## Maryland Department of Aging (MDoA)

# **Community for Life<sup>™\*</sup>**

## Request for Proposals (RFP)

This document contains a 1) **Description** of the Community for Life<sup>™</sup> program and 2) a **Grant Agreement Materials Outline**. Please familiarize yourself with the Grant Agreement Materials Outline that will be needed if your initial proposal goes forward. It does <u>not</u> need to be completed or submitted with your initial proposal.

## 1) **DESCRIPTION**

**Purpose**: The Maryland Department of Aging (MDoA) is developing the Community for Life<sup>sM</sup> program to help Maryland's seniors age in place, healthy and engaged. MDoA aims to enhance availability of key services and supports that help Maryland seniors cope with the predictable problems of aging without further burdening their caregivers, exhausting their financial resources or increasing the likelihood that they must leave home for more intensive and more expensive settings, such as assisted living or long term care. In the process, Community for Life<sup>sM</sup> would help seniors avert health costs for themselves, Medicare and Medicaid and allow them to support themselves throughout their lives and to assist their children and grandchildren. (Announcement links at the end.)

**The Program**: MDoA seeks sustainable service models that will not depend, for their continuation, on the ongoing availability of grant funding from the State of Maryland. To this end, MDoA is seeking providers who propose to establish programs that deliver a standardized package of non-medical supportive services within their service area to membership-fee-paying voluntary members, and potentially with arrangements for those unable to pay the full membership fee. Services should be directed to enrollees living in their homes in a geographically-defined community. Proposal design should center on specification and justification for a set of services and a specific service demographic that is *preponderantly* 65 or over without income qualification. MDoA intends that programs be implemented rapidly and MDoA is ready to provide assistance at every stage to help applicants move quickly.

**Provisos**: A limited amount of MDoA funding may be available for Community for Life<sup>™</sup> program development and startup. Providers must expect to support a substantial portion of their proposal from other sources.

#### Features of the Program

MDoA invites and expects suggestions and critique from Community for Life<sup>™</sup> partners. The Community for Life<sup>™</sup> program is at its beginning. At this time, MDoA expects all Community for Life<sup>™</sup> programs to include a common core of features. But we also expect that, to meet local needs and take advantage of available resources, a Community for Life<sup>™</sup> may customize a feature or may include additional unique features. The following reflects our best guidance on features to date.

#### Credible and Trustworthy

An overarching goal of Community for Life<sup>™</sup> is that seniors have trustworthy partners in the face of endemic attempts at exploitation and fraud against them. Community for Life<sup>™</sup> will promote a virtuous circle of trust and health. Community for Life<sup>™</sup> is intended as a brand that will inspire trust by seniors and support the enrollment efforts of partners. Partner providers will have the privilege of calling their program a Maryland Community for Life<sup>™</sup>. Eventually, and with consideration for the experience of our Community for Life<sup>™</sup> partners, MDoA plans to formalize the definition of the Community for Life<sup>™</sup> core features and limit participation.

#### A Basket of Services

The required services selected below are intended to be those which have the broadest potential to enable a wide range of activities that maintain life and satisfaction in the home, but also reduce home-based isolation and vulnerability. MDoA expects partners to refine or add to their services based on their own research into the needs of their service population and their organization's capabilities.

Required services – Following are the list of non-medical services required for a Community for Life<sup>s</sup>. Membership would entitle an enrollee to all of these services.

- Attentive Contact, Social and Service Navigation
- Maintenance and Home Safety: Limited Handyman Maintenance and a List of Vetted Contractors for Larger Home Projects with proposal review
- Transportation

Additional Services – These are examples that have been suggested but are not required. We expect other suggestions, any of which could be provided for an extra charge.

- A 24 hour-Nurse/Physician's Assistant, perhaps in cooperation with a local hospital or with the local Care Transformation Organization for the State's Primary Care Program (expected to roll out in 2018).
- Emergency Call Lanyard/Button
- Snow shoveling
- Etc.

#### Service Demographic

The intended service population is to be *preponderantly* 65 or over without income qualification. In some cases, an enrollee who meets this criteria may have a housemate who does not and MDoA expects partner providers will structure memberships to address this. It is expected that, in many cases, a family member or other member of an enrollee's support network may be the one paying for or requesting service.

#### **Geographic Boundary**

MDoA envisions that each Community for Life<sup>™</sup> will serve a defined geographic area. Approaches may differ between areas of different population density: high density may lend itself to a compact area, while low density may require a very large centrally-managed coverage area with some subdivisions. Initially, MDoA is seeking partners in diverse areas of the State to develop an understanding of how the Community for Life<sup>™</sup> model can be adapted to meet diverse needs and geographies.

#### Funding

Funding to sustain a CfL may come from membership fees, philanthropic contributions, fund raising activities and local government funding. A Community for Life<sup>™</sup> may also choose to offer additional services for additional cost either directly or through service partners.

#### **Cooperation among Community for Life™ Partners**

MDoA will require that Community for Life<sup>™</sup> partners cooperate with each other. Partners must agree to share information and work cooperatively to solve problems. MDoA will distribute partner contacts and organize partner events to stimulate communication.

#### **Data Sharing and Reporting**

Within appropriate privacy restrictions, research, planning and operational data on service population and services shall be shared promptly and on an on-going basis with the State. MDoA will develop data and reporting requirements. Of particular interest is to accumulate data to support conclusions about whether enrollees remain longer in their homes and require less Medicaid support.

#### **Tie-in with Other MDoA Initiatives**

MDoA is pursuing other initiatives which could be of help to the same demographics to be served by Community for Life<sup>™</sup>. MDoA will brief Community for Life<sup>™</sup> partners on these initiatives as they develop and ask for their input. MDoA will help Community for Life<sup>™</sup> partners understand how they may incorporate these initiatives into their Community for Life<sup>™</sup> program. These initiatives include Maryland's recently enacted automated calling program, "Senior Call Check Service and Notification Program", for which MDoA is designing an implementation.

#### **Changing the Narrative**

We would like to invite a dialogue among Community for Life<sup>™</sup> partners on creating new narratives for our "market", the population of older adults: for example, those that emphasize continued vitality and engagement over defense against morbidity and incapacity.

#### A Note about Continuing Care at Home

The Community for Life<sup>™</sup> concept is not intended to be a Continuing Care at Home (CCAH) as defined by Maryland Statutes.

All requirements to fully operate a Community for Life<sup>™</sup> program will be the responsibility of the Community for Life<sup>™</sup> partner.

#### Contact:

Hal Rogoff, Director, Innovation, Office of the Secretary, Maryland Department of Aging 301 West Preston Street, Suite 1007, Baltimore, MD 21201 Office: 410-767-1097// Cell: 202-236-6727 Email: harry.rogoff@maryland.gov

#### Program Announcement Link

http://www.aging.maryland.gov/Documents/News/Community For Life Grant Opportunities 12-6-2017.pdf

\*Community for Life is a service mark of the State of Maryland.

## 2) GRANT AGREEMENT MATERIALS OUTLINE Begins on the next page

Please familiarize yourself with the Grant Agreement Materials Outline that will be needed if your initial proposal goes forward. It does <u>not</u> need to be completed or submitted with your initial proposal.

### Maryland Department of Aging

## Community for Life<sup>™</sup>

as announced

## Grant Agreement Materials Outline

Applicant Name

**Employer/Taxpayer Number (EIN/TIN):** Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service

Contact Person		
Title		
Phone Numbe <u>r</u>		

Submit as attachments to this application the following materials:

**1. A Project Narrative:** A Project Narrative describes in detail the project and core services to be provided, including the goals and objectives, proposed activities, and anticipated outcomes. Please reference the Community for Life description in the Request for Proposals.

- Overall description of the program
- Timeline

Email Address

- Description and phasing of start-up activities. Please indicate at what point will be the go/no go decision and on what basis.
- Boundaries of your service area and initial ideas of market emphasis:
- A brief description of how you will deliver each of the core services

**2. A Project Management Plan:** A Project Management Plan describes the roles and responsibilities of project staff, consultants, and partner organizations, and how they will contribute to achieving the project's objectives and outcomes. It should specify who will have the day-to-day responsibility for key tasks such as leadership for the project, monitoring the project's

on-going progress, preparation of quarterly reports, and communication with other partners and the Maryland Department of Aging ("Department"). It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives. Please attach vitae of key personnel.

**3. Evaluation Protocols:** Evaluation Protocols describe the methods, techniques and tools that will be used to determine whether or not the anticipated outcomes have been accomplished and to document and report lessons learned from the project, both challenges and opportunities, which will be useful for replicating the program. Please provide a description of measurable performance goals and indicators you plan to use to determine and evaluate the success of your project.

## 4. Monitoring and Reporting:

**a. Monitoring:** The Department will conduct an annual onsite monitoring visit. Program monitoring will consist of meeting with the program director, interviews with selected program staff, review of program files and financial records, and observation of program activities.

**b. Reporting:** The Organization will submit quarterly program report narratives and quarterly financial reports beginning with the first full quarter covered by Organization Community for Life project operations. The reporting periods are; July 1, 2017 – September 30, 2017; October 1, 2017 – December 31, 2017; January 1, 2018 – March 31, 2018; and April 1, 2018 – June 30, 2018.

**c.** Quarterly Program Report Narrative: Each program narrative will address activities, accomplishments, challenges, opportunities and achievement of measurable outcomes.

**d.** Quarterly Financial Report: Each quarterly Financial Report will show allocated funds for each budget line item, expenditures (by line item) for the quarter reported, expenditures (by line item) to date, and remaining balance (by line item).

**5. Project Budget:** Please submit a complete Project Budget indicating the total operating budget for the program by line item and source of funding. Submit a brief (less than 300 word) narrative that breaks out budget line items line by line to include the rationale for all expenditures. Please include:

- How much you want from MDoA and how that money will be utilized in each phase, before and after the go/no go.
- We are expecting 3 sources of revenue: membership fees Department startup grant, some other charitable of non-profit contribution (possibly from your own foundation or fund raising operations)
- A rough projection of how and when you will grow your business model to stability and sustainability. For example: in the second year, how you expect to cover expenses from increased fees to offset lack of Department funds.

**6. Risk Assessment:** The Department has modified the Association of Government Accountants' Financial and Administrative Monitoring Tool. To the extent possible, complete the enclosed Risk Self-Assessment based on your fiscal procedures across all programs and funding sources. Questions are designed to be self-explanatory with areas for additional comment below each question.

## The applicant acknowledges that if it is awarded a grant, then it will abide by the

### following conditions:

1. Any grant awarded shall be for the term set forth in a Grant Agreement. If the grant is awarded after the start of the designated term, the Department and the Applicant agree to abide by the provisions of this grant application for the entire term.

2. If awarded, the actual total grant amount will be set forth in a Grant Agreement.

3. The Department reserves the right to reallocate unspent funds to other grant recipients in the event that the Applicant has not fully utilized the available funding in accordance with the proposed time frames.

Grant Applicant's Full Lega	al Name:
Address:	
Executed for Applicant by:	
	(Signature)
	(Type or print name and title)

(Date)