



HHS-2022-IHS-ALZ-0001
Addressing Dementia in Indian Country: Models of Care
 Department of Health and Human Services
 Indian Health Service

GENERAL INFORMATION

Document Type:	Grants Notice
Opportunity Number:	HHS-2022-IHS-ALZ-0001
Opportunity Title:	Addressing Dementia in Indian Country: Models of Care
Opportunity Category:	Discretionary
Opportunity Category Explanation:	
Funding Instrument Type:	Cooperative Agreement
Category of Funding Activity:	Health
Category Explanation:	
Expected Number of Awards:	5
CFDA Number(s):	93.933 -- Demonstration Projects for Indian Health
Cost Sharing or Matching Requirement:	No

Version:	Forecast 1
Forecasted Date:	May 26, 2021
Last Updated Date:	May 26, 2021
Estimated Post Date:	Oct 01, 2021
Estimated Application Due Date:	Jan 03, 2022
Estimated Award Date:	
Estimated Project Start Date:	
Fiscal Year:	2022
Archive Date:	
Estimated Total Program Funding:	\$2,000,000
Award Ceiling:	\$400,000
Award Floor:	\$300,000

ELIGIBILITY

Eligible Applicants:

Native American tribal governments (Federally recognized)
Others (see text field entitled "Additional Information on Eligibility" for clarification)
Native American tribal organizations (other than Federally recognized tribal governments)

Additional Information on Eligibility: Applicants who will be current awardees of the Dementia Capability in Indian Country Grant program of the Administration for Community Living as of the application deadline are not eligible for this funding announcement. Under this announcement, an applicant must be defined as one of the following under 25 U.S.C. 1603: --> A Federally-recognized Indian Tribe as defined by 25 U.S.C. 1603(14). The term "Indian Tribe" means any Indian Tribe, band, nation, or other organized group or community, including any Alaska Native village or group, or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. --> A Tribal organization as defined by 25 U.S.C. 1603(26). The term "Tribal organization" has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304): "Tribal organization" means the recognized governing body of any Indian Tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities: Provided that, in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian Tribe, the approval of each such Indian Tribe shall be a prerequisite to the letting or making of such contract or grant. Applicant shall submit letters of support and/or Tribal Resolutions from the Tribes to be served. --> An Urban Indian organization as defined by 25 U.S.C. 1603(29). The term "Urban Indian organization" means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in 25 U.S.C. 1653(a). Applicants must provide proof of non-profit status with the application, e.g., 501(c)(3).

ADDITIONAL INFORMATION

Agency Name:

Indian Health Service

Description:

The purpose of this program is to support the development of models of comprehensive and sustainable dementia care and services in Tribal and urban Indian communities that are responsive to the needs of persons living with dementia and their caregivers. Awardees will:

1. Plan and implement a comprehensive approach to care and services for persons living with dementia and their caregivers that addresses:
 - Awareness and Recognition. Enhance awareness and early recognition, of dementia in the community and increase referral to clinical care for evaluation leading to diagnosis. The United States Preventive Services Task Force has concluded that “current evidence is insufficient to assess the benefits and harms of screening for cognitive impairment in older adults.” Still, there is broad consensus supporting case findings to promote early recognition and diagnosis of dementia.
 - Accurate and Timely Diagnosis. Individuals and their families should have confidence that concerns about potential cognitive impairment will be evaluated thoroughly and lead to an accurate and timely diagnosis. Most diagnoses of dementia can be made in primary care, but clinical programs should have referral and consultation mechanisms in place (either in person or via telehealth) to support diagnosis when needed.
 - Interdisciplinary Assessment. Persons living with dementia will have complex and evolving care needs. An interdisciplinary assessment helps identify goals of care and gaps in services and sets the stage for appropriate care and services. In best practice, this assessment includes an attempt to understand the cultural, religious, and personal values that will guide goals and preferences for care. It assesses family and other caregiving resources and the needs and capabilities of those partners in care, as well as housing security and safety risks.
 - Management and Referral. Care for the person living with dementia is guided by the assessment and most often requires coordination of health care and social services to meet their needs and support caregivers. Those living with dementia and their caregivers often need support and assistance in navigating through the various systems providing this care.
 - Support for Caregivers. Care for persons living with dementia includes care for their caregivers. Families and other caregivers need help in navigating services and mobilizing respite care, help in understanding what to expect and how to respond to the challenges of living with dementia, and support for self-care. Interventions that provide that care and support (e.g., REACH) and provide education and training (e.g., Savvy Caregiver) have been adapted for use in tribal communities.
2. Develop, in collaboration with the IHS, best and promising practices to include tools, resources, reports, and presentations accessible to federal, Tribal, and urban health programs to them as they plan and implement their own programs.
3. Identify and implement reimbursement and funding streams that will support service delivery and facilitate sustainability.

This is only a forecast. The synopsis and application package are not yet posted, and we have not yet finalized the application due date. This opportunity will be updated when it is published in the Federal Register.

Link to Additional Information:**Grantor Contact Information:** Paul E Gettys, III

Acting Director
301-443-2114

Division of Grants Management

