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| **C:\Documents and Settings\MeSmith\Local Settings\Temporary Internet Files\Content.Outlook\HCXV8D4S\FSSA Logo Pantone 349.jpg** | **DA RFF-19-001 – Area Agency on Aging Designation for Planning and Service Area 9 – Attachment C - Technical Proposal** | |
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| **Applicant:** | |  |
| **Instructions:**  Division of Aging (DA) Request for Funding (RFF) 19-001 is a solicitation by the State of Indiana in which organizations are invited to compete for Planning and Service Area 9’s (PSA 9) Area Agency on Aging (AAA) designation amongst other Applicants in a formal evaluation process. Please be aware that the evaluation of your organization’s application will be completed by a team of State of Indiana employees and your organization’s score will be reflective of that evaluation. The evaluation of an application can only be based upon the information provided by the Applicant in its application submission. Therefore, a competitive application will thoroughly answer the questions listed. The Applicant is expected to provide the complete details of its proposed operations and processes for the scope of work detailed in the RFF document and supplemental attachments.  Please review the requirements in Attachment A (Scope of Work) carefully. Please describe your relevant experience and explain how you propose to perform the work. For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors’ activities.  Please use the yellow shaded fields to indicate your answers to the following questions. The yellow fields will automatically expand to accommodate content. Every attempt should be made to preserve the original format of this form. **A completed Technical Proposal is a requirement for application submission. Failure to complete and submit this form may impact your application’s responsiveness.** Diagrams, certificates, graphics and other exhibits should be referenced within the relevant answer field and included as legible attachments. | | |

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| **1** | **Overview of Proposal**  Please provide an overview of your proposal. Additionally, describe your vision for PSA 9’s AAA and how you propose to fulfill that vision. |
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| **2** | **Direct Service Provision Requirement**  Per the Older Americans Act as amended through P.L. 114-144, enacted April 19, 2016, Section 307(a)(8), an AAA is not allowed to provide services directly unless granted a waiver from the State, with the exception of Case Management and Information and Assistance/Referral services. In some cases, there is not another provider to offer the service, so the AAA must provide the service to fill the need. In these cases, the State has a form that allows an AAA to request a direct service waiver. Please describe the efforts you have taken or will take to find a subcontractor(s) to provide all possible AAA services first before requesting a direct service waiver. Specifically, describe a plan for conducting activities aimed at recruiting or encouraging the development of other provider(s) of this service. If you anticipate needing to perform either of the allowable services directly during your designation as PSA 9’s AAA in spite of these activities, provide justification for the use of funds and staff to provide the service(s). |
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| **3** | **Target Population Specifications**  The Older Americans Act, as amended through P.L. 114-144, enacted April 19, 2016, Section 306(a)(4)(A) and (B), requires that efforts be made to target specific populations. Please provide a detailed explanation of how a deliberate service effort will be directed toward the following AAA populations:   * Adults 60 years old or older with the greatest economic and social need * Older minority and low-income minority individuals * Older individuals living in rural areas * Older individuals who are Native American * Older individuals with limited English proficiency |
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| **4** | **Relevant Experience**  Describe your experience providing services or facilitating programs relevant to those provided by an AAA, as set forth in the Scope of Work. Detail what experience, methods, and unique characteristics your organization has that distinguish you from other potential applicants. In your response, be sure to:   * Describe your experience, if any, with this particular PSA and how you are best able to suit the needs of the people who live in it. If you do not have any experience with this particular PSA, describe how your experience in other geographic regions will help you provide the services required for this PSA * Provide a brief description of your organization’s experience in serving state governments and/or quasi-governmental accounts * Describe your organization’s experience providing services with a similar scope, using specific clients and detailed examples |
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| 5 | **Section 2 – Overall Policy and Reporting Requirements**  Please describe how you will meet the overall policy and reporting requirements as described in Section 2 of the Scope of Work. Provide examples of any relevant experience that demonstrates your ability to meet these or similar requirements, including, but not limited to:   * Providing information, referral, and administrative services within PSA 9 * Complying with all statements, assurances and provisions set forth in applicable State and Federal statutes, regulations, guidelines, and rules, as well as applicable DA manuals and guidelines |
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| **6** | **Section 3 – Eligibility Guidelines**  Please describe how you will meet the requirements listed in Section 3 of the Scope of Work, including, but not limited to:   * Assuring that all individuals receiving services are eligible per the requirements of the program or funding source used to provide those services * Collecting information regarding the income and assets of CHOICE recipients as part of the eligibility determination and recording the information in the State approved case management software   + Applying CHOICE cost share per Indiana Code and DA guidelines   Provide examples and a description of your experience ensuring individuals meet eligibility guidelines. |
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| **7** | **Section 4 – Case Management**  Please explain in detail your experience with case management services such as those described in Section 4 of the Scope of Work, as well as your plan to adhere to the requirements in this section, including, but not limited to:   * Collecting and entering all required data into State approved software before a client can receive case management services * Assessing and engaging all individuals through a person centered approach to identify needs, preferences and goals that may involve information, education, brokering community resources or funded services * Ensuring all claims are supported by the report designated by the Division of Aging produced from the case management software system * Recording all case management hours, billable and non-billable, in the case management software system * Using the correct case management expenditures designations based on the two options described in Section 4.H. |
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| **8** | **Section 5 – Options Counseling**  Please explain in detail your experience with options counseling services such as those described in Section 5 of the Scope of Work, as well as your plan to adhere to the requirements in this section, including, but not limited to:   * Collecting and entering all required data into State approved software before a client can receive case management services * Assessing and engaging all individuals through a person centered approach to identify needs, preferences and goals that may involve information, education, brokering community resources or funded services |
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| **9** | **Section 7 –Reporting Systems and Reporting Requirements**  Please describe how you will manage to meet all reporting requirements based upon the timeframes set forth in Section 7 of the Scope of Work, including how you will ensure all data is recorded accurately and under the appropriate service categories into State approved software by the required deadlines and according to the listed Federal and State reporting requirements. Provide a sample timeline that ensures all data and measurements will be reported in a timely fashion. Provide further specifics on the Grantee, State, and Federal tasks that need to be completed in order for all data and measurements to be reported in a timely fashion. |
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| **10** | **Section 8 – Nutrition Services**  Please explain in detail your experience with nutrition services such as those described in Section 8 of the Scope of Work, as well as your plan to adhere to the requirements in this section, including, but not limited to:   * Providing “high risk” clients with a list of local Registered Dieticians and document these instances accordingly * Ensuring that all Congregate and Home Delivered meals paid through funding in this agreement meet the Dietary Reference Intakes as required by the Older Americans Act and NSIP funding * Ensuring that two menus per week per menu cycle are reviewed and signed by a Registered Dietician to certify compliance with the Dietary Reference Intakes for Indiana Division of Aging programs and are available for review by the State |
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| **11** | **Section 9 – Health Promotion Evidence Based Programs**  Please explain in detail your experience with evidence based programs as well as what evidence based programs you intend to employ in PSA 9. Explain why you chose the evidence-based programs that you plan to employ and why they are best suited for PSA 9. |
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| **12** | **Section 10 – Family Caregiver Programs**  Please explain in detail your experience with family caregiver programs such as those described in Section 10 of the Scope of Work, as well as your plan to adhere to the requirements in this section, including, but not limited to, ensuring that the correct recipients are receiving the funds allocated to this program (i.e., what will be your identification process for caregivers?). |
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| **13** | **Section 11 – Service Plans**  Please explain in detail your experience with service plans such as those described in Section 11 of the Scope of Work, as well as your plan to adhere to the requirements in this section, including, but not limited to:   * Generating service plans using a State prescribed computer software management system * Ensuring that the applicant or recipient or the family member(s) or legal representative(s), as allowed by law, is (are) involved in the decision-making processes and in the development of the service plan * Developing and authorizing service plans using the required staff and tools * Screening clients with the appropriate tools and assessments |
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| **14** | **Section 12 – Subcontracting Services**  Please provide a list of all subcontractors that you plan to partner with during the course of serving as PSA 9’s AAA. Describe how these services will be best coordinated with the providers of your choosing, and whether the providers have the necessary waiver certification required in Section 12 of the Scope of Work, if applicable. |
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| **15** | **Section 13 – Wait Lists**  Agree to the requirements listed in Section 13 of the Scope of Work. Please explain in detail your experience with program waitlists such as those described in this section, as well as your plan to adhere to the requirements in this section, including, but not limited to:   * Complying with applicable State guidelines for all program wait lists, including CHOICE, SSBG, and the Older Americans Act that are required to be maintained utilizing the State prescribed computer software management systems * Following the State procedures prescribed for the management of the Medicaid Waiver program before placing an individual on this wait list * Completing the required screenings and assessments before placing a client on a wait list |
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| **16** | **Section 14 – Claim Reimbursement Requirements**  Agree to the requirements listed in Section 14 of the Scope of Work. Please describe your plan to adhere to the claim reimbursement requirements as described in this section, including what measures and processes you will put in place to ensure they are met. |
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| **17** | **Section 15 – Specific Deliverables**  Please describe how you will manage to complete all deliverables based upon the timeframes set forth in Section 15 of the Scope of Work. Provide a sample work plan that ensures all deliverables will be completed in a timely fashion. Provide further specifics on the Grantee, State, and Federal tasks that need to be completed in order for all deliverables to be completed in a timely fashion. |
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| **18** | **Section 16 – Corrective Action Plans**  Agree to the requirements listed in Section 16 of the Scope of Work. Please explain what measures you will take to avoid CAPs. List any CAPs that you have been subject to in the last five years. |
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