools, please review the "Do's and Don'ts for Modifying CDSME Data Collection Tools." It's important to consider the potential burden on respondents and propose additional items that truly provide value, have IRB approval, or are required by other funders.

Separate from the fields required in approved OMB forms, NCOA offers a range of optional items/fields. At the participant level, optional fields include referral source, satisfaction with program, Alzheimer's cognitive health, health insurance, and household monthly income. At the workshop level, information such as Funding Source has been updated and expanded. You can also document whether the format of the workshop as in-person, online, or hybrid; indicate

whether it was part of a Wisdom Warriors program; and whether they heard about the program from a Facebook Ad.

If you wish to add additional data elements to the database, contact the database manager at the National CDSME Resource Center. If the data elements cannot be accommodated, you will have to use your own database to track these items.

**12. 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 into the National CDSME Database (CHA Community 2.0)?**

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.

**13. 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 to improve quality assurance.

## **G. DATA MANAGEMENT TRAINING**

**1. There are staff on my team that have not been trained on how to use the web-based the National CDSME Database (CHA Community 2.0). How can they get trained?**

Staff should participate in or watch database related webinars of the National CDSME Database (CHA Community 2.0) and Domo. The next webinar is scheduled for May 23, 1-2:30pm EST (Guidance and Updates for Navigating the National CDSME Database (CHA Community 2.0) to learn how to enter and manage their program data in the National CDSME Database (CHA Community 2.0). The 2.0 version was introduced in March 2018 and reflects numerous changes to the portal and form layouts. There will not be a new training in Domo this year, as NCOA is transitioning out of Domo to PowerBI during this summer. As a result, the Resource Center anticipates developing a new training once the new reporting system goes live. You will receive an emailed invitation to register at that time.

PowerBI allows database users to visualize their data in graphics, charts, and tabular format, and view basic summary reports. You'll be able to access PowerBI directly from the CHA Community 2.0. We expect these changes will result in an improved user experience. Webinars are updated annually and replace the old ones, and are archived on the main data management and resource [page](#).

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

Please review the document "[Privacy & Data Security Practices and Procedures for National CDSME & Falls Prevention Database Users](#)" for more detailed guidance on providing training to your staff and an overview of best practices for handling and sharing your program data.

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 broad questions about data collection and reporting requirements.

Questions of a more technical nature can be directed to the database management staff. We introduced a new system for requesting **ALL** technical assistance associated with data collection processes and management of your data in the National CDSME Database, which includes the CHA Community portal.

Submit a request by clicking 'HELP' on the menu bar and completing a brief online form. The system generates a Case ID#, and the issue is triaged to the right person.

This new system will allow the CHA data management team to better monitor our technical assistance needs and improve our efficiency and response time.

**For instructions in submitting a data collection question or database management request, click [here](#).**

### 2. How do we get set up and access the National CDSME Database?

Please complete the [Grantee and Users Intake Form](#) to create your account in the National CDSME Database (a.k.a. CHA Community 2.0). This information will help us create your organization's profile and network page and set appropriate permissions for database

users. Users in the CHA Community 2.0 will also have access to view reports and data charts in PowerBI, once PowerBI goes live Summer of 2019.

Once the database manager has created a database user account, that person will receive an email inviting them to log in and set their password. The URL to log in is: <https://ncoaging.force.com/chacommunity/login>. 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” or share resources with your colleagues.

### 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 most current database training webinar for a description of these features, which is posted on the main database management and resource [page](#). (See Question 1 above for more details). For assistance with resolving very individual concerns and private matters, submit a request by clicking ‘HELP’ on the menu bar and completing a brief online form. The system generates a Case ID#, and the issue is triaged to the right person. This new system will allow the CHA data management team to better monitor our technical assistance needs and improve our efficiency and response time. **For instructions in submitting a data collection question or database management request, click [here](#).**

### 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. Grantees using vendors typically make arrangements to have data imported on a quarterly basis. For details, see # 5 below.

### 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. Please review the [Guide to Importing Data into the National CDSME Database](#) very carefully. The grant lead or data manager should contact database manager at the National CDSME Resource Center 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 [template](#) to export the data from the third party database. Ultimately, ensuring timely and accurate data uploads is the responsibility of the grantee.



## **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 three to five users per grant with access to the National CDSME Database. In rare cases, NCOA may grant access to more than five 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 “Administrator” or “Data Entry” users. A “Data Entry” user can only enter workshop data and view the records that they created. An “Administrator” user can enter workshop data, as well as add and modify host/implementation site information. 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?**

Database users may add new host organizations and/or implementation sites independently by following these [instructions](#). If you need assistance, submit a help request within the CHA Community, following these [instructions](#) for creating a new case.

## **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?**

Depending on the type of record and your access level in the database, you may be able to delete the item yourself. Otherwise, please generate a case in the HELP section of the CHA Community, following these [instructions](#). NCOA staff will assist you in deleting the record. In March 2018, we introduced a new policy that allows users with “Admin level” access to edit a workshop or participant records. Safeguards and certain verifications ensure that erroneously deleted records can be retrieved.

**13. How do I create the Appendix A table for the Semi-Annual Report?**

Active grantees receive a customized table containing your grant’s data for the 6-month period, at least one week before your deadline, following reporting [calendars](#). Contact the data manager if you need this report earlier.

**14. Can the National CDSME Resource Center provide any analyses or special reports for grantees?**

The short answer is YES. Time permitting, we evaluate these requests on a case by case basis and can perform basic analyses and exploration of your program data that may not be possible within Salesforce or other software tools currently provided to grantees, in order to help grantees understand their performance and impact. You can submit custom requests by creating a case, following these [instructions](#).

**15. How is data used for broader research purposes?**

NCOA regularly mines the database to answer important and timely questions from the Administration for Community Living and others to inform program planning and policy activities. In addition, NCOA partners with research institutions to conduct rigorous research studies to learn more about the reach, impact, and cost-effectiveness of evidence-based programs. A listing of published work can be found [here](#). CHA published a quarterly [report](#), highlighting trends and statistics from data housed in the National CDSME Database, dating back to 2010.

Current research projects include examination of the predictors of program completion and overall reach among participants with functional impairment, caregivers, racial/ethnic minorities, rural populations, and participants with various comorbidities. Other special analyses will look at variation in performance and unique challenges of delivering CDSME program in healthcare settings, as well as residential settings, such as assisted living facilities and low-income senior housing.

NCOA is also evaluating the Chronic Pain Self-Management Program to learn more about the types of participants it best serves, and the extent that the program can complement treatment for opioid addiction. NCOA welcomes the opportunity to work with others interested in important research

questions regarding evidence-based health promotion and disease prevention programs. You can complete a [Data Use Agreement](#) and submit to the database manager for further discussion. Your data request will be reviewed by NCOA's Data Governance Board.

## I. GRANT ADMINISTRATIVE/MANAGEMENT ISSUES

### 1. How many years is this cooperative agreement funded?

All grantee cohorts are funded for three years. These are forward-funded grants, meaning that they are fully funded upfront for their three-year project and budget periods.

### 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 will have substantial involvement with the recipients during performance of funded activities. Therefore, throughout the project period of the grant award, ACL will furnish technical assistance, oversight, and support to each grantee to help ensure program success. The cooperative agreement structure will allow ACL 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 funding?

Yes. All ACL 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 funding:

*This project was supported, in part by grant number 90XX####, from the Administration for Community Living, U.S. Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects 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 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 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.