Frequently Asked Questions

Updated May 2022

Empowering Communities to Deliver and Sustain Evidence-Based Chronic Disease Self-Management Education (CDSME) Programs

Financed by FY 2020, FY 2021, and FY 2022 Prevention and Public Health Funds (PPHF)

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1. **Who are the Administration for Community Living (ACL)/Administration for Aging (AOA) staff members managing the CDSME grant program?**
   - Keri Lipperini – Director, Office of Nutrition and Health Promotion Programs
   - Shannon Skowronski – Project Officer, ONHPP Team Lead
   - Lesha Spencer-Brown – Project Officer, CDSME Program Lead
   - Donna Bethge – Project Officer, Falls Prevention Program Lead
   - Judy Simon – Project Officer, National Nutritionist
   - Monika Anderson– Project Officer

2. **Who are the National CDSME Resource Center staff members providing technical assistance for the CDSME grant program?**
   - Kathleen Cameron – Senior Director, Center for Healthy Aging
   - Binod Suwal – Senior Program Manager
   - Dorothea Vafiadis—Director, Center for Healthy Aging
   - Jennifer Tripken—Associate Director, Technical Assistance Liaison
   - Kate Gibbons – Program Specialist, Technical Assistance Liaison
   - Kathleen (Katie) Zuke – Associate Director, Technical Assistance Liaison
   - Kenneth Rosenkranz – Data Management and Analysis Associate (Contact for the National

Falls Prevention and CDSME Databases)
- [Laura Plunkett](#) – Program Specialist, Technical Assistance Liaison
- [Michelle Mai](#) – Program Associate, Technical Assistance Liaison
- [Meghan Thompson](#) – Consultant, Sound Generations (Contact for the National Falls Prevention and CDSME Databases)
- [Yoko Meusch](#) – Program Specialist, Technical Assistance Liaison

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

When you need technical assistance, you should email requests to your assigned ACL and NCOA staff members. Both of these individuals serve as the core team members for your technical assistance needs. Periodically, leadership staff and/or consultants may assist ACL and NCOA staff with meeting your technical assistance needs. Needs for technical assistance should also be discussed during scheduled technical assistance conference calls.

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

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

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

Your assigned Grants Management Specialist will be listed on your Notice of Grant Award. Currently, the Grants Management Specialist for CDSME grants is [Sean Lewis](#). **Please copy your Project Officer on all correspondence with the Grants office.** Your assigned Grants Management Specialist will also be listed on your Notice of Grant Award.

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

Yes. Regularly scheduled conference calls are part of the federal grant monitoring process. They allow the grantee to provide program updates and allow ACL and NCOA staff to provide technical assistance and help ensure success of the grantees in meeting their goals. Technical assistance calls will take place on a monthly, bi-monthly, or quarterly basis. Project Directors must attend the scheduled technical assistance conference calls.

7. **How many individuals per grantee organization should attend NCOA's annual conference?**

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

fee and any associated costs.

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

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

Main Sections	*Scroll* to the bottom of the page for more!	Description
Evidence-Based Programs		Find best practices for implementing evidence-based programs.
	Key Components	Information for those new to implementing programs as well as tip sheets on a variety of topics.
	Evidence-Based Program Review	Instructions for submitting a program for the evidence-based program review process.
	Best Practices Clearinghouse	Tips, templates, and examples of how community-based organizations have successfully implemented programs in 6 key categories.
National Falls Prevention Resource Center		Dive deeper into information focused on falls prevention programs, awareness, and grant implementation.
	Grantee Information for Falls Prevention	Find information about and for ACL Prevention and Public Health Fund grantees, including reporting schedules, orientation webinars, and contact information.
	National Falls Prevention Database	All of the resources you need to use the database and manage your data.
	Falls Free Initiative	Visit for information about state falls prevention coalitions and more.
	Key Resources	Select resources focused on falls prevention.
	Falls Prevention Awareness Week	Tips and materials for celebrating Falls Prevention Awareness Week each year.
National CDSME Resource Center		Dive deeper into information focused on chronic disease prevention programs, awareness, and grant implementation.
	Grantee Information for CDSME	Find information about and for ACL Prevention and Public Health Fund grantees, including orientation webinars and contact information.
	Grant Reporting Requirements for CDSME	Review the reporting schedule
	National CDSME Database	All of the resources you need to use the database, collect program data, and manage your data.

Community-Integrated Health Care		Find resources for sustaining programming long-term by creating stronger linkages with health care entities, creating networks for efficient deliver, and pursuing various forms of reimbursement.

Stay connected with NCOA and other grantees:

- Contact us to join the CDSME listserv, an online community for professionals implementing CDSME to share resources, questions, and announcements.
- Sign up for the Center for Healthy Aging e-Newsletter (found at the bottom of our homepage), a monthly e-mail with the latest information from the National CDSME and Falls Prevention Resource Centers, policy developments, updates on evidence-based programming, and other healthy aging topics.
- Join webinars and work groups to learn from program creators, expert speakers, and fellow grantees through NCOA Connect.

B. PROGRAM ISSUES

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

   Each Notice of Funding Opportunity (NOFO) describes specific goals designed to develop capacity for, bring to scale, and sustain evidence-based self-management education programs that empower older adults and adults with disabilities to better manage their chronic conditions.

2. **Can we implement programs remotely?**

   Evidence-based program developers provide ongoing updates on virtual implementation. View up to date guidance and resources.

   Remote implementation will be feasible for some programs and not for others. As you look for ways to deliver programs, consult with program developers directly to ensure alternative delivery mechanisms (like virtual classes) are congruent with program fidelity.

   Contact your Project Officer and NCOA Technical Assistance Liaison to discuss any potential changes to program delivery.

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

   A business plan is a management tool to guide the process of planning for financial sustainability and assist in seeking support from other organizations. Business plans can be used to articulate program goals and objectives, substantiate organizational capacity, explain program operations, and provide documentation of potential benefits and return on investment. Explore examples of business plans from other organizations.

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

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

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

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

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

   The Notice of Funding Opportunity required that applicants either have plans to pursue or

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

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

Session Zero is an optional information session offered in some programs and by some agencies prior to the first official program session/class. Generally, during session zero, an overview of the program is provided, along with expectations for participation, and testing of equipment. Additionally, administrative paperwork is often collected at this time. NCOA has developed resources that describe how this pre-program session can help increase program retention and completer rates.
- [Best Practices: Marketing & Recruitment](#)
- [Tip Sheet: Increasing Completion of Chronic Disease Self-Management Education Workshops](#)
- [Webinar: Successful Completion of CDSMP Workshops: Can Session Zero Make a Difference?](#)

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

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

9. **How do you define "embed"?**

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

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

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

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

The Self-Management Resource Center offers licensing and training for the evidence-based self-

management programs originally developed at Stanford University. For more information, visit https://www.selfmanagementresource.com/licensing/. For other programs, contact the program administrator/developer.

C. PARTICIPANTS

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

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

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

    Consistent with the definition of disability in the Older Americans Act, ACL defines an adult with a disability as one who has a developmental, physical, and/or mental impairment that results in substantial functional limitation in one or more major life activities including self-care, communication, learning, mobility, capacity for independent living, self-direction, economic self-sufficiency, cognitive functioning or emotional adjustment. ACL considers any participant to meet this definition if they respond "YES" to the following questions on the Participant Information Survey:
    *   Are you deaf or do you have serious difficulty hearing?
    *   Are you blind or do you have serious difficulty seeing even with glasses?
    *   Because of a physical, mental, or emotional condition, do you have serious difficulty walking or climbing stairs, dressing or bathing; concentrating, remembering, or making decisions; or doing errands alone such as visiting a doctor's office or shopping?

3. **In accordance with the Americans with Disabilities Act (ADA), do I need to provide a reasonable accommodation such as interpreter services to ensure that a person with a disability can participate in an evidence-based program?**

    Yes, you should make every effort to accommodate a person with a disability in your evidence-based program, unless the request imposes an undue hardship. Undue hardship is defined as an action requiring significant difficulty or expense when considered in light of factors such as an organization's size, financial resources, and the nature and structure of its operation.

    For information, training, and technical assistance regarding rights and responsibilities under the ADA, contact your regional ADA Center (https://adata.org/find-your-region).

4. **Can adults under the age of 60 without a disability count toward our participant and completer targets?**

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

5. **What is a "participant?"**

A participant is an individual who attends at least one session of an evidence-based program. For further guidance regarding "participants" please refer to the article- CDSME Participants vs Completers: How are they Tracked?

6. **How are you defining a "completer?"**

For the purposes of this grant program, ACL defines a completer as a participant in a group program who completes the recommended intervention dose or at least 2/3 of the total possible sessions, e.g. four or more sessions out of six in a six-week program, **excluding any Session Zero classes**. Learn more about increasing completion of CDSME workshops. For further guidance regarding "completers" please refer to the article- CDSME Participants vs Completers: How are they Tracked?

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

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

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

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

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

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

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

In limited circumstances to meet programmatic goals, an applicant may propose to use some non-cash incentives. Cash incentives are not allowable. Gift cards in very small denominations ($1-$10) signed for and properly accounted for can be an option. However, ACL does not recommend this approach for sustainability reasons. You should have a compelling need and

evidence as to why it is necessary to use incentives and be clear about how this practice can be maintained after the grant period. You should weigh your programmatic resources against your ability to meet your targeted number of program completers.

From a fiduciary perspective, every cost in the grant must meet the [Federal Cost Principles](#), which include being reasonable, allowable, and allocable. Additionally, from a programmatic perspective, grant expenditures should be developed within the context of sustainability.

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

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

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

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

D. LEADERS

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

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

2. Do Department of Labor rules allow volunteers to be paid stipends or other fees for their services?

Unless authorized like the Foster Grandparent Program, VISTA, AmeriCorps, or Senior Companions—organizations may not "pay" their volunteers a stipend or give them money for services rendered. Organizations may reimburse volunteers for out-of-pocket expenses such as mileage, meals (if serving during mealtime), parking, and other out of pocket expenses considered reimbursable costs by the local agency policy. Agency policies should contain

provisions for volunteer cost reimbursement. If there is a standard service schedule that includes set reimbursable costs such as parking, mileage, and lunch, then these could be reimbursed every two weeks or monthly, as long as the volunteer hours log shows that they served on the days being reimbursed. This is the basic or standard policy to follow: Volunteers may never replace staff or receive pay for services rendered and any appearance of this is to be avoided.

The following references may be helpful in understanding this issue:
- "Employee or Volunteer: What's the Difference?"
- Information on Department of Labor's website on volunteers

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

E. PERFORMANCE MONITORING AND REPORTING

1.   What are the reporting requirements for this grant?

ACL requires the submission of financial reports, semi-annual program progress reports, and a final report. A final report is due 120 days after the completion of the project period (see CFR 200.329). Please also refer to your Notice of Grant Award for additional information on reporting requirements.

View a list of report deadlines by grant period.

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

- View report deadlines and guidance here.
- The semi-annual progress report enables ACL to monitor grantee performance, identify program implementation issues and technical assistance needs, and identify successes and best practices. Part of the grantee progress report is a required appendix that provides quantitative information, such as the number of participants and completers. The quantitative section of the report will be pre-populated with the data entered into the National CDSME Database for the respective reporting period. Upload your completed report as a grant note to GrantSolutions.
- E-mail a copy of the report to: (1) your assigned ACL Project Officer and (2) Binod Suwal at NCOA.

3.   What is the Final Report?

Final Reports are due within 120 days of the project's completion date and must follow a standardized ACL template. A Property Disposition Statement must also be uploaded.

4.   What is the Financial Status Report?

All grantees are required to submit Financial Status Reports (SF-425) as denoted in the Notice of Award. To review the SF-425:

- Visit ACL's [Managing a Grant page](#)
- Under report requirements, click link for the SF-425
- Download the SF-425
- If you see a page that says, "Please wait…", use the download arrow in the upper right corner. Once downloaded, open the PDF file in Adobe to view the form.

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

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

F. DATA ENTRY, MANAGEMENT, AND ANALYSIS

1. **Does this grant require data collection?**

   Yes, this cooperative agreement requires the use of data collection tools that have been approved by the federal Office of Management and Budget. The tools are used to obtain data about your programs and participants, as described below. Forms are updated every three years. Check the [National CDSME Database](#) page to download the data collection tools.

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

   Local data entry staff should enter workshop and participant data into the National CDSME Database or a third-party database within 30 days after the end of each program. Grantees using vendors typically make arrangements to have data imported on a quarterly basis. For details, see # 5 below.

3. **Where can I find general information on the National CDSME Database?**

   The [National CDSME Database](#) page houses all data management resources. These files can also be accessed from your home page on the new Lightning version of the CHA Community 2.0.

4. **Where can I find the data collection forms?**

   Download the tools here: [Data Collection Tools for Chronic Disease Self-Management Education](#)

   - Leaders/instructors/coaches must complete a **Program Information Cover Sheet** and an **Attendance Log**. This information documents the location of the program, type of program, and the number of participants who completed the program.
   - Participants will complete a **Participant Information Survey**, which documents demographic and health characteristics, including age, gender, race/ethnicity, types of chronic condition(s), disability status, caregiving status, self-rated health, provider referral, and education level as well as post-workshops questions on confidence in managing chronic health conditions, among

others.

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

   Yes, the data collection tools have been translated into Spanish and several other languages.

6. **If we implement programs remotely, how can we track this information in the National CDSME and Falls Prevention Databases?**
   See [Resource Guide: Remote Delivery of Evidence-based Programs](#).

7. **What is the best method for collecting post-test questions on the Participant Information Survey?**

   ACL recommends that implementation sites securely store participant and workshop data forms until the final session or encounter and then re-distribute the surveys to participants to complete post-test questions. The completed Participant Information Survey may then be sent, along with the other workshop forms, in one packet for data entry.

   Alternatively, implementation sites may choose to distribute a separate form with only post-test questions on the last session, as long as the appropriate identification on the form can be linked to the participant in the Attendance Log and the Participant Information Survey distributed at the start of the program. The Participant ID # at the top of each form can be used to link baseline and post-test forms. The database provides a space to enter this unique Participant ID #.

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

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

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

   The **Non-Disclosure Agreements** for data collection and data entry personnel must be kept by the grantee or their data collection designee for three years in locked, secure storage.

   The other forms (**Participant Information Survey, Program Information Cover Sheet, Attendance Log**, etc.) must be stored in a secure location until the data is entered into a secure database, such as the National CDSME Database, and then should be destroyed.

   For additional information on privacy and security practices related to the data collection and reporting of evidence-based program activity, see [Privacy and Data Security Practices](#).

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

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

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

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

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

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

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

13. **Can we collect additional data?**

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

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

Separate from the fields required in approved OMB forms, NCOA offers a range of optional fields.

At the participant level, optional fields include:
- Referral source;

- o Satisfaction with program;
- o Alzheimer's/cognitive health;
- o Health insurance; and
- o Household monthly income.

At the workshop level, optional fields include:

- o Funding source;
- o Format of the workshop (in-person, online, or hybrid);
- o Indicate whether it was part of a Wisdom Warriors program; and
- o Identify sources of referral, such as through social media or specific partners.

Contact your technical assistance liaison with questions regarding additional optional fields. If the data elements cannot be accommodated, the information will need to be tracked in another database.

14. **Are pre-/post-surveys required for this grant project? What if we would like to utilize them to capture data we can use on the state/regional/tribe level? May we do that using our own database, as long as we enter the required information into the National CDSME Database (CHA Community 2.0)?**

   The **Participant Information Survey** should be completed at the beginning of the program and post-test questions should be collected at the end of the last session.

   You can capture additional pre-/post-survey data as additional items to the "standard" form packet that captures the required data (workshop data, participant demographics, and attendance), and enter the data for additional items into your own data management system.

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

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

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

   Yes, grantees may contract with a third-party database to enter or manage program data. Please review the [Guide to Importing Data into the National CDSME Database](#) very carefully. The grant lead or data manager should contact database manager at the National CDSME Resource Center to coordinate quarterly data migration from the third-party database to the National CDSME Database. The data files must be compatible and formatted following NCOA's guidelines to minimize errors when uploading the data. Use the **migration template** at the link above to export the data from the third party database. Ultimately, ensuring timely and accurate data uploads is

the responsibility of the grantee.

G. DATA MANAGEMENT TRAINING

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

    All data entry staff should review the information here: Getting Started in the CDSME Database.

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

    Review Privacy and Data Security Practices for more detailed guidance on providing training to your staff and an overview of best practices for handling and sharing your program data.

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

19. **How do I request help regarding data collection, data entry, or technical issues related to the database?**

    Contact your ACL Project Officer and NCOA technical assistance liaison with broad questions about data collection and reporting requirements.

    Questions of a more technical nature can be directed to the database management staff. Submit a request with these instructions.

20. **How do we get set up and access the National CDSME Database?**

    View Getting Started in the CDSME Database.

    For organizations with existing or dormant accounts: Provide your name, email, and desired access level (Admin vs Data Entry Only) to reset the account and review account configuration and user access.

    For new accounts: Complete the Grantee and Users Intake Form (at the link above) and return to your NCOA Technical Assistance Liaison. This information will help us create your organization's profile and network page and set appropriate permissions for database users. Once new accounts are created, you will receive an email to log in and set a password.

    Log-in to the database here: https://ncoaging.force.com/chacommunity/login.

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

We encourage centralized data entry for your project as a quality assurance precaution. Ideally, there should be 3-5 users per grant.

A "user" is defined as an individual who has access to the system. As this is a web-based system, users can log-in from any computer with internet access. There are two types of users with different levels of access to database functions, including:
   o A "Data Entry" user can only enter workshop data and view the records that they created.
   o An "Administrator" user can enter workshop data, as well as add and modify host/implementation site information.

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

Database users may add new host organizations and/or implementation sites independently by following these [instructions]. If you need assistance, [submit a help request].

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

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

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

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

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

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

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

Yes.

27. **How do I delete a record that I entered accidentally?**

Submit help request and NCOA staff will assist you in deleting the record.

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

Administration for Community Living Chronic Disease Self-Management Education (CDSME) Grantees submit progress reports on a semi-annual schedule. Each semi-annual report requires inclusion of "Appendix A," a chart showing the participants and completers entered into the National CDSME Database.

Follow the instructions at this link to create "Appendix A" from Power BI for the current 6 month reporting period and the cumulative grant period.

Note: If your organization has multiple CDSME grants from the Administration for Community Living, contact Kenneth Rosenkranz (kenneth.rosenkranz@ncoa.org) for a data table allocated by grant year. This cannot be generated from Power BI.

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

Requests are evaluated on a case-by-case basis. You can submit custom requests by submitting a help request.

30. How is data used for broader research purposes?

NCOA regularly mines the database to answer important and timely questions from the Administration for Community Living and others to inform program planning and policy activities. In addition, NCOA partners with research institutions to conduct rigorous research studies to learn more about the reach, impact, and cost-effectiveness of evidence-based programs. Data collected on CDSME program activity have been the source of extensive research and evaluation activity, with findings shared in presentations at professional conferences and peer-reviewed publications. Learn more.

Research partners interested in exploring the data are invited to complete a Data Use Agreement (bottom of the page), which requires a description of the research objectives, discussion with CHA staff, and IRB documentation before it is finalized.

I.   GRANT ADMINISTRATIVE/MANAGEMENT ISSUES

1. When can FY2022 grantees begin drawing down grant funds?
From the grant's official start date as noted in the Notice of Grant Award. Although we encourage grantees to be ready to hit the ground running when the project period officially begins, there is no allowance for pre-award costs for this program.

1.   How many years is this cooperative agreement funded?

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

2. **What is the difference between a grant and a "cooperative agreement?"**

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

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

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

    HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

    "This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

    The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

    "This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with XX percentage funded by ACL/HHS and $XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

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

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

5. **What's the difference between sub-recipients and vendors?**

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

6. **What are the regulations for drawing down funds?**

   A grantee may draw down funds on an as needed basis from the [Payment Management System (PMS)](#) generally for expenses that are going to be incurred three calendar days in advance. For example, if payroll is due on a Monday, recipients can draw down funds from PMS on the preceding Thursday to meet that expense.

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

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

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

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

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

   Federal grant funds <u>may not</u> be used for meals, snacks, or refreshments. This applies to all events, including those for participants, staff, partners, or program leaders.

   Grantees can use non-federal funds, such as local support or foundation grants, for refreshments during workshops that are funded by federal funds.

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

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

11. **Can a grantee request an extension of their grant period?**

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

12. **Can a grantee change the authorizing agency?**

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

13. **How long do we need to keep records for this grant?**

Per the Federal Electronic Code of Regulations (§75.361 Retention requirements for records), records pertinent to a Federal award must be retained for a period of **three years** from the date of submission of the final expenditure report or, for Federal awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, respectively, as reported to the HHS awarding agency or pass-through entity in the case of a subrecipient.

For the purposes of the required OMB approved data collection, ACL does not dictate the format these records be retained in, i.e., paper hard copy, electronic, etc. Grantees should exercise caution and have policies and procedures in place to ensure the safety and security of this data, as well as it's accessibility to anyone who may request it, i.e., auditors, ACL, etc. Grantees should also ensure they are following any applicable state and local laws and regulations.