

Questions Regarding the OAA 2009 RFP Alliance for Aging

Note: The questions are answered in the order in which they were received. All questions received are posted. There may be duplication because the same question may have been asked by more than one agency, or an agency may have submitted more than one set of questions.

1. Can you define/explain and provide an example of a "continuing operation plan"?

The RFP has a typo. The correct name is "Continuity of Operations Plan" or COOP. It is defined in chapter 8 of the 2009 Department of Elder Affairs Program and Services Handbook—Attachment 3.

<http://www.allianceforaging.org/doesahandbook09.html>

2. Please clarify: Helpline has been providing Caregiver Training & Support (CTSG) since 2001. Title III-E now requires two services, does the Screening and Assessment under III-B count for the second service?

Yes, Screening and Assessment counts as a service. However, screening and assessment is required for registered services only. Caregiver training & support is not a registered service. The provider must ensure the service is provided in accordance to the 2009 DOEA Programs and Services Handbook.

3. Under our current contract with the Alliance, the unit rate for CTSG is \$271.79, but the new rate is \$8.00 per hour? How does this extraordinarily large decrease in rate factor into a budget? Please expound on this issue.

The table in page IX-4-17 of appendix IX contains a typo. The rate for Caregiver Training and Support Group cap is \$80 per unit of service. The unit of service is defined as "one hour with clients regardless of the number that participate." The typo is repeated twice in that table. The capped rate is \$80.

4. This is my first time in the RFP process with Alliance for Aging, Inc. and after reading Chapter 1, RFP, and the applicable applications I am unable to locate four (4) items of information. Please share with me the location of the CIRTS Report, CIRTS Reporting Commitment, ARC Report and ARC Reporting Commitment? Thank you for your assistance.

CIRTS reporting requirements are presented in Appendix C of the 2009 Department of Elder Affairs Program and Services Handbook, which is available at the following web address:

<http://www.allianceforaging.org/doesahandbook09.html>

ARC reporting requirements are presented in Attachment C of Appendix IV of this RFP.

The Alliance for Aging also expects that applicants will submit an attestation stating that they have read, understood, and are willing and able to comply with these reporting systems

5. Is the clause concerning any profit making organization receiving approval from DOEA before contract execution new to this RFP or has this always been a requirement?

It is not a new requirement for OAA. The requirement has always been contained in the 2009 Department of Elder Affairs Program and Services Handbook

<http://www.allianceforaging.org/doesahandbook09.html>

6. Small businesses, minority owned, and/or women owned businesses are encouraged, but are there any points to be given toward this for scoring purposes?

No, there are no additional points for small businesses, minority owned, and/or women owned businesses.

7. Do we have to apply for and describe/justify in narrative form? screening and assessment as a service as we do for all other services we are requesting in the body of the application, or is it that we just? "check it off" on the list of services and provide a unit rate?

*You don't have to justify Screening and Assessment. The allocation of funding is based on a formula that considers the other services for which an applicant is awarded funding. The unit rate proposed can not exceed the cap. Screening and Assessment will be allocated only to agencies providing "Registered Services." These are **adult day care, counseling, chore, escort, homemaker, or personal care and respite.***

8. It is indicated that IIIE respite providers must do TWO services.? Does screening and assessment count as the second service if the provider has in the past only provided ONE service under IIIE?

Screening and Assessment is a service and counts towards the second service. However, the provider must ensure that screening and assessment services are provided in accordance with the 2009 DOEA Programs and Services Handbook.

*Screening and Assessment will be allocated only to agencies providing "Registered Services." These are **adult day care, counseling, chore, escort, homemaker, or personal care and respite.***

9. If the provider is a current III-E respite provider and is now applying for different OAA III-B services, is it then correct to mark on the checklist in IV.A "Applicant's Qualification and Prior Experience" that the provider is "currently an Alliance provider, but not providing any services applied for under this title"? And what if the provider is doing the services requested under 3B, but under some other funding source?

If the applicant was only providing respite services, and is applying under Title III-B to provide a variety of services that they are not currently providing, then they would be identified as "currently an Alliance provider, but not providing any services applied for under this title." If the applicant is providing the services to the Alliance for Aging regardless of funding source, then the applicant would indicate that they are providing the service.

10. To be clear, what exactly is a COOP plan?

It is defined in chapter 8 of the 2009 Department of Elder Affairs Program and Services Handbook—Attachment 3.

<http://www.allianceforaging.org/doesahandbook09.html>

11. Under V.A "Organizational Capability Pull-Out Package" there are three items listed: "Commitment to CIRT reporting", "Commitment to ARC reporting", and "Agreement to comply with the handbook requirements". Are there forms for these "commitments", or do we just have to write a statement to that effect, and if so, is there any specific language providers are to use? The "Acceptance of Contract Terms and Conditions" (Appendix VI) states that rules and regulations and guidelines as set forth by DOEA services handbook, etc. will be followed. We assume this is adequate to cover the "agreement" mentioned above. What about CIRT and ARC reporting?

The Alliance for Aging expects that applicants will submit an attestation stating that they have read, understood, and are willing and able to comply with CIRT reporting requirements as directed by Appendix C of the 2009 Department of Elder Affairs Program and Services Handbook, which is available at the following web address:

<http://www.allianceforaging.org/doesahandbook09.html>

Likewise, the Alliance for Aging expects that applicants will submit an attestation stating that they have read, understood, and are willing and able to comply with ARC reporting requirements as directed by Attachment C of Appendix IV of this RFP.

The Alliance for Aging also expects that applicants will submit an attestation stating that they have read, understood, and are willing and able to comply with the 2009 Department of Elder Affairs Program and Services Handbook, which is available at the following web address:

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12. The grids seem confusing.? Some of the "targeted" zip codes have greyed out areas either in the "plan to serve" or "projected clients" columns.? Do we therefore not have to place a check mark there (since it is greyed out) and it is assumed the provider will serve clients in that zip code?? And why do so many zip codes have "projected clients" greyed out?? Is the number of clients who are projected to be served in those zip codes not then important because they are greyed out?

Each zip code listed is grayed out for either "plan to serve" or "projected clients." For the zip codes that are grayed out for "plan to serve," enter the number of clients you expect to serve in the zip code in the box for "projected clients." For the zip codes that are grayed out for "projected clients," place a checkmark in the "plan to serve" box if you expect to serve clients in the zip code. If you do not plan to serve clients in the zip code, leave the box blank.

13. It is stated that narrative pages are to be limited, but is it correct that they are required to be doubled spaced?

Yes, they are required to be double spaced.

14. Outcome #1 "Percent of consumers served who are in the OAA target groups" pertains to? table #2, but this is not one of the Alliance's and DOEA's outcomes that are listed in? the latest "Objectives and Performance Measures" list that the Alliance provided. Presumably this information will be captured in CIRT.S.? Is there an outcome report providers have access to in order to track this??Or is there another way to track this?

There are CIRT.S reports available that will aid in capturing this data. In addition, as reports are created by the AAA, they can be made available to the providers for self-monitoring purposes.

15. What is considered adequate liability and workman's comp?? Is this measured based on size of business?? What will Alliance look for to determine the adequacy?

Determination is based on the information provided by the applicant and the guidelines in Chapter 4 of Department of Elder Affairs Program and Services Handbook, which is available at the following web address:

<http://www.allianceforaging.org/doeshandbook09.html>

16. A "cover letter" is listed on the Appendix XI "Applicant's Checklist"? What is this letter exactly?? Do providers write a "traditional" cover letter, or is it that you want only certain information in a certain format?? Is it enough to list the provider's name, address, title applying for, the date for example?

Although a traditional cover letter is acceptable, a letter that lists the provider's name, address, title(s) applied for, and the date would suffice.

17. Can ARR1 funds be used as leverage?

Yes, but leverage is different from match. Match cannot come from federal sources.

18. What is the difference between Adult Day Care IIIB and Adult Day Care IIIE? Can an agency apply for Adult Day Care funding under both titles?

An agency can apply under both titles. A separate application is needed for each. Although the service definition is the same for all titles, there are title/program specific requirements that the provider must adhere to. Please refer to Chapter 4 of the 2009 Department of Elder Affairs Program and Services Handbook for program specific information.

<http://www.allianceforaging.org/doeshandbook09.html>

19. From the meeting on Friday afternoon we understood there is a match required for this funding, even though you did not use the term "match". We could not hear what you said about finding the matches in the OAA. Is there a match requirement? If so, where do we find the information?

The OAA grant requires a minimum of \$1 match for every \$9 of grant funds. The match is incorporated into the "adjusted rate." For example, a service that costs \$10 per unit to produce would need to have an adjusted rate of at most \$9.

Refer to the 2009 Department of Elder Affairs Program and Services Handbook for more information.

<http://www.allianceforaging.org/doeshandbook09.html>

20. Please provide the range of the current reimbursement rates for the following services

Title IIIB
Homemaker
Personal Care
Chore
Companion

Title III E

In Home Respite

*The rates are posted on the Alliance for Aging website at:
<http://www.allianceforaging.org/rfp09/2009unitratewebdb.xls>*

21. What are the average size of care plans (hours per visit) for Title III B Homemaker, Personal Care, Chore, Companion, and Title III E Respite?

There are no care plans for OAA funded services. Services are provided based on client needs and available funds.

22. Are there any licensure requirements to provide homemaker, personal care, chore, companion and in home respite services?

Appendix A of the 2009 Department of Elder Affairs Program and Services Handbook describes the kind of provider qualifications/ licensures required for each services.

23. Are all current providers (providers with contracts) in good standing?

Not all providers that had contracts awarded during the last RFP cycle are in good standing.

24. Is there a service area that is in a greater need for new providers?

These areas have been indicated in the application package.

25. Can you tell me the Organizations that attended the Bidder's Conference?

*The posted video contains introductions from everyone in the room. The website is:
<http://www.allianceforaging.org/rfp09/2009>*

26. RFP Page 6 – Section 2(2) “The services to be procured through this RFP are based on a comprehensive needs assessment in conjunction with external funding stream limitations...” Where is the comprehensive needs assessment published and is it available to the public?

The Area Plan and the publication “Projected Unmet Need and Profile of the Elder Population in Miami Dade and Monroe Counties” contain details of the comprehensive needs assessment. These documents can be downloaded at:

<http://www.allianceforaging.org/pdfs/2007AreaPlan.pdf>

<http://www.allianceforaging.org/downloads.html>

27. What are the “external funding stream limitations” referenced in Page 6 Section (2)?

OAA allocation for PSA 11

The term “external funding stream limitations” refers to limits of OAA funding as defined in the DOEA Program and Services Handbook 2009 which limits the use of OAA funds to specific services.

28. RFP Page 7; Section 3.a.iii -What is the basis to limit Title III- B awards to \$1,100,000 for any one provider?

Allocations to titles were based on assessed need and the level of current allocations. In addition, limiting the amount of the award helps ensure that more there will be more than one provider per title.

29. RFP Page 7; Section 3.a.v- What is the basis that an award to a provider is limited to no more than 50% of the amount allocated to a service?

This restriction is needed to assure reliability in case of single provider failure and to ensure a level of consumer choice. The restriction applies subject to provider interest.

30. RFP Page 7; Section 3.a.vi- What is the basis for capping the service rates for the services being procured through this RFP. How were the caps developed?

The purpose of capping the rates is in keeping with trying to produce more units of service and reaching more consumers or, at a minimum, the same number of clients in this era of funding reductions.

The caps were developed based on either the actual Medicaid reimbursement cap for the service or, in the case of OAA services with no comparable Medicaid counterpart, in the current cost of producing 80 percent of the units of service being delivered in 2009.

31. RFP Page 9; Table 3.1 Title IIIB Services- What is the basis to limit the RFP amount/allocation by service?

Allocations to service, within titles, were based on assessed need and the level of current allocations.

32. Please explain the methodology that the Alliance for Aging used to establish the allocation by service.

Service allocations were first determined based on actual expenditures for the 2008 program year. These allocations were further refined, based on assessed need, through discussions with contract managers, planners and fiscal officers.

33. RFP Page 11; Section 3.c.iii.(b)- “ A selected provider is a provider applying for Home Delivered Meals service with an RFP score among the ten highest scores. However, further in the same paragraph there is a sentence that states, “However, not all applications within the ten highest scores will be automatically entitled to funding.” Please clarify the difference between “selected” and “awarded.”

A “selected provider” is an applicant that scored among the top “N” scores, where “N” is the intended maximum number of awards for a particular service. However, because applicant interest may be such that the allocated funding is fully distributed before “N” awards are made, fewer than “N” awards will be made. For example, for a particular service, the RFP may specify that no more than 5 awards will be made. Thus 5 providers will be “selected”. However, it is possible that applicants ranking 1, 2, and 3 may have requested funding such that all funds for the service are awarded to them. This would leave applicants ranked 4 and 5 without an award.

34. RFP Page 11; Section 3.c. – What is the basis to limit Title III-C-2 awards to no more than \$925,000 to a provider?

Allocations to titles were based on assessed need and the level of current allocations. In addition, limiting the amount of the award helps ensure that more there will be more than one provider per title.

35. RFP Page 13; Section 3.d.ii- What is the basis to limit Title III-E awards to no more than \$320,000 to a provider?

Allocations to titles were based on assessed need and the level of current allocations. In addition, limiting the amount of the award helps ensure that more there will be more than one provider per title.

36. RFP Page 14 Table 3.2 Title C-2 Services- What is the basis for the RFP amount by services?

Allocations to service, within titles, were based on assessed need and the level of current allocations

37. How was the award amount by service for OAA Title C-2 determined?

Service allocations were first determined based on actual expenditures for the 2008 program year. These allocations were further refined, based on assessed need, through discussions with contract managers, planners and fiscal officers.

38. RFP Page 15 Table 3.3 Title III-E Services- What is the basis for the RFP mount by services?

Service allocations were first determined based on actual expenditures for the 2008 program year. These allocations were further refined, based on assessed need, through discussions with contract managers, planners and fiscal officers.

39. How was the award amount by service for OAA Title III-E determined?

Service allocations were first determined based on actual expenditures for the 2008 program year. These allocations were further refined, based on assessed need, through discussions with contract managers, planners and fiscal officers.

40. RFP Page 23; Section 3.j Calendar of Events , Item 12- Is the Executive Management Group Meeting to make funding recommendation to the Alliance President and CEO a public meeting?

The Executive Management Group Meeting will make the funding recommendation to the Alliance President & CEO. Following the public meeting of the Executive Management Group to compile the funding recommendations, the Vice President of Planning and Fiscal will transmit the recommendations to the President & CEO for his review and approval. If he determines that further discussion is needed with the Executive Management Group, this would occur in a public meeting on October 22 at approximately 2:00pm.

41. Is the Executive Management Group comprised of Alliance for Aging staff, Board Committee members or independent third parties?

The Executive Management Group is comprised of four (4) Alliance For Aging Inc. management staff. It does not include the President & CEO or any members of the Board.

42. RFP Page 23; Section 3.j Calendar of Events, Item 9- States that proposals will be opened at a Public Meeting. Will both Part A (Program) and Part B (Fiscal) be opened at the same time or will Part B be opened and scored after the scores for Part A tallied?

Yes, both parts will be scored simultaneously.

43. If both parts will be opened simultaneously, how will the Alliance ensure that none of the reviewers of Part A will become aware of the proposed unit prices included in Part B?

It is the applicant's responsibility to have the pull-out sections clearly marked and separated. The reviewer's components will be sent directly to the reviewers. Part B will be handed directly to the Alliance scoring staff.

44. RFP Page 32; Section E, Proposal Evaluation Process. This section is silent as to how Part B (Fiscal Module) of the proposals will be handled once the sealed containers containing Parts A and B are opened. What is the chain of custody of Part B once it is opened?

Part B will be taken to be handed to the Alliance for Aging Staff

45. Is Part B going to be opened after Part A is reviewed and scored?

Part B will be scored simultaneously to Part A

46. Will Part B be scored in a public setting?

No, Part B will not be scored in a public setting since it is all data entry. We expect a large number of applicants; therefore, data entry will extend over several days. However, at 10:00 am on October 21, 2009 the scores will be tallied at a public meeting. The spreadsheets containing the Part A and Part B scores will be available for inspection

47. RFP Page 33; Section E. 2, Recommendation for Contract Award and Funding Allocation. Please clarify what "other factors" the President and CEO will use to make a recommendation to the Board of Directors.

For example, see item c. page RFP-18 "Continuity of services", or viii (a) and (b) page RFP-8, etc.

48. RFP Page IX- 2- 9 Proposal Evaluation Instrument- What information will the Alliance staff use to score the section that takes into consideration the length of time that a provider has been providing a service and whether or not a provider is under corrective action or has been under corrective action. This information must be publicly posted in order to ensure accuracy and transparency.

Once scored, all application materials are public. The RFP requires that applicants document their experience and performance. Current Alliance For Aging Inc. providers will be scored based on the Alliance For Aging Inc. monitorings.

49. RFP Page Appendix X – Appeal Procedures (2)- Please identify the “impartial decision maker” and describe criteria on which the impartial decision maker was selected. Describe the steps taken by the Alliance to ensure the impartiality and independence of the “impartial decision maker.”

Pursuant to Appendix X of the RFP, the Alliance will designate an impartial decision maker after receipt of written appeals. The Alliance For Aging Inc. will conduct due diligence to ensure that the decision maker (also referred to as “arbitrator”) does not have a conflict of interest and has the qualifications to judge the merits of the appeals.

50. Appendix X refers to “impartial decision maker”, whereas, Calendar of Events references “arbitrator”; please explain the difference.

The impartial decision maker referred in Appendix X is the same as the “arbitrator” mentioned in the Calendar of Events.

51. RFP Section V.A, Description of Organizational Capability- Item 3(Audited Financial Statements) , Item 5(Corporate by-laws) and Item6 (Certificate of Insurance): This section is to be reviewed by Alliance staff; however what is the basis to be used to determine that significant findings and questioned costs have been corrected (Item 3)? How will the “adequacy” of board oversight be determined from the corporate by-laws (Item 5) and what are the criteria or basis to determine the adequacy of insurance (Item 6)

These items will be reviewed by experienced fiscal monitoring staff. The basis for determining will be the documentation provided by the applicant.

52. Please explain what allowance or measures the Alliance will take to address rising costs and how rate increases will be handled in future contract periods? The contract references the RFP, but the RFP text is silent as to consideration for future rate increases. Please explain.

Rate increases will be authorized as supply and demand conditions develop. Provider level cost increases are a necessary but not a sufficient basis for across the board rate increases.

53. Please address whether or not service providers will have modified spending authority within each OAA Title and what consideration will be given to transfer awarded funds within services under the same OAA Title.

Modified spending authority will be authorized under exceptional circumstances on a case-by-case basis at the sole discretion of the Alliance For Aging Inc.

54. Please clarify whether “Matching Funds” will be based on the amount awarded by OAA Title or will it be based on a service by service basis?

Matching funds are based on the amount awarded. However, applicants must factor into their plans that they may not be funded for a service where they were overmatching. Once awards are made, the provider must be in a position to provide the match at the title level, regardless of what services are funded. This can be ensured by matching on a service by service basis, or by being able to transfer match resources from services not awarded to those services that were awarded. If the match can't be made, adjustments reducing the award to the level that can be matched will have to be made.

55. Please clarify if the amounts to be awarded through these RFP's include any ARRA (stimulus) funding or if it takes into consideration the full amount of funds awarded by the federal government for each of the OAA Title being procured?

No, there are no ARRA funds in this solicitation. This RFP is congruent with funding under the Older Americans Act for 2008-09.

56. Nutrition Counseling does not appear under Title III-C2 in the “Contract Amounts for OAA Title III-C Services (page RFP-14) but the service is included in the Proposal Evaluation Instrument with a maximum allowed rate. Please clarify whether providers may apply for Nutrition Counseling under this title and how much funding is allocated for this service if available?

Nutrition Counseling is a service available under III-C2. Table 3.2 is modified such that there is \$2,840,000 for Home Delivered Meals, \$5,104 for Nutrition Education, \$82,287 for Screening and Assessment and \$42,866 available for Nutrition Counseling.

57. In OAA-C2, if Nutrition Counseling is to be provided “to all clients determined nutritionally high risk,” please clarify what constitutes nutritional high risk (e.g., nutrition score) and whether funding for this service meets anticipated client projections?

Risk is determined by the nutrition score in the 701 assessment instrument series. A client is considered to be nutritionally high risk when their nutrition score is at or above 5.5, as determined by the assessment instrument. Please refer to the assessment instructions available on DOEA's website at: http://elderaffairs.STATE.FL.US/ENGLISH/PUBS/PUBS/DOEA701D_SEP08.PDF

58. Although one month for preparation of a single application is considered standard, most providers must prepare multiple applications with a significant number of copies for this particular RFP cycle. As a result, is a further extension of the deadline from the 24 hours provided being considered or can it be considered?

Yes, all applications will be due by 10:30 AM, October 1, 2009.

59. May providers take the liberty to add attachments that support information provided in narratives as needed?

Unless it is specifically required by the RFP, do not attach further documentation. You can mention them in your application, but copies do not need to be attached.

60. Should cooperative agreements with community mental health provider agencies (RFP-16) be added to the applications as an attachment or is this something to be submitted once notified of award?

Please list the agreements in responding to specific items such as 3.A.4(c). Do not provide copies of the actual agreements. They should be provided prior to signing of contract.

61. Are cooperative agreements between agencies to ensure no overlap of service required to be included in the application or only if notified of an award (RFP-16)?

Please list the agreements in responding to specific items such as 3.A.4(d). Do not provide copies of the actual agreements. They should be provided prior to signing of contract.

62. Can the electronic copy on CD for Part A be submitted as a PDF and does it need to include the organizational pull-out package?

Yes. PDF will be fine. Please scan the organizational pull-out package and include in the CD.

63. Under Applicants Qualifications and Experience, how will a discrepancy between a provider classification and the “verified classification” be resolved? To prevent potential conflicts, can the response to inquiries include a list of all providers on corrective action over the last three years and the status as to resolved or unresolved, as well as, those with no corrective action over the last three years? Should copies of monitoring reports be submitted?

The “verified classification” is the correct value. Alliance for Aging records will be the official ones. Only non-Alliance for Aging providers should submit monitoring reports.

64. Under Applicants Qualifications and Experience, is it asking whether the provider is an Alliance for Aging provider for services applied for (either all or at least one) under any Alliance funding source or under the same funding source being applied for?

It is asking if the provider is providing the service from any Alliance for Aging funding source.

65. Under Applicants Qualifications and Experience, please explain the rationale for reducing total points possible for providers seeking to add even one new service (i.e., 70 points are given only if you are a current provider for *all* services)?

Applicants who have had experience in all services that they are applying for should receive more points than those who do not.

66. Within the “Service Catchment Area/Geographic Profile (VIII-1-5)” of the application it asks to check mark under “plans to serve” the “non-gray” zip codes and enter in the non-gray zip codes the “projected clients.” Please confirm that the number of “projected clients” is not needed for zip codes check-marked under “plan to serve” but is needed for zip codes not check-marked as “plan to serve.”

Each zip code listed is grayed out for either “plan to serve” or “projected clients.” For the zip codes that are grayed out for “plan to serve,” enter the number of clients you expect to serve in the zip code in the box for “projected clients.” For the zip codes that are grayed out for “projected clients,” place a checkmark in the “plan to serve” box if you expect to serve clients in the zip code. If you do not plan to serve clients in the zip code, leave the box blank.

67. On page VIII-1-9 of the IIB application, question D.1., it asks to indicate pre-service, orientation, and in-service training to be provided; however, in consideration of space restrictions would it be sufficient to refer to the training attachment for this information?

Yes, it would be sufficient to refer to the training attachment for this information.

68. In the OAA C2 application (VIII-3-11) a notation indicates that consumers receiving home delivered meal services only must be screened using the congregate meal screening tool and only up to one hour will be reimbursed for the screening. Please clarify whether these homebound clients throughout the county may be screened over the phone or whether the hour includes the drive time and documentation?

There is a typo in this section. The sentence should read “Consumers receiving home delivered meal services only must be screened using screening and assessment service under C2”. It can include travel time related to the client.

69. Will the Alliance give any consideration to extending the due date of the RFP for two reasons?

a) to alleviate the burden placed on agencies who observe the Jewish Holiday from Friday night through Monday night - thereby being penalized by four days? and,

b) to determine the impact of the results of the Miami-Dade County CBO Budget allocations to be determined at the end of the month?

The date for submitting proposals has been extended to 10:30am , Thursday, October 1, 2009.

70. How will in kind match be used to assess a potential applicant and how will the scoring be reflected on those agencies who can bring more in kind match than actual cash match?

In kind and cash are regarded as equivalent.

71. Can we make an appointment to review previously submitted applications written by other providers (and our own) and their respective scores?

Yes, appointments are available after September 15, 2009; however, adequate time and expenses will be required to retrieve the documents.

72. How is a provider of congregate nutrition services rated on whether or not they are providing evidence based health promotion and disease prevention activities that require a minimum of 600 participants by year 2? How does the Alliance mandate this if a meal site only has 60 to 70 people attending? What if an agency does receiving funding to provide health promotion activities by another funding source and those funds go away and the applicant cannot meet this requirement?

a) A provider of congregate nutrition services is required to provide evidence based health promotion/disease prevention programs, by the end of the second year of the contract, to 600 clients or 5 percent of the caseload in OAA funded activities delivered in places where elders congregate, whichever is less. If a meal site has 60 people, then the 5 percent rule applies (3 people.)

b) If an agency loses funding that enable it to provide these programs, it could request assistance from the Alliance For Aging Inc. to meet the requirement. However, contractually the applicant would still have to meet the requirement.

73. How did providing non OAA required or funded services become a requirement to fulfill a federal grant?

The Alliance for Aging has the responsibility to ensure that consumers have access to health promotion/disease prevention programs as included in the OAA as amended in 2006 and the DOEA State Plan on Aging.

74. What evidence based data is available to corroborate your expectation that nutrition counseling will improve nutrition risk score on this particular test, as opposed to increased food, increased funds for food stamps) as people age.

The nutrition risk score may or may not be influenced by nutrition counseling. Nowhere in the RFP is this assumption made. However, there is an expectation that nutrition counseling will be most beneficial to an individual at high risk of malnutrition- particularly if the individual has access to food.

75. Does special diet include Kosher Meals?

Yes, for this RFP, Kosher meals are considered as special diet.

76. Will review of applicants with special meals be separate of review from applicants with traditional meals?

No, special meals are not reviewed separately from applications with traditional meals.

77. Would a special meals proposal be a stand alone proposal (either for C1 or C2) since it gives the applicant a disadvantage to those who provide special meals to a distinct population?

No, special meals cannot be a stand-alone proposal; however, the capped rate is higher.

78. If an applicant proposes to provide both Special Meals and Traditional Meals - are two applications required for C1 or C2?

No. A single application per subtitle is sufficient.

79. What does commitment to CIRTTS reporting require? Is there a specific form?

The Alliance for Aging expects that applicants will submit an attestation stating that they have read, understood, and are willing and able to comply with CIRTTS reporting requirements as directed by Appendix C of the 2009 Department of Elder Affairs Program and Services Handbook, which is available at the following web address:

<http://www.allianceforaging.org/doesahandbook09.html>

80. What does commitment to ARC reporting require? Is there a specific form?

The Alliance for Aging expects that applicants will submit an attestation stating that they have read, understood, and are willing and able to comply with ARC reporting requirements as directed by Attachment C of Appendix IV of this RFP.

81. What does agreement to comply with handbook requirements mean? Is there a specific form?

The Alliance for Aging expects that applicants will submit an attestation stating that they have read, understood, and are willing and able to comply with the 2009 Department of Elder Affairs Program and Services Handbook, which is available at the following web address:

<http://www.allianceforaging.org/doesahandbook09.html>

82. How were the outcomes derived for this RFP proposal? For instance "90 percent (refers to caregivers whose ability to continue to provide care is maintained or improved in the assessor's opinion as per DOEA 701B form)" for a Title IIIB service -which typically is not for caregivers?

a) The outcomes are mandated by the Legislature and the Florida Department of Elder Affairs.

83. Do the caregiver outcomes apply to the Title IIIB proposals?

Yes, the caregiver outcome measures apply to the Title III-B proposals.

84. If the applicant finds clients whose nutritional risk score is high, and refers them for nutritional counseling to the Elder Helpline, will that ensure the clients will receive services?

The Alliance for Aging expects applicants for Subtitles III-C1 and III-C2 to provide nutrition counseling.

85. Are applicants required to provide nutritional counseling to clients who have a high score in the nutritional risk assessment?

Yes, the Alliance for Aging expects providers to provide nutritional counseling to at least 75 percent of high score customers.

86. How are outcomes for this federal funding contingent on programs and funding provided through other funding sources and a requisite of this proposal? For instance, "Percent of participants in congregate meals that are engaged in Healthy Aging Programs." The goal is 80 percent.

The Alliance For Aging Inc. can provide the resources and technical assistance to help providers meet this goal.

87. Will the Alliance ensure that applicants who request C1 funding will receive recreation funding through Title IIIB as well?

No, an application for Recreation under III-B is necessary.

88. How was the RFP proposal and the scoring and evaluation of applicants devised? Is it based on evidence based practices for determining the best applicants to serve the community and provide the highest quality service to the clients in need?

Yes, based on the experience of Alliance management, it is designed to determine the best applicants to serve the community and provide the highest quality service to the clients in need .

89. We are requesting funds for 2 counties under the same service category of Legal Assistance. How should we present such information on the Unit Cost Grid?

You need to complete a separate application for each county.

90. What is a Screening and Assessment service?

Consult the 2009 Department of Elder Affairs Program and Services Handbook
<http://www.allianceforaging.org/doesahandbook09.html>

91. Can you bill for Screening and Assessment and Legal Assistance services for the same client?

Screening and Assessment is not a required service for Legal Assistance.
Consult the 2009 Department of Elder Affairs Program and Services Handbook
<http://www.allianceforaging.org/doesahandbook09.html>

92. For Screening and Assessment, what does a "unit" measure?

Consult the 2009 Department of Elder Affairs Program and Services Handbook
<http://www.allianceforaging.org/doesahandbook09.html>

93. Please define HI DP and how it differs from HI.

DP stands for "Directly Provided". In regular HI, the agency will do the home improvements through the grant. In HI DP, the consumer will arrange and pay for the improvements and the agency will only reimburse.

Consult the 2009 Department of Elder Affairs Program and Services Handbook
<http://www.allianceforaging.org/doesahandbook09.html>

94. Is Screening and Assessment considered a service?

Yes. But HI is not a registered service and does not require screening and assessment. Consult the 2009 Department of Elder Affairs Program and Services Handbook <http://www.allianceforaging.org/doesahandbook09.html>

95. Do HI and Screening and Service count as two services?

Yes. But HI is not a registered service and does not require screening and assessment. Consult the 2009 Department of Elder Affairs Program and Services Handbook <http://www.allianceforaging.org/doesahandbook09.html>

96. Where do we find an example of CIRTTS?

The CIRTTS reporting requirements are directed by Appendix C of the 2009 Department of Elder Affairs Program and Services Handbook, which is available at the following web address:

<http://www.allianceforaging.org/doesahandbook09.html>

97. Where do we find OAA Title III regulator requirements?

The OAA Title III regulator requirements are outlined in the 2009 Department of Elder Affairs Program and Services Handbook, which is available at the following web address:

<http://www.allianceforaging.org/doesahandbook09.html>

98. Where do we find DOEA accounting standards referenced in RFP?

The standards are contained in the "Unit Cost Methodology Spreadsheet that can be downloaded from the Alliance For Aging Inc. Web site. Under the Tab "Downloads". These standards are in keeping with OMB circular A-133. Applicants are not required to provide this information with the proposal. However, the adjusted rate proposed in the application will need to be justified using the methodology prior to contract signing. Technical assistance to complete the spreadsheet, after the awards are made, will be available from the Alliance For Aging Inc.

99. In the case of Home Improvement funding, what is the dollar amount of improvement that provider needs to submit for bid? Rebuilding Together relies on in-kind services and materials as well as paid improvements.

There is not a set amount. The amount requested needs to be justified, as required, in the narrative of the application.

100. In Chapter 4, pages 4-157 of the July 2009 DOEA Programs and Services Handbook under Nutrition counseling it states in the first sentence that "Nutrition counseling provides one on one individualized advice and guidance to persons who are at nutritional risk because of their poor health, nutritional history, current dietary intake, medications use, or chronic illness."

To clarify, does the 75% standard listed in the RFP mean that 75% of clients who receive nutritional counseling must have a "high" nutrition risk?

No. The actual standard is 75% of persons with a "high risk" nutrition screen score should receive Nutrition Counseling.

101. If the answer to question #1 is yes, is this a new DOEA standard which prioritizes the services for high nutrition risk clients rather than overall for "persons who are at nutritional risk" (moderate and high nutrition risk) as stated in the handbook?

The standard favors access to Nutrition Counseling service to those at highest risk.

102. How were the capped rates per individual service determined? With regards to meals particularly, if the rates were derived from the MedWaiver allowable rates, keep in mind that these rates have not been changed in over 8 years.

The caps were developed based on either the actual Medicaid reimbursement cap for the service or, in the case of OAA services with no comparable Medicaid counterpart, in the current cost of producing 80 percent of the units of service being delivered in 2009.

103. Will the AAA consider extending the application due date? For providers who will be submitting more than one application with various services per application, 31 days is not enough time in which to prepare a response that complies with the requirements set for in the application. We **STRONGLY** request that the AAA consider changing the due date to Friday, October 9th?

The date has been changed to October 1st, 10:30 AM.

104. Although the need for page limitation is understandable, the need for the responses to be limited on the number of pages plus double spaced makes it difficult for providers to adequately answer all components of each question completely, particularly when applying for various services under each title. We strongly request that the AAA reconsider either the page limitation or that answers be single spaced instead of double spaced.

The RFP requires double spaced narrative. We will accept font size 10.

105. Will the reviewers be the same for every single proposal per title? For example, will the same reviewers examine all Title III-B applications or will there be different teams even within the same Title?

The same reviewers examine all applications within a title/ subtitle.

106. Is it possible to publish a spreadsheet of sample unit costs for current OAA providers who are funded for congregate meals, home-delivered meals, transportation, nutrition education and screening and assessment services? The sample spreadsheet provided in the Addendum seems to refer only to CCE funded provider unit rates.

The spreadsheet in the addendum has rates for all programs. It is a multitable spreadsheet. Each tab has a different program. Go to:

<http://www.allianceforaging.org/rfp09/2009unitratewebdb.xls>

107. How were the maximum allowed rates determined?

The caps were developed based on either the actual Medicaid reimbursement cap for the service or, in the case of OAA services with no comparable Medicaid counterpart, in the current cost of producing 80 percent of the units of service being delivered in 2009.

108. What suggestion would you make to an existing provider of services whose current rates are higher than the proposed maximum allowed rate (which have not changed for the past three or more years)?

Each agency needs to evaluate its own processes of service delivery systems to determine the most effective and efficient manner to provide quality services

109. How does the Alliance expect that a provider will be able to provide a high quality service for a lower reimbursement rate?

Each agency needs to evaluate its own processes of service delivery systems to determine the most effective and efficient manner to provide quality services

110. Do you believe that a provider who submits a proposal for services with their current rate structure will receive favorable evaluations based on the fiscal evaluation instruments in the new RFP?

This is a competitive bid process. All applicants will be scored in accordance to the RFP.

111. Can you clarify which outcomes apply to which services under specific titles? For instance, outcome measure 4, 5 and 6 all relate to caregiver responses under Title IIIB - this would not be appropriate for transportation or recreation services.

All outcomes listed apply as indicated in the application forms for each title.

112. Previously those of us who received IIIC1 or IIIC2 also completed an application for IIIB for screening and assessment of consumers receiving meals. Currently I see that there has been an inclusion of screening and assessment in the applications for IIIC1 and IIIC2.

Does this mean that an application for IIIB is not necessary if the screening and assessment is solely for the purpose of screening consumers under IIIC1 and IIIC2? Are those unit rates just to be included in the unit cost methodology and part of the application for C1 and C2?

No application for III-B is needed to apply only for Screening and Assessment. All agencies awarded under C1 and C2 will receive Screening and Assessment.

113. Consumer Projections, Profile and Targeting Table 1: Does there need to be a specific number or can we put a percentage? We are able to provide service to 100% of eligible referrals.

You need to provide a specific number not a percentage.

114. Appendix VIII, Part 1: II.A. 2. Service Catchment Table 3: Under projected clients can we use percentage?

No, you need to provide a specific number not a percentage.

115. Appendix VIII, Part 1: IV.A Applicant's Qualifications and Prior Experience

Our Company currently has a contract as an EAR (Emergency Alert Response) provider with AFA for the ADA waiver. We have been in business over 3 years but in contract with AFA less than 3 years. I am leaning towards page 20 - AFA provider less than 3 years currently an AFA provider for at least one service applied for under this Title.

An applicant currently providing one service, under Alliance For Aging Inc. sponsorship, for more than a year but less than 3 years would select the appropriate category.

116. We would like confirmation that the OAA required 10% match may be made up of (1) cash only, (2) a combination of cash and in-kind, or (3) in-kind only. Further, we would like confirmation that any combination of cash and/or in-kind will be scored equitably, regardless of how the match is comprised (cash and/or in-kind) as long as it meets or exceeds the 10% requirement. In other words, we want to ensure that agencies can still receive the maximum of 25 points (as scored by the AAA) if they choose to contribute in-kind match only instead of a combination of cash and/or in-kind match.

The match is \$1 of provider resources for every \$9 of OAA grant funds. It can be a combination of cash and in-kind. All match is regarded equally for scoring purposes.

117. As it is commonly known, the cost of doing business is not the same in Monroe and Miami-Dade Counties. Certain services may cost more or less, depending upon the County the service is delivered in. In light of this, Monroe County would like clarification on the scoring of the Fiscal Modules. There are a maximum number of points (75) that can be earned based upon the "lowest adjusted unit rate". Instructions indicate an agency with the lowest rate will receive a score of 75 points, the second lowest rate will receive 70 points, and so on. Is this COUNTY specific? In other words, will all agencies in Miami-Dade be scored in this manner, and then separately, all agencies in Monroe County will be scored in this manner? Or, will all agencies, regardless of the County they serve be scored in this manner? Monroe County offers that it would not be equitable to compare the cost of doing business in Miami-Dade and Monroe Counties. The cost of doing business in these vastly different locations is not equitable and therefore should not be graded, or scored, against each other.

The applications are specific to title and county. Thus Monroe applicants compete only against each other by service within each title.

118. Please define "Corrective Action Plan" in detail. Dr. Ferrar's presentation on 9/4/09 and the Proposal Evaluation Instrument located in the 2009 OAA RFP indicate there are significant point reductions or incentives depending upon an agency's Corrective Action Plan status. What constitutes a Corrective Action Plan? Is this an AAA designation or a DOEA designation? What evidence is presented to an agency to advise them they are on a Corrective Action Plan? Monroe County offers that "matters", "concerns", or "findings" as evidenced by AAA monitoring reports are not considered "Corrective Action Plans".

For a definition of Corrective Action Plan refer to the DOEA the 2009 Department of Elder Affairs Program and Services Handbook
<http://www.allianceforaging.org/doeahandbook09.html>

119. The current amount allocated on page 5 of the 2009 OAA RFP for Monroe County is \$519,561 for Title IIIB, IIIC1, IIIC2, and IIIE. This is the exact amount of Monroe

County's current OAA contract which funds only the established and existing services. Being that these dollars are fully utilized now for established and existing services, would the AAA be able or willing to fund any additional services such as transportation, companionship, escort, etc., WITHOUT decreasing the established and existing services? Could the established and existing services be bid on with a stipulation that if extra money becomes available, we would like to use it for new and innovative services?

Funding under the RFP is limited to the amounts listed in the RFP document. Should other funds become available in the future, those funds could be used to expand the scope of services.

120. Will agencies be given access in CIRTS to retrieve and view their own Outcome Measure Reports? Currently staff who have access to CIRTS do not have access to these reports.

Yes. Agencies will be given CIRTS access to retrieve and peruse their outcome measures.

121. According to Dr. Ferrar's presentation on 9/4/09, agencies may be "selected and yet receive no funding". Is Monroe County Social Services competing only against other bidders for services in Monroe County OR is Monroe County Social Services bidding against all agencies that reply to the RFP? Monroe County offers that it would not be applicable to weigh Monroe County agencies against Miami-Dade County agencies. Dr. Ferrar mentioned in his presentation that apples would be compared with apples, not apples to oranges.

Monroe applicants only compete with other Monroe applicants.

122. Please identify all 5 components listed in Dr. Ferrar's presentation, by title, including form names (reference slides 17 through 23).

1. *Consumer projections and service catchment area.*
2. *Older Americans Act Service Delivery System, Quality Assurance and Assessed Need.*
3. *Outcome Measures.*
4. *Applicant Qualifications and Prior Experience.*
5. *Organizational Capability Package.*

123. Are maximum allowed rates as stated in the Unit Cost grids County specific? In other words, is the maximum dollar amount stated in the grid the same for Miami-Dade and Monroe providers?

They apply PSA wide. The caps are the same for both counties. The cap applies to the "adjusted rate" not the service cost.

124. In the event an ARRA funded agency is not selected and awarded to provide OAA services, how will that impact the ARRA funding and contracts recently negotiated between the AAA and recipient agencies?

ARRA funding is independent of this solicitation. However, the RFP contains a "Continuity of Services" that would be applicable, if as a result of this solicitation consumers would suffer service interruptions. Please refer to page RFP-18 of the RFP.

125. According to page 21 of the RFP, a Unit Cost Methodology does not need to be submitted with the proposal, however it must be submitted if an agency is selected and awarded. Please confirm whether points will or will not be deducted for not submitting a Unit Cost Methodology

The Unit Cost Methodology is not scored and is not required as part of the application package. However, awarded agencies will have to produce a Unit Cost Methodology spreadsheet, which is in keeping with their proposed adjusted rates, as a requirement for contract execution.