State of Alaska
Department of Health and Social Services
Division of Senior and Disabilities Services

Request for Proposals
Senior In-Home Services
For FY2016 Through FY2019

Grants and Contracts

NOTICE: Proposals will ONLY be accepted through GEMS. Applicants are responsible for reviewing the GEMS homepage at https://gems.dhss.alaska.gov/ for details regarding agency registration and availability of technical assistance. Log into GEMS through myAlaska, https://my.alaska.gov/Welcome.aspx, to begin the application process. Once you are logged into GEMS, guidance and instruction are available in the Documents tab and from the film strip icon. Applicants are responsible for monitoring GEMS or the State Online Public Notices site for any changes or amendments that may be issued regarding this solicitation.

Relay Alaska provides assisted communication services at 711 or 1-800-770-8973 from a TTY phone, and at 1-800-770-8255 from a voice phone.

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PROPOSAL DUE DATE: March 11, 2015, 3:59 PM
DEADLINE FOR WRITTEN INQUIRIES: March 2, 2015, 3:59 PM
PROJECT PERIOD BEGINS: July 1, 2015

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Amendment 1 Amendment #1 **Posted: 2/25/2015**

Explanation

Amendment #1 serves to summarize the pre-proposal teleconference that was held February 18, 2015 for the Senior In-Home Services RFP, answers the questions received, and amends Section 4.04.4 to allow applicants to upload an attachment.

Additional Information

See attachment titled Amendment 1 FY16-17 SIH Preproposal QA.

Amendment 2 Amendment 2 Responses to Inquiries **Posted: 3/3/2015**

Explanation

Amendment #2 responds to inquiries received on the RFP.

Additional Information

Please see "Attachments" Section in the solicitation to locate the amended document Titled **Amendment 2 FY16-17 SIH RFP.**

Section 1 Grant Program Information

1.01 Introduction and Program Description

The Department of Health and Social Services (DHSS/Department), Division of Senior and Disabilities Services (SDS/Division), is requesting proposals from eligible applicants to provide Senior In-Home Services (SIH) for the State of Alaska in FY2016 thru FY2017. Program Services are authorized under 7 AAC 78 Grant Programs and AS 47.05.010 (17) Duties of the Department of Health and Social Services; AS 47.65 Service Programs for Older Alaskans and Other Adults. Access State of Alaska statutes and regulations at http://www.law.state.ak.us/doclibrary/doclib.html or through the contact person listed on the cover page of this RFP.

The State of Alaska, DHSS, SDS provides funding for case management and in-home services to low income seniors who experience Alzheimer's Disease or Related Dementia (ADRD), frailty due to aging, or other cognitive or physically disabling conditions in order to help them remain in their homes and living independently for as long as possible, forestalling or preventing more costly institutional care.

The natural progression of aging can include physical and cognitive changes that make it challenging to remain safely in the home and for caregivers to continue providing care. Factors that lead to an increased risk for nursing home placement include increased age; Alaska Native or other minorities; low income; certain health conditions such as cognitive impairment, cancer, diabetes, and a history of strokes and falls; difficulty performing activities of daily living; prior hospitalization or nursing home stay; living alone including widowed and divorced individuals; not owning a home; fewer children; and lack of caregiver support.

The SIH Services grant program offers older individuals, 60 years of age or older, who are low income, and need assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs), a menu of services to best meet the needs of the seniors in the community. Services include case management, chore, respite, extended respite and supplemental services (as further described in Section 1.03 Program Services/Activities). Senior In-Home grantees utilize funds that are matched with individual resources to maximize services statewide.

1.02 Program Goals and Anticipated Outcomes

The proposal and required Logic Model/Performance Measures Framework form (see Section 1.04 for additional information) must demonstrate a thorough understanding of the grant program goals and outcomes anticipated by the Department. Proposed projects must meet or exceed anticipated minimums described in this RFP.

The goal of the SIH Services program: Support older individuals to maintain their independence while prioritizing those with the highest need.

Services provided through this grant must result in measurable outcomes. The anticipated outcomes for this grant program are to:

1. Decrease the need for out-of-home placement,
2. Increase the number of individuals with ADRD and other disabling conditions served through Senior In-Home services, and
3. Increase or maintain client satisfaction with services.

1.03 Program Services/Activities

Applicants agree to comply with all of the following additional program requirements:

The proposal must include a description of the grantees overall program and activities for each service that support the goals and outcomes of the project and the activities must match those summarized in the Logic Model and Performance Measure Framework form. Grantees will be required to submit a copy of their Policy and Procedure Manual for services upon grant award. Additionally, the proposal must include a plan for services using the attached FY16 SIH Planned Services form, and describe a timeline for all activities. If proposing different regions, a separate planned services form must be submitted for each region proposed. The applicant must attach their assessment or evaluation form to the proposal if the SIH Case Management Assessment form available on http://dhss.alaska.gov/dsds/Pages/hcb/hcbforms.aspx will not be used for this service. The SIH Services grant program includes the following services and activities:

Case Management, formerly known as care coordination, provides assistance to persons in gaining access to needed medical, social, educational, other programs and services, ensures coordination of those services, and adequate follow-up and monitoring. Through comprehensive assessment of the physical, emotional, financial, cognitive, and social needs, case managers develop a network of services, both formal and informal, that are unique to the specific individual. Case managers complete plans of care acceptable to the client and family and assist the client in obtaining the specified services. While receiving services, case managers provide ongoing monitoring of the client's situation to assure that the plan of care meets the individual's changing needs in order to remain in their home and community of choice for as long as possible. Case management services may be short-term or long-term.

Information, assistance, outreach, and referral activities:

- Assessing the individual's needs which require the provision of services by formal service providers, family caregivers, and other formal supports using the SIH Case Management Assessment, home safety and falls prevention.
- Developing a Plan of Care that identifies a course of action to respond to the assessed needs of the eligible individual using the standardized plan of care form (SDS Plan of Care), available on http://dhss.alaska.gov/dsds/Pages/hcb/hcbforms.aspx, this standardized form is new for the SIH program that involves the participant and/or legal representative in developing the plan of care.
- Client monitoring that includes the scope and frequency of contact to ensure the plan of care is implemented and adequately addressing the recipient's needs (For clients receiving ongoing, longer-term case management, at least one contact by phone or face to face per month is expected) ; and
- Annual review and update of the assessment and plan of care.

Chore services assist the client in keeping a safe and clean environment to live independently in their own home. Using the SIH Case Management Assessment form, available on http://dhss.alaska.gov/dsds/Pages/hcb/hcbforms.aspx or one developed by the service provider and approved by DHSS/SDS, assess or evaluate the individual's need for assistance, stand-by assistance, supervision or cues to perform activities of daily living (ADLs – eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking) and instrumental activities of daily living (IADLs – preparing meals, shopping for groceries, medication management, managing money, using telephone, doing heavy housework, doing light housekeeping and transportation ability), chore services may be provided to assist individuals with activities such as meal preparation, grocery shopping, managing money, using the telephone, laundry, performing light housekeeping, performing heavier housekeeping, yard work, chopping wood, hauling water, sidewalk maintenance or other chore-type tasks as approved by the program manager.

Additional Chore Services are list below:

- Outreach and referral activities;
- Assessment or evaluation of individual's need for chore services including home safety and falls prevention;
- Development of a service plan that involves the participant and/or legal representative in developing the service plan;
- Communication with direct care workers about service plan;
- Client monitoring that includes scope and frequency of contact by service coordinator and ensure that service plan is carried out adequately. (It is expected that clients receiving this service will be contacted by the service coordinator by phone or face to face at least one time per month);
- Process for direct care workers to report progress or care concerns to supervisor;
- Annual review of needs and update of service plan;
- Chore services are available up to a maximum of 25 hours per month per client or household; and
- Chore services may not be provided in a household when an able-bodied adult resides in the home.

Respite and Extended Respite Care services provide support, relief, and education to families and other caregivers, and to promote the optimum level of independence and functioning to assist the client to remain living at home. Respite care services provide substitute care, for adults with declining physical and cognitive functions, to allow intermittent or temporary relief or rest to a primary caregiver who is most often a family member. Both the primary caregiver and care recipient are considered clients of the program and benefit from the services. Services may be provided on either a planned or emergency basis in a variety of settings such as in the family or caregiver's home, the respite worker's home, a licensed assisted living home, residential care facility, hospital or nursing facility. Extended respite is the provision of 24 hour care usually out of the home in a licensed facility. Using the SIH Case Management Assessment form or one developed by the service provider, assess or evaluate the individual's need for assistance, stand-by assistance, supervision or cues to perform activities of daily living (ADLs-eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking).

Additional Respite and Extended Respite Care Services are listed below:

- Outreach and referral activities;
- Assessment or evaluation of individual's need for chore services including home safety and falls prevention;
- Development of a service plan that involves the participant and/or legal representative in developing the service plan;
- Communication with direct care workers about service plan;
- Client monitoring that includes scope and frequency of contact by service coordinator and ensure that service plan is carried out adequately (It is expected that clients receiving this service will be contacted by the service coordinator by phone or face to face at least one time per month);
- Process for direct care workers to report progress or care concerns to supervisor; and
- Annual review of needs and update of service plan.

Allocation of Respite Services

- Respite services are available up to a maximum of 40 hours per month.
- Extended respite is available up to a maximum of one week per year of 24 hour care.
- Extended respite hours may not be utilized in the same manner as regular respite hours.
- The intent of extended respite is to provide the caregiver with 24 hour relief.
- Respite is provided to unpaid caregivers only and is not provided in order for caregivers to go to work.
- Individuals living in the same home as the recipient may not be employed to provide respite.

Supplemental Services assist the "low-income" senior in attaining or maintaining a safe and healthy environment to avoid a crisis that would jeopardize their ability to remain independently in their own home.

For purposes of this RFP "low-income" refers to an individual 60 years of age or older whose income is at or below the 300% monthly income limit for Medicaid Waivers. This limit is currently $2,022 per month per individual and $913 for additional household members. Other resources for funding should always be explored before application is made for this service. Supplemental Services is not meant to take place of the ADRD mini-grants, but rather provide a similar mechanism for individuals who do not have ADRD. Individuals who have ADRD must first apply for an ADRD Mini-Grant. Individuals who receive an ADRD Mini-Grant may not be eligible for Supplemental Services depending upon circumstances, but will be considered on a case by case basis.

Eligible items and services may include, but are not limited to: Assistive devices, home safety interventions, personal emergency response alarm systems, minor home modifications, access to medical, dental and vision care, or special healthcare needs such as personal care assistance for an anticipated short-term use after hospital discharge for up to two weeks (must be approved by the SDS Program Manager and may be approved for up to a maximum of one month depending upon circumstances). Assistance with items or services to avert a crisis that are not covered by another funding source may be allowable (e.g., medical transportation, and winter clothing).

Items or Services not eligible to be purchased under this service: Utilities, maintenance or repair of automobiles or other vehicles, normal household expenses, computers, software, cells phones, as well as items or services covered by other public benefits, private insurance, Medicaid, or Indian Health Services.

Allocation of Supplemental Services

- Approved on a case by case basis by the SDS program manager, on the prescribed form, "SIH Supplemental Services Request" form found at http://dhss.alaska.gov/dsds/Pages/hcb/hcbforms.aspx.
- Personal Care Assistance (PCA) services must be approved by program manager.
- Agencies that provide Medicaid PCA may provide PCA services under this grant. For agencies that do not provide PCA services, they may contract the service from this grant to a Medicaid PCA provider.
- Limited to $500 annually per client or household depending upon the request.
- Provider Agencies will purchase services or goods for the client. A voucher system will not be allowed.

Additional Service Activities. Describe how the following will be accomplished:

1. Policies and procedures and how participants are informed about their rights and responsibilities, how to file a complaint, grievance policy and procedures, and confidentiality practices;
2. Process for facilitating home safety and falls prevention; and
3. Policies and procedures for wait lists, even if you do not expect to have a wait list for services.
4. By submitting a proposal, the applicant agrees to develop and implement a sliding fee scale for chore and respite services and must attach a copy of their sliding fee scale based on the most current Federal DHSS Poverty Guidelines for Alaska (attached 2014 Poverty Guidelines for Alaska), a sliding fee scale policy, and the application or worksheet to evaluate the recipient's income in determining the co-pay. According to where the individual falls on the sliding fee scale, a monthly bill is generated and sent to the recipient for the services provided. If the recipient falls at 0% a billing statement does not need to be generated. A re-evaluation of the recipient's income is to be performed annually to determine the amount of co-pay according to the updated federal poverty guidelines and sliding fee scale for the year.
5. Subcontracting. As per 7 AAC 78.180, subcontracts must be submitted to the program manager for approval before services begin with the subcontracted provider.

Service Principles, Case Notes, and Service Standards. By making application, applicants agree to comply with the following additional requirements:

1. SDS Service Principles adopted by Senior and Disabilities Services found at http://dhss.alaska.gov/dsds/Pages/mission.aspx.).
2. Case Notes are required for all recipients receiving services. The case notes must follow standard Human Services Practice and be sufficient for liability protection and historical tracking.
3. Current standards of practice for services found within "Conditions of Participation" (COP), at: http://dhss.alaska.gov/dsds/Pages/regulationpackage.aspx

1.04 Program Evaluation Requirements and Reporting

A. DHSS Result Based Accountability Grant programs will be required to align with the DHSS's priorities and core services. Utilizing a results-based accountability framework, grantees will use performance measures to evaluate progress in order to meet meaningful outcomes and initiate data collection and reporting consistent with department priorities. Below are the Department's and Division's Priorities, Core Services, Objectives, and Effectiveness and Efficiency Performance Measures for this program.

Department Priorities

- 1 Health & Wellness Across the Life Span

Department Core Services

- 1.2 Provide Quality of Life in a Safe Living Environment for Alaskans

Department Objective

- 1.2.3 Increase the number of Older Alaskans who live safely in their communities

Effectiveness Measure : Number of individuals who receive services
Efficiency Measure: Grant expenditure per individual

B. Senior In-Home Logic Model/Performance Measures Framework and Updates: Applicants must submit an evaluation plan with their proposal that has been created using the FY16 SIH Logic Model-Performance Measure Framework (PMF) form and instructions attached to the RFP. This form includes the required goal and outcomes for this grant program. The applicant must indicate the resources and activities applicable to their proposed project that are compliant with the program intent. Utilizing this framework, SDS Program Managers and grantees will use predetermined performance measures to evaluate progress in order to meet meaningful outcomes and initiate data collection and reporting consistent with Department priorities.

In addition to the Effectiveness and Efficiency Performance measures required by the Department, the Senior In-Home grantees will be responsible for reporting to the Division of Senior and Disabilities Services additional performance measures specific to the grant program as listed on the Logic Model-Performance Measure Framework, including final fiscal year data to be submitted in the final 4th quarter reports.

The additional Effectiveness Performance Measures for this program are:

1. Number of individuals with ADRD served
2. Number of individuals with 2 or more ADL's

3. Number of individuals surveyed for satisfaction
4. Out of those surveyed 80% or better rated services good to excellent.

Grant Reporting:

1. Cumulative Fiscal Report (overall grant and match expenditures are reported quarterly by budget line item);
2. Program Reports in the format prescribed by the grantor:

• Monthly Data entry of new Consumer's characteristics and service delivery in the Harmony Social Assistance Management System database (SAMS)

• Quarterly expenditures by funding source and service

• Biannual Narrative Progress Report

• Annual Logic Model/Performance Measure Framework (includes data from Annual Consumer Survey)

• Annual Consumer characteristics updates in SAMS

Changes to Approved Grant Project. As per 7AAC 78.260, any changes to the service plan must be submitted in writing to the program manager for approval prior to implementation of the change. The SIH program manager must be notified immediately whenever it becomes known to the grantee that a key staff position will become vacant. The grantee must submit a copy of the resume for the new hires for positions supported in whole or in part by the grant funds, matching funds or with grant income earned through this program.

1.05 Target Population, Priority and Eligibility for Senior In-Home and Service Area

Proposals must clearly identify and describe outreach and prioritize targets for this program, including the area or communities that will be served. Proposals will be evaluated for compatibility with the intended target population identified in this document.

Target Population: The target population for this program and services requested in this solicitation includes:

1. Person of any age with Alzheimer's Disease or Related Disorders (ADRD);
2. Individuals 60 years of age or older who experience physical or cognitive impairments; or
3. Adults 18 years of age or older with similar disabilities and service needs to older Alaskans when the provision of care to such persons does not diminish services to primary groups of person being served.

Note: All persons under the age of 60 must be approved by the SDS program grant manager prior to being served on the prescribed form.

Priority of service will be given to eligible persons in the following order:

1. Individuals who are vulnerable due to physical or cognitive impairment that puts them at risk for out of home placement;
2. Individuals who are lowest income;
3. Individuals who are Alaska Native and other minorities; and
4. Individuals residing in areas where services are difficult to access.

Meeting eligibility will be determined by the grantee with consultation provided by the SDS program manager as needed. Individuals who would meet income and level of care eligibility to receive services under the HCB Medicaid Waiver program are not eligible for services under this grant. Services are not based on first come, first served, but are prioritized within the priorities listed above, taking into consideration the individual's increased need for assistance with ADLs to remain living independently. In addition, these services are not intended for individuals entering the program requiring serious immediate specialized medical care.

Eligibility for Case Management, Respite, and Supplemental Services:

1. Individuals of any age who have ADRD, or
2. Individuals 60 years of age or older who experience physical or cognitive impairments, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers; and
3. Have a need that cannot be met through another program or informal support.

Note: Respite is for non-paid caregivers only and is not provided in order for caregivers to go to work.

Eligibility for Chore Services :

1. Individuals of any age who have ADRD; or
2. Individual's 60 years of age or older who experience physical or cognitive impairments, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers; and
3. Have a need that cannot be met through another program or informal support; and
4. Require assistance with at least one ADL, or one of the following IADLs: meal preparation, shopping, light housework, or laundry.

Note: Chore is only available in cases when no able-bodied person lives in the household.

Eligibility for Individuals under 60 Years of Age:

1. Individuals under the age of 60 years old must meet the same requirements as Individuals 60 years of age or older;
2. The services they receive must not diminish services of the target population and priority of service; and
3. Require approval by the SDS program manager, on the prescribed forms, before services may begin. This is a statewide program with an emphasis toward providing services in underserved communities through local providers.

Applicants will indicate which region, service area(s) and communities to be served on FY16 SIH Planned Services form. It is expected that services delivered by the successful applicants will be performed within the service area(s) awarded. Applicants are encouraged to serve as many communities as possible within the service area(s) or regions proposed.

1.06 Program Funding

Funds available for this program in FY2016 are anticipated to total $2,917,265 in State General Funds. The awards made for fiscal year 2016 shall not be considered a guarantee that the same amount will be awarded in the second year of this RFP. Awards in a continuing grant year are dependent upon the conditions stated in Section 3.05 of the RFP. Applicants may **NOT** request a funding amount that exceeds the available funds for the region being

proposed, see attached FY16 SIH Regional Funding and the attach DHSS Regional Map. A proposal requesting funding in excess of the amount allocated to the proposed region may result in a reduced score in Section 4.04.6. The methodology for allocation of funds in FY16 based on the regional funding formula of FY2012-FY2015 Alaska State Plan for Senior Services at: http://dhss.alaska.gov/acoa/Pages/stateplan.aspx.

Match Requirements: The applicant must provide verification of matching funds to equal no less than 10% of the grant award amount. To calculate proper match use the following formula. Total Grant Award Amount x Percentage of Match = Total Proposed Match

Match of more than 10% will be awarded additional points.

Restrictions to allowable matching funds are as follows:

1. Federal grant funds may not be used to match federal funds awarded through this grant program.
2. State grant funds may not be used to match funds awarded through this grant program.
3. Grant Income*, Medicaid, and other third party receipts, including program income, such as donations from consumers, may be used as a match, and must be used in accordance with the requirement of 7AAC 78.210 to further the goals and desired outcomes of the grant project.
4. Local match may include in-kind contributions from volunteers, as well as donations of supplies, equipment, and space, and other items of value for which the applicant does not incur a cost.
5. Local Cash match may include local tax receipts, municipal revenue sharing, cash donations, and other local sources of cash receipts.

* The proposal must include a copy of a sliding fee scale for chore and respite services based on the most current Federal Poverty Guidelines for Alaska (See attached FY15 Alaska Poverty Guidelines), as well as a sliding fee scale policy, and the application or worksheet to evaluate the recipient's income in determining the co-pay. Grant Income includes receipts from recipients or their family through the sliding fee scale. Grant income must be reported each quarter.

Proposed Budget: The proposal must contain both a detailed and narrative budget for the first fiscal year of the grant, including any required match, which is fully compliant with the limitations described in 7 AAC 78.160 (Costs) and that supports program staffing and service delivery requirements stated in this RFP. The GEMS portal provides applicants instructions and the ability to enter budget details and narrative for the project budget. More detailed instructions can be accessed in the DHSS Budget Guidelines available online at https://gems.dhss.alaska.gov/Home/Documents.

Budgets that demonstrate administrative efficiencies, reasonable balance of funding between services when more than one service(s) is proposed, and that do not duplicate services within the communities proposed, will be looked at more favorably.

It is understood that these funds may not sufficiently cover the cost of the demand for SIH services. Budgets that propose added match, above and beyond the grant award requested and the required 10% match, and that direct the added match toward providing additional service delivery, may be awarded extra points. In the budget, applicants must clearly identify the added match under the column for “Required Match” as well as in the Source of Funds table on the Summary page.

In the budget narrative, applicants must provide a statement identifying the service(s) the added match will be directed to and indicate the increase in service delivery that is projected due to the added match. Both the 10 % minimum required match and this proposed added match will be included in any resulting grant agreements and

grantees will be expected to honor the match commitment throughout the continuation years of this grant. Other Project Support offered, that is not included in the Required Match column, will not be considered in the award of extra points, and will not be mandatory in any continuation grant years. Grant funding may not be used for out of state travel.

Administrative and Indirect Costs: Agencies that do not have a federally approved Indirect Cost Rate Agreement, must itemize all expenditures. If the proposed budget includes indirect costs, 7 AAC 78.160(p) requires a copy of the agency's current federally approved Indirect Cost Rate Agreement. Agencies having current Grant Agreements with DHSS can review in GEMS, the Indirect Cost Rate Agreement information on file. Agencies without current grant agreements with the Department, or whose Federally approved indirect Cost Rate Agreement will expire prior to July 1, 2015, must upload a copy of the Indirect Cost Rate Agreement in the "Agency Administration" tab of the GEMS portal. Help instructions are available in the portal to upload and review such documents.

Due to the funding methodology of this program, applicants serving more than one region may not apply funds from one region to another region without formal and prior approval. Approval requires a formal reallocation process taking into consideration wait lists from other regions. Reallocation of funding takes considerable time and requires approval of the Commissioner. In order for reallocation to be considered, the SIH program manager must be contacted prior to any reallocation by the grantee and no later than January 15th of each fiscal year. Funding not expended by June 30th within the region(s) allocated will not be paid to the grantee.

Grant Income: Applicants providing Medicaid reimbursable services must also have a Medicaid Provider Number, or apply to obtain one, and seek Medicaid reimbursement for all eligible services. In the applicant's proposed budget, both anticipated receipts and expenditures for all grant income must be clearly evident in both the detailed and narrative budgets and actual receipts and expenditures must be reported on a quarterly basis.

Section 2 Applicant Qualifications

2.01 Required Experience

Proposal evaluation will include consideration of the applicant's history of compliance with service and grant requirements; previous experience in providing the same or similar services, which may include evaluation of site reviews/program audits and the successful resolution of any findings.

Describe the previous experience providing same or similar services to those being proposed. The description must clearly identify the time period over which services were provided, and the target population that was served.

1. Provide a brief history of prior experience providing same or similar services to the target population. If the applicant is not a current or prior year grantee of DHSS or this Program, the proposal must include references and documentation of the successful delivery of same or similar services to the target population including a copy of their most recent audit.
2. Provide a brief overview that demonstrates both sustainable fiscal and administrative capability and responsibility.

2.02 Program Staffing Experience

Program staffing levels must be commensurate with meeting the program goals, anticipated outcomes, and activities/strategies for service delivery appropriate to the proposed project.

1. The applicant will be required to demonstrate the administrative infrastructure to support the project exists

within the agency or through collaborations that support efficiencies. Executive and administrative staff must be qualified, as indicated by their professional and educational experience detailed in the attached resume(s).

2. As appendices to the proposal, resumes and job descriptions must be submitted for key project personnel including the program director, case manager(s), and service coordinator(s) for the services proposed. Applicants are expected to describe the agency's employee orientation process and the staff training plan including training for special populations served and how both are accomplished for staff in outlying service areas.
3. Case managers are not required to be certified care coordinators under this grant, but are required to take the basic care coordination training offered by SDS within three months of hire and every two years thereafter. The training may be taken on line or face to face. The training schedule may be found at http://dhss.alaska.gov/dsds/Pages/ops/cctraining.aspx

2.03 Administrative, Management and Facility Requirements

The proposal must demonstrate applicant's ability to responsibly administer the grant, including both sustainable fiscal and administrative capability necessary to support the project.

1. The applicant will ensure procedures are in place to protect client confidentiality. These procedures must meet State and Federal standards.
2. The applicant must address potential safety concerns for both clients and staff in the management of services proposed in response to this RFP, and provide a description of the safety and security protocol and accommodations that will mitigate safety concerns.
3. The applicant must attach a current organizational chart showing the relationship of this project to the other functions within the organization.
4. The applicant will ensure their most recent financial audit has been submitted to the appropriate state office (see audit section below). If the applicant is not a current or prior year grantee of DHSS or this Program, the proposal must include a copy of any findings from their most recent audit. If there are any audit findings, the applicant will confirm that they have been resolved.
5. Applicants must identify other grant funding applied for or awarded for the period of this grant in their agency record in GEMS, to help demonstrate fiscal sustainability.
6. Successful grant applicants will be required to submit additional agency information with submission of their signed grant agreement, if that information is not current and already on file with DHSS, Grants and Contracts.

By submitting a proposal the applicant agrees to comply with the following additional administrative and management requirements:

Quality Assurance Requirements for Grantee Service Providers In order to assure that providers of all services are qualified and deliver quality services, The Division of Senior and Disabilities now requires all providers to comply with the Conditions of Participation adopted in regulations: 7AAC 130.200 - 130.319

The Conditions of Participation (COP) contain new standards for providers, and operation of all home and community based services. At a minimum, all applicants must meet the Provider Conditions of Participation and applicants wishing to provide other services must comply with the Conditions of Participation associated with specific services. The Conditions of Participation provide guidance and standards for the Home and Community Based Medicaid Waiver Program and apply to similar services provided through grant funds.

1. Applicants providing Medicaid reimbursable services shall have a Medicaid Provider number, or apply to

obtain one, and shall seek Medicaid reimbursement for all eligible services. Proof of Certification or application for certification must be submitted with their proposal.

2. Applicants providing Medicaid reimbursable services, who do not have a Medicaid Provider number, and do not intend to obtain one, must include a request for exemption from the Medicaid requirement with their proposal.
3. Applicants providing services that are not reimbursable by Medicaid must comply with the Provider Conditions of Participation, and must provide an assurance of compliance with their proposal.
4. Applicants requesting an exemption to requirements outlined in any of the Conditions of Participation must submit a request for exemption in meeting the terms of the Conditions of Participation with their proposal.

The COPS applicable to the services requested by this solicitation are: the Provider Conditions of Participation. Services are: Care Coordination Services COP, Chore Services COP, and Respite Care Services COP. Applicants may review these and all COPs for the provision of home and community-based services at this website http://dhss.alaska.gov/dsds/Pages/regulationpackage.aspx.

Note: Requests for exemption from Medicaid Certification and/or Conditions of Participation requirements must cite the specific section of the Conditions of Participation and an explanation of why the applicant believes the requirement would create an undue hardship, is not feasible, or would create a barrier to providing services.

Background Checks. This program is subject to the licensing and certification authority of the DHSS. This program receives payments in whole or in part, from DHSS and is subject to the statutory requirements of AS 47.05.300–47.05.390 requiring background checks. Describe the agency's policy/procedures for implementing the background check requirement. For agencies proposing to serve multiple and/or remote locations, explain how this is accomplished for staff in outlying areas.

The Alaska Background Check Unit (BCU) provides centralized background check support for programs that provide for the health, safety, and welfare of persons who are served by the programs administered by DHSS. This requirement applies to unsupervised volunteers. More information may be found at http://dhss.alaska.gov/dhcs/Pages/cl/bgcheck/default.aspx.

Critical Incidents and Mandatory Reporting. Senior and Disabilities Services policies and procedures and applicable state laws in relation to reporting critical incidents and mandatory reporting. Critical incident policy and reporting form may be found at http://dhss.alaska.gov/dsds/Pages/aps/default.aspx

Program Manual and Forms. Successful applicants will use the program resources, forms, and data collection methods utilized by SIH Services Grant program. The following webpage contains the most current SIH program manual and other forms utilized by the program: http://dhss.alaska.gov/dsds/Pages/hcb/hcbforms.aspx. Some reports will be drawn directly from the GEMS reporting database.

Audit Requirements:

Federal Requirements: Effective immediately, if you expend $750,000 or more total Federal Financial Assistance in your fiscal year, you may be required to comply with conditions of the Single Audit Act of 1984, P.L. 98-502, as amended by the Single Audit Act Amendments of 1996, P.L. 104-156, and defined in OMB Circular A-133.

State Requirements Chapter 045 Grant Administration**:** For audit periods that begin or continue on after March 31, 2008, if you expend $500,000 or more total State Financial Assistance in your agency's fiscal year, you are required to comply with the conditions of Alaska Administrative Code, 2 AAC 45.010-090. The current regulations may be viewed at the State of Alaska, Department of Law website, http://www.law.state.ak.us/doclibrary/doclib.html, or copies may be obtained from the State agency issuing this

solicitation.

Information on compliance with the State and Federal Single Audit Acts may be obtained from, and audits completed in compliance with the Acts must be submitted to:

State Single Audit Coordinator
Department of Administration
Division of Finance
P.O. Box 110204
Juneau, AK 99811-0204
Telephone: (907) 465-4666
Fax: (907) 465-2169

DHSS Program Audit Requirements: All DHSS grantees are subject to the requirements of 7 AAC 78.230, and if an audit under 7 AAC 45.010 has not been conducted and submitted to the State Single Audit Coordinator, the grantee must ensure that a fiscal audit of the grantee's operations under the grant program is performed by an independent certified public accountant at least once every two years and submitted to:

State of Alaska
Department of Health and Social Services
Finance and Management Services
Audit Section
P.O. Box 110602
Juneau, AK 99811-0602
Telephone: (907) 465-3120

Facility(ies)/Safety and Service Access:

1. The applicant must address potential safety concerns for both clients and staff in the management of services proposed in response to this RFP.
2. The applicant should describe how access is provided to clients and how that will enhance the success of the project.
3. All applicants for DHSS grants should have an emergency response and recovery plan for the safe evacuation of clients and staff, and that provides for other potential safety concerns. This plan is mandatory for grantees providing residential and/or critical care services (see DHSS Grant Assurances).

2.04 Support/Coordination of Services

In order to maximize the continuum of care for clients served through their proposed project, applicants must collaborate and coordinate with a broad range of agencies that provide services and supports to seniors in the communities where the applicant proposes to provide services. Applicants must provide the following and must be updated on GEMS as needed:

1. A list of partnering agencies with a brief description of the nature of the partnership relationship must be submitted with the proposal including, but not limited to, tribal organizations and service providers, other providers of senior services, i.e. meals, transportation, family caregiver programs, independent living centers, assisted living homes, adult day programs, as well as other social services such as public assistance, behavioral health, housing and heating assistance, food banks, faith based entities, etc.
2. Tangible demonstration of formal partnerships, referral, and cooperative agreements that are in place as

appendices to the proposal including the Aging and Disability Resource Center (ADRC) in the regions served, where available. Agreements must be current, specific to the communities and regions proposed to be served, and specifically address the services or expertise to be provided, where available.

Section 3 General Instructions for Proposal Submission

3.01 Eligibility (Who May Apply)

Applicants must be eligible to apply under 7 AAC 78.030 (Eligible Applicants). They include nonprofit organizations; municipalities and Regional Educational Attendance Areas or other political subdivisions of the state; other State agencies; and Alaska Native Tribes. The following documentation of eligibility is required for Nonprofit Corporations or Alaska Native Tribal applicants:

1. **A Nonprofit Corporation or a Nonprofit Subsidiary of a Nonprofit Corporation.** The agency must be listed on the United States Internal Revenue Service's most recent register of Tax-exempt organizations, or provide a copy of the organization's current State of Alaska Certificate of Incorporation clearly establishing nonprofit status. Nonprofit subsidiaries must also submit a letter from the parent organization confirming nonprofit status;
2. **An Alaska Native entity as defined in 7 AAC 78.950(1).** The entity must submit with their application a legally binding resolution waiving the entity's sovereign immunity to suit, using the template provided. This form is designed to encompass the multi-year grant duration period identified in subsection 3.06. To be eligible for consideration, the resolution must include authorization compliant with the tribe's constitution:
    i. Federally recognized tribes for which the tribal constitution grants authority to the tribal council to waive sovereign immunity and enter into a grant agreement on behalf of the tribe.
    ii. Federally recognized tribes for which the tribal constitution requires a majority vote of the tribal membership to waive sovereign immunity and enter into a grant agreement.

Applicants must also submit in GEMS, or have on file with DHSS, a current governing board member list with titles, contact information, and terms of office. The list must include emergency contact information outside the applicant agency for one or more responsible officers of the governing board.

3.02 Acceptance of Terms

By submitting a proposal, an applicant accepts all terms and conditions of this Request for Proposals including all attachments and guidelines identified in this RFP; 7 AAC 78 and any other applicable statutes and regulations. Copies of these may be accessed through the contact person listed on the cover page, or through the web address (es) identified in this RFP.

If a grant is awarded, this RFP and the applicant's proposal become part of the grant agreement. The applicant will be bound by the provisions contained in their proposal, unless the Department agrees that specific parts of the proposal are not part of the agreement.

Proposals and other materials submitted in response to this RFP become the property of the State and may be returned only if the State allows. Proposals are public documents and may be inspected or copied by anyone after grants have been awarded.

3.03 Inquiries

Applicants should immediately review this Request for Proposals for defects and questionable or confusing content. Questions about the RFP that can be answered by directing the applicant to a specific section in the RFP may be answered verbally by the Contact Person in the cover page. Questions that cannot be answered by directing an applicant to a specific section of the RFP may be declared to be of a substantive nature. The applicant will be directed to state the question in writing. Questions of a substantive nature must be received, in writing, at the email address listed on the cover page of this RFP, no less than ten days before the deadline for receipt of proposals (see the Deadline for Written Inquiries on the cover page of this RFP). This will allow issuance of any necessary amendments to all prospective applicants.

Applicants are responsible for monitoring the State's Online Public Notice website located at: http://aws.state.ak.us/OnlinePublicNotices/ for any subsequent clarifications or amendments that may be issued regarding this solicitation.

3.04 Proposal Costs and Content

The Department will not be responsible for any expenses incurred by the grantee prior to the authorized grant performance period. All costs of responding to this RFP are the responsibility of the applicant.

The applicant is responsible for the content of the proposal.

3.05 Duration of Grant

This RFP is for a 2-year period, beginning in FY16, 7/1/2015, through 6/30/2016. At the discretion of the Department, a project funded under this RFP may be considered for continued funding in the subsequent program year, FY17. The decision to continue funding for the subsequent year of the 2-year grant cycle is based on the following general conditions:

1. the Department's judgment that there is a continued need for the grant project service;
2. the grantee's satisfactory performance during the previous grant year;
3. the availability of sufficient grant program funds, and whether continuation of the financing is consistent with public health and welfare; and
4. the ability of the grantee and the Department to agree on any adjustments in payments or service.

Proposals submitted in response to this RFP must contain a detailed plan for services in the first year of the grant, and should include a brief outline of services planned in subsequent years. This includes a budget for year one of the grant only. Funding in the subsequent year(s) will require submission and approval of documents needed to update service plans, evaluation measures and budgets. Grantees will be notified by Grants and Contracts of specific submission requirements necessary to qualify for consideration of continued funding.

3.06 Proposal Review

Following the deadline for receipt of proposals, DHSS staff will verify all submission requirements have been met. No amendments or corrections will be accepted after the deadline unless they are in response to a request from the contact person named in this RFP. Proposals will be reviewed as follows:

i. Proposals will be evaluated in a manner that will **avoid disclosure of contents to competing offerors** before notice grant of award has been issued.

ii. DHSS staff will evaluate each grant proposal for minimum responsiveness and other technical requirements, and eliminate nonresponsive proposals from consideration by a PEC.
iii. Using the criteria set out in this RFP and 7 AAC 78.100 (Criteria for Review of Proposals), DHSS staff will evaluate each responsive proposal based on the contents of the proposal as well as relevant documentation and information regarding the applicant that is available to the Department. Recommendations regarding whether each proposal should be financed, and at what level, will include consideration of the following:
    a. a history of the applicant's compliance with grant requirements, to include records of program performance, on-site program reviews, and prior year audits;
    b. priorities in applicable State health and social services plans;
    c. requirements of applicable State and federal statutes; and
    d. municipal ordinances or regulations applicable to the grant program.

If there are multiple responsive proposals for which there is insufficient money to fully fund, or supplementary expertise is deemed necessary to the review of proposed services, the Department may appoint a Proposal Evaluation Committee (PEC) as an additional advisory body. PEC members will initially evaluate proposals, independently of other committee members. Then as a committee, they will meet in a **closed session** (7 AAC 78.090 Review of Proposals) to further review proposals and develop recommendations. The PEC will include in their review discussion of each proposal's merits. Recommendations will include approval or disapproval for award, modifications to the proposed project, special compliance conditions, and ranking proposals in priority order.

All advisory recommendations, including staff recommendations, and if applicable the recommendations of the Proposal Evaluation Committee, as well as all other review materials will be submitted for consideration by the Director of the Division, who will make recommendations to the Commissioner of the Department of Health and Social Services or the Commissioner's designee.

3.07 Final Decision Authority

Recommendations, including those from any PEC that may be held, are advisory only, the final decision whether to approve or disapprove grant award, the amount of each award, and whether to impose special conditions or modifications rests with the Commissioner or Commissioner's designee.

PLEASE NOTE: The final decision may include additional considerations, such as the lack of or duplication of services in certain locations, or alternative services that may be available; a critical need for services by vulnerable populations; and matters of health, life and safety. *The Department has the responsibility to ensure public monies are utilized in a manner that protects the interests of the people of the State and retains the right to make final awards that ensure responsible distribution of grant funds.*

3.08 Notification of Grant Award and Appeals

Within fifteen (15) days after the decision regarding grant awards, the applicant will be notified of the final funding decision, and any conditions of award or modifications. Following any necessary negotiations for revisions to the proposed budget and scope of services, applicants will be issued a grant agreement. This formal agreement will contain specific performance and reporting requirements consistent with Department policy and procedure and 7 AAC 78.

Per 7 AAC 78.305 (Request for Appeal), an applicant may appeal a final grant award decision. Requests for hearing

must be addressed to the Commissioner, and received in writing at the address below, within 15 days after the applicant receives notification of the decision. The request must contain the reasons for the appeal and must cite the law, regulation, or terms of the grant upon which the appeal is based.

Send appeal to:

Valerie Davidson, Commissioner
Department of Health & Social Services
P.O. Box 110601
Juneau, AK 99811-0601

With a **copy** to the Grants Administrator named on the cover page.

3.09 Cancellation of the RFP/Termination of Award

Contingent upon funding appropriations and the Governor's approval, the Department may fund proposals from eligible applicants. DHSS may withdraw this competitive Request for Proposals at any time and reserves the right to refrain from making an award when such action is deemed to be in the best interest of the State. Funds awarded for a grant as a result of this RFP may be withheld and the grant terminated by written notice from the grantor to the grantee at any time for violation by the grantee of any terms or conditions of the grant award, or when such action is deemed by the grantor to be in the best interest of the State.

Section 4 Submission Requirements/Criteria for Proposal

4.01 Minimum Responsiveness Criteria per 78.100(2)(a)

Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).

1 Applicant is eligible per 7 AAC 78.030.

Evaluation/Review Criteria		Review	Points
a	Applicant is eligible per 7 AAC 78.030.	☑	

4.02 Other Technical Requirements per 7 AAC 78.060, 78.090(b) and 78.100

Response & Organizational Documentation

1 If applying as a non-profit organization, please verify the following criteria pertaining to non-profit status.

Evaluation/Review Criteria	Review	Points

a	The agency must be listed on the State's non-profit corporation database "in good standing." The link to the database is http://commerce.alaska.gov/CBP/Main/CBPLSearch.aspx?mode=Corp; **and/or**	☑	
b	The agency is listed on the federal tax exempt site indicating current 501(c)3 status. The link to the database is http://www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations-Select-Check.	☑	
c	If the agency is a non-profit subsidiary, a verifying letter from the parent non-profit agency must be uploaded to the applicant's agency record in GEMS. The parent corporation must meet criteria a and/or b.	☑	

2 If applying as a Federally recognized tribal entity, please verify the following criteria.

Evaluation/Review Criteria		**Review**	**Points**
a	A correct Waiver of Sovereign Immunity is included as an attachment to the proposal and indicates the correct fiscal years and duration of the solicitation.	☑	
b	The tribe is listed on the Federal Register as an Alaska Native Entity Recognized & Eligible to Receive Services from the U.S. BIA http://www.bia.gov/cs/groups/public/documents/text/idc006989.pdf.	☑	

3 If applying as a government entity, please ensure the following criterion is met.

Evaluation/Review Criteria		**Review**	**Points**
a	The agency is either another State Agency, such as the University; an incorporated municipality (verify at http://commerce.alaska.gov/dnn/dcra/Home.aspx); or an REAA under AS 14.08.031 (verify at http://education.alaska.gov/facilities/pdf/doe2013map.pdf).	☑	

4 Please sign the DHSS State Assurance form.

Evaluation/Review Criteria		**Review**	**Points**
a	DHSS State Assurance form is completed, signed and dated by a person authorized to enter into legal agreements on behalf of the applicant.	☑	

5 Please ensure the following information is uploaded to the applicant's agency record in GEMS.

Evaluation/Review Criteria		Review	Points
a	The applicant's agency record in GEMS contains a current governing board member list with contact information.	☑	
b	The applicant's agency record in GEMS under "other grant" contains other agency funding information.	☑	

6 Ensure that the current approved Federally Negotiated Indirect Cost Rate Agreement is attached to the applicant's agency record in GEMS, if applicable to the proposed budget.

Evaluation/Review Criteria		Review	Points
a	The applicant's agency record in GEMS contains a current approved Federally Negotiated Indirect Cost Rate Agreement.	☑	
b	If the Federally Negotiated Indirect Cost Rate Agreement is expired, verify there is written confirmation from the cognizant federal agency they are accepting the most recent rate until a new agreement is approved.	☑	

7 Include a statement declaring whether the applicant will be providing Medicaid reimbursable services. If so, attach proof of certification or an application for certification, or submit a request for exemption from certification.

Evaluation/Review Criteria		Review	Points
a	The applicant has declared that they will provide Medicaid reimbursable services; and has attached proof of Certification or application for certification, or a satisfactorily justified request for exemption from certification.	☑	

8 Include written assurance that the applicant will comply with the Provider Conditions of Participation (COP) for all services funded under this RFP, or submit a request for an exemption from compliance.

Evaluation/Review Criteria		Review	Points
a	The proposal includes an assurance that the applicant will comply with the Provider Conditions of Participation (COP) for all services funded under this RFP, or includes a satisfactory request for an exemption from compliance.	☑	

9 If chore or respite services are offered, attach a copy of the agency's sliding fee scale for those services, with the sliding fee scale policy and the application or worksheet to be used to evaluate the recipient's income in determining the co-pay.

Evaluation/Review Criteria		Review	Points
a	If chore and/or respite services are proposed, a sliding fee scale and sliding fee scale policy for the services that is based on the most current Federal Poverty Guidelines for Alaska, and the application or worksheet to evaluate the recipient's income in determining the co-pay is attached.	☑	

4.03 History of Compliance with Grant Requirements per 7 AAC 78.100(2)(B)

1 Verify the following criteria pertaining to past performance and history of compliance are met.

Evaluation/Review Criteria		Review	Points
a	Prior year(s) reporting is complete and timely (includes fiscal, narrative and data reporting).	☑	
b	Required audits have been submitted, or if the applicant is not a prior year grantee, a copy of any prior year audit findings is attached. For all applicants, any prior year audit exceptions are resolved. Verify the submission of Single Audits at http://doa.alaska.gov/dof/ssa/ssainfo.html	☑	
c	Prior year(s) activities demonstrate effective delivery of services. Review could include tangible documentation such as prior year performance reports, audit reports, site visits, etc.	☑	
d	Program historically maintains required standards as demonstrated in quality assurance reviews, licensing or certification standards, etc.	☑	

4.04 Questions and Criteria related to program policy, goals, outcomes, and activities

1 Explain how the proposed project meets the goal and anticipated outcomes of the program.

Evaluation/Review Criteria		Review	Points
a	Proposal demonstrates a thorough understanding of the grant program goals and anticipated outcomes, and proposed project meets or exceeds anticipated minimums described in the RFP.	☐	20
b	Proposal explains how the anticipated outcomes are achievable and compatible with the proposed project.	☐	10

c	Proposal confirms that they will use the SIH Case Management Assessment form, or the assessment/evaluation form they will use is attached and meets program requirements.	☐	10

2 Describe the overall program and activities for each service that will be performed as a part of this program and attach a completed FY16 Planned Services form for each region proposed that includes the services to be provided.

Evaluation/Review Criteria		**Review**	**Points**
a	Proposed activities are well developed, reasonable & support program intent outlined in 1.03 Program Services/Activities.	☐	20
b	The proposed activities are supported by those identified in the attached planned services form for each region proposed.	☐	10

3 Provide an evaluation plan that has been created using the Logic Model and Performance Measure Framework form provided with the RFP.

Evaluation/Review Criteria		**Review**	**Points**
a	The Logic Model and Performance Measure Framework is attached and includes the resources and activities as required. Activities match those listed in the applicant's project description and Planned Services form.	☐	20

4 Describe and/or attach the proposed timeline for the project including when Effectiveness and Efficiency performance measures will be implemented.

Evaluation/Review Criteria		**Review**	**Points**
a	Proposed timeline for project implementation is complete, reasonable, and supports program intent.	☐	20
b	The timeline for implementing performance measures is compliant with program requirements.	☐	30

5 Describe the target population of the proposed project.

Evaluation/Review Criteria		**Review**	**Points**
a	The target population, and service area(s) that will be served are clearly identified, match those indicated on the planned services form; and meet the intent as described in 1.05 of the RFP.	☐	20

b	Clearly identify and describe outreach and prioritize target populations for this program, including areas or communities that will be served.	☐	10

6 Provide the proposed budget for the program, including narrative, details, and matching funds availability. Verify the following criteria are met.

Evaluation/Review Criteria		**Review**	**Points**
a	The budget narrative and detail are mutually consistent.	☑	
b	All cost line items are for allowable costs under 7 AAC 78.160, and are in compliance with program cost restrictions (if any).	☑	
c	If there are Travel costs, they are consistent with 7 AAC 78.160(h) & (i), and do not include out of state travel.	☑	
d	If there are Equipment or Subcontract costs, they are consistent with 7 AAC 78.280, and a detailed explanation of services, roles and responsibilities is provided.	☑	
e	The Indirect cost line item in the budget is compliant with the Federally Negotiated Indirect Cost Rate Agreement "specific" rates and exemptions applicable to the cost.	☑	
f	Anticipated receipts and expenditures for grant income is clearly evident in the detailed and narrative budget.	☑	
g	The budget demonstrates administrative efficiencies, and a reasonable balance of funding between services when more than one service(s) is proposed, and does not duplicate services within the communities proposed	☑	
h	Proposed budget does not exceed the amount allocated for the proposed region, is supportive of program intent and costs are reasonable.	☐	10
i	Budget Detail(s) & Narrative are achievable with demonstrated resources and matches with the Planned Services and Expenditures form and support any necessary allocation of resources among target populations or service locations.	☐	10

j	Required match is met and fully described in the detail and narrative. If applicable, a project funded by multiple sources has disclosed the overall resources in the appropriate field(s).	☐	10
k	Additional match is proposed and committed for the duration of the project as 'Required Match". The source of funds has been identified, and the proposal clearly explains how and where this additional match will provide increased service delivery.	☐	10

4.05 Applicant Qualifications - Criteria Relating to Personnel, Management and Facilities

1 Describe the previous experience that your agency has in providing services similar to those being proposed to the target population and an overview that demonstrates sustainable fiscal and administrative capability and responsibility.

Evaluation/Review Criteria		Review	Points
a	The applicant's description of previous experience in providing the same or similar services, as well as additional documentation on record or submitted with the proposal, clearly identifies the time period over which services were provided and the population served meets the intent of the program. (see also Subsection 4.03)	☐	20
b	The applicant has demonstrated sustainable fiscal and administrative capability and responsibility.	☐	10

2 Describe the staff available for the proposed project. Scan and attach as a single document resumes, job descriptions and professional credentials for key project personnel as well as resumes for administrative staff.

Evaluation/Review Criteria		Review	Points
a	Staff providing services are qualified and competent as demonstrated by the necessary attached professional credential(s) and resume(s).	☐	30
b	Staffing levels are commensurate with meeting program intent, and supportive of the services proposed..	☐	20
c	Job descriptions support the intent of the RFP and the applicants proposed project.	☐	20

d	Executive and Administrative staff are qualified as demonstrated by attached resume(s).	☐	20
e	Sufficient administrative capacity and infrastructure is demonstrated to support the project and to meet reporting and management needs.	☐	20
f	The applicant agency's employee orientation process and staff training plan include training for special populations served and are adequate to support staff in all locations.	☐	10

3 Attach a current organizational chart showing the relationship of this project to the other functions within the organization.

Evaluation/Review Criteria		Review	Points
a	The attached agency organizational chart clearly shows the relationship of this project and staff to the other functions of the organization.	☐	10

4 Describe the procedures that will be used to protect client confidentiality; and address potential safety concerns for both clients and staff in the management of services and describe the safety and security protocol and accommodations to mitigate concerns.

Evaluation/Review Criteria		Review	Points
a	Proposal adequately addresses necessary procedures to protect client confidentiality and meets State and Federal standards.	☐	20
b	The proposal provides a reasonable assessment of staff and client safety concerns and provides satisfactory protocol and accommodation to address those concerns.	☐	30

4.06 Demonstration of Support/Involvement and Service

1 Provide a list of partnering agencies with a brief description of the nature of the partnership relationship; and attach tangible demonstration of formal partnerships, referral and cooperative agreements specific to the proposed project.

Evaluation/Review Criteria		Review	Points
a	The proposal lists partnering agencies and clearly describes the nature of the partnership.	☐	20

b	Current partnership, referral and cooperative agreements are attached that are specific to the proposed service areas and specifically address the services or expertise to be provided and support the effective delivery of services.	☐	10