

AOoA All Funds Request For Proposal 2011-14
Bidders' Conference Questions and Answers
9-1-10 (Updated (9-3-10, 12 PM)
UPDATE: 09/07/2010
FINAL UPDATE: 09/08/10

Question: 1.) Under Service Code 22 Health Screening/Medical Assessment, please clarify the meaning of "Pre and Post-program screenings for wellness programs as defined in Service Code 46, Health Education and Wellness Programs."

Answer: 1) Any health screening that is done before or after a wellness or other health activity.

Question: 2.) Please explain the difference/s between Service Code 10 Transportation and Service Code 9 Escort? Our agency currently contracts for both services and now that medical office and grocery shopping are listed under the definition for Transportation, can we still bill these services under Escort if hands-on individual assistance is provided to the client?

Answer: 2) Yes, Service Code 9 states that "If the agency provides door-to-door services, the driver may also provide escort services." You would NOT bill for both Service Code 10 Transportation and Service Code 9 Escort/Assisted Transportation, either one or the other.

Question: 3.) Program Costs: page 10 of RFP – Employee Salaries – please clarify if this is only for staff involved in the contracted service(s), not the entire agency. Section states "all"

Answer: 3) Yes, this is only for staff who will be charged to contract. (e.g., any portion of their salary or benefits that will be paid for by AOoA Funds.)

Question: 4.) Program Costs: page 10 of RFP – Payroll Related Expenses – please clarify if this is only for staff involved in the contracted service(s), not the entire agency. Section states "all"

Answer: 4.) Yes, this is only for the staff involved in the contracted services. (See answer above in question 3)

Question: 5.) Proposal Summary Page: page 12 of RFP – please explain "carry-in" concept

Answer: 5.) The carry-in concept is the consumers you in the current Program Year 2010, that you expect will be still in your program beginning January 1, 2011. For new providers, this would be "0". For current providers, you could run a SAMS report by services and see the unduplicated count of your consumers and ESTIMATE how many you think you will serve at the beginning of the next program year in 2011.

Question: 6.) Program Income – page 20 of RFP – Please explain how you want PI calculated into service costs and your intent/method of tracking

Answer: 6.) Program Income is not calculated into the cost. The only use of program income is to expand services. You will describe in the Budget Narrative, you estimated program income. The method of tracking of funds collected will be reported in your Request for Funds sheet, but not in your budget.

Question: 7.) Health Education and Wellness (2020 Initiative) units: Will we be able to use the 6 dimensions of wellness to build our wellness programs? Here are the 6 dimensions:

- a. Intellectual—involve reading, lectures, computers and intellectual discussions
- b. Physical—fitness, touch, movement, functioning and nutrition
- c. Social—social events, outings and parties
- d. Vocational—job training, volunteering, creating, producing and/or performing
- e. Spiritual—aspects of belief, meaning, morals, ethics
- f. Emotional—focus on personal emotional health such as support group.

All of these activities would include an activity leader.

Answer: 7.) Yes. Although, regarding "e. Spiritual" remember you cannot use government funding for religious conversion, having religious leaders speak, Bible Studies or any other form of proselytism.

Question: 8.) Under what taxonomy number would we bill for medical transportation? Would this be escorted transportation or regular transportation? If it is under regular transportation then how do we distinguish?

Answer: 8.) You can bill under either. Escort just involves "paying " for through the door services. One thing to keep in mind is that you do NOT need to cost share for transportation, but you do for Escort/ assisted transportation. **(See page 74 of the RFP packet for the list of services that are subject to Cost Sharing.** Remember with Cost Sharing that a "Provider may NOT decline to provide services because a consumer cannot or refuses to share costs." *Service Provider Guide to Consumer Cost-Sharing Appendix B)*

Question: 9.) Budget: Do we list the annual budget only for expenses related to the requested service codes?

Answer 10: You should complete each cell for any cost that will be charged in part or whole to the contract. So for example if a staff person is full time (1 FTE) and makes \$40,000 annual salary, but you are only charging half of their salary to AOoA Funds, then enter the \$20,000 in the AOoA funds column. This applies to all cost categories in the budget.

Question: 10.) Budget: Do we list program income only for the requested service codes?

Answer: 10.) Yes. Any Program Income collected as the result of funding from AOoA funds should be listed for program income. If you receive money from your local **rural** Levy and collect program income from that services, that would NOT be included in the program income for AOoA purposes, unless we funded part of that activity or person's salary.

Question: 11.) Cost Sharing: Do we have to have income documentation on all participants regardless of whether they are receiving a requested service code?

Answer: 11.) No. Only for those participating in services requiring cost-sharing.

Question: 12.) Cost Sharing: Are we obligated to begin charging a participant for a service that we currently do not charge a fee for such as Medical Assessment?

Answer: 12.) While you are required to cost-share for Medical Assessment, remember that Cost-sharing is a voluntary donation and that services cannot be denied "because a consumer cannot or refuses to cost share." So yes you would have to begin cost-sharing, but not "charging a fee" a participant for the service as cost-sharing is voluntary on the part of the consumer. When statements are sent to consumers for Cost-sharing, it would state "Voluntary Contribution", not "Invoice" as the consumer does not have to pay the cost-share and should not feel coerced to pay to receive services.

Question: 13.) With a 40% reduction from the state for current fiscal year 2010 (that was made up by a one-time only allocation from Lucas County Levy funds), are we to expect an overall reduction in our 2011-2014 contract?

Answer: 13.) At this time the total funds are not known so the question is unanswerable.

Question: 14.) Would it be possible to get the funding range for each service? Also, your sample budget was very helpful. Would it be possible to have that sent over as well?

Answer: 14.) In the Request for Proposal (RFP) process unit rates should be the actual costs associated for providing each service as detailed in the "Individual Cost Unit Detail", thus there is no funding range for each service. The budget can be found on-line on www.areaofficeonaging.com along with forms/application packets for the RFP, including the All Funds Bid Packet, Capital Funds, and the Homeland Security/Terrorist DMD form.

Question: 15.) I noticed in the grant information that medication management is one of the services under Title IIIB, but there is no taxonomy details about it. We contract with our health department for in-home service in which filling med boxes is a major aspect. That is one of the services under our Health and Wellness assessment grant. Could we write our grant with some going to medication management considering this arrangement? It does not require consumer cost share, does it?

Answer: 15.) Medication Management does not involve filling pill dispensers, but reviewing the medication for people taking medication and their interaction interactions. In the past it has been done by hospital, pharmaceutical, or medical staff. So, no, the medication management you have described, would NOT be the service we intended. The services requiring cost-sharing are listed on page 74 of the All Funds Application.

Updated Tuesday, September 07, 2010

Question 16: In the past, only Federal dollars needed to be matched. What sources of funds in our grant request this time need to be matched?

Answer 16: Title III (federal) funds must be matched by providers receiving those funds at the levels listed in the application.

Question 17: Why must we identify by name all employees on the budget and include a bio?

Answer 17: This is a standard practice that allows funders to ensure that properly trained/qualified current employees are in the positions being funded. Bios are required only for key staff. See Q/A 32, below.

Question 18: What is meant by the term "comprehensive" in county-wide transportation services, pg. 16 of the application?

Answer 18: "Comprehensive" means services that are designed and provided to meet, as fully as possible, the needs of consumers at the lowest possible cost. A comprehensive plan would include such things as centralized intake and dispatch, intake staff that can evaluate and refer consumers to other appropriate resources if it becomes apparent that they have additional unmet needs, the ability to alter routes on the fly to accommodate emergent consumer needs, providing transportation outside of normal business hours, ensuring that transportation is accessible to all eligible consumers in Lucas County when and where they require it, that the provider is able to offer escorted transportation and/or through the door service, with an appropriately configured vehicle, etc.

Question 19: Education (17) is listed in the Taxonomy but not listed under "Eligible Community Based Services". Also, in an email from Colette it is not listed as a paid service. Can we use it or not? Or if there is another service that education is covered under, could you please let us know?

Answer 19: As indicated in the Public Notice and the All Funds Application, Education (17) is not a service that the AOoA intends to contract for during this RFP. Providers can still provide Education (17), but it would be an unpaid service. Depending on the nature of the education a provider intended to provide, Health Education (46) may be an appropriate alternative.

Question 20: Can we please get an electronic version of the Proposal Summary page?

Answer 20: The Proposal Summary Page is provided electronically as a part of the RFP Budget. See the tab at the bottom of the budget workbook entitled "2011-14 Proposal Summary Page."

Question 21: For organizations/companies seeking to submit proposal for more than one service area; how will the application be reviewed and awarded? Will each service area be reviewed separately? And should there be a separate application for each service?

Answer 21: The applications will be reviewed and awarded based on the need for the services and the evaluation and recommendation of the proposal review committee. Services are typically reviewed separately; however, all services should be proposed using a single application.

Question 22: Within any of the specified services listed on page #4 of the RFP, does any of those services include the need for respite services?

Answer 22: Personal Care, Homemaker and Adult Day Services are all considered to be some a form of respite. Adult day services would be the service that directly relates to traditional respite.

Question 23: How do you calculate a unit of service for each service code? Primarily in the personal care, homemaker service? Is it quarter hour = 1 unit or is it 1 hour = 1 unit, or something else. Are the unit break down determined by the provider or the State?

Answer 23: Units of service for each service code are contained in the AOoA's Service Taxonomy, attached to the All Funds Application. Units of service are typically 1 hour, 1 contact, or one completed job. See the taxonomy for specifics.

Question 24: For the Appendices we are asked to submit certificates of Insurance... is the review board requesting "general liability insurance"? or Is there a required specified liability amount required for each service area?

Answer 24: General liability insurance is required.

Question 25: As an organization submitting proposal for more than one service area; are we required to submit the following for each service area we are bidding on individually or as one larger group: Proposal Summary Page? Budget and Consumer Plan? Proposed All Funds Budget? Budget Narrative?

Answer 25: The RFP is designed so that only one Proposal Summary Page, Budget and Consumer Plan, Proposed All Funds Budget and Budget Narrative are required for the application.

Question 26: When completing the calculations for the staffing within the budget i.e. 1 FTE vs 50 FTE; Under Employee salaries. It asks for position title and holder's name. Is it acceptable to have a line called direct care workers and indicate the total number of FTEs in this category utilizing an average rate of pay or do all employees need to be listed by name with their own rate of pay?

Answer 26: Typical RFP applicants are agencies with relatively small staffs and that is the reason for the question being formatted in that manner. For agencies with large professional staffs that will be providing services it would be appropriate to list direct care workers in a manner similar to: LSW 3 FTE, Diver w/CDL 5, etc.

Question 27: Under Service Delivery for providers seeking to offer more than one of the designated transportation services within Lucas County and the surrounding Counties does the additional information requested on page 16-17 have to be completed for each service (transportation, medical, and escorted/assisted) or does it only need to be completed for the "transportation" service?

Answer 27: The information needs to be provided only once.

Question 28: To be compliant with OAC 172-3-05 what are the minimum systems required to be compliant with this rule according to AOoA and State/Federal specifically persons with limited English Proficiency?

Answer 28: In practice, this generally means having program literature available in the language(s) of those with LEP, being able to obtain interpretation services when necessary, and, in some cases, providing culturally and language competent escorts.

Question 29: Targeting of Services: To obtain as close to accurate numbers as possible how does a provider attained the demographic break down within a defined region? US Census?

Answer 29: The U. S. Census Bureau is a good source of information. You may also want to review the AOoA's current strategic plan, accessible under "Publications" on our website.

Question 30: On page 16 of the RFP within the additional information required for County wide transportation services... Can you elaborate on the intake and screening process that's being requested; is this a basic "needs assessment" for transportation? What is the purpose of the intake and screening process; is it to ensure the appropriate means of transportation is being utilized?

Answer 30: Intake and screening are a part of the process for collecting and entering data in SAMS to register a person for services. Additionally, it would include any appropriate referrals to other programs and services. It is also to ensure that the appropriate type of transportation program is provided to consumers requesting it.

Question 31: On the checklist it states that we must include Job Descriptions...is this for all positions working with the seniors.

Answer 31: Yes.

Question 32: Also it ask for Resume of key staff...is this for any staff in a managerial or supervisory role on up? Please specify "key Staff".

Answer 32: Key Staff: Executive Director, Program Director, managerial or supervisory personnel

Question 33: On service code 23 on page 99, we would like to provide medical monitoring that includes side effects, interactions, etc... Should this be included in this section?

Answer 33: No, it would be more appropriately included under Service Code 23, Health Screening/Medical Assessment

Question 34: If our nurse would be providing treatment with a B12 shot, Avonex, or other prescribed med, (where the client wouldn't have to go to the doctors office or have a home health nurse come into their home) would this be included within service code 23?

Answer 34: Yes.

Question 35: In service code 22 under Service Activities May Include: It says “Coordinating” vaccinations. We intend to provide immunizations such as flu, pneumonia, and shingles. Should we have this in service code 23?

Answer 35: In that case, coordination would be implied and the immunizations should be provided using Service Code 23.

Question 36: Should Home Repair (Code 19) dollars be requested as part of this Application, or will this be handled later as has been done in the past?

Answer 36: Funding should be requested as a part of this application.

Question 37: In regard to service code 46 (health education and wellness programs), would any voluntary contributions go to the senior center where the program is being implemented or would it go to the business providing the education? Do we need to have policy/procedure regarding voluntary contributions?

Answer 37: Voluntary contributions (and cost-share funds) accrue to the agency providing the service. Each agency must have a procedure regarding voluntary contributions (and cost-share funds). Appendix D to the application contains specific guidelines regarding voluntary contributions and cost-share funds.

Question 38: Can a federally negotiated indirect cost rate be used toward the match?

Answer 38: No. Federal funds cannot be used to match funds awarded under this RFP.

Final Update, September 08, 2010

Question 39: In a handout you gave us at the June provider meeting – Health Education code 46 is listed as being subject to cost sharing. In the grant packet, on page 74, it is NOT listed as subject to cost sharing. Please clarify – is Health Education code 46 subject to cost sharing?

Answer 39: Health Education and Wellness Programs, Service Code 46 in the AOoA Service Taxonomy, IS subject to cost-sharing.