AGENCY ON AGING AREA 4

Nevada | Placer | Sacramento | Sierra | Sutter | Yolo | Yuba Counties

# REQUEST FOR PROPOSALS

## Contract Cycle: State Fiscal Years 2027-29; Renewable for SFYs 2029-31

# HICAP APPLICATION

| | | | |
|---|---|---|---|
| **Name of Applicant Organization:** | | | |
| **Address, City, State, Zip code:** | | | |
| **Telephone Number:** | | **Type of Agency (As defined by I.R.S):** | |
| **Website:** | | | |

| | | | |
|---|---|---|---|
| **Primary Contact Person:** | | **Title:** | |
| **Email:** | | **Telephone:** | |

| Service Category | Service Area | Amount(s) Requested: |
|---|---|---|
| | | |
| | **Total Amount Requested:** | $ 0 |

It is understood and agreed by the Applicant Organization that funds awarded as a result of this request are to be expended for the purpose set forth herein and in accordance with all applicable law, regulations, policies and procedures of AAA4, the California Department of Aging, the Centers for Medicare & Medicaid Services (CMS) and the Administration on Aging: U.S. Department of Health and Human Services.

The Applicant Organization further understand that upon 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 specified proprietary elements be redacted**.**

**Name and Title of Applicant's authorized signatory:** _____

**Electronic Signature:** _____ **Date:** _____

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# HICAP APPLICATION

### A. PROPOSED PROGRAM RESOURCES

| AAA4 Funds Requested (A) | Program Match* | | Program Non-Match** | | Total Program Resources (D) |
|---|---|---|---|---|---|
| | Cash (B) | In-Kind (C) | Cash | In-Kind | |
| | N/A | N/A | | | $ 0 |

*Federal regulations require that OAA funds be matched at the local level. HICAP funds are not subject to match.

**Non-match (can also be known as over-match) are additional resources an Applicant intends to voluntarily contribute to the program, if applicable.

### B. PROPOSED PROGRAM COSTS AND EXPLANATIONS

| Cost Categories [1] | Amount | Explanation of how funds will be used |
|---|---|---|
| Personnel – Paid & In-Kind | | |
| Travel & Training | | |
| Non-Expendable Equipment [2] | | |
| Consultants | | |
| Audit [3] | | |
| Insurance [4] | | |
| Other Costs [5] | | |
| Nutrition/Food[6] | | |
| Indirect Costs [7] | | |
| **Total Program Costs (E)** | **$ 0** | **Total Program Costs (E) must = Total Program Resources (D).** |

# HICAP APPLICATION

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 $5000 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 applicable federal audit requirements (generally, entities expending $1,000,000 or more in Federal awards during the entity's fiscal year) may include a reasonable proportionate share of allowable Single Audit costs. See 2 CFR 200.425 and 200.501.

[4] Contracted Funded Partners of AAA4 must carry insurance policies for General Commercial Liability, Automobile Liability, Professional Liability/Errors and Omissions, 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] Meals may only be purchased with HICAP funds under certain circumstances. See sample HICAP contract for details.

[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 15% of Contracted Funded Partner's direct costs. Costs listed as indirect cannot also be listed as direct charges.

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# HICAP APPLICATION

### SCOPE OF SERVICE

HICAP Performance Measures (PMs) or benchmarks are established by the government and are based upon past performance and the known population of Medicare Beneficiaries living in each county. The PMs for fiscal year 2026-27 (which remain in effect until updated) are shown in the tables below.

| PSA 4 | Nevada | Placer | Sacramento | Sierra | Sutter | Yolo | Yuba |
|---|---|---|---|---|---|---|---|
| Clients Counseled 1.1 | 376 | 490 | 1,249 | 6 | 105 | 300 | 95 |
| Public and Media Events 1.2 | 6 | 10 | 30 | 1 | 1 | 9 | 1 |
| Client Contacts 2.1 | 676 | 1,373 | 2999 | 18 | 249 | 707 | 238 |
| Public and Media Outreach Contacts 2.2 | 171 | 868 | 2,287 | 4 | 206 | 692 | 42 |
| Medicare Beneficiaries Under 65 Contacts 2.3 | 51 | 140 | 446 | 1 | 34 | 70 | 34 |
| Enrollment Contacts 2.4 | 973 | 383 | 1,283 | 23 | 128 | 277 | 111 |
| Hard-to-Reach Contacts 2.5 | 934 | 1373 | 2,999 | 18 | 249 | 707 | 238 |

| PSA 11 | San Joaquin |
|---|---|
| Clients Counseled | 333 |
| Public and Media Events | 12 |
| Client Contacts | 1,116 |
| Public and Media Outreach Contacts | 590 |
| Medicare Beneficiaries Under 65 Contacts | 171 |
| Enrollment Contacts | 346 |
| Hard-to-Reach Contacts | 1,116 |

| PSA 29 | El Dorado |
|---|---|
| Clients Counseled | 921 |
| Public and Media Events | 7 |
| Client Contacts | 1,095 |
| Public and Media Outreach Contacts | 284 |
| Medicare Beneficiaries Under 65 Contacts | 80 |
| Enrollment Contacts | 377 |
| Hard-to-Reach Contacts | 1,513 |

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# REQUEST FOR PROPOSALS

**Contract Cycle: State Fiscal Years 2027-29; Renewable for SFYs 2029-31**

## HICAP APPLICATION

### I. APPLICANT ORGANIZATION'S LEADERSHIP EXPERIENCE

As summarized in Section 3, Part I, describe the relevant experience of the Applicant organization's Leadership and Administration, including but not limited to organizational leadership and readiness to begin providing the proposed service on April 1.

### II. COMPATIBILITY WITH AAA4's RFP OBJECTIVES

As described in the first three pages of Section 3, AAA4 is seeking partners who value compatibility with our mission and our expectations of upholding, preserving and restoring personal autonomy to Older Adults. Describe how the proposed service addresses: 1) Mission-Based Efforts, 2) Equity and Inclusion, 3) Person-Centered Approaches, 4) Rapid Adaptability, 5) Food Security, and 6) Housing Security.

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# REQUEST FOR PROPOSALS

## Contract Cycle: State Fiscal Years 2027-29; Renewable for SFYs 2029-31

# HICAP APPLICATION

### III. QUALITY OF THE SERVICE PLAN

As summarized in the HICAP Program Specifications and Standards, describe how the proposed service will do the following, placing emphasis on the underlined words:

1. Serve as a source of impartial educational information on health insurance and related plans.

2. Ensure an integrated referral system for HICAP clients.

# HICAP APPLICATION

3. Reach out to under-served and hard-to-serve populations.

4. Assist low-income Medicare beneficiaries to access key benefits.

5. Help rural residents enroll in Part D.

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## HICAP APPLICATION

**Please complete the table below.**

| Proposed HICAP Legal Services: April 1, 2027, through March 31, 2028 | | | | |
|---|---|---|---|---|
| **PSA #** | **County** | **Legal Clients Represented** | **Legal Representation Hours** | **Legal Consultation Hours** |
| PSA 4 | Nevada | | | |
| | Placer | | | |
| | Sacramento | | | |
| | Sierra | | | |
| | Sutter | | | |
| | Yolo | | | |
| | Yuba | | | |
| PSA 11 | San Joaquin | | | |
| PSA 4 | El Dorado | | | |

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## HICAP APPLICATION

### IV. QUALIFICATIONS OF THE APPLICANT'S PERSONNEL

As summarized in Section 3, Part IV and in the HICAP Program Specifications and Standards, describe the Applicant organization's management and staffing skills, and oversight of the delivery of the proposed service.

### V. ADEQUACY OF THE APPLICANT'S ASSETS AND RESOURCES

As summarized in Section 3, Part V, describe the Capital, Revenue and Expenditures of the proposed service, including but not limited to a fiscal sustainability plan, opportunities for client contributions, physical facilities, and overall Applicant organization's fiscal health.

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### VI. COST EFFECTIVENESS OF THE PROPOSED PROGRAM

Describe the Annual Service Costs (Total Cost/Unit of Service, and AAA4 Cost/Unit of Service); Annual Estimated Service Value (Direct Savings/Client/Year, and Indirect Savings/Client to the Long-Term Care System; and Return on Investment (ROI). Show the calculations used. *Refer to Section 4 of the HICAP Program Specification & Application.*

| **Annual Service Costs** | |
|---|---|
| Total Cost/Unit of Service: | |
| AAA4 Cost/Unit of Service: | |
| | |
| **Annual Estimated Service Value** | |
| Direct Savings/Client/Year: | |
| Indirect Savings/Client to the Long-Term Care System: | |
| Return on Investment (ROI): | |

### SUMMARY

Provide a concise short summary of the key elements that have already been stated in the proposal. Do not provide new information in this summary. Please note that this information will be used to provide a brief description of the proposed activities; it <u>will not be rated</u> during the evaluation process.

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# HICAP APPLICATION

### PROPOSAL ATTACHEMENT CHECKLIST

The following documents must be submitted as attachments to the application. Attach an explanation of any item(s) not attached. "On file with AAA4" is not an acceptable response.

Label each item, with corresponding letter identification:
*If sending scanned documents, please label on the upper right corner.

A. Organization Chart for the applicant organization
☐ Attached ☐ Not Applicable
B. Organizational Chart showing staffing for the proposed service only*
☐ Attached ☐ Not Applicable
C. Audit documents:
C1. Most recent independent Auditor's Letter
☐ Attached ☐ Not Applicable
C2. Most recent Balance Sheet or Statement of Net Position
☐ Attached ☐ Not Applicable
C3. Most recent Statement of Cash Flows
☐ Attached ☐ Not Applicable
C4. Most recent Income Statement; Statement of Revenues and Expense; or Profit and Loss Statement
☐ Attached ☐ Not Applicable
D. Letters of commitment if subcontracting with outside organizations to provide key elements of the program
☐ Attached ☐ Not Applicable
E. Proof of corporate status** and IRS 501(c)(3) letter (is nonprofit)
☐ Attached ☐ Not Applicable

*As an attachment, provide an Organizational Chart that only reflects staff and volunteer positions that would be supported with the total Program Resources. The chart must illustrate: a) The relationship of the proposed service with in the larger organizational structure; b) Position title for each position within the proposed service; and c) Amount of time worked for each position shown as a percent, based on a 40-hour work week.

**Not required for public agencies (units of local government)

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**PROGRAM RECORDS CHECKLIST**

Documents listed below must be available at the Applicant Organization's main officefor review by AAA4 upon request.

DO NOT SUBMIT THESE DOCUMENTS:

1. Articles of Incorporation
2. Agency bylaws
3. Agency personnel policies/procedures
4. Affirmative Action plan/policy (for organizations with 15 or more employees)
5. Lease/rental agreements
6. Inventory of nonexpendable equipment and vehicles
7. Agency procurement standards in purchasing goods over $10,000
8. Evidence of insurance coverage to include:
    a. General Liability
    b. Auto Liability
    c. Workers' Compensation
    d. Errors & Omissions

    Evidence should be in the form of a Certificate of Liability or statement of self-insurance. If insurance is not in effect now, request a quote/binder effective April 1, 2027. AAA4 is not responsible for any expenses incurred.