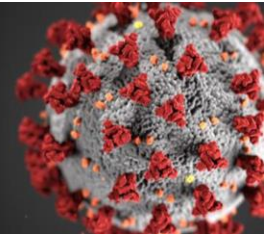




# COVID-19 Response



## PROGRAM REPORTING GUIDANCE – COVID RESPONSE

### AMERICAN RESCUE PLAN ACT OF 2021 (ARPA): GRANTS TO ENHANCE ADULT PROTECTIVE SERVICES

October 26, 2022

#### Contents

- ABOUT THIS GUIDANCE ..... 1
- FISCAL REPORTING..... 2
- PROGRAM PERFORMANCE REPORTING ..... 2
  - Performance Report Template ..... 3
  - Performance Report Format..... 3
  - Reporting Activities & Accomplishments..... 3
  - Submitting Performance Reports ..... 5
- APPENDIX 1: Sample Program Logic Model..... 6
- APPENDIX 2: APS Process Logic Model Map..... 7
- APPENDIX 3: Common Home and Community-Based Services Definitions and Units ..... 8

#### ABOUT THIS GUIDANCE

This guidance explains programmatic and fiscal reporting requirements for “American Rescue Plan Act of 2021” supplemental grant funds provided by ACL to state Adult Protective Services (APS) programs. ACL understands that grantees may be tracking these funds in a variety of ways depending on grantee reporting system and administration of funds. ACL urges states to work closely with their local APS programs to update them on programmatic reporting information and to coordinate the timing and format in accordance with this guidance. This reporting guidance mirrors that provides for the Coronavirus Response & Relief Supplemental Appropriations Act of 2021: Grants to Enhance APS to Respond to COVID-19, except for the reporting periods. Separate reports are required for each of these awards.

ACL intends to use the data collected in the Program Performance and Fiscal Reports for accountability purposes and to demonstrate the scope and reach of APS involvement in the nation's COVID response.

ACL thanks each member of the state and local APS network for their efforts to report accurate, complete data regarding the individuals they serve.

## FISCAL REPORTING

Grantees are required to submit a [financial report SF-425](#) on a semi-annual basis. Reports are due within 30 days for the periods ending September 30 and March 31 (i.e., due no later than October 30 and April 30), through September 30, 2024. The first SF-425 report should be submitted for 8 months, covering the period from August 1, 2021 to March 31, 2022. A final PMS drawdown and a final SF-425 are due within 120 days after September 30, 2024 (i.e., due no later than January 31, 2025). State APS grantees submitting a final SF-425 report by January 31, 2025, are not required to file a semi-annual report for the reporting period ending September 30, 2024. For this opportunity, there will be six (6) SF-425 reports due:

- **April 30, 2022** (August 1, 2021 – March 31, 2022),
- **October 30, 2022** (April 1, 2022 – September 30, 2022),
- **April 30, 2023** (October 1, 2022 – March 31, 2023),
- **October 30, 2023** (April 1, 2023 – September 30, 2023),
- **April 30, 2024** (October 1, 2023 – March 31, 2024), and a
- Final Financial Report **January 31, 2025** (August 1, 2021 – September 30, 2024).

When the second round of ARPA funds were issued in July 2022, they were made as a supplement to the original ARPA funds, which means the FY21 and FY22 ARPA funds have the same grant number and should be reported on together going forward.

On the SF-425 form, lines 10 a. through c. are reported on a quarterly calendar year basis (for the periods ending 12/31, 3/31, 6/30, 9/30) at the HHS Payment Management System (PMS). Reconciliation of advances and disbursements is required for each quarter, and the report must be completed within 30 days of the end of each quarter (i.e., by 1/30, 4/30, 7/30, 10/30). This reporting requirement is separate and distinct from the requirement to complete the entire SF-425 as denoted in the financial reporting terms and conditions.

The SF-425 is submitted using the HHS Payment Management System (PMS). The PMS website is located at: <https://pms.psc.gov>.

The reporting requirements are determined by the length of the project period. It is important to note that even if funding is completely expended before the end of the project period, grantees must adhere to the reporting requirements. In this case, after the funds are exhausted subsequent reports would indicate \$0.

## PROGRAM PERFORMANCE REPORTING

ACL provides the guidance and examples below - states are to use the existing Discretionary Grantee Performance Report template (linked below) to report COVID response activities.

However, because these ARPA grants to state APS programs fall under ACL’s mandatory grants program, programmatic reports are due *annually* beginning 12 months after the date of the notice of award. A final report is due 90 days after the projected project end date and should cover activities for the *entire project period*. For this opportunity, there will be four (4) programmatic reports due:

- Annual Report **August 31, 2022** (covering activities from August 1, 2021 – July 31, 2022).
- Annual Report **August 31, 2023** (covering activities from August 1, 2022 – July 31, 2023)
- Annual Report **August 31, 2024** (covering activities from August 1, 2023 – July 31, 2024) and the
- Final Program Performance Report **December 30, 2024** (covering all activities from August 1, 2021 – September 30, 2024).

When the second round of ARPA funds were issued in July 2022, they were made as a supplement to the original ARPA funds, which means the FY21 and FY22 ARPA funds have the same grant number and should be reported on together going forward.

The reporting requirements are determined by the length of the project period. Even if funding is completely expended and activities completed before the end of the project period, grantees must adhere to the reporting requirements. In this case, the Program Performance Report would indicate there were no activities for the covered period.

## Performance Report Template

ACL instructs states to use the [Current Guidelines for Preparing Performance Reports for Grants \(PDF, 332KB\)](#)<sup>1</sup>. ACL asks states to do their best under challenging conditions to include detail on how COVID has affected program operations in the Program Performance Report (PPR), as well as explanations of variance, as appropriate. Instructions from the template are included below, and additional reporting guidance specific to this funding opportunity are in *Italics*. The italicized information is required to be answered in states’ reporting.

## Performance Report Format

The length of a Performance Report will be determined by the reporting period and subject matter. Final Reports will cover the entire project period rather than the 1-year reporting period.

### *Guidance:*

*See Template page 4. You may provide this information as a narrative, or use any other format you think best conveys the information. For example, grantees have found it helpful to organize their project using a logic model format, such as the example in [Appendix 1](#), listing the planned activities in Column 1 and using Column 2 to map their activities to the [simplified APS Logic Model Map in Appendix 2](#). The simplified map includes the sample activities ACL outlined in the Federal Register Notice.*

## Reporting Activities & Accomplishments

On page 6 of the PPR template cited above, Section “E” provides four questions for grantees to answer in reporting their grant activities. The template questions and additional guidance are below.

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<sup>1</sup> <https://acl.gov/sites/default/files/grants/0985-0006%20Discretionary%20ACL%20Grantees%20%20PPR.pdf>

1. What did you accomplish during this reporting period and how did these accomplishments help you reach your stated project goal(s) and objective(s)? Please note any significant project partners and their role in project activities.

*Guidance:*

*Some states have found it helpful to report this information in Column 3 in the [Sample Logic Model in Appendix 1](#). Ideally, states will report their activities under this opportunity as they map to the [APS Process Logic Model \(Appendix 2\)](#).*

2. What, if any, challenges did you face during this reporting period and what actions did you take to address these challenges? Please note in your response changes, if any, to your project goal(s), objective(s), or activities that were made as a result of challenges faced.

*Guidance:*

*For example, you may describe any issues or barriers in using the funding, and/or implementing the planned activities, and/or alterations made to the plans submitted to ACL during the pre-award phase. Some grantees have found it helpful to record this information in the area at the bottom of the table of the [Sample Logic Model in Appendix 1](#).*

3. How have the activities conducted during this project period helped you to achieve the measurable outcomes identified in your project proposal?

*Guidance:*

*In this section, you may add information on measurable outcomes achieved to date. For instance, what impact did the accomplishments have on the program and program clients? How has the APS program been improved? How has client risk been decreased, or safety increased? In the simplified Logic Model, this would be recorded in Column 5.*

4. What was produced during the reporting period and how have these products been disseminated? Products may include articles, issue briefs, fact sheets, newsletters, survey instruments, sponsored conferences and workshops, websites, audiovisuals, and other informational resources.

*Guidance:*

*Column 4 of the sample logic model could be used to capture this information. In this section, only record what was produced/acquired/purchased during the current reporting period. You should also report:*

- *Your expenditures from the COVID-19 funds*
- *The total number of clients served by the funds, and the number who are over the age of 60*
- *Any goods that were acquired for APS program/staff (i.e., technology, equipment, vehicles, etc.)*
- *Acquisition of staff, consultants, etc. (i.e., number, hours, purpose, etc.)*
- *Services purchased for clients (cost and units).*

## Submitting Performance Reports

The PPR will be submitted using ACL’s National Adult Maltreatment System (NAMRS). State APS programs will use the “upload function” in the Agency Component. To upload a file:

1. Log-in to NAMRS (every state, territory, and the District of Columbia has at least 1 user who has access to NAMRS).
2. Navigate to “Resources” and select “Manage Resources”.
3. Click the “Manage Resources” button next to the “ACL Program Performance Reports” folder.
4. Once in this folder, click the “Add Resource” button and complete the form, uploading your PPR with the date of submission in the title field.

States have a number of file type options for submitting their PPR:

File Types Accepted by NAMRS System			
• Csv	• .mp4	• .pptx	• .xlsx
• .doc	• .pdf	• .txt	• .zip
• .docx	• .ppt	• .xls	

All PPR files should use this naming protocol: [State]\_ARPAFY21\_P[#]\_[MMDDYY]. The explanation of this naming protocol follows:

PPR File Naming Protocol	
Code	Meaning
[State]	2 letter Postal Abbreviation
ARPAFY21	Report on FY21 Funding from American Rescue Plan Act
P[#]	Indicates which Period of Reporting, i.e. P1 for Period 1
[MMDDYY]	Date Report Submitted using 2 digit Month/Day/Year format

For example, Alabama’s first program performance report submitted to ACL on August 31, 2022 would have the file name: AL\_ARPAFY21\_P1\_083122.

## APPENDIX 1: Sample Program Logic Model

EXAMPLE STATE LOGIC MODEL				
REPORTING PERIOD: AUGUST 1, 2021 – JULY 31, 2022				
Overall Goal:				
Objectives/Activities (Updated MM/DD/YY)	APS Process Model Topic	Description of Accomplishments (Q1)	Outputs (Q4)	Description of Impact (Q3)
Hire 4 temporary staff (full time)	APS Staff	Posted positions on June 30, 2021, received multiple applications for each and conducted interviews. Extended four offers.	4 temporary APS caseworkers hired, 40 hours per week (full time). These staff will assist with intake and carry out client and collateral interviews.	Hiring these additional workers has allowed us to reduce overall caseload, which in turn allowed us to spend more time training all of our staff, not just these four new employees. Staff have more time to spend with each client, and in documenting their actions for each case.

**Challenges, Barriers, Alterations (Q2):** We experienced several delays in getting the positions posted through our Human Resources department. This delayed the start date for our new hires once the positions finally did post, and means we will likely request an extension to be able to hold these positions as long as possible.

## APPENDIX 2: APS Process Logic Model Map

Mapping to the APS Process Model				
Inputs/Resources	Intake	Investigation	Post-Investigation	Quality Assurance
<p>APS Staff:</p> <ul style="list-style-type: none"> <li>• Training/Education</li> <li>• Personnel costs, including hazard pay</li> <li>• Travel for in-person investigations</li> <li>• Costs for PPE and supplies for in-person visits</li> </ul> <p>Community/Interagency Partnerships</p> <ul style="list-style-type: none"> <li>• Public Awareness and community outreach</li> <li>• Costs for and associated with establishing new, or improving existing, processes for responding to COVID-19 scams and frauds</li> </ul> <p>Consult Support</p> <p>Create New/Enhance Existing Operational Supports</p> <ul style="list-style-type: none"> <li>• Purchase of equipment and associated technologies that will allow for secure remote work and enhance APS workers' ability to interview and investigate while they cannot physically visit during to COVID-19 crisis.</li> </ul> <p>Legal and ethical processes</p>	<p>Screening and Assessment Tools</p> <p>Case Planning Tools</p> <p>Create New/Enhance Existing Reporting Systems</p> <ul style="list-style-type: none"> <li>• Purchase of new, or improvements to existing, data systems and/or technology infrastructure related to REPORTING</li> </ul>	<p>Assessment</p> <p>Interviews</p> <p>Collecting Physical Evidence</p> <p>Consult Support</p> <p>Determinations and Service Recommendations</p>	<p>Obtaining client agreement and Implementing Service Plan</p> <p>Referring clients to community partners or Services:</p> <ul style="list-style-type: none"> <li>• Purchasing Goods and Services</li> <li>• Purchase/provision of PPE for clients, and/or expenses for COVID-related clean-up/sanitation services</li> <li>• Paying for the least restrictive option for emergency or alternative housing</li> </ul> <p>Monitor Status of Victim and Services</p>	<p>Documentation of investigation/services</p> <ul style="list-style-type: none"> <li>• Purchase of new, or improvements to existing, data systems and/or technology infrastructure related to case management</li> </ul> <p>Expand Data Capacity</p> <p>Customer Satisfaction</p> <p>Quality Assurance Review</p>

### APPENDIX 3: Common Home and Community-Based Services Definitions and Units

The following table contains existing service categories and definitions used by the National Adult Maltreatment Reporting System (NAMRS) and Older Americans Act programs for a range of home- and community-based services. This list is provided to assist in tracking and reporting goods and services purchased/obtained for APS clients being served by COVID-19 related funding. We encourage grantees to use this table to facilitate analysis and reporting.

SERVICE NAME	SERVICE DEFINITION	UNIT NAME	UNIT DEFINITION
<b>Assistive Technology, Durable Equipment</b>	Durable Medical Equipment (chair lifts, wheelchairs, walkers, emergency response systems), anything given to or lent on a short-term basis, including technology or equipment, such as tablet computers, cellphones, or other devices, for use by client in their home to maintain safety, allow for socialization, and/or promote participation in activities from the older adult's home  Note: Please report any expenditures related to cell phone or internet <i>access plans</i> under <b>Consumable Supplies</b> .	1) Expenditure 2) Units	Cost and quantity of items of assistance.
<b>Care/Case Management Services</b>	Development and implementation of a service plan to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the client. Includes the development and oversight of a plan to ensure the safety and well-being of the client; developing a safety plan with a person's support network; referring and arranging support services, etc.	1) Expenditure 2) Hours	The cost and amount of time (measured in hours) to provide assistance.
<b>Caregiver Support Services</b>	Assistance to family and other informal caregivers to improve or sustain capacity for caring for the older adult or adult with disabilities. Includes counseling, support groups, training, respite, etc.	1) Expenditures 2) Units	The cost and number of units or sessions.
<b>Community Day Services</b>	Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most commonly known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs.	1) Expenditure 2) Hours	The cost and amount of time (measured in hours) to provide assistance.

SERVICE NAME	SERVICE DEFINITION	UNIT NAME	UNIT DEFINITION
<b>Consumable Supplies</b>	Provision of consumable supplies or material aid to meet basic necessities, such as: groceries, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies), cell phone or internet access, or other items purchased	1) Expenditure 2) Type 3) Quantity	Type, quantity, and costs of purchased items.
<b>Education, Employment, Training Services</b>	Services and activities to assist people in achieving or maintaining economic self-support. Includes training programs, job coaches, supported employment, senior employment programs, and public school individualized education plans.	1) Expenditure 2) Sessions	Cost and number of sessions per client.
<b>Emergency Assistance</b>	Providing, arranging for, or facilitating rental assistance, energy/utility assistance, environmental clean-up of client's home including but not limited to removal of trash, extermination services and cleaning.	1) Expenditure 2) Units	Cost and number of units/services provided per client.
<b>Emergency Housing</b>	Providing, arranging for, or facilitating emergency housing or emergency shelter.	1) Expenditure 2) Units	Cost and number of nights purchased/arranged/provided per client.
<b>Financial Planning Services</b>	Services or activities to assist in managing finances or planning for future financial needs. Includes meeting with bank officials, financial planning, estate planning, money management, and retirement income planning.	1) Expenditure 2) Sessions	Cost and number of sessions per client.
<b>Health Promotion and Disease Prevention</b>	<p>Activities related to the prevention and mitigation of chronic disease and other health conditions that would reduce the length or quality of life of the person, such as: the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease); alcohol and substance abuse reduction; smoking cessation; weight loss and control; stress management; falls prevention; physical activity, and improved nutrition.</p> <p>Services include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; screening for the prevention of depression, and/or information, education, and prevention strategies.</p>	1) Expenditure 2) Sessions	The cost and number of sessions to provide assistance, regardless of the length of each session.

SERVICE NAME	SERVICE DEFINITION	UNIT NAME	UNIT DEFINITION
<b>Home Modifications</b>	Making changes to a client’s home to increase independence, safety, and health, and even delay the need to move to institutional settings. Modifications may be minor (i.e., adding grab bars, removing tripping hazards), or major (i.e., installing roll-in showers, installing access ramps).	1) Expenditure 2) Type 3) Quantity	Cost, whether it was a major or minor modification, and number of modifications purchased/provided.
<b>In-home Assistance Services</b>	Services or activities provided to clients to achieve or maintain self-sufficiency. Includes homemakers and home health aides; visiting and telephone reassurance; chore maintenance; personal care services, etc.	1) Expenditure 2) Hours	The cost and amount of time (measured in hours) to provide assistance.
<b>Legal Assistance</b>	Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney for the client.	1) Expenditure 2) Hours	The cost and amount of time (measured in hours) to provide assistance.
<b>Meals</b>	Meals provided via home delivery, pick-up, carry-out or drive-through, and includes congregate meals and senior farmers’ market program.	1) Expenditure 2) Meals	Cost of number of prepared meals.
<b>Medical and Dental Services</b>	Services and activities designed to assist individuals and families to attain and maintain a favorable condition of health; includes evaluations.	1) Expenditure 2) Sessions	Cost and number of sessions per client.
<b>Medical Rehabilitation Services</b>	Services and activities for persons with developmental or physical disabilities, or persons with visual or auditory impairments, are services or activities to maximize the potential of persons with disabilities, help alleviate the effects of physical, mental or emotional disabilities, and to enable these persons to live in the least restrictive environment possible. Includes training in mobility, communication skills, the use of special aids and appliances, self-sufficiency skills for people with disabilities, occupational therapy, physical therapy, speech and language pathology, early intervention and other therapies that help people learn the skills they need to live, learn, work and play in their communities.	1) Expenditure 2) Sessions	Cost and number of sessions per client.
<b>Mental Health Services</b>	Services and activities, including commitment, assessment, and evaluations, for people with behavioral health conditions characterized by dysregulation of mood, thought, and/or behavior, as recognized by the DSM-5. Includes services and activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances.	1) Expenditure 2) Sessions	Cost and number of sessions per participant.

SERVICE NAME	SERVICE DEFINITION	UNIT NAME	UNIT DEFINITION
<b>Nutrition Counseling or Education</b>	<p>Counseling: Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use.</p> <p>Education: A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants</p>	<p>1) Expenditure 2) Sessions</p>	<p>Cost and number of sessions per participant.</p>
<b>Personal Care</b>	<p>Personal assistance, stand-by assistance, supervision or cues with Activities of Daily Living (ADLs) and/or health-related tasks provided in a person's home and may include assistance with Instrumental Activities of Daily Living (IADLs).</p>	<p>1) Expenditure 2) Hours</p>	<p>The cost and amount of time (measured in hours) to provide assistance.</p>
<b>Relocation Services</b>	<p>Services or activities designed to assist in the obtaining of suitable or safe housing and living arrangements, not on an emergency basis. Includes tenant counseling; helping to identify and correct substandard housing conditions; making moving arrangements; and relocating to institutional care or facility care. May include costs to assist client with security deposits.</p>	<p>1) Expenditures 2) Units</p>	<p>Cost and number of sessions or assistance provided per client.</p>
<b>Substance Use Services</b>	<p>Services and activities primarily designed to deter, reduce, or eliminate substance abuse or chemical dependence. Includes a comprehensive range of personal and family counseling methods, methadone treatment for opiate abusers, or detoxification treatment for alcohol abusers. Services and activities may be provided in alternative living arrangements such as institutional settings and community-based halfway houses.</p>	<p>1) Expenditure 2) Sessions</p>	<p>Cost and number of sessions per participant.</p>
<b>Transportation</b>	<p>Transportation from one location to another. Does not include any other assistance activity.</p>	<p>1) Expenditure 2) Trips</p>	<p>Cost and number of 1 one-way trips.</p>
<b>Victim Services</b>	<p>Services and activities provided to, or on behalf of, victims at any stage of the criminal justice process, including post sentencing services and support. Includes programs supporting victims of domestic violence, sexual assault, abuse of older women, violence against women, and general crimes which are being handled by the police or prosecutors' offices.</p>	<p>1) Expenditure 2) Sessions</p>	<p>Cost and number of sessions per participant.</p>