FAQs - 1422
February 16, 2015

Subawards and Budgets

Q1: Please clarify whether subawarded communities need to work on all strategies in the FOA. Will budgets be tracked at the level of the subawardees?

A: The 1422 grantees must ensure that all the strategies in the FOA are addressed. However, they can decide how to allocate responsibility for the strategies between the state and the communities. Some communities may require more help from the state than other communities, and/or it may be more efficient and effective for some of the strategies to be conducted at the state level. Budgets will not be tracked at the level of the subawardees.

Q2: Since all subawarded communities may not be working on the same strategies, or the same activities within strategies, do the required splits (50/50 between Components 1 and 2 and 30/70 within Components) have to be tracked at the community level?

A: The subawards must meet the required splits in aggregate (and the budget template will automatically calculate this for each grantee.) However, since we will not be tracking budgets at the level of each individual subawardee, the required splits do not need to be met at that level.

Q3: Please clarify which strategies in each of the two components in 1422 should be addressed with the 30/70 split?

A: In Component 1, the 30% of funds contributed by HDSP should go toward strategy 1.1 and the 70% of funds contributed by DDT should go to strategies 1.2-1.7. In Component 2, the 30% of funds contributed by DDT should go toward strategies 2.5, 2.6, and 2.8 as they apply to persons with prediabetes or at high risk for type 2 diabetes and the 70% of funds contributed by HDSP should go toward strategies 2.1 – 2.4, 2.7, and toward strategies 2.5, 2.6, and 2.8 as they apply to persons with diagnosed or undiagnosed hypertension.

Component 1

Strategies 1.5-1.7

Training and Technical Assistance – Use of Outside Vendors

Q4: Can states contract with outside vendors to provide TA and training for CDC recognized lifestyle change programs and/or lifestyle coaches associated with these programs?

A: States are not obligated to respond to requests from outside vendors offering services related to scaling and sustaining the National DPP. On the other hand, to the degree these services are consistent with an overall state strategic plan for scaling and sustaining the National DPP in the state, the state may contract for some selected TA and training services. The proposed contractor should have verified experience working with the National DPP and the state should ensure that the contracted services are not already being provided by the National DPP program staff or another federally funded grantee and/or being paid for directly by CDC. In general, states may not use contractors to conduct random fidelity audits of CDC recognized lifestyle change

programs. In general, TA and training should focus on strengthening the skills of trained lifestyle coaches, since lifestyle coaches are the key to success of these programs.

Marketing

Q:5 Can states uniquely brand the National DPP for their context?

A: States may give the program a different name, but they must acknowledge the National DPP and CDC. For example, the Black Women's Health Imperative, one of the six organizations funded directly by the National DPP to scale the program, uses the following:

The Imperative's ***"Change Your Lifestyle. Change Your Life."*** lifestyle change intervention is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention.

Q6: Can grant funds be used to pay incentives for participants in focus groups to help develop marketing plans targeting priority populations?

A: Yes, incentives of between $20-75 may be paid to participants in marketing focus groups designed to help reach targeted priority populations. The amount of the incentive should vary by factors such as geographic location and type of participant (a Community Health Worker would get a higher incentive than a Medicaid beneficiary.)

Start-up Costs and Procedures

Q7: Can grant funds be awarded to community organizations to conduct a readiness assessment to pursue CDC recognition as a lifestyle change program?

A: No. Funds should not be used to conduct a readiness assessment. Organizations should carefully review all applicable recognition standards and determine whether they are committed to meeting ALL of the required standards within the required timeframe. Funds may be used to help organizations pursue CDC recognition as a lifestyle change program for up to two years providing that an adequate long-term sustainability plan is in place.

Q8: Please clarify what constitutes a "new program" for purposes of using 1422 funds to assist with start-up costs. Are we allowing funds to be used to build the infrastructure of the subawardee LHDs with existing National DPP programs that are in the early phase of establishing themselves prior to 1422?

A: Grant funds may be used to start new programs only in subawarded communities where there are no existing CDC recognized programs with the capacity or willingness to serve priority populations. Funds cannot be used for start-up costs for programs that had already submitted an application to the CDC Diabetes Prevention Recognition Program (DPRP) prior to the award of 1422 funds.

For LHDs with existing programs that are in the early phase of establishing themselves, the grantee can pay the enrollment fees for Medicaid beneficiaries or other high priority populations.

Q9: Can 1422 funds be used to help Y programs that have not yet submitted an application for CDC recognition?

A: No, 1422 funds cannot be used to assist Y programs to pursue CDC recognition. The YMCA National Organization has its own procedures for determining the readiness of individual programs to pursue recognition and will provide the necessary support for that process.

Q10: Please provide specific costs that are allowable when starting new programs (i.e., staff, materials, supplies such as scales, etc.) Are there any other requirements that must be met when awarding start-up funds?

A: All of these costs are allowed for new programs that will be enrolling Priority Populations. However, the grantee must document all funds provided to organizations for start-up. It is not sufficient to award a lump sum for start-up costs. Grantees should keep track of start-up costs allocated for the following items: training lifestyle coaches, hiring and paying staff, renting space, marketing and advertising, and purchasing training materials and supplies.

When awarding funds for start-up, there must be a written sustainability plan demonstrating how the organization plans to achieve financial viability after the 2 year period of grant support ends. Also, please see below. Any program receiving these funds must agree to enroll priority populations at no cost during the time they are receiving this assistance.

Q11: As the National DPP is a 1 year program, realistically partners and contractors will only have funds for part of Year 1. Is the intent to partially fund DPP groups through core sessions, and not post-core in only Year 1?
A: The 2 year time period for start-up and support starts from the time the program makes an application to the DPRP. It is not based on a calendar year.

Q12: The guidance states that Calorie King books and other "incentives" may not be purchased. Calorie King books are a material included as part of the DPP curriculum, and are part of DPP implementation. Please provide specific curriculum materials allowed for purchase.

A: This is an allowed curriculum material, but may not be given to individual participants to keep (i.e. grant funds cannot be used to buy these books for every participant.) Programs can give them to participants to use while they are enrolled. Grantees and programs are encouraged to work with partners to purchase these for participants.

Reimbursement for Enrolling in CDC-recognized lifestyle change programs.

Q13: How should grantees reimburse CDC recognized lifestyle change programs for priority populations? Do grantees need to use a pay for performance model? The cost for covering the NDPP varies depending on state context, and there is no set rate that is dictated by CDC. We know on average that this program is offered for between $ 350-500 per person.

A: Grantees should negotiate a rate with the CDC recognized program, just as if they were a private employer. We encourage grantees to make a pay for performance model part of the negotiation. If you need assistance with determining a reasonable rate, please contact your project officer.

Q14: Can grantees pay the costs to enroll priority populations in CDC recognized programs for which they are also paying the start-up costs?

A: No. If a program is receiving 1422 grant funds to assist with start-up costs, that program must agree to enroll priority populations at no cost during the time period they are receiving this assistance (up to two years.)

Q15: Can lifestyle change program participants can use Flexible Spending Account or Health Savings Account funding to pay for the program?

A: While this is not an "official" CDC response, the following information provided by a partner organization may be helpful. Specific questions should be directed to the actual employers, because individual situations may vary. Since DPP claims are processed as preventive services (and set as such with each payer), Health Savings Accounts pay for the services with no member liability (copy or deductible). Therefore, HSAs will cover the cost if the employer allows it. To date we have not had an employer with HSA opt out. Flexible Spending Accounts don't apply here, because the DPP devices are considered preventive and thus no member liability applied, which is when an FSA would kick in. We have found that the IRS is vague on this issue and therefore we opted for the approach above.

Engagement Strategies Workgroup

Q16: We would like to learn more about the 'Engagement Strategies Work Group' mentioned in the CDC guidance. How can grantees efficiently glean insights from the work group's efforts?

A: The ENROLL Work Group (Engage, Nudge, Recruit – Opportunities to Leverage Lifestyle-change), formerly known as the Engagement Strategies Work Group, was convened to identify engagement strategies to increase uptake of the CDC recognized lifestyle change program. To do so, the ENROLL WG is gathering insights and data from behavioral and social science research and public health practice. The ENROLL WG consists of representatives from DDT's new Translation Team, the Evaluation Team and the State Consultation Team; the new Translation Team will serve as the core of the work group. In addition, the ENROLL WG has access to subject matter experts from the National Diabetes Prevention Program Team, DDT's Health Education and Promotion Team (formerly the NDEP Team), the Division of Heart Disease and Stroke Prevention, CDC's Behavioral and Social Science Working Group and the CDC's Office of Director, including CDC's liaison to the White House Social and Behavioral Insights Team. During Year 1 of the 1422 FOA, the ENROLL WG's priorities will include responding to grantee questions on engagement strategies; developing recommendations regarding behaviorally-based engagement strategies appropriate to increasing enrollment in the CDC recognized lifestyle change program; and planning for a rigorous evaluation to learn about the effectiveness of specific strategies. With assistance from ICF, a CDC contractor, the ENROLL WG, will seek grantees' input on engagement strategies that have proven successful in the field, as well as on the feasibility of implementing and evaluating any new and innovative strategies. The ENROLL WG's goal is to provide grantees with guidance to implement and evaluate a select set of behaviorally-grounded, evidence-based and practice-informed engagement strategies to increase enrollment in the CDC recognized lifestyle change program.

Component 2

Strategy 2.5

Systems to Identify and Refer People with Prediabetes to CDC recognized lifestyle change programs

Q17: Can grant funds be used to pay providers to use their EHRs to flag and refer people to CDC recognized lifestyle change programs?

A: Grant funds cannot be used to pay for referrals on a one-time basis. However, grant funds may be used to help health care systems or providers establish systematic referral policies and practices that are sustainable over the long term. Please note that NACDD has established Communities of Practice to address referral issues.

Q18: Can grant funds be used to pay CDC recognized lifestyle change programs to educate providers about the National DPP and referrals?

A: Grant funds cannot be awarded to individual CDC recognized lifestyle change programs for their own benefit (i.e. to generate referrals just for their program site). In general, grantees should be taking the lead in working with health care systems to educate them about the National DPP and to help them establish sustainable referral policies and practices. If funds are awarded to individual programs, these programs should be communicating common and accurate messages about the benefits of the National DPP and sharing common evidence-based messages and materials. An example of this might be contracting with a high performing National DPP program site to help develop a referral system/process with broad applicability (i.e. it would be available to all DPP program sites in the state.)