|  |  |
| --- | --- |
| Applicant Organization’s Name:  **Click or tap here to enter text.** | |
| County(ies) to be served:  **All 7 Counties** | Total Funds Requested:  **$** |

**CASE MANAGEMENT**

February 6, 2025

**INTRODUCTION**

The case management program provides person-centered assistance to those who need help managing daily living tasks to maintain an optimum level of functioning in the least restrictive setting possible. The program utilizes a collaborative and holistic approach of assessment, planning, linkage, care coordination, advocacy for options resources, and services to meet the individual’s comprehensive needs. Care plans are developed with the individual to address their specific needs.

**PURPOSE**

Specific guidance for Title III-B Case Management is outlined below. It is supplemental to Section III: General Requirements and Expectations and to Section IV: Program Requirements and Expectations. In the event of a conflict, these program specifications shall take precedence over Sections III and IV. This document:

1. Identifies the requirements and expectations that AAA4 deems salient to the service category; and,
2. Serves as the Program Application for the service category;

NOTE: Please ensure that this application document does not exceed a maximum of 35 pages, as submissions longer than this may not be reviewed in their entirety.

1. If funds are awarded, acts as a reference guide for those staff and/or volunteers who will be responsible for providing services in this category.

A proposal that fails to comply with applicable requirements may be deemed non-responsive and, therefore, ineligible for funding consideration.

**INCORPORATION OF AAA4 PRINCIPLES & PRIORITIES**

As stated in Section III, AAA4 is seeking Applicants whose proposals incorporate the Agency’s own key principles and priorities, particularly with respect to: mission-based efforts; diversity, equity and inclusion; person-centered approaches; rapid adaptability; food security; and, housing security. Specific questions about those subjects are inter-woven throughout this document.

**1. LEADERSHIP AND ADMINISTRATION**

|  |  |
| --- | --- |
| Mission & History | 101. What is your organization’s mission statement, when was it first established, and when was it last revised?  Click or tap here to enter text.  102. Historically, what major successes has the organization had in advancing its mission?  Click or tap here to enter text.  103. In what specific ways does this proposal advance the mission of your organization?  Click or tap here to enter text. |
| Direct Experience | 104. Is your organization already providing the same type of service that is being requested in this proposal (with or without AAA4 funds)?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)     > If yes, how long has this service been provided?  Click or tap here to enter text. |
| Organizational Readiness | *[Skip to the next question.]* |
| Administrative Readiness | 105. Does your organization already meet AAA4’s Fiscal Accountability and Compliance requirements for Funded Partners?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)  106. Does your organization currently have staff with the necessary skills in data management and/or database entry?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)  107. Does your organization currently meet AAA4’s Information Technology (IT) requirements for Funded Partners?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org) |
| Good Standing | *[Skip to the next question.]* |
| Past Performance | *[Skip to the next question.]* |

**2. PROGRAM PARAMETERS**

AAA4 has allocated Title III-B funds for Case Management to actively promote the utilization of helpful services and supports.

1. How many unduplicated individuals would be served in the first year of the contract cycle (July 1, 2025 – June 30, 2026)?

|  |  |
| --- | --- |
| **County** | **Total Number of Unduplicated Clients** |
| Nevada |  |
| Placer |  |
| Sacramento |  |
| Sierra |  |
| Sutter |  |
| Yolo |  |
| Yuba |  |

202. Assuming funding levels remain the same, how many unduplicated individuals would be served in the second year (state fiscal year 2026-27)?

|  |  |
| --- | --- |
| **County** | **Total Number of Unduplicated Clients** |
| Nevada |  |
| Placer |  |
| Sacramento |  |
| Sierra |  |
| Sutter |  |
| Yolo |  |
| Yuba |  |

On behalf of all families, AAA4 expects Funded Partners to work to reduce barriers that may exist regarding access to Case Management, such as a lack of awareness of local needs/concerns or a lack of understanding of existing benefits.

|  |
| --- |
| 1. What specific steps would be taken to reduce these types of barriers?   Click or tap here to enter text. |

1. REQUIRED ACTIVITIES

The service category is defined as follows:

**Case Management**: Assistance either in the form of access coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing, and coordinating services among providers, and providing follow-up and reassessment, as required.

**Unit: One hour**

1. How many hours would be provided in the first year of the contract cycle (state fiscal year 2025-26)

|  |  |
| --- | --- |
| **County** | **Total Number of Hours** |
| Nevada |  |
| Placer |  |
| Sacramento |  |
| Sierra |  |
| Sutter |  |
| Yolo |  |
| Yuba |  |

1. ALLOWABLE ACTIVITIES

**Assessment**

Complete an assessment of the client’s needs and ability to remain independent. Assessments to include but not limited to:

* Physical, health, living conditions, general health, support network, fall risk, cognition, housing, transportation and nutritional status.

**Service/Action Plan for Case Management**

Develop and implement a service/action plan with the client that establishes the individual needs and goals for case management.

**Case Monitoring**

Periodic reassessment and revision of the status of the client’s needed services or resources.

1. PROHIBITED ACTIVITIES

Case Managers may not provide “hands-on” assistance to clients such as transportation or in-home care because those must be funded through separate service categories.

1. GEOGRAPHIC SERVICE AREA

Applicants may propose providing services to all eligible residents of a county or to residents of a designated portion of a county.

|  |
| --- |
| 205. Describe the geographic area that clients must reside within to receive services (e.g., Yolo County), and list the major cities, towns and places that fall within that area (e.g., Davis, Woodland, Winters and West Sacramento).  Click or tap here to enter text. |

1. SERVICE COORDINATION

Applicants are strongly encouraged to formally partner/subcontract with other organizations for the provision of OAA services (in whole or in part) if doing so would: be mutually beneficial; avoid unnecessary duplication of effort; and/or, enhance services.

|  |
| --- |
| 206. Does the Applicant propose to formally partner/subcontract with another organization?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)  > If Yes, what is the name of the other organization(s) and what OAA services would they provide? NOTE: If yes, a Letter of Commitment from the Applicant’s partner/subcontractor must be submitted with the proposal.  Click or tap here to enter text. |

Funded Partners shall coordinate with other organizations as appropriate.

|  |
| --- |
| 207. Please list other organizations with whom you have coordinated.  Click or tap here to enter text. |

1. CIENT ELIGIBILITY

Services funded under this Service Category shall be available to older adults who reside within the county being served and to their unpaid caregivers.

1. CLIENT PRIORITITATION

Funded Partners are required to have a written prioritization plan.

1. CLIENT WAIT LISTS & TIME LIMITS

Funded Partners are NOT required to have a wait list procedure. If a Funded Partner chooses to open a Wait List, then AAA4 approval of a written, Wait List procedure is required.

Case Management is NOT classified as a time-limited service. Individual clients may continue receiving services from one state fiscal year to the next.

1. SERVICE REFERRALS

Clients shall be referred to services provided by other organizations as appropriate.

|  |
| --- |
| 208. What method would be used to determine if individuals are successfully “connecting” with the programs and services to which they are most frequently referred?  Click or tap here to enter text. |

1. UNIQUE PROGRAM STADARDS

All services should be designed to meet the particular physical, psychological, and economic needs of the families served. All new clients shall be assessed prior to any other services being provided (such as Case Management).

1. SPECIAL RIGHTS & RESTRICTIONS

*{Not Applicable}*

1. SPECIFIED LEGAL REFERENCES

*{Not Applicable}*

1. **THE SERVICE PLAN**

|  |  |
| --- | --- |
| Service Goals | 301. What overarching goals has the Applicant Organization set for the proposed program to achieve?  Click or tap here to enter text.  302. In what specific ways is the community expected to benefit from the proposed program, including the clients themselves, clients’ households, and clients’ Outreaching family/friends/neighbors?  Click or tap here to enter text.  303. How will the local Aging Services Network benefit from the proposed program?  Click or tap here to enter text. |
| Outreach | 304. Whom is the proposed program’s primary audience? Summarize their unique set of characteristics or circumstances.  Click or tap here to enter text.  305. Within your primary audience, roughly what percentage (from 0% to 100%) would you expect to fall into each of these potentially underserved categories below. [If a category is not eligible or not appropriate based on the Program Parameters information above, then simply write Not Applicable (N/A).]. [Enter a number.]   * Live at or below the Federal Poverty Level = % * Self-identify as:   + Asian = %   + Black or African American = %   + Hispanic or Latino = %   + Native American = %   + Pacific Islander = %   + White/Caucasian = % * Have language barriers communicating in English = % * Self-identify as Lesbian, Gay, Bisexual, Transgender or Questioning/Queer (LGBTQ) = % * Live in a remote rural area = % * Have dementia = % * Have a disability = % * Are experiencing hunger = % * Are experiencing homelessness = % |
| Outreach (cont.) | 306. What specific methods would be used to reach which underserved individuals (from the previous question)?  Click or tap here to enter text.  307. If applicable, briefly discuss categories of underserved individuals who seem unlikely to participate in the proposed program regardless of how much outreach is done (e.g., older Russian-speakers who have recently come to the United States generally do not like the type of “American” food that is served by Meals on Wheels programs).  Click or tap here to enter text. |
| Resources | 308. What key resources are needed to provide the proposed service (e.g., equipment, tools, products, personnel, etc.).  Click or tap here to enter text. |
| Delivery of Services | 309. Briefly describe the basic service plan, or service model, the proposed program will follow.  Click or tap here to enter text.  310. Why was this service plan/model originally chosen for your proposed program?  Click or tap here to enter text.  311. Can this service plan/model be scaled up and down easily to serve substantially more or less clients?  Click or tap here to enter text.  312. How is your service model adaptable to unforeseen events (i.e., sudden cost increases, staffing change, emergencies, etc.)?  Click or tap here to enter text.  313. Briefly explain how prospective clients will be screened, assessed, and prioritized?  Click or tap here to enter text. |

|  |  |
| --- | --- |
| Delivery of Services (cont.) | 314. How will individuals’ food security be evaluated?  Click or tap here to enter text.  315. How will individuals’ housing security be evaluated?  Click or tap here to enter text.  316. What specific personal choices will each prospective client be allowed to make about how services are provided to them?  Click or tap here to enter text. |
| Data | 317. How will the proposed program collect and track the number of service units that are provided on any given day, month, quarter and fiscal year?  Click or tap here to enter text.  318. How will the proposed program collect and track the number of unduplicated clients who are served on any given day, month, quarter and fiscal year?  Click or tap here to enter text. |
| Service Outcomes | 319. What specific tangible and/or intangible outcomes will be measured with respect to:   1. serving individual clients, clients’ households, and clients’ outreaching family/friends/neighbors;   Click or tap here to enter text.  ii) benefiting the local Aging Services Network; and,  Click or tap here to enter text.  iii) connecting clients with other appropriate resources?  Click or tap here to enter text. |
| Evaluation | 322. During the fiscal year, what specific methods will be used to evaluate the effectiveness of the proposed program based on input from clients, staff, volunteers and any pertinent third parties?  Click or tap here to enter text.   1. At the end of each fiscal year, what additional methods will be used to evaluate the effectiveness of the proposed program based on final figures, results or impacts?   Click or tap here to enter text.   1. What processes are in place to directly link evaluation findings to improvements in the proposed program?   Click or tap here to enter text. |

1. **MANAGEMENT & STAFFING**

|  |  |
| --- | --- |
| Human Resources | 1. Would your organization need to acquire new or additional staff and/or volunteers to be able to begin fully providing the proposed service during state fiscal year 2024-25?   **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)   * + If yes, what positions would need to be filled and, for each, at how many FTEs (full-time equivalents based on a 40-hour work week)?   Click or tap here to enter text.   1. During state fiscal year 2024-25, what major variations, if any, do you predict will happen in the demand for the proposed services? In the supply of resources for the proposed services?   Click or tap here to enter text. |
| Volunteers | 1. Would the proposed program use volunteers?   **YES**   **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)  If so, how many and in what roles?  Click or tap here to enter text. |
| Hiring and Retention | 1. What minimum qualifications (education and work experience) are required of the person who will have the most direct, day-to-day oversight of the proposed program, and what is their job title?   Click or tap here to enter text.   1. What minimum qualifications (education and work experience) are required of the person(s) who will have direct contact with clients?   Click or tap here to enter text.  406. How long do staff and volunteers typically stay with the Applicant Organization, and what are the most common reasons they leave?  Click or tap here to enter text.  407. Are wages and benefits comparable to those of similar organizations in the service area, and how have you made that determination?  Click or tap here to enter text. |
| Review and Recognition | 408. When was the last time a staff member or volunteer was openly recognized by your organization’s leadership for outstanding work performance, and for what accomplishment(s) were they recognized?  Click or tap here to enter text. |
| Training and Outreach | 409. What specific training, if any, do staff and volunteers receive about other local programs that serve the same target population?  Click or tap here to enter text.  410. What specific training, if any, do staff and volunteers receive about encouraging each individual client to make personal choices that direct how services are provided to them?  Click or tap here to enter text.    411. What specific training, if any, do staff and volunteers receive about food security?  Click or tap here to enter text.  412. What specific training, if any, do staff and volunteers receive about housing security?  Click or tap here to enter text. |
| Data Security | 413. Does your organization already meet AAA4’s Data Security requirements for Funded Partners?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org) |
| Mandated Reporters | 414. What source(s) does the organization currently use for conducting Mandated Reporter training for staff and volunteers?  Click or tap here to enter text. |
| Disaster Preparedness | 415. What source(s) does the organization currently use for conducting workplace safety training for staff and volunteers, including disaster response?  Click or tap here to enter text. |

1. **ASSETS, REVENUE & EXPENDITURES**
2. **PROPOSED PROGRAM RESOURCES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AAA4 Funds Requested (A)** | **Program Match\*** | | **Program Non-Match\*\*** | | **Total Program Resources (D)** |
| **Cash (B)** | **In-Kind (C)** | **Cash** | **In-Kind** |
| $ | $ | $ | $ | $ | $ |

\*Federal regulations require that OAA funds be matched at the local level. Match may be in the form of either cash or in-kind. Third Party In-Kind services must be accounted for equally as both resources and costs. The fair market value of Third Party In-Kind services and supplies must be used. The value of donated goods and services is not reimbursable either as a direct or an indirect cost.

Title III-B: Minimum Required Match = (A + B + C) multiplied by 10%

To calculate the Minimum Required Match, simply multiply (A) by 0.111111

For Example: An AAA4 Award of $90,000 would have a Minimum Required Match of 90,000 times 0.111111 = 9,999.99 which, roundest to the nearest dollar, is $10,000 even.

\*\*Non-match (also be known as over-match) is additional resources an Applicant intends to voluntarily contribute to the program.

1. **PROPOSED PROGRAM COSTS AND EXPLANATIONS**

|  |  |  |
| --- | --- | --- |
| **Cost Categories 1** | **Amount** | **Explanation of how funds will be used** |
| Personnel – Paid & In-Kind | $ | Click or tap here to enter text. |
| Travel & Training | $ | Click or tap here to enter text. |
| Non-Expendable Equipment 2 | $ | Click or tap here to enter text. |
| Consultants | $ | Click or tap here to enter text. |
| Audit 3 | $ | Click or tap here to enter text. |
| Insurance 4 | $ | Click or tap here to enter text. |
| Other Costs 5 | $ | Click or tap here to enter text. |
| Nutrition/Food6 | $ | Click or tap here to enter text. |
| Indirect Costs 7 | $ | Click or tap here to enter text. |
| **Total Program Costs (E)** | $ | **Total Program Costs (E) must = Total Program Resources (D).** |

Footnotes

1 These Cost Categories will be further broken down on the Program Budget Form that will be completed by the Contracted Funded Partner. Additional documentation may be required at that time.

2 Prior to a Contracted Funded Partner’s purchase of any Non-Expendable Equipment with a per unit cost of $5,000 or more, AAA4 must obtain approval from CDA.

3 Indicate the cost of auditing services performed by an outside contractor. Note: Only those Funded Partners required to submit a Single Audit in accordance with 45 CFR 75.514 (with total Federal Funding expended of $750,000 or more) can include a portion of their audit cost.

4 Contracted Funded Partners of AAA4 must carry insurance policies for General Commercial Liability, Automobile Liability, Professional Liability/Errors and Omissions, Fidelity Bond/Crime Coverage, Business Personal Property/Business Contents/All Risk Property, and Workers Compensation. The cost for Workers Compensation is not included under Insurance since it is included under Paid Personnel.

5 Other Costs may include the following: Building Rent, Utilities, Office Expense, Vehicle Operations & Maintenance, Outside Services, Accounting, Volunteer Expense, Subcontracted Direct Service Costs, and Miscellaneous Costs.

6 For Title III-C Nutrition Providers only.

7 Contracted Funded partners requesting reimbursement for Indirect Costs must submit a copy of an approved indirect cost rate or allocation plan. The maximum reimbursement for Indirect Costs shall not exceed 10% of Contracted Funded Partner's direct costs. Costs listed as indirect cannot also be listed as direct charges.

1. **TERMS AND CONDITIONS**

It is understood and agreed by the applicant organization that funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of AAA4, the California Department of Aging, and/or the Office of the State Long- Term Care Ombudsman, and the Administration on Aging: U.S. Department of Health and Human Services.

The applicant organization further understands that upon the final resolution of this RFP, the entire contents of this proposal are subject to the Public Records Act and shall be furnished to third parties upon formal request unless the applicant organization notifies AAA4 in advance and in writing to request that specified proprietary elements be redacted.

See General Application for Signature.

|  |  |
| --- | --- |
| Fiscal Sustainability | 501. Is your organization fiscally sound, and how did you make that determination?  Click or tap here to enter text. |
| Assets | 502. Does your organization need to acquire any major assets (valued at $5,000 or more) to be able to fully provide the proposed service?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org) |
| Revenue | 503. What percentage of the Total Program Resources (above) is comprised of the requested AAA4 Award?  Click or tap here to enter text.   * If not awarded any funds under this RFP, would some form of the proposed service be provided anyway?   Click or tap here to enter text.  504. What measures would be taken to assure client contributions are voluntary and anonymous? What measures would be taken to assure client contributions are being collected and accounted for properly?  Click or tap here to enter text.  505. Is this proposal contingent upon receipt of a grant from another source?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)   * If yes, when will your receipt of said grant be determined?   Click or tap here to enter text.   * If said grant is not awarded, how would this proposal need to be altered to remain viable?   Click or tap here to enter text. |
| Expenditures | *[Skip to the next question.]* |

**6. OVERALL SERVICE COST & VALUE**

1. ANNUAL SERVICES COSTS

**Total Cost/Unit of Service**

The cost per unit represents an estimation, on average, of how much money the Applicant proposes to commit to the program to be able to provide one unit of service to a typical client. It will be a dollar figure, and it shall be calculated by dividing the Total Program Resources by the Estimated Total Service Units.

601. Show the Total Cost/Unit of Service

*Example: $100,000 Total Program Resources ÷ 2,500 total case management hours = $40.00/ case management hour*

|  |  |  |
| --- | --- | --- |
| $      Total Program Resources ÷ | total case management hours = | $      /case management hour |

**AAA4 Cost/Unit of Service**

The cost per unit to AAA4 represents an estimation, on average, of what the hypothetical “price” of one unit of service for a typical client would be if AAA4 were to “buy” all of the Estimated Total Service Units in advance (please note AAA4 does NOT pay Funded Partners for services rendered in advance and does NOT make payment based on set rates for units). It will be a dollar figure, and it shall be calculated by dividing the AAA4 Funds Requested by the Estimated Total Service Units.

602. Show the AAA4 Cost/Unit of Service

*Example: $90,000 AAA4 Funds Requested ÷ 2,500 total case management hours = $36.00/case management hour*

|  |  |  |
| --- | --- | --- |
| $      AAA4 Funds Requested ÷ | total case management hours = | $      /case management hour |

1. ANNUAL ESTIMATED SERVICE VALUE

**Direct Savings/Client/Year**

The direct savings per client represents an estimation, on average, of how much money a typical client saves over the course of a fiscal year because they received the proposed service. It will be a dollar figure, and it shall be calculated by multiplying the average number of units each client receives by the market value of the same unit (or a similar unit) had they been purchased out-of-pocket by the client.

603. Show the Direct Savings/Client/Year

*Example:*

*2,500 case management hours ÷ 250 unduplicated clients/year = 10 case management hours/client/year,*

*10 case management hours/client/year x $36/placement agency = $360/client/year*

|  |  |  |
| --- | --- | --- |
| case management hours ÷ | unduplicated clients/year = | case management hours/client/year, |

|  |  |  |
| --- | --- | --- |
| case management hours/client/year x | $      /private home care agency = | $      /client/year |

**Indirect Savings/Client to the Long-Term Care System**

The indirect savings to the local LTC system represents an estimation, on average, of the costs of any alternative public LTC resources that most likely would have been expended on behalf of a typical client but were avoided because the individual received the proposed service. It will be a dollar figure, and it shall be calculated by first multiplying the average number of units each client receives by the Total Cost/Unit of Service, then subtracting that figure from the total value of the alternative costs that were avoided.

604. Show the Indirect Saving/Client to the Long-Term Care System

*Example:*

*IF 10 Support hours/client/year x $40.00/hour via Applicant = $400/client/year,*

*AND*

*IF 10 Support hours/client/year x $50.00/hour via private provider = $500/client/year,*

*THEN*

*$500/client via private provider - $400/client via Applicant = $100/client to the LTC system*

IF

|  |  |  |
| --- | --- | --- |
| case management hours/client/year x | $      /hour via Applicant = | $      /client/year, |

AND IF

|  |  |  |
| --- | --- | --- |
| case management hours/client/year x | $      /hour via private provider = | $      /client/year, |

THEN

|  |  |  |
| --- | --- | --- |
| $      /client/year via private provider - | $      /client/year via Applicant = | $      /client to the LTC system |

1. RETURN ON INVESTMENT (ROI)

The ROI is a percentage that is calculated by subtracting the AAA4 Funds Requested from the Total Program Resources, then dividing that figure by the Total Program Resources. If an Applicant were proposing to contribute (or “match”) one dollar for every one AAA4 dollar requested, then the ROI would equal 100%. If the AAA4 Funds Requested made up more than half of the Total Program Resources, then the ROI would be below 100%. Conversely, if the AAA4 Funds Requested were less than half of the Total Program Resources, then the ROI would be above 100%.

605. Show the Return on Investment

*Example:*

*IF*

*$100,000 Total Program Resources - $90,000 AAA4 Funds = $10,000 difference,*

*THEN*

*$10,000 difference ÷ $100,000 Total Funds = 0.100 or 10.0% ROI*

IF

|  |  |  |
| --- | --- | --- |
| $      Total Program Resources - | $      AAA4 Funds = | $      difference, |

THEN

|  |  |  |
| --- | --- | --- |
| $      difference ÷ | $      Total Funds = | ROI (decimal or percent) |