Administration for Community Living

Administration on Aging

Creating and Sustaining Dementia-Capable Service Systems for People with Dementia and their Family Caregivers
HHS-2013-ACL-AOA-DS-0055
Application Due Date: 07/17/2013
Creating and Sustaining Dementia-Capable Service Systems for People with Dementia and their Family Caregivers
HHS-2013-ACL-AA-DS-0055

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Department of Health & Human Services
Administration for Community Living

**Program Office:** Administration on Aging  
**Funding Opportunity Title:** Creating and Sustaining Dementia-Capable Service Systems for People with Dementia and their Family Caregivers  
**Announcement Type:** Initial  
**Funding Opportunity Number:** HHS-2013-ACL-AOA-DS-0055  
**Primary CFDA Number:** 93.051  
**Due Date For Letter of Intent:** 06/24/2013  
**Due Date for Applications:** 07/17/2013

### Executive Summary

Cooperative agreements under this funding opportunity announcement (FOA) are designed to ensure that people with dementia and their family caregivers have access to a sustainable home and community-based services (HCBS) system that is dementia capable. Such a system meets the unique needs of each person with dementia by 1) identifying those with a possible dementia and recommending follow up with a physician, 2) ensuring that the staff they encounter have appropriate training, understand the unique needs/services available and knowing how to communicate with them, and 3) providing quality, person-centered services that help them remain independent and safe in their communities. A dementia-capable HCBS system also involves family caregivers when they are available and it is appropriate. Grantees must specify a lead state agency for dementia capability and have working relationships with their state Medicaid agencies that enable creating and sustaining a dementia-capable HCBS system that meets two key objectives:

**Objective 1.** Create and sustain a dementia-capable HCBS system that includes a Single Entry Point/No Wrong Door (SEP/NWD) access for people with dementia and their family caregivers.

**Objective 2.** Ensure access to a comprehensive, sustainable set of quality HCBS that are dementia capable and provide innovative services to the population with dementia and their family caregivers. Services must be evidence-based or evidence-informed to the extent possible.

In addition to implementing a dementia capable HCBS system that meets objectives 1 and 2 above, grantees must provide at least one evidence-based or evidence-informed service for individuals with dementia or their caregivers.

Please direct any questions about the programmatic goals and objectives of this FOA to jane.tilly@acl.hhs.gov. Please note that letters of intent are requested, but not required;
I. Funding Opportunity Description

Statutory Authority


Description

BACKGROUND INFORMATION

The national consensus is that our home and community-based service (HCBS) system must be person-centered, that is, more responsive to the unique needs and preferences of every individual with disabilities. It is critical for every person-centered HCBS system to take into account the needs and preferences of people with cognitive impairment because they represent a substantial proportion of those in the system. For example, 15 percent of older adults living in the community with at least one activity of daily living (ADL) or instrumental activity of daily living (IADL) limitation have a cognitive impairment.[1] In addition, about 25 percent of older adults with severe disabilities (people with three or more limitations in ADLs) have this type of impairment. Finally, about 24 percent of people of all ages who receive Medicare or Medicaid-funded home health care have moderate to severe cognitive impairment.[2]

Dementia is the major cause of cognitive impairment among older adults. Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—and behavioral abilities to such an extent that it interferes with a person’s daily life and activities. Dementia ranges in severity from the mildest stage, when it is just beginning to affect a person’s functioning, to the most severe stage, when the person must depend completely on others for basic activities of daily living. Estimates of the percentage of older persons with dementia vary, but the prevalence of the disease increases with age. Alzheimer’s disease is responsible, at least in part, for about 60 percent of cases of dementia.

Estimates are that about half of older persons with dementia do not have an accurate diagnosis or any diagnosis at all.[3] In addition, a number of conditions, such as dehydration, malnutrition, hearing loss, and depression can mimic dementia, and medication mismanagement can result in the appearance of dementia. Thus, it is critically important to correctly identify these conditions to enable appropriate referral.

People with dementia (70 percent of whom live in the community) and their caregivers use the full spectrum of HCBS available from various public and private sector programs. Creating a dementia-capable HCBS system involves building upon and integrating existing programs from the private sector and those that AoA and its partners offer. Public sector partners include the Administration for Intellectual and Developmental Disabilities (AIDD); the Centers for Medicare & Medicaid Services (CMS); and the Department of Veterans Affairs. Among the innovative programs that AoA and its partners have implemented are those listed in Appendix I. It is critical that grantees build dementia capability into their current programs in partnership with key agencies in their states, including Medicaid and the
Veterans Health System, as well as into new efforts to foster better quality, coordinated care and improve population health at lower cost such as the Medicare-Medicaid integration demonstrations, the State Innovation Models, and other Affordable Care Act initiatives, where applicable.

REQUIREMENTS FOR THE ADSSP COOPERATIVE AGREEMENT

Applicants must describe their current system related to this FOA’s goal, objectives, and core components of these objectives, identify a lead state agency for dementia capability, and implement a partnership between the State Unit on Aging and the State Medicaid Agency.

Grantees must agree to implement dementia-capable, HCBS systems that meet this FOA’s two objectives and their core components.

**Objective 1: Create and sustain a dementia-capable HCBS system that includes Single Entry Point/No Wrong Door (SEP/NWD) access for people with the disease and their caregivers.**

In such systems, people with dementia and their family caregivers anywhere in the state have streamlined access to the full array of person-centered, public and private sector HCBS that promote community living and independence. Applicants must fully describe how they plan to implement the following four core components of objective 1 by the end of the cooperative agreement period. The core components include:

1. **Information, Referral and Access**

This component requires that the grantee have a highly visible and trusted place for people with dementia and their family caregivers to seek objective information on HCBS that maximizes their ability to remain independent in the community. Applicants must fully describe their method(s) for achieving this and providing access to a full range of services, which may include, but are not limited to person-centered: home and community-based services; care transitions; and family caregiver support programs. Applicants must provide measurable targets for achieving maximum population coverage of dementia capable information, referral and access for each year of the cooperative agreement period. For example, applicants might propose to have a dementia capable HCBS system available in geographic areas where 25% of the state’s population lives in the first year, 35% in the second year and 50% in the third year.

1. **Options Counseling and Assistance**

Options counseling enables persons with dementia and their family caregivers to understand and use the services available in their communities by assisting in:

- Identification of the person with dementia’s strengths, values, needs, and preferences
- Person-centered service plan development
- Enrollment in self-directed programs or seamless transfer into this process, as appropriate
- Service initiation
- On-going assistance and follow-up

Applicants must fully describe their methods for achieving this core component.
Applicants must provide measurable targets for achieving maximum population coverage for Options Counseling each year of the cooperative agreement period. For example, applicants might propose to have options counseling available in geographic areas where 25% of the state’s population lives in the first year, 35% in the second year and 50% in the third year.

1.c. **Person-Centered Care Transitions across Multiple Settings**

Care transitions is a person-centered, interdisciplinary approach to integrating health care and social support services for individuals and their caregivers as they move across settings, such as hospitals, nursing homes, and home. Care transition services identify individual needs and preferences, develop and activate comprehensive service plans, empower people to take an active role in their health care, and connect them to resources provided by options counselors or staff with similar responsibilities. Care transitions can involve self-direction of services for those with dementia and their caregivers. Examples of evidence-based care transition programs for the general population appear in the definition of care transitions in the Attachment. By the end of the third grant year period, successful applicants must offer person-centered care transitions that are dementia capable in at least two geographic areas of the state. Applicants must fully describe their methods for achieving this.

1.d. **Streamlined Eligibility Determinations for Public Programs and Assistance in Applying for these Programs**

Applicants must fully describe how they plan to make Streamlined Eligibility Determination an integral part of their state and local HCBS systems and these systems’ Options Counseling functions. These processes must be both administratively efficient and easy-to-use for persons with dementia, their family caregivers or their legal representatives, regardless of the program or type of service.

**Objective 2: Ensure access to a comprehensive, sustainable set of quality services that are dementia capable and provide innovative services to the population with dementia and their family caregivers.** Services must be evidence-based or evidence-informed to the extent possible.

Applicants must fully describe how they plan to implement the following three core components of objective 2 by the end of the cooperative agreement period. These components include a:

2.a **Comprehensive set of services**

Applicants must fully describe how people with dementia and their family will have access to a wide range of person-centered HCBS that promote independence in the community. These services must be responsive to the individual’s needs and preferences, and have self-direction opportunities. Services must be evidence-based to the extent possible and include HCBS, supports for family caregivers, and related supportive services.

2.b **Quality assurance system**

Applicants must fully describe their implementation and use of a quality assurance and improvement process that will help ensure delivery of quality, dementia capable services. Quality measurement and data collection are integral parts of quality assurance. Applicants must propose measurable performance goals and indicators related to the quality assurance
system’s visibility, ease of access, responsiveness to persons with dementia and their family caregivers, efficiency and effectiveness.

2.c Sustainable service system

Applicants must fully describe how they plan to ensure sustainability of the grantee’s dementia capable HCBS system. Sustainability involves leveraging existing traditional Federal and State level programs, and innovations underway as part of the Affordable Care Act such as the Medicare-Medicaid integration demonstrations, the State Innovation Models, and other Affordable Care Act initiatives, where applicable. Grantees must maintain the infrastructure and capacity to deliver programs throughout the state including partnerships that have effectively embedded dementia capability within HCBS systems, and an adequate number of delivery sites and workforce to deliver the programs in geographic areas containing half of the state’s population. Applicants will propose measures and evaluation strategies that will document progress toward implementing and sustaining a comprehensive access system for these programs and services that is dementia capable.

Please see the dementia-capability issue brief for more information on this type of system at: http://www.hcbs.org/files/211/10519/DementiaCapabilityIssueBrief_12_2_11.pdf

Evidence-based or Evidence-informed Services

In addition to implementing and evaluating a dementia capable HCBS system that meets objectives 1 and 2 above, applicants must fully describe how they plan to provide at least one evidence-based or evidence-informed service designed to:

- Prevent elder abuse and neglect of persons with dementia through caregiver supports,
- Provide palliative care for those with dementia,
- Help persons with early stage dementia maintain their independence and decision-making capacity to the extent possible, OR
- Provide services to persons with young onset dementia, including those with intellectual disabilities; or to racial and ethnic minorities with dementia.

The evidence-based or evidence-informed services of the grantee’s choosing must be pilot-tested and evaluated in at least one geographic area of the state. Applicants must specify services chosen, summarize the evidence base for those services and the methods the applicants propose to use in developing, pilot testing and evaluating the services. The application must also describe how the service(s) will be sustained and expanded, if proven successful.

*Evidence-based programs or interventions* have been tested through randomized controlled trials and are: 1) effective at improving, maintaining, or slowing the decline in the health or functional status of older people or family caregivers; 2) suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention; 3) the research results have been published in a peer-reviewed scientific journal; and 4) the intervention has been translated into practice and is ready for distribution through community-based human services organizations.

*Evidence-informed interventions* have substantive research evidence that demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of older people or family caregivers. For the purposes of this announcement, evidence-informed
interventions: 1) have been tested by at least one quasi-experimental design with a comparison group, with at least 50 participants; OR 2) have been adapted from evidence-based interventions.

By the end of the cooperative agreement period, successful applicants must agree to implement, and sustain the core components of dementia capable HCBS and the successful evidence-based or evidence informed services implemented under this FOA.

Evaluation

Applicants must fully describe the method(s), techniques and tools that will be used to: 1) determine whether or not the proposed dementia capability and evidence-based or evidence-informed services achieved their anticipated outcome(s), and 2) document the “lessons learned” – both positive and negative – from the project that will be useful to people interested in replicating it, if it proves successful.

SPECIAL REQUIREMENTS FOR USE OF FUNDS AND MATCHING REQUIREMENTS UNDER THIS FUNDING OPPORTUNITY ANNOUNCEMENT

States must use these Alzheimer’s Disease Supportive Services Program (ADSSP) funds, which are provided under the Public Health Services Act, to implement dementia capable HCBS systems and one evidence-based or evidence-informed service under this FOA. The Act has specific requirements that shape the use of funds:

- The statute governing the ADSSP requires that grantees provide a 25% match (cash and/or in-kind) during the first year, 35% during the second year, and 45% during the third and subsequent years of the grant period. Waivers to these match requirements are not permitted under the Public Health Services Act.
- The statute governing the ADSSP states, “the State agrees to expend not less than 50 percent of the federal grant funds for the provision of [direct] services” to persons with Alzheimer’s disease or related dementias and their families.
- Those services which are listed as “direct services” in the program’s statute are: “…home health care, personal care, [adult] day care, companion services, short-term care in health facilities, and other respite care to individuals with Alzheimer’s disease or related disorders that are living in single family homes or congregate settings.” For this FOA, respite is defined as an interval of rest or relief OR the result of a direct service intervention that generates rest or relief for the person with dementia and/or their family caregiver. For example, if people with dementia and/or their family caregivers receive counseling or training through an intervention, the intervention will be considered to have generated respite for the participants. This may be considered part of the direct service requirement.
- States are not allowed to make payments with grant funds under this FOA for any items or services to the extent that payment has been made, or can reasonably be expect to be made, with respect to such item or service under any State compensation program, under an insurance policy, or under any State or Federal health benefits program, such as Medicare and Medicaid, or an entity that provides health services on a prepaid basis.
- The statute governing the ADSSP also states, “… the State agrees that not more than 10 percent of the grant will be expended for administrative expenses with respect to
the grant.”

- There are no age restrictions on who may be served through the ADSSP. Any person with Alzheimer’s disease or a related dementia or their caregiver, regardless of age, is eligible for ADSSP services.
- In the ADSSP statute, there is a particular focus on providing access to services to individuals “who are members of racial or ethnic minority groups, who have limited proficiency in speaking the English language, or who live in rural areas.” Reviewers will be encouraged to give favorable consideration to applicants that propose robust efforts to serve these populations.

**Funding Opportunity Program Structure**

The cooperative agreement will have two phases:

1. Planning phase that results in the grantees’ development of a plan acceptable to AoA that will result in accomplishing the goal, objectives, and core components of these objectives and pilot testing of an evidence-based or evidence-informed service under this FOA.
2. Implementation phase that carries out the grantees’ plan for accomplishing the goal, objectives, and core components of these objectives and pilot testing of an evidence-based or evidence-informed service under this FOA.

**Planning Phase:**

Applicants are to propose a planning phase of no more than 6 months from the notification date of the grant award. During this planning phase, grantees will be able to access no more than 15% of total grant funding to develop their implementation plan. During the planning phase of the grant, AoA will be actively involved. At the conclusion of the planning phase, the grantee must participate in a Planning Phase exit conference and receive the approval of AoA to progress to the Implementation Phase and access the remaining 85 percent of cooperative agreement funding.

**Implementation Phase:**

The grantee may not advance to the Implementation Phase without a Planning Phase Exit Conference and AoA staff approval of their implementation plan. Upon AoA approval of the implementation plan the State grantee may begin the Implementation Phase of the grant period.

**Data Collection**

Grantees will be required to collect OMB approved data (OMB approval # 0985-0022) for Alzheimer’s Disease Supportive Services Program services and any subsequent OMB-approved data during the grant period.

**Technical Assistance:**

Successful applicants are to draw on the expertise of AoA program staff and existing AoA-sponsored resources to develop, implement, and sustain their strategic plans. Please see the Appendix for a list of existing resource centers.

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by AoA or the awardee at any time. Modifications and/or amendments of the
Cooperative Agreement or work plan shall be effective upon the mutual agreement of both parties, except where AoA is authorized under the Terms and Conditions of award, 45 CFR Part 74 or 92, or other applicable regulation or statute to make unilateral amendments.


II. Award Information

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<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<td>Funding Instrument Type:</td>
<td>Cooperative Agreement</td>
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<tr>
<td>Estimated Total Funding:</td>
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<td>Expected Number of Awards:</td>
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<td>Award Ceiling:</td>
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<td>Award Floor:</td>
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<td>Average Projected Award Amount:</td>
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</tbody>
</table>

**Length of Project Periods:**
36-month project with three 12-month budget periods

All awards will be forward-funded for the entire 36 month project period.

**Additional Information on Awards:**
Awards made under this announcement are subject to the availability of federal funds.

Applicants should provide a budget for the entire project period.

**Description of ACL's Anticipated Substantial Involvement Under the Cooperative Agreement**

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by ACL or the awardee at any time. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the mutual agreement of both parties, except where ACL is authorized under the Terms and Conditions of award, 45 CFR Part 74 or 92, or other applicable regulation or statute to make unilateral amendments.
When an award is issued the cooperative agreement terms and conditions from the program announcement are incorporated by reference.

Please see *Section IV.5 Funding Restrictions* for limitations on the use of federal funds awarded under this announcement.

### III. Eligibility Information

#### III.1. Eligible Applicants

The Administration on Aging (AoA) will award up to $3,039,238 in competitive cooperative agreements to State Units on Aging through this initial Funding Opportunity Announcement (FOA) entitled: *Creating and Sustaining Dementia- Capable Service Systems For People with Dementia and their Family Caregivers.*

States that have received previous grant awards by the Administration on Aging under Systems Integration Parts A or B (Funding Opportunities HHS-2011-AoA-AA-1113 and HHS-2011-AoA-DS-1114) are not eligible to apply for cooperative agreements under this new FOA. These states are Georgia, Minnesota, New York and Ohio; they have already received funding to carry out the purposes of this new Funding Opportunity Announcement.

Individuals, foreign entities, and sole proprietorship organizations are not eligible to compete for, or receive, awards under this announcement.

#### III.2. Cost Sharing or Matching

Cost Sharing / Matching Requirement: Yes


If applicable, remember, there are two types of match: 1) non-federal cash and 2) non-federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered matching funds. Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations. Examples of non-federal cash match includes budgetary funds provided from the applicant agency’s budget for costs associated with the project. ACL encourages you to not exceed the minimum match requirement. Applications with a match greater than the minimum required will not receive additional consideration under the review. Match is not one of the responsiveness criteria as noted in Section III, 3 Application Disqualification Factors.

The statute governing the ADSSP requires that grantees provide a 25% match (cash and/or in-kind) during the first year, 35% during the second year, and 45% during the third and subsequent years of the grant period. Waivers to these match requirements are not permitted under the Public Health Services Act.
Refer to Section IV.2 for information on pre-application submissions.

III.3. Other
DUNS Number and System for Award Management (SAM) Requirement

All applicants must have a DUNS number (www.dnb.com) and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Finalize a new, or renew an existing, registration at least two weeks before the application deadline. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf.

HHS requires all entities that plan to apply for, and ultimately receive, federal grant funds from any HHS Agency, or receive sub-awards directly from recipients of those grant funds to:

- Be registered in the SAM prior to submitting an application or plan;
- Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
- Provide its active DUNS number in each application or plan it submits to the OPDIV.

The agency is prohibited from making an award until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the agency:

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

Application Disqualification Factors

Applications that fail to meet the screening criteria described below will not be reviewed and will receive no further consideration.

Applications that fail to satisfy the due date and time deadline requirements stated in Section IV.3. Submission Dates and Times will be deemed non-responsive and will not be considered for funding under this announcement.

See Section IV.3. Submission Dates and Times for disqualification information specific to electronically-submitted applications:

- Electronically-submitted applications that do not receive a date/time-stamp email indicating application submission on or before 11:59 p.m., Eastern Time, on the due date, will be disqualified and will not be considered for competition.
- Electronically-submitted applications that fail the checks and validations at
www.Grants.gov because the Authorized Organization Representative (AOR) does not have a current registration at the System for Award Management (SAM) at the time of application submission will be disqualified and will not be considered for competition.

- The Project Narrative section of the Application must be double-spaced, on 8 ½” x 11” plain white paper with 1” margins on both sides, and a font size of not less than 11.

- **The Project Narrative must not exceed 20 pages.** NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit.

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

### IV. Application and Submission Information

#### IV.1. Address to Request Application Package

**Address to Request Application Package**

Application materials can be obtained from http://www.grants.gov

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

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

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

1. Be registered in the SAM prior to submitting an application or plan;
2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
3. Provide its DUNS number in each application or plan it submits to the OPDIV.

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

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

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

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for federal grants or cooperative agreements. It is entered on the SF-424. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is free and easy to obtain.
- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: [http://www.whitehouse.gov/sites/default/files/omb/grants/duns_num_guide.pdf](http://www.whitehouse.gov/sites/default/files/omb/grants/duns_num_guide.pdf).
- You must submit all documents electronically, including all information included on the SF-424 and all necessary assurances and certifications.
- Your application must comply with any page limitation requirements described in this Program Announcement.
- After the Administration for Community Living retrieves your application form from [http://www.grants.gov](http://www.grants.gov), a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by [http://www.grants.gov](http://www.grants.gov).
Each year organizations registered to apply for federal grants through http://www.grants.gov will need to renew their registration with the System for Awards Management (SAM). You can register with the SAM online and it will take about 30 minutes (http://www.sam.gov).

Contact person regarding this Program Announcement:

Jane Tilly
Administration for Community Living
Administration on Aging
1 Massachusetts Ave
Washington, DC 20001
Email: jane.tilly@acl.hhs.gov

IV.2.1 Content and Form of Application Submission

Partner Standard Format and PO-Specific Format Requirements
For All Applications:

Authorized Organizational Representative (AOR)
The individual(s), named by the applicant/recipient organization, who is authorized to act for the applicant/recipient and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or awards.

Each applicant must designate an Authorized Organizational Representative (AOR). An AOR is named by the applicant, and is authorized to act for the applicant, to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to the grant application or awards.

AOR Authorization is part of the registration process at www.Grants.gov where the AOR will create a short profile and obtain a username and password from the Grants.gov Credential Provider. AORs will only be authorized for the DUNS number registered in the System for Award Management (SAM).

Point of Contact
In addition to the AOR, a point of contact on matters involving the application must also be identified. The point of contact, known as the Project Director or Principal Investigator, should not be identical to the person identified as the AOR. The point of contact must be available to answer any questions pertaining to the application.

Application Checklist
Applicants may refer to Section VIII. Other Information for a checklist of application requirements that may be used in developing and organizing application materials. Details concerning acknowledgment of received applications are available in Section IV.3.
Submission Dates and Times of this announcement.

Follow the instructions provided in the formatting section to ensure that your application can be printed efficiently and consistently for the competitive review.

Observe page limitations.
All applicants must follow the instructions provided in this section. Be sure to print all attachments (components) on paper and count the number of pages before submission. Keep the printed copy as a hard copy of your application for your files.

ELECTRONIC APPLICATIONS SUBMITTED VIA www.Grants.gov:

Electronic applications will only be accepted via www.Grants.gov. The Agency will not accept applications submitted via email or via facsimile. Only applications, which pass the Grants.gov validation check, will be acknowledged.

Please read this section carefully before beginning application submission. It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.

Copies Required
Applicants must submit one complete copy of the application package electronically. Applicants submitting electronic applications need not provide additional copies of their application package.

NOTE: Applications submitted via www.Grants.gov will undergo a validation check. See Section IV.2. Application Submission Options and Section IV.3. Submission Due Dates and Times, Explanation of Due Dates. The validation check can affect whether the application is accepted for review. Applications that fail the www.Grants.gov validation check will not be transmitted to the Agency. If the application fails the validation check and is not resubmitted by 11:59 p.m., ET, on the due date, it will be disqualified.

Signatures
Follow the AOR Authorization and E-Biz POC instructions provided at www.Grants.gov.

Required OMB-Approved and Standard Forms (SFs)
www.Grants.gov provides its own protocols for the submission of OMB-approved and Standard Forms (SFs) such as the SF-424 application and budget forms and the SF-P/PSL, Project/Performance Site Location form. See Section IV.2. Required Forms, Assurances, and Certifications for required OMB-approved Standard Forms and required assurances and certifications.

Application Package Components
Applications must be divided into the sections listed in the table. It is important that each component is submitted in a separate electronic file. Page limitations apply to the Project Description document and the Appendices and the following:
- The Project Summary/Abstract is limited to one single-spaced page.
- The Project Narrative is limited to 20 double spaced pages.

<table>
<thead>
<tr>
<th>Application Package Components</th>
<th>Page Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Standard Forms (SFs) and/or OMB-approved Forms</td>
<td>No page limitations.</td>
</tr>
<tr>
<td>Required Certifications and Assurances</td>
<td>No page limitations.</td>
</tr>
<tr>
<td>Project Summary/Abstract</td>
<td>One page limitation, single-spaced, font size of no less than 11 point</td>
</tr>
<tr>
<td>Project Narrative</td>
<td><strong>20 pages in double-spaced format with a font size of no less than 11-point and included items are listed later in this section.</strong> The 20 page project description <strong>does not</strong> include the project abstract/summary, table of contents, appendix, budget and budget narrative, or the standard forms.</td>
</tr>
<tr>
<td>Budget Justification</td>
<td>Submit a 3-5 year budget in accordance with program announcement requirements with line-item detail with justification narrative. <strong>The Budget Justification should be no longer than 10 pages.</strong></td>
</tr>
<tr>
<td>Proof of Legal Status/Proof of Non-Profit Status</td>
<td>No page limitations.</td>
</tr>
</tbody>
</table>

The required content of the Project Narrative and any Appendices, and their page limits, are listed later in this section.

With the exception of the required Standard Forms (SFs), all application materials must be formatted so that they will print out onto 8 ½” x 11” white paper with 1-inch margins. **All pages of the application component, i.e., Project Narrative, Budget Justification, Appendices, must be sequentially numbered.** Applicants should print all attachments on paper and count the number of pages before submitting the application. Applicants should keep a hard copy of the submitted application package for their files.

All elements of the application submission, with the exception of the one-page Project Summary/Abstract, the Budget Justification, required Assurances and Certifications, and proof of legal status/non-profit status, must be in double-spaced format in 11-point font. The Project Summary/Abstract is required to be one single-spaced page in a font size not less than 11-point. The Budget Justification may be single-spaced, in a font size not less than 11-point and should be no more than 10 pages.
Applicants must follow the instructions provided in this section:

Carefully observe the file naming conventions required by www.Grants.gov.
Limit file names to 50 characters and do not use special characters (example: &,-,*,%,#) including periods (.), blank spaces, and accent marks, within application form fields, and file attachment names. An underscore (_) may be used to separate a file name.

Use only file formats supported by the Agency.
It is critical that applicants only submit application components using the supported file formats listed here. Documents in file formats that are not supported by the Agency will be removed from the application and will not be used in the competitive review. This may make the application incomplete and the Agency will not make any awards based on an incomplete application.

The Agency supports the following file formats:
- Adobe PDF – Portable Document Format (.pdf)
- Microsoft Word (.doc or .docx)
- Microsoft Excel (.xls or .xlsx)
- Microsoft PowerPoint (.ppt)
- Image Formats (.JPG, .GIF, .TIFF, or .BMP only)

Do not encrypt or password-protect the electronic application files!
If the Agency cannot access submitted electronic files because they have been encrypted or are password protected, the affected file will be removed from the application and will not be used in the competitive review. This may make the application incomplete and the Agency will not make any awards based on an incomplete application.

Required Forms, Assurances, and Certifications
Applicants seeking grant or cooperative agreement awards under this announcement must submit the listed Standard Forms (SFs), assurances, and certifications with the application. All required Standard Forms, assurances, and certifications are available at Grants.govFormsRepository unless specified otherwise.

<table>
<thead>
<tr>
<th>Forms / Assurances / Certifications</th>
<th>Submission Requirement</th>
<th>Notes / Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF-424 - Application for Federal Assistance</td>
<td>Submission is required for all applicants by the application due date.</td>
<td>Required for all applications.</td>
</tr>
<tr>
<td>Work plan</td>
<td>Submit a multi-year work plan in accordance with the funding opportunity announcement requirements</td>
<td></td>
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<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>SF-424A - Budget Information - Non-Construction Programs and SF-424B - Assurances - Non-Construction Programs</td>
<td>Submission is required for all applicants when applying for a non-construction project. Standard Forms must be used. Forms must be submitted by the application due date. Required for all applications when applying for a non-construction project. By signing and submitting the SF-424B, applicants are making the appropriate certification of their compliance with all federal statutes relating to nondiscrimination.</td>
<td></td>
</tr>
<tr>
<td>Certification Regarding Lobbying</td>
<td>Submission required of all applicants with the application package. If it is not submitted with the application package, it may also be submitted prior to the award of a grant. Submission of this Certification is required for all applications.</td>
<td></td>
</tr>
<tr>
<td>SF-LLL - Disclosure of Lobbying Activities</td>
<td>If applicable, submission of this form is applicable, it is due prior at the time of application. It may also be submitted prior to the award of a grant. If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment</td>
<td></td>
</tr>
</tbody>
</table>
providing for the United States to insure or guarantee a loan, the applicant shall complete and submit the SF-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Applicants must furnish an executed copy of the Certification Regarding Lobbying prior to award.

| DUNS Number (Universal Identifier) and Systems for Award Management (SAM) registration. | Required for all applicants. A DUNS number is required of all applicants. To obtain a DUNS number, go to [http://fedgov.dnb.com/webform](http://fedgov.dnb.com/webform). SAM registration is available at [http://www.sam.gov](http://www.sam.gov). Active registration at SAM must be maintained throughout the application and project award period. | A DUNS number and SAM registration are eligibility requirements for all applicants. See Section III.3. Other for information on obtaining a DUNS number and registration at [http://www.sam.gov](http://www.sam.gov). |

**Additional Assurances and Certifications**

**IV.2.2 Project Narrative**

**Letter of Intent**
Applicants are strongly encouraged to notify ACL of their intention to submit an application under this announcement. Please submit the letter of intent by the deadline date listed in Section IV.3 Submission Dates and Times.

The letter of intent should include the following information: number and title of this announcement; the name and address of the applicant organization; and/or Fiscal Agent (if known); and the name, phone number, fax number and email address of a contact person.

Letter of intent information will be used to determine the number of expert reviewers needed to evaluate applications. **The letter of intent is optional.** Failure to submit a letter of intent will not impact eligibility to submit an application and will not disqualify an application from competitive review.

**Project Narrative**

The Project Narrative must be double-spaced, on 8 ½” x 11” paper with 1” margins on both sides, and a font size of not less than 11. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is ten to twenty pages; twenty pages is the maximum length allowed. ACL will not accept applications with a Project Narrative that exceeds 20 pages. The Project Work Plan, Letters of Commitment, Summary/Abstract and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit, but all of the other sections noted below are included in the limit.

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

Problem Statement
Goal(s) and Objective(s)
Proposed Intervention
Special Target Populations and Organizations
Outcomes
Project Management
Evaluation
Dissemination
Organizational Capability

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for grants issued by the Administration for Community Living. The Project Narrative should provide a clear and concise description of your project.

**PLEASE NOTE:** When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the dementia capable HCBS system objectives 1 and 2 and the one additional evidence-based or evidence informed service.
Summary/Abstract

Please Note: The Summary/Abstract is not counted as part of the 20 page limit.

This section should include a brief - no more than 265 words maximum - description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. (Please reference the summary/abstract template included under the Downloads for this Funding Opportunity Announcement as posted at http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx).

PLEASE NOTE: When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the dementia capable HCBS system objectives 1 and 2 and the one additional evidence-based or evidence informed service.

Problem Statement

This section should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention is designed to address, including how the project will potentially affect the elderly population and/or their caregivers (including specific subgroups within those populations), and possibly the health care and social services systems (e.g., the use of health care and/or nursing home services.)

PLEASE NOTE: When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the dementia capable HCBS system objectives 1 and 2 and the one additional evidence-based or evidence informed service.

Goal(s) and Objective(s)

This section should consist of a description of the project’s goal(s) and major objectives. Unless the project involves multiple, complex interventions, we recommend you have only one overall goal.

PLEASE NOTE: When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the dementia capable HCBS system objectives 1 and 2 and the one additional evidence-based or evidence informed service. Multiple goals are permissable.

Proposed Intervention

This section should provide a clear and concise description of the intervention you are proposing to use to address the problem described in the “Problem Statement”. You should also describe the rationale for using the particular intervention, including factors such as: “lessons learned” for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the “right conditions” for the intervention (e.g., existing social, economic or political factors that you’ll be able to
take advantage of, etc.). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, supporters, and/or consumer groups.

PLEASE NOTE: When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the dementia capable HCBS system objectives 1 and 2 and the one additional evidence-based or evidence informed service.

**Special Target Populations and Organizations**
This section should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposal project. This section should also describe how the proposed intervention will target disadvantaged populations, including limited-English speaking populations.

PLEASE NOTE: When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the dementia capable HCBS system objectives 1 and 2 and the one additional evidence-based or evidence informed service.

**Outcomes**
This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. (NOTE: ACL will not fund any project that does not include measurable outcomes). This section should also describe how the project’s findings might benefit the field at large, (e.g., how the findings could help other organizations throughout the nation to address the same or similar problems.) List measurable outcomes in the work plan grid under “Measurable Outcomes” in addition to any discussion included in the narrative along with a description of how the project might benefit the field at large (Please reference the optional Sample Work Plan Template included under the Downloads for this Funding Opportunity Announcement as posted at [http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx](http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx))

A “measurable outcome” is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the functional status, mental well-being, (knowledge, skill, attitude, awareness or behavior.) It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated in the aging network; new knowledge that can contribute to the field of aging; a measurable increase in community awareness; or a measurable increase in persons receiving services. **A measurable outcome is not a measurable “output”, such as: the number of clients served; the number of training sessions held; or the number of service units provided.**
You should keep the focus of this section on describing what outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe how the outcome(s) will be measured and reported.

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project’s design.

Project Management
This section should include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project’s objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks and a discussion of how much time each position contributes to the project such as: leadership of project; monitoring the project’s on-going progress, preparation of reports; communications with other partners and ACL. It should also describe the approach that will be used to monitor and track progress on the project’s tasks and objectives.

Evaluation
This section should describe the method(s), techniques and tools that will be used to: 1) determine whether or not the proposed intervention achieved its anticipated outcome(s), and 2) document the “lessons learned” – both positive and negative - from the project that will be useful to people interested in replicating the intervention, if it proves successful.

PLEASE NOTE: When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the dementia capable HCBS system objectives 1 and 2 and the one additional evidence-based or evidence informed service.

Dissemination
This section should describe the method that will be used to disseminate the project’s results and findings in a timely manner and in easily understandable formats, to parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the project.

Organization Capability
Each application should include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses. It should also include the organization’s capability to sustain some or all project activities after federal financial assistance has ended.

This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization. Please attach a short vitae for key project staff only. Neither vitae nor an organizational chart will count towards the narrative page limit. Also include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

**Budget Narrative/Justification**

Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

**IV.2.3 Content and Form of Application Submission**

**Electronic Submission via www.Grants.gov**

- Additional guidance on the submission of electronic applications can be found at [http://www.grants.gov/applicants/get_registered.jsp](http://www.grants.gov/applicants/get_registered.jsp).
- If applicants encounter any technical difficulties in using [www.Grants.gov](http://www.Grants.gov), contact the Grants.gov Contact Center at: 1-800-518-4726, or by email at support@grants.gov, to report the problem and obtain assistance. Hours of Operation: 24 hours a day, 7 days a week. The Grants.gov Contact Center is closed on federal holidays.
- Applicants should always retain Grants.gov Contact Center service ticket number(s) as they may be needed for future reference.
- **Contact with the Grants.gov Contact Center prior to the listed application due date and time does not ensure acceptance of an application. If difficulties are encountered, the Grants Management Officer listed in Section VII. Agency Contacts will determine whether the submission issues are due to Grants.gov system errors or user error.**

**IV.3. Submission Dates and Times**

**Due Date for Letter of Intent**
Due Date for Letter of Intent
Applicants are requested, but not required, to submit a letter of intent to apply for this funding opportunity to assist ACL in planning for the application independent review process. The purpose of the letter of intent is to allow our staff to estimate the number of independent reviewers needed and to avoid potential conflicts of interest in the review. Letters of intent should be sent to the contact person for this announcement (See Section IV.1)

Due Date for Letter of Intent: 06/24/2013
Due Date for Applications: 07/17/2013

Explanation of Due Dates
The due date for receipt of applications is listed in the Overview section and in this section. See Section III.3. Application Disqualification Factors.

Electronic Applications
The deadline for submission of electronic applications via www.Grants.gov is 11:59 p.m., ET, on the due date. Electronic applications submitted at 12:00 a.m., ET, on the day after the due date will be considered late and will be disqualified from competitive review and from funding under this announcement.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with http://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

Applicants are required to submit their applications electronically via www.Grants.gov unless they received an exemption through the process described in Section IV.2. Request an Exemption from Required Electronic Application Submission.

The agency does not accommodate transmission of applications by email or facsimile.


Please note:
Applications submitted to www.Grants.gov at any time during the open application period, and prior to the due date and time that fail the Grants.gov validation check will not be received at ACL. These applications will not be acknowledged. Applications that fail the Grants.gov validation check will not be transmitted to ACL though they may have been submitted on time.

Each time an application is submitted via www.Grants.gov, the application will receive a new date and time-stamp. Only those applications with date and time-stamps that result in a
validated application, which is transmitted to ACL, will be acknowledged.

**Extensions and/or Waiving Due Date and Receipt Time Requirements**

ACL may extend an application due date and receipt time when circumstances make it impossible for applicants to submit their applications on time. These events include natural disasters (floods, hurricanes, tornados, etc.), or when there are widespread disruptions of electrical service, or mail service, or in other rare cases. The determination to extend or waive due date and/or receipt time requirements rests with the Grants Management Officer listed as the Office of Grants Management Contact in Section VII. Agency Contacts.

**Acknowledgement from [www.Grants.gov](http://www.Grants.gov) of an electronic application's submission:**

Applicants will receive an initial email upon submission of their application to [www.Grants.gov](http://www.Grants.gov). This email will provide a Grants.gov Tracking Number. Applicants should refer to this tracking number in all communication with Grants.gov. The email will also provide a date and time stamp, which serves as the official record of the application's submission. The date and time-stamp must reflect a submission time on, or before, 11:59 p.m., ET, on the application due date. Receipt of this email does not indicate that the application is accepted or that it has passed the validation check.

Each time an application is submitted, or resubmitted, via [www.Grants.gov](http://www.Grants.gov), the application will receive a new date and time-stamp. Only those applications with on-time date and time-stamps that result in a validated application, which is transmitted to ACL, will be acknowledged.

Applicants will be provided with an acknowledgement from [www.Grants.gov](http://www.Grants.gov) that the submitted application package has passed, or failed, a series of checks and validations. Applications that are submitted on time that fail the validation check will not be transmitted to ACL and will not be acknowledged.


**IV.4. Intergovernmental Review of Federal Programs**

This program is not subject to Executive Order (E.O.) 12372, "Intergovernmental Review of Federal Programs," or 45 CFR Part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." No action is required of applicants under this announcement with regard to E.O. 12372.

**IV.5. Funding Restrictions**
Costs of organized fund raising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions, are considered unallowable costs under grants or cooperative agreements awarded under this funding opportunity announcement.

Grant awards may not allow reimbursement of pre-award costs.

Construction is not an allowable activity or expenditure under this grant award.

Purchase of real property is not an allowable activity or expenditure under this grant award.

- The statute governing the ADSSP states, “the State agrees to expend not less than 50 percent of the federal grant funds for the provision of [direct] services” to persons with Alzheimer’s disease or related dementias and their families.
- Those services which are listed as “direct services” in the program’s statute are: “…home health care, personal care, [adult] day care, companion services, short-term care in health facilities, and other respite care to individuals with Alzheimer’s disease or related disorders that are living in single family homes or congregate settings.” For this FOA, respite is defined as an interval of rest or relief OR the result of a direct service intervention that generates rest or relief for the person with dementia and/or their family caregiver. For example, if people with dementia and/or their family caregivers receive counseling or training through an intervention, the intervention will be considered to have generated respite for the participants. This may be considered part of the direct service requirement.
- States are not allowed to make payments with grant funds under this FOA for any items or services to the extent that payment has been made, or can reasonably be expect to be made, with respect to such item or service under any State compensation program, under an insurance policy, or under any State or Federal health benefits program, such as Medicare and Medicaid, or an entity that provides health services on a prepaid basis.
- The statute governing the ADSSP also states, “… the State agrees that not more than 10 percent of the grant will be expended for administrative expenses with respect to the grant.”
- There are no age restrictions on who may be served through the ADSSP. Any person with Alzheimer’s disease or a related dementia or their caregiver, regardless of age, is eligible for ADSSP services.
- In the ADSSP statute, there is a particular focus on providing access to services to individuals, “who are members of racial or ethnic minority groups, who have limited proficiency in speaking the English language, or who live in rural areas.” Reviewers will be encouraged to give favorable consideration to applicants that propose robust efforts to serve these populations.

**IV.6. Other Submission Requirements**
**Electronic Submission**
See *Section IV.2* for application requirements and for guidance when submitting applications electronically via [http://www.Grants.gov](http://www.Grants.gov). For all submissions, see *Section IV.3* for information on due dates and times.

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**V. Application Review Information**

**V.1. Criteria**

Applications competing for financial assistance will be reviewed and evaluated using the criteria described in this section. The corresponding point values indicate the relative importance placed on each review criterion. Points will be allocated based on the extent to which the application proposal addresses each of the criteria listed. Applicants should address these criteria in their application materials, particularly in the project description and budget justification, as they are the basis upon which competing applications will be judged during the objective review. The required elements of the project description and budget justification may be found in *Section IV.2* of this announcement.

<table>
<thead>
<tr>
<th>Project Relevance and Current Need (Dementia Capability Assessment)</th>
<th>Maximum Points: 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Does the proposed project clearly and adequately identify the relevance of the goals, objectives, and core components, as described in this FOA, in relation to current state/community needs?</td>
<td></td>
</tr>
<tr>
<td>ii. Does the application adequately and appropriately describe and document the key problem(s)/condition(s) and strengths of the current HCBS and related services systems relevant to the goals, objectives, and their core components, as described in this FOA? Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge?</td>
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<thead>
<tr>
<th>Approach (Dementia Capability Objectives)</th>
<th>Maximum Points: 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Is the dementia capability systems project clearly defined? Does it reflect a coherent and feasible approach for successfully achieving this FOA’s goals, objectives, and core components of the objectives? Does the project take into account barriers and opportunities that exist in the larger environment that may have an impact on the project’s success? Does the proposal optimize the use of potential partnerships with the State Medicaid Agency, as required in this FOA? If applicable, does the proposal seek to coordinate and collaborate with other systemic transformation efforts in your state such as the Medicare-Medicaid integration demonstrations, the State Innovation Models, and other Affordable Care Act initiatives.</td>
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<tr>
<td>ii. Is the project work plan clear and comprehensive? Does it include sensible and feasible timeframes for the accomplishment this FOA’s goals, objectives, and core components?</td>
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</tbody>
</table>
components of the objectives? Does the work plan include specific objectives and tasks that are linked to measurable outcomes? Does the proposal include a clear and coherent management plan? Are the roles and responsibilities of project staff, consultants and partners clearly defined and linked to this FOA’s identified goals, objectives, and core components of the objectives?

iii. Does the application describe how local community-based organizations will be involved in a meaningful way in the planning and implementation of the proposed project? Does the application address the development, pilot testing and evaluation of the evidence-based or evidence-informed services for persons with dementia and their family caregivers?

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<tr>
<th>Budget</th>
<th>Maximum Points: 10</th>
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i. Is the budget justified with respect to the adequacy and reasonableness of resources requested? Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project?

ii. Are budget line items clearly delineated and consistent with work plan objectives? For example, has the multi-year budget covering the entire proposed project period been included as well as a budget covering each individual year?

<table>
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<tr>
<th>Project Impact</th>
<th>Maximum Points: 35</th>
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i. Are the expected project benefits/results clear, realistic, and consistent with this FOA’s goals, objectives and core components of the objectives, including the numbers/percentages of the population to be served? Are the anticipated outcomes of the proposed project likely to be achieved and will they significantly benefit the populations affected by the intervention, and the field of aging as a whole? Are the proposed outcomes quantifiable and measurable, consistent with the definition of a project outcomes contained in this FOA?

ii. Does the project reflect a thoughtful and well-designed evaluation that will be able to successfully measure whether or not the project has achieved this FOA’s goals, objectives, and core components of objectives? Does the plan include the qualitative and/or quantitative methods necessary to reliably measure outcomes? Is the evaluation designed to capture “lessons learned” from the overall effort that might be of use to others in the fields of aging and disability, especially those who might be interested in replicating the project? Has the applicant agreed to work with AoA and comply with any OMB approved reporting requirements and to submit reports according to the required schedule?

iii. Is there a realistic plan to ensure that resources are available to continue all project activities after Federal financial assistance has ended?

iv. Will the dissemination plan get relevant and easy to use information in a timely
manner to parties that might be interested in making use of its findings, particularly to those who might want to replicate the integrated systems project?

<table>
<thead>
<tr>
<th>Organizational Capacity</th>
<th>Maximum Points:</th>
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<tbody>
<tr>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

i. Does the applicant organization clearly identify its capacity for carrying out the proposed project and evaluation? Do key staff have time commitments allocated that are sufficient to carry out a project of this scope?

ii. Do the proposed project director(s), key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles? Are letters from participating organizations included, as appropriate, and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions?

V.2. Review and Selection Process

No grant award will be made under this announcement on the basis of an incomplete application. No grant award will be made to an applicant or sub-recipient that does not have active registration at [www.sam.gov](http://www.sam.gov).

Initial Screening

Each application will be screened to determine whether it meets one of the following disqualification criteria as described in Section III.3. Application Disqualification Factors:

- Applications that are designated as late according to Section IV.3. Submission Dates and Times,
- The Project Narrative section of the Application must be double-spaced, on 8 ½” x 11” plain white paper with 1” margins on both sides, and a font size of not less than 11.
- The Project Narrative must not exceed 20 pages. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit.

For those applications that have been disqualified under the initial screening, notice will be provided by postal mail or by email. See Section IV.3. Explanation of Due Dates for information on Grants.gov's and the Agency's acknowledgment of received applications.

Objective Review and Results

Applications competing for financial assistance will be reviewed and evaluated by objective review panels using the criteria described in Section V.1. Criteria of this announcement. Each panel is composed of experts with knowledge and experience in the area under review. Generally, review panels include three reviewers and one chairperson.

Results of the competitive objective review are taken into consideration by the Agency in
the selection of projects for funding; however, objective review scores and rankings are not binding. They are one element in the decision-making process.

The Agency may elect not to fund applicants with management or financial problems that would indicate an inability to successfully complete the proposed project. Applications may be funded in whole or in part. Successful applicants may be funded at an amount lower than that requested. The Agency will also consider the geographic distribution of federal funds in its award decisions.

Final award decisions will be made by the Administrator for the Administration of Community Living, or designee. In making these decisions, the Administrator will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

ACL may refuse funding for projects with what it regards as unreasonably high start-up costs for facilities or equipment, or for projects with unreasonably high operating costs.

**Approved but Unfunded Applications**

Applications recommended for approval that were not funded under the competition because of the lack of available funds may be held over by the Agency and reconsidered in a subsequent review cycle if a future competition under the program area is planned. These applications will be held over for a period of up to one year and will be re-competed for funding with all other competing applications in the next available review cycle. For those applications that have been deemed as approved but unfunded, notice will be given of such determination by postal mail.

**V.3. Anticipated Announcement and Award Dates**

**VI. Award Administration Information**

**VI.1. Award Notices**

Successful applicants will be notified through the issuance of a Notice of Award (NoA) that sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. The NoA will be signed by the Grants Officer and transmitted via postal mail, email, or current Grants Management System. Following the finalization of funding decisions, organizations whose applications will not be funded will be notified by letter signed by the cognizant Program Office. Any other correspondence that announces to a Principal Investigator, or a Project Director, that an application was selected is not an authorization to begin performance.
Project costs that are incurred prior to the receipt of the NoA are at the recipient's risk and may be reimbursed only to the extent that they are considered allowable as approved pre-award costs. Information on allowable pre-award costs and the time period under which they may be incurred is available in Section IV.5 Funding Restrictions.

VI.2. Administrative and National Policy Requirements

Awards issued under this announcement are subject to the uniform administrative requirements and cost principles of 45 CFR. Part 74 (Awards And Sub-awards To Institutions Of Higher Education, Hospitals, Other Nonprofit Organizations, And Commercial Organizations) or 45 CFR. Part 92 (Grants And Cooperative Agreements To State, Local, And Tribal Governments). The Code of Federal Regulations (CFR) is available at http://www.gpo.gov.

An application funded with the release of federal funds through a grant award does not constitute, or imply, compliance with federal regulations. Funded organizations are responsible for ensuring that their activities comply with all applicable federal regulations.

The award is also subject to DHHS Administrative Requirements, which can be found in 45CFR Part 74 and 92 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement located at http://www.hhs.gov/grantsnet/adminis/gpd/index.htm.

VI.3. Reporting

Grantees under this funding opportunity announcement will be required to submit performance progress and financial reports periodically throughout the project period. The frequency of required reporting is listed later in this section. Final reports may be submitted in hard copy to the Grants Management Office Contact listed in Section VII. Agency Contacts of this announcement. Instructions on submission of reports electronically will be provided with award documents.

**Performance Progress Reports (PPR)**

Notice of Award documents will inform grantees of the appropriate performance progress report form or format to use. Grantees should consult their Notice of Award documents to determine the appropriate performance progress report format required under their award. Performance progress reports are due 30 days after the end of the reporting period.

Final program performance reports are due 90 days after the close of the project period.

**Federal Financial Reports (FFR)**

As of March 1, 2011, HHS began the transition from use of the SF-269, Financial Status Report (Short Form or Long Form) to the use of the SF-425 Federal Financial Report for expenditure reporting. SF-269s will no longer be accepted for expenditure reports due after that date. If an SF-269 is submitted, the Agency will return it and require the recipient to
complete the SF-425.

The transition strategy is allowing individual HHS Operating Divisions to select--from a limited number of options--the approach that best fits their programs and business process. This transition does not affect completion or submission of the cash reporting to the HHS Division of Payment Management's Payment Management System (PMS). The primary features of this transition for recipients are that OPDIVs that previously required electronic submission of the SF-269 will receive the SF-425 expenditure reports electronically and, until further notice, OPDIVs that have been receiving expenditure reports in hard copy will continue to do so.

All expenditure reports will be due on one of the standard due dates by which cash reporting is required to be submitted to PMS or at the end of a calendar quarter as determined by the Operating Division. As a result, a recipient that receives awards from more than one OPDIV may be subject to more than one approach, but will not be required to change its current means of submission or be subjected to more than eight standard due dates.

Beginning with budget periods which end from January 1 - March 31, 2011, and for all budget periods thereafter, all affected Agency grantees will be required to submit an SF-425 report as frequently as is required in the terms and conditions of their award using due dates for reports to PMS.

For budget periods ending in the months of: The FFR (SF-425) is due on:

<table>
<thead>
<tr>
<th>Month Range</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 01 through March 31</td>
<td>April 30</td>
</tr>
<tr>
<td>April 01 through June 30</td>
<td>July 30</td>
</tr>
<tr>
<td>July 01 through September 30</td>
<td>October 30</td>
</tr>
<tr>
<td>October 01 through December 31</td>
<td>January 30</td>
</tr>
</tbody>
</table>

Fillable versions of the SF-425 form in Adobe PDF and MS-Excel formats, along with instructions, are available at [http://www.whitehouse.gov/omb/grants_forms](http://www.whitehouse.gov/omb/grants_forms) and [www.forms.gov](http://www.forms.gov). Further instructions will be provided, as necessary, with award terms and conditions that will address specific reporting periods and due dates on an award-by-award basis.

For planning purposes, the Agency reporting periods for awards made under this announcement are as follows:

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

For further guidance please see the following link:


Grantees will be required to collect OMB approved data (OMB approval # 0985-0022) for Alzheimer’s Disease Supportive Services Program services and any subsequent OMB-approved data during the grant period.

**VII. Agency Contacts**

**Program Office Contact**

Jane Tilly  
Administration for Community Living  
Administration on Aging  
1 Massachusetts Ave  
Washington, DC 20001  
Email: Jane.Tilly@acl.hhs.gov

**Office of Grants Management Contact**

Christine Ramirez  
Department of Health and Human Services  
Administration for Community Living  
1 Massachusetts Ave  
Washington, DC 20001  
Email: grants.office@acl.hhs.gov

**Federal Relay Service:**
Hearing-impaired and speech-impaired callers may contact the Federal Relay Service for assistance at 1-800-877-8339 (TTY - Text Telephone or ASCII - American Standard Code For Information Interchange).

**VIII. Other Information**
Reference Websites


Versions of other Standard Forms (SFs) are available on the Office of Management and Budget (OMB) Grants Management Forms web site at http://www.whitehouse.gov/omb/grants_forms/.

For information regarding accessibility issues, visit the Grants.gov Accessibility Compliance Page at http://www07.grants.gov/aboutgrants/accessibility_compliance.jsp.

Application Checklist

<table>
<thead>
<tr>
<th>What to Submit</th>
<th>Where Found</th>
<th>When to Submit</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF-424 - Application for Federal Assistance</td>
<td>Referenced in Section IV.2. Required Forms, Assurances, and Certifications. Found at the Grants.gov Forms Repository at <a href="http://www.grants.gov/agencies/aforms_repository_information.jsp">http://www.grants.gov/agencies/aforms_repository_information.jsp</a>.</td>
<td>Submission is due by the application due date found in the Overview and in Section IV.3. Submission Dates and Times.</td>
</tr>
<tr>
<td>Work plan</td>
<td>Referenced in Section IV.2. Project Narrative. Please find the sample Work Plan Template included under the Downloads for this Funding Opportunity Announcement as posted at <a href="http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx">http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx</a></td>
<td>Submission is due by the application due date found in the Overview and in Section IV.3. Submission Dates and Times.</td>
</tr>
<tr>
<td>DUNS Number (Universal Identifier) and Systems for Award Management (SAM) registration.</td>
<td>Referenced in <em>Section III.3. Other</em> in the announcement. To obtain a DUNS number, go to <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a>. To register at SAM, go to <a href="http://www.sam.gov">http://www.sam.gov</a>.</td>
<td>A DUNS number and registration at SAM are required for all applicants. Active registration at SAM must be maintained throughout the application and project award period.</td>
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</tr>
<tr>
<td>Certification Regarding Lobbying</td>
<td>Referenced in <em>Section IV.2. Required Forms, Assurances, and Certifications.</em></td>
<td>Submission is due with the application package. If it is not submitted with the application package, it may also be submitted prior to the award of a grant.</td>
</tr>
<tr>
<td>SF-LLL - Disclosure of Lobbying Activities</td>
<td>&quot;Disclosure Form to Report Lobbying&quot; is referenced in <em>Section IV.2. Required Forms, Assurances, and Certifications.</em> If applicable, submission of this form is required if any funds have been paid, or will be paid, to any person for influencing, or attempting to influence, an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan.</td>
<td>If applicable, submission of this form is required. It is due at the time of application.</td>
</tr>
<tr>
<td>SF-424A - Budget Information - Non-Construction Programs</td>
<td>Referenced in <em>Section IV.2. Required Forms, Assurances, and Certifications.</em></td>
<td>Submission is due by the application due date found in the <em>Overview</em> and in <em>Section IV.3. Submission Dates and...</em></td>
</tr>
</tbody>
</table>
Appendix

**Definitions**

**Care Transitions:** is a person-centered, interdisciplinary approach to integrating health care and social support services for individuals and their caregivers as they move across settings in which individual needs and preferences are identified, comprehensive service plans are developed and activated, individuals are empowered to take an active role in their health
care, and support and connection to resources are provided by options counselors and/or identified care transition staff. Randomized-controlled trials of care transitions activities (or care coordination programs with care transition elements) have shown positive results, such as significant reductions in hospital admissions and re-admissions, hospital costs, and nursing facility days. Some examples of these types of interventions include:

**Care Transitions Intervention**

**Guided Care**

**Transitional Care Model**

**GRACE (Geriatric Resources for Assessment and Care of Elders)**

**BOOST (Better Outcomes for Older Adults through Safe Transitions)**

**The Bridge Program**

**Centers for Independent Living (CIL):** (1) Center for independent living. The term "center for independent living" means a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that – (A) is designed and operated within a local community by individuals with disabilities; and (B) provides an array of independent living services such as information and referral, peer counseling, advocacy, and independent living skills training. (2) Consumer control. The term "consumer control" means, with respect to a center for independent living, that the center vests power and authority in individuals with disabilities.

**Dementia-capable:** Means tailored to the unique needs of persons with dementia stemming from conditions such as Alzheimer’s disease and related disorders, and their caregivers. In model dementia-capable systems, programs are tailored to the unique needs of people with Alzheimer’s disease or other dementias, and their caregivers:

- Information and assistance services have a method to identify people with possible dementia. Individuals with possible dementia receive a recommendation for follow-up with a physician.
- Options counseling staff communicate effectively with persons with dementia and their family caregivers and know what services this population is likely to need.
- Eligibility criteria and resource allocation take into account the impact of dementia on the need for services.
- Publicly and privately financed services are capable of meeting the unique needs of persons with dementia and their caregivers.
- Self-directed services ensure that persons with dementia and their caregivers are supported in their decision-making and involve others who can represent the person’s best interest when necessary.
- Workers who interact with persons with dementia and their caregivers have appropriate training in identifying a possible dementia in persons that they serve, the symptoms of Alzheimer’s disease and other dementias, the likely illness trajectory, and services needed.
- Quality assurance systems measure how effectively individual providers, the Aging Network, and LTSS systems serve persons with dementia and their family caregivers.
- Please see the following dementia-capability issue brief for more information on this
Disability: As defined by the American’s with Disability Act Statutory Definition -- With respect to an individual, the term "disability" means (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment. 42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g). A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the Act.

Elder abuse and neglect: can affect people of all ethnic backgrounds and social status and can affect both men and women. The following types of abuse are commonly accepted as the major categories of elder mistreatment:

- Physical Abuse—Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.
- Emotional Abuse—Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts.
- Sexual Abuse—Non-consensual sexual contact of any kind, coercing an elder to witness sexual behaviors.
- Exploitation—Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.
- Neglect—Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.
- Abandonment—The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

Eligibility Screening: Is a non-binding inquiry into an individual’s income and assets, as necessary, and other circumstances in order to determine probable eligibility for programs, services, and benefits, including Medicaid. This screening should be provided to all individuals who may be eligible for publicly funded programs.

Evidence-based programs or interventions: have been tested through randomized controlled trials and are: 1) effective at improving, maintaining, or slowing the decline in the health or functional status of older people or family caregivers; 2) suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention; 3) the research results have been published in a peer-reviewed scientific journal; and 4) the intervention has been translated into practice and is ready for distribution through community-based human services organizations.

Evidence-informed interventions: have substantive research evidence that demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of older people or family caregivers. For the purposes of this announcement, evidence-informed interventions: 1) have been tested by at least one quasi-experimental design with a comparison group, with at least 50 participants; OR 2) have been adapted from evidence-based interventions.

Long-Term Services and Supports: refers to a wide range of in-home, community-based, and institutional services and programs that are designed to help older adults and
individuals with disabilities or chronic conditions with activities of daily living or instrumental activities of daily living.

**Options Counseling:** is a person-centered, interactive, decision-support process whereby individuals receive assistance in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values. Essential components of Options Counseling include:

- a personal interview
- assisting with the identification of choices available (including personal, public, and private resources)
- facilitating a decision-support process (weighing pros/cons of various options)
- assisting as requested and directed by the individual in the development of an action plan
- connecting to services (when services are requested and assistance in connecting is requested or needed)
- follow-up

Options Counseling is available to persons regardless of their income or financial assets. Options Counseling is preferably provided by one person but may be collaboratively provided by more than one person or agency.

**Palliative Care:** is comprehensive treatment of the discomfort, symptoms and stress of serious illness. The goal is to prevent and ease suffering and improve an individual’s quality of life.

**Person-centered Planning and Services:** are those that empower people with disabilities by focusing on the desires and abilities of the individual. Person-centered Planning and Services most importantly are directed by the individual but often involves a team of family members, friends, and professionals. The individual chooses their team members. This team then identifies the skills and abilities of the individual that can help them achieve their goals of competitive employment, independent living, continuing education, and full inclusion in the community. They also identify areas in which the individual may need assistance and support and decide how the team can meet those needs. While it is recognized that not all of the elements of a complete person-centered plan can be achieved prior to discharge from the hospital, many elements can be addressed. Elements, such as working with the consumer to develop the most independent living arrangement and providing assistance and supports that are desired by the consumer are included. The consumer with involvement of family members, professionals and others work toward the ultimate discharge plan goal of living as independently as possible with home and community-based services.

**Program Eligibility Determination:** A determination of the publicly supported benefits or services to which a person is eligible, based on non-financial criteria. This may require a formal assessment to determine the full scope of the individual’s needs. It may include a functional assessment of the individual’s current health conditions and provide a situational assessment of the client’s environment, available resources, and current support. For Medicaid services, this function includes the “Level of Care” determination process.
Public Education and Outreach: Activities related to ensuring that all potential users of long-term support (and their families) are aware of both public and private long-term support options, as well as awareness of the ADRC, especially among underserved and hard-to-reach populations.

Single Entry Point (SEP)/No Wrong Door: is a system that enables consumers to access long-term and supportive services through one agency or organization. In their broadest form, SEPs perform a range of activities that may include information and assistance, referral, initial screening, nursing facility preadmission screening, assessment of functional capacity and service needs, care planning, service authorization, monitoring, and periodic reassessments. SEPs may also provide protective services. [1]

State: Refers to the definition provided under 45 CFR 74.2 indicating that any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments.

Self-direction: is an approach to providing services (including programs, benefits, supports, and technology) intended to assist an individual so that:

(A) services (including the amount, duration, scope, provider, and location of the services are planned, budgeted, and purchased under the control of the individual;

(B) the individual is provided with the information and assistance necessary and appropriate to enable the individual to make informed decisions about the individual’s care options;

(C) the needs, capabilities, and preferences of the individual with respect to services, and the individual’s ability to direct and control the individual’s receipt of services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;

(D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with the individual and the individual’s family, caregiver (as defined in paragraph (18)(B)), or legal representative:

- a plan of services for the individual that specifies which services the individual will be responsible for directing
- a determination of the role of family members (and others whose participation is sought by such individual) in providing services under the plan; and
- a budget for the services; and

(E) the area agency on aging or State agency provides for oversight of such individual’s self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.

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

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

**Streamlined eligibility processes:** ensure that potential beneficiaries of public programs have easy access through one entry point to programs such as Low Income Heating and Assistance Program (LIHEAP), Medicaid, Medicare Savings Program, Older Americans Act programs, Senior Housing programs, Supplemental Nutrition Assistance Program (SNAP), and transportation services. The required administrative functions of streamlined eligibility include:

- Screening and intake of persons with dementia and their family caregivers for these programs
- Assessing a person’s needs for these programs
- Determining whether a person meets or is likely to meet programmatic and financial eligibility requirements
- Assistance to persons who request it when they choose to apply for any of these programs
- Developing service plans for these programs as required
- Ensuring that persons receive the services for which they are found to be eligible.

**AoA-Sponsored Resource Centers**

**Alzheimer’s Disease Supportive Service Program National Resource Center** supports ADSSP grantees and their community partners' efforts to maintain integrated and sustainable service delivery systems for individuals with ADRD and their family caregivers. The ADSSP Resource Center maintains a web-portal with a variety of publicly-available resources that include: information about home and community-based interventions for people with dementia and their caregivers; physician outreach materials; publications about evidence-based caregiver interventions; and a comprehensive compendium of innovative practices. Visitors to the site are able to access information about ADSSP programs in their state, national and state-level data on persons served, web links to resources, and information on available funding opportunities. [http://adrc-tae.org/tiki-index.php?page=AboutADSSP](http://adrc-tae.org/tiki-index.php?page=AboutADSSP).

**National Resource Center for Participant-Directed Services** (NRCPDS) serves to assist all programs, regardless of funding source, to develop and improve their participant-directed options. NRCPDS expertise is based in years of experience as the National Program office for the Cash and Counseling Demonstration and Evaluation project. NRCPDS’ website - [http://www.bc.edu/schools/gssw/nrcpds/](http://www.bc.edu/schools/gssw/nrcpds/) - provides information and resources on all aspects of consumer direction including webinars and training materials.

**Technical Assistance Centers for Caregiver Programs and Lifespan Respite** offer comprehensive information and training on a range of issues associated with the development and implementation of family caregiver support and Lifespan Respite Care Programs. Technical Assistance available includes two web sites ([http://www.caregiver.org](http://www.caregiver.org) or [http://www.archrespite.org](http://www.archrespite.org)) training materials, fact sheets, policy briefs, workshops, webinars, and specialized technical assistance through phone calls, emails and in-person communication.
Technical Assistance Exchange (TAE) makes information and resources available to states and community organizations that are designing, implementing or expanding Aging and Disability Resource Centers (ADRC) and other types of single entry point systems, to assist recipients of the Community Living Program (CLP) grants, Alzheimer's Disease Supportive Services (ADSSP) grants, and Veteran-Directed Home and Community Based Services Programs (VDHCBS). The assistance provided supports program success and fosters a community of stakeholders involved in making changes to their long term care systems to exchange ideas, knowledge and best practices.

Programs and Initiatives

Creating a dementia capable HCBS system involves building upon and integrating existing programs from the private sector and those that AoA and its partners offer. Among the innovative programs that AoA and its partners have implemented are those listed here.

CMS Community Based Care Transition Program [http://innovation.cms.gov/initiatives/CCTP/]

CMS Independence at Home Demonstration, [http://innovation.cms.gov/initiatives/independence-at-home/]

CMS Money Follows the Person Initiative, [http://www.cms.gov/CommunityServices/20_MFP.asp]

CMS Health Home for Enrollees with Chronic Conditions, [http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Integrating-Care/Health-Homes/Health-Homes.html]


CMS State Demonstrations to Integrate Care for Dual Eligible Individuals, [http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/StateDemonstrationstoIntegrateCareforDualEligibleIndividuals.html]

HHS Partnership for Patients Initiative, [http://partnershipforpatients.cms.gov/]

HHS Initiative on Multiple Chronic Conditions, [http://www.hhs.gov/ash/initiatives/mcc/]

CMS Medicare-Medicaid Coordination Office- [http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/]

CMS Innovation Center, [http://innovations.cms.gov/]

Alzheimer’s Disease Supportive Services Program, which funds programs with goals related to: 1) piloting and translating interventions, and 2) creating dementia capable long-term services and supports programs to meet the unique needs of persons with the disease and their caregivers.

Caregiver support programs such as the National Family Caregiver Support Program and Lifespan Respite Care that are designed to provide caregivers of older adults and persons with disabilities assistance in carrying out their responsibilities.

Community Living Programs that promote the health and independence of persons with disabilities in the community. These programs encompass Aging and Disability Resource Centers, Options Counseling, Care Transitions, and Veteran-Directed Home and Community-Based Services. Descriptions of all of these programs and more can be found at [http://www.aoa.gov/AoARoot/AoA_Programs/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/index.aspx).