



ADRC/No Wrong Door System Funding Opportunity: Critical Relief Funds for COVID-19 Pandemic Response

COVID-19 ADRC Emergency Funding Opportunity

Frequently Asked Questions from Informational Webinar

Updated April 10, 2020

Are the webinar materials available online?

Yes, the webinar slides, recording, transcript and this FAQ document will be available online at ACL's COVID-19 website: <https://acl.gov/COVID-19>.

Where can I go for information on how to apply for a competitive grant?

Please visit ACL's webpage on "How to Apply for a Competitive Grant": <https://acl.gov/grants/applying-grants/how-apply>.

What is the difference between an ADRC system and a NWD System? Who is eligible to apply?

The first efforts to support states in improving access to long term services and supports (LTSS) began with funding opportunities granted to launch the Aging and Disability Resource Center (ADRC) program. Recognition that LTSS access systems involve multiple payers and providers soon emerged as the number of participating states grew, evolving the ADRC program into a "systems change" initiative known as the No Wrong Door (NWD) System. A NWD System is a network of community-based organizations, such as Aging and Disability Resource Centers, Area Agencies on Aging and Centers for Independent Living, and state agencies, coordinating efforts to provide streamlined access and better care coordination for older adults, individuals with disabilities, and their caregivers. For this funding opportunity state/territorial entities that oversee ADRC/NWD System activity are eligible to apply. Only one application per state/territory will be reviewed.

What would be an appropriate NWD System lead agency for this grant?

An ADRC/NWD System Lead Agency is typically the State Unit on Aging, the Medicaid Agency, or a Department/Agency overseeing Disability programs. If you are unable to determine the agency in your state, please reach out to nowrongdoor@acl.hhs.gov.

If states do not have a statewide ADRC or NWD System, are they still eligible to apply to use these funds for these activities?

Every state and territory has an access system to some degree, even though it may not be called an ADRC or NWD. So yes, any state/territory that supports access to long term services and supports to older adults, individuals with disabilities, and caregivers is eligible to apply.

What constitutes a “designated” ADRC? Can funds be allocated to ADRCs that are not “designated”?

The designation of an ADRC is determined by the state/territory. This can be formal designation via statute or an informal partnership. The discretion to sub-grant and allocate funds to local agencies such as ADRCs is up to the state/territorial grantee.

How will the state lead agency allocate funds to the ADRCs? Are ADRCs allowed to contract with local service organizations to provide services?

This decision will ultimately be up to the state and how grant funds are typically distributed. ADRCs may contract with the state lead agency, have a contract or MOU, or funds may be allocated via an existing formal relationship.

How should states best coordinate efforts among state agencies (i.e., state assistive technology programs, Medicaid agency, State Unit on Aging, disability agencies, etc.)?

States are encouraged to work with other state agencies by partnering to assess the needs of the community, formally contract to share resources or to provide financial support for their programs, and/or collaborate on mitigating burden on local agencies by streamlining access functions. A list of potential partners and key stakeholders can be found on page 3 of the FOA.

What needs to be included in the budget justification in the application? Is there a template for this?

There is no template for the budget narrative and we do not expect too much detail. We ask for an estimate of how funds will be used by cost category and with brief explanation. See pages 24-26 of the FOA for an example of a standard budget template.

What should be included in the Project Narrative? Should it be single or double spaced? Are states allowed to submit attachments to provide more information?

There is no specific format for the project narrative, only a one page submission is required. We ask for contact information, a list of local ADRC agencies in the state, their geographic service area if not statewide, and a brief description of how funds will be used. Attachments may be included.

What is the time period for the grant? When would the budget period begin? Does ACL anticipate allowing for no-cost extensions?

The budget period will begin as soon as a formal Notice of Grant Award is received by the state agency, which will be on or around May 1, 2020. The budget and project period will be 12 months. ACL will grant no-cost-extensions as necessary after the 12-month grant period.

Will this grant be considered as a new grant or a continuation?

This will be a new grant.

How was the funding formula determined? What is the funding allocation?

ADRCs focus on serving older adults and individuals with disabilities, two populations significantly impacted by COVID-19. As such, funding distribution is based on the number of individuals in the state who are age 60 and older (based on 2018 Census data) or who have disabilities (based on 2017 American Community Survey data). Based on these population estimates, states were sorted into six tiers, each of which will correspond with a different funding level as shown below:

State/Territory	Tier	Funding Amount
Alabama	Tier 3	\$750,000.00
Alaska	Tier 1	\$300,000.00
American Samoa	Tier 1	\$300,000.00
Arizona	Tier 4	\$1,100,000.00
Arkansas	Tier 2	\$450,000.00
California	Tier 6	\$3,000,000.00
Colorado	Tier 3	\$750,000.00
Connecticut	Tier 2	\$450,000.00
Delaware	Tier 1	\$300,000.00
District of Columbia	Tier 1	\$300,000.00
Florida	Tier 6	\$3,000,000.00
Georgia	Tier 5	\$1,700,000.00
Guam	Tier 1	\$300,000.00
Hawaii	Tier 1	\$300,000.00
Idaho	Tier 1	\$300,000.00
Illinois	Tier 5	\$1,700,000.00
Indiana	Tier 4	\$1,100,000.00
Iowa	Tier 2	\$450,000.00
Kansas	Tier 2	\$450,000.00
Kentucky	Tier 3	\$750,000.00
Louisiana	Tier 3	\$750,000.00
Maine	Tier 1	\$300,000.00
Maryland	Tier 3	\$750,000.00
Massachusetts	Tier 4	\$1,100,000.00
Michigan	Tier 5	\$1,700,000.00
Minnesota	Tier 3	\$750,000.00

State/Territory	Tier	Funding Amount
Mississippi	Tier 2	\$450,000.00
Missouri	Tier 4	\$1,100,000.00
Montana	Tier 1	\$300,000.00
Nebraska	Tier 1	\$300,000.00
Nevada	Tier 2	\$450,000.00
New Hampshire	Tier 1	\$300,000.00
New Jersey	Tier 4	\$1,100,000.00
New Mexico	Tier 2	\$450,000.00
New York	Tier 6	\$3,000,000.00
North Carolina	Tier 5	\$1,700,000.00
North Dakota	Tier 1	\$300,000.00
Northern Mariana Islands	Tier 1	\$300,000.00
Ohio	Tier 5	\$1,700,000.00
Oklahoma	Tier 3	\$750,000.00
Oregon	Tier 3	\$750,000.00
Pennsylvania	Tier 6	\$3,000,000.00
Puerto Rico	Tier 3	\$750,000.00
Rhode Island	Tier 1	\$300,000.00
South Carolina	Tier 3	\$750,000.00
South Dakota	Tier 1	\$300,000.00
Tennessee	Tier 4	\$1,100,000.00
Texas	Tier 6	\$3,000,000.00
Utah	Tier 2	\$450,000.00
Vermont	Tier 1	\$300,000.00
Virginia	Tier 4	\$1,100,000.00
Virgin Islands	Tier 1	\$300,000.00
Washington	Tier 4	\$1,100,000.00
West Virginia	Tier 2	\$450,000.00
Wisconsin	Tier 3	\$750,000.00
Wyoming	Tier 1	\$300,000.00

Is a state allowed to apply for more funds than outlined in the funding allocation?

States may submit any budget total they wish, however at this time we will only be awarding the amount allocated per the funding formula described above.

Are matching funds required?

No. This funding opportunity does not require matching funds.

Is the state allowed to use the funds for state-level initiatives around COVID-19?

Yes. Funds may be used at the state level or may be contracted out.

What activities may the funds be used for (i.e., administrative and staff costs, PPE, assistive technology, equipment to deliver services virtually, access to nutritional needs, rent assistance, data collection and sharing systems, education, assisting caregivers, or employment, etc.) to support ADRC functions and clients?

All of the above are great examples of how funds may be used. States will have the discretion to allocate funds based on current priorities and needs. Funds may support staff/administrative costs, may support direct service needs, as appropriate for older adults and individuals with disabilities, funds may support technology enhancements at the state or local level, access to food delivery services, virtual education/training needs, etc. Additional examples are provided in the FOA.

Can the funds be allocated to individuals under the age of 60 (i.e., individuals with disabilities, individuals not on HCBS waivers)? What populations can states serve with these funds?

Yes, ADRC/NWD Systems serve all populations regardless of age, income or disability. There is no dependency on age, Medicaid waiver status, or type of disability.

What is expected of the state in terms of sub-contracting with ADRCs or other local providers? May ADRCs distribute funds to disability service providers?

The decision on how to sub-contract and the contract terms is ultimately up to the state agency. ADRCs may distribute funds to other disability service providers as needed.

What organizations can the ADRCs partner with to perform these activities?

Partnering organizations may include ADRCs, CILs, AAAs, developmental disabilities organizations, University Centers for Excellence in Developmental Disabilities Education, Research & Service (UCEDDs), behavioral health organizations, Protection and Advocacy Agencies, aging services organizations, faith-based organizations, Native American tribal organizations (American Indian/Alaskan Native/Native Hawaiian), nutrition program providers and other local service providers for persons with disabilities and/or older adults.

What is the role that State Assistive Technology (AT) programs can plan in supporting these activities and assessing need? Are they also receiving funds?

State AT programs provide critical access to technology devices and training for older adults, people with disabilities, caregivers and clinicians to understand how to use telehealth technologies and provide access to devices that allow independence in activities of daily living. Find out more about the AT programs in your state here: <https://www.at3center.net/> At this time, AT programs do not have separate funding stream specifically devoted to respond to COVID-19 emergency but would be logical partners to receive funds through this effort.

May the funds be used for activities or incurred expenses prior to the grant period?

Unfortunately, no. Funds from this FOA award may only be used for activities occurring during the 12-month project period.

Do all organizations receiving the funds need to conduct the same activities or can the application outline that each organization may utilize the funds based on their specific needs?

Funds may be utilized in different ways by varying avenues based on specific need. All funds do not have to be used the same way.

Could you provide examples of how ADRCs will assess people most at risk?

ACL will provide additional technical assistance around the rapid assessment process after funds are awarded. However here are a few options to consider:

1. Assess current workloads or capacity and challenges with working remotely at the local level
 - a. Survey local-level staff
2. Assess most pressing population needs, services that have been discontinued, or services where demand has increased dramatically due to COVID, and other areas where capacity is smaller than demand.
 - a. Evaluate waitlists, if any, and review data reported on types of referrals to identify any increases in types of services requested
 - b. Assess any potential ways to improve data tracking and intake to specifically count COVID-related inquiries and referral types
3. Assess populations most at risk of COVID-19 who are seeking transitional support from hospital-to-home and nursing home-to-home to release additional pressure on hospitals and nursing homes;
4. Assess populations most at risk of social isolation.
 - a. Explore existing data on people at risk for social isolation pre-COVID-19 and develop an outreach plan to address changes in need.
 - b. Explore existing data on people who are now homebound due to COVID-19 and develop an outreach plan to identify need.
5. To the extent possible, these assessments should be consistent and systematic across the state, as they may help inform state strategy and funding allocations.

What data reporting will be required for this grant?

Page 12 of the FOA describes reporting requirements specific to this type of emergency funding. On a quarterly basis, grantees are expected to report on financial details of how funds are used, including any subcontracts or sub grants. ACL is working on the format of this reporting and will communicate with grantees as soon as possible. Any additional programmatic reporting will also be shared with grantees as soon as possible. The ultimate goal, given the nature of these emergency funds, is to ensure any type of reporting is the least burdensome.

What information is required about the state coverage? Does the entire state need to be served?

Statewide coverage is not required. States have the discretion to target funding to those geographic areas most in need. We ask that applicants submit information about geographic coverage for any ADRCs/local agencies.