Area Agency on Aging 3
Integrity. Independence. Quality of Life.

Title III-D

Older Americans Act:
Disease Prevention and Health Promotion Service

2021 Request for Proposal
For Contracting Period January 1, 2021 – December 31, 2021

Area Agency on Aging 3
2423 Allentown Rd
Lima, Ohio 45805
Phone: 419-222-7723
Web: www.aaa3.org

Serving the counties of:
Allen, Auglaize, Hancock, Hardin, Mercer, Putnam and Van Wert

Originally publicized: September 8, 2020
Requests for Proposals are due by 12:00 pm on October 16, 2020
No proposals will be accepted after this time.

Applicants will be notified in writing of approval or denial of program funding by Friday, October 30, 2020.

For More Information Contact:
Mary Steele, SWA
Director of Compliance and Oversight
E-Mail: providercert@psa3.org

DISEASE PREVENTION AND HEALTH PROMOTION SERVICES

Title III-D of the Older Americans Act was established in 1987. It provides funding for education and implementation activities that support healthy lifestyles and promote healthy behaviors. Health Education reduces the need for more costly medical interventions. Priority is given to serving elders living in medically underserved areas or who are of greatest economic need.

The purpose of the Disease Prevention and Health Promotion Service programs is to improve the quality of life for older adults and prevent premature institutionalization by maintaining and/or improving health status, reducing risk factors associated with illness, disability, or disease, delaying the onset of disease, preserving functional abilities, managing chronic diseases, managing over the counter and prescription medications.

INTRODUCTION

In accordance with the Older American's Act of 1965 and Regulations thereto, the Area Agency on Aging 3 (AAA3) is the designated agency serving the Ohio Counties of Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, and Van Wert. AAA3 is responsible for administering federal and state funded programs and services for individuals aged 60 and older within the designated service as noted above. Older Americans Act Programs and Services are designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

While the aging network has moved towards evidence-based disease prevention and health promotion programs for the past several years, the Fiscal Year - 2012 Congressional Appropriations now require that Older American's Act Title III-D funding be used only for programs and activities which have been demonstrated to be evidence based.

SERVICE PRIORITY

Services are targeted to those older individuals (age 60 and over) who reside in rural areas, have the greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas), who have the greatest social need, who have severe disabilities, who have limited English proficiency, individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals), and individuals at risk for institutional placement.

GEOGRAPHIC REGION

The Older Americans Act requires AAA3 to set specific objectives for providing services to older individuals (age 60 and over) with the greatest need. For this service that includes medically underserved, economic need, and the minority population in Allen, Auglaize, Hancock, Hardin, Mercer, Putnam and Van Wert counties.

MEDICALLY UNDERSERVED AREAS

Medically Underserved Areas (MUA) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. Those areas include (as set by Health Resources and Services Administration under the U.S. Department of Health and Human Services):

Allen County
- Southside Lima (CT 0134, CT0136, CT0137,CT0138)
- North Lima (CT0110, CT0112, CT0122, CT0124, CT0141)

Hardin County
- Buck (MCD09848)
- Dudley (MCD 22736)
- Goshen(MCD 1024)
- Lynn (MCD 45598)
- Pleasant township (MCD 63282)
- Hale township (MCD 32837)
- Roundhead township (MCD 32837)

Putnam County
- Putnam Service Area (02624)

Van Wert County
- Low income Van Wert County municipality (07731)

REPORTING REQUIREMENTS

Provider will submit invoices through AAA3 approved billing system.

PROGRAM INCOME AND CONSUMER CONTRIBUTIONS

Older Americans Act, Section 344, states that funds may not be used to supplant or replace other sources of funds (maintenance of effort). This means that existing services similar to those proposed in the Older Americans Act application must be maintained through other sources of funds.

Cost-sharing by the consumer receiving services under Title III is allowed and encouraged, however project income should not be collected by the Provider. Any consumer attempting to cost share for services should be redirected to the Agency.

PROVIDER PROPOSAL REVIEW CRITERIA

Under 45 C.F.R. 74.43 or 45 C.F.R. 92.36, when procuring a service that is reimbursed with Older Americans Act funds, AAA3 shall select the provider by using a competitive bidding process that offers to the maximum extent practical, open and free competition. To assure compliance with this rule, AAA3 has developed a competitive bidding process, where as one provider will be selected to provide services to consumers.

Submitted Provider Proposals will be scored utilizing the attached service specific addendum A. AAA3 staff will score all submitted proposals, and the following steps will be taken:

Due to COVID-19 emergency protocols in effect, proposals received will be reviewed with the AAA3 Board of Trustees, with a final decision made regarding proposals to be awarded contracts.

AAA3 staff will notify providers who submitted proposals, whether they were awarded contracts or denied.

AAA 3 will not enter into a provider agreement with any provider that the System for Award Management (SAM) database lists as excluded or disqualified from agreements involving federal fund. All providers will be required to furnish a copy of a database check as a part of the required elements for your organization's proposal. The database can be accessed by the general public for free on www.sam.gov.

USE OF FUNDING AND GRANT PERIOD

The Administration on Aging uses a graduated or tiered set of criteria for defining evidence-based interventions implemented through the Older Americans Act. Based on the history of the program and the degree of change needed to transition to the optimal-level of evidence-based implementation, each program will need to be assessed based on the following criteria. The goal is for all Title III-D activities to move toward the highest-level criteria. The Area Agency on Aging 3 has implemented Health Education programs that meet the highest-level criteria. It is our intent to fund those programs within our seven county service area, and maintain that optimal level of evidence based implementation.

Programs to be sustained include:

A Matter of Balance
Chronic Disease Self-Management Program
Chronic Pain Self-Management Program
Diabetes Self-Management Program
Moving for Better Balance: Tai Ji Quan

Programs to meet the following criteria:

Highest-level Criteria
Undergone Experimental or Quasi-Experimental Design; and
Level at which full translation has occurred in a community site; and
Level at which dissemination products have been developed and are available to the public.

Funds will be available January 1, 2021 through December 31, 2021. Funding is approximately $25,000 per program year. In the event funding availability changes, the Area Agency on Aging 3 may amend any funding award to reflect such changes.

REQUIRED ELEMENTS FOR YOUR ORGANIZATION'S PROPOSAL

A. SERVICE DESCRIPTION

1. Describe your organization's purpose, mission, and operation and submit primary contact, business address, telephone number and e-mail address

    i. Define your organization's service and include a description of Health Education Programs. Are you currently providing these programs?

    ii. If yes, please include a narrative overview of programming including number of participants and measurable outcomes. If no, please describe how you plan to provide the service your organization is applying for.

2. An explanation of how your agency or organization intends to comply with 45 U.S.C. 3026 (B), in providing services to the populations identified under Service Priorities on page 2 of the RFP.

3. Please include the following:
    a. Specify how your agency intends to satisfy those persons' service needs;
    b. How your agency will provide services to those persons; and
    c. How your agency will meet AAA 3's specific objective for providing services to those persons.

4. Describe your organization's staff that will be providing Health Education Programs throughout the seven-county service area. Include their background, training and/or credentialing.

    a. Are they employees of your agency or participating through a cooperative relationship with another agency?
    b. A requirement of the grant is for the provider agency to have current staff trained in all six areas of the above listed Health Education Programs and one staff person trained as a Master Trainer.

5. Submit a schedule of Health Education Programs (for the contracting period), with proposed sites to conduct sessions, expected number of participants, and anticipated cost per session and cost per participant.

6. Discuss your agencies ability to serve the entire seven county region of AAA 3 which includes Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, and Van Wert counties.

7. Describe any barriers your organization has in serving any part of the county.

8. Identify any cooperative relationships fostered to increase or expand the services.

B. ORGANIZATIONAL INFORMATION

1. Submit documentation that your organization is currently registered with the secretary of state as a nonprofit organization, association, or trust, a co-operative, or, a for-profit business, limited liability company, limited partnership, or partnership having limited liability.

2. Submit a written statement of agreement to comply with nondiscrimination laws, federal wage and hour laws, and workers' compensation laws in the recruitment and employment of individuals.

3. Submit Evidence of Insurance Coverage
    a. Evidence of at least one million dollars of commercial liability insurance coverage
    b. Evidence of insurance coverage for consumer loss due to theft or property damage
        i. A written procedure describing the step-by-step instructions a consumer may follow to file a claim.

4. Please attach a copy of the required SAM database check.

UNIT COST FOR SERVICE

Your unit cost should be broken down in the following manner: Cost per participant
Cost per scheduled program. Provider is required to provide a 25% cash or in-kind match.

PROPOSAL SUBMISSION

Proposals shall be submitted by e-mail to providercert@psa3.org. Service Narrative and Organizational Information should be included as attachments to the original document.

Proposal deadline is 12:00 PM on October 16, 2020.

All proposals received will receive a Proposal Receipt Notice indicating that AAA 3 has received your proposal and the date/time received.

Any proposals received after the deadline, will be sent a proposal receipt notice indicating the applicant had missed the deadline, and would not be considered for the funds offered.

Please direct any questions to the following mailbox: providercert@psa3.org

Provider Proposal Scoring Sheet
Appendix A: Disease Prevention and Health Promotion

Category	Points Available	Scoring Methodology	Points Awarded
Complete Proposal	10	*10=complete* *0 = incomplete*	
Unit Cost	15	*15 = lowest cost/participant* *13= 2nd lowest cost* *10=3rd lowest cost* *8 = 4th lowest cost* *5 = 5th lowest cost* *3 = 6th lowest cost* *1 = 7th lowest cost*	
Matching funds	10	*10 = 25% matching funds or more* *5 = Less than 25% matching funds* *0 = not able to match funds.*	
Certified trainers and master trainers	15	*15 = at time of proposal provider has lay trainers and master trainers* *10 = at time of proposal has master trainer only* *5 = at time of proposal has lay trainers but no master trainer 0 = no lay trainers or master trainer*	
Able to provide training in all programs identified	10	*10 = evidence of training programs in all 6 areas* *6 = evidence of training programs in at least 3 or more areas 4 = evidence of training programs in 3 or less areas* *0 = no evidence of training programs in any designate areas.*	
Coverage Area	10	*10 = all 7 counties*	
TOTALS	**70**		