CENTER OF
Excellence
to Align Health and Social Care

USAging | **Aging and Disability BUSINESS INSTITUTE**

COE Request for Proposals
Frequently Asked Questions

Please refer to the RFP, the slide deck from the information call, and the Applicant Guide for answers to most questions. These are the primary source documents for the application process. All are now posted on the COE webpage coe.aginganddisabilitybusinessinstitute.org

ELIGIBILITY

Is there a requirement (or expectation) that the applicant organization is an Area Agency on Aging (AAA)?

> No. Please see p. 19 of the RFP for a list of eligible organizations. However, it is expected that relevant regional or local Area Agencies on Aging (AAAs), Centers for Independent Living (CILs), and public health departments will provide letters affirming their commitment to participate in the CCH's Hub Network and/or support for the project. Include such letters from local AAAs, CILs, and public health departments from across your targeted geographic areas. If your CCH is unable to secure participation and support from these local organizations, you should address the reasons why.

Are organizations that previously received an ACL grant for "Scaling Network Lead Entities" eligible to apply for the COE Infrastructure Funding Grant?

> Yes. Past ACL "Scaling Network Lead Entities" grantees are eligible to apply for these grants.

Are Centers for Independent Living (CILs) eligible for this CCH grant opportunity?

> Yes, CILs are eligible to apply for this funding opportunity. Please see p. 19 of the RFP for a list of eligible organization types.

Is providing nutrition support a required service offering under these CCHs?

> Nutrition supports are not a required service offering for CCHs applying for this funding opportunity. In fact, there are no specific service type

requirements, except as it relates to the supplemental funding for care transitions (see the RFP for details). Your CCH and network should be focused on the social care needs of the communities you serve.

Is there a requirement that the CCH (or any providers in the CCH network) must be a health care organization to qualify as an applicant for this funding opportunity?

No. For a CCH to qualify for this funding opportunity, it should be able to demonstrate a focus on community-level social care (not health care) needs. That said, the point of CCHs (through this funding opportunity) is to foster and improve alignment between health and social care. So, the application includes questions about the CCH's relationships with health care organizations as those relationships are essential to promoting this alignment and whole-person care for the individuals in your community.

Can a consortium of CCHs apply for this grant together?

Yes, that is permissible. See answers to other questions in this FAQ document for additional details.

Does the Pathways Hub Model align with this CCH model?

Yes, it is a model that would be considered for this funding. That said, this funding opportunity, as noted in the RFP, is focused on supporting social care CCHs that address older adults and people with disabilities. So, a Pathways Hub would need to ensure that their model includes services for those individuals.

Would a food pantry organization qualify to apply?

A food pantry would have to be a Community Care Hub (or seeking to become one) in order to apply for this funding opportunity. We encourage review of the RFP and the Information call slide deck for more information on the format, goals, and eligible organization types for this funding opportunity.

Do you have to be a current CCH to apply or can an applicant propose to become a CCH as the primary goal of their proposal?

Applicants can apply to this funding opportunity with the primary goal of building a CCH. However, such an application would need to have very clear goals and objectives and letters of support from critical entities throughout the proposed service area(s) as listed in the RFP, including potential network members. The applicant should also communicate a clear sense of how the proposed project will achieve the goal of building a functional CCH.

Can a health care organization (health system, SNF, ACO, etc.) be a CCH for purposes of this funding opportunity?

Under this funding opportunity, CCHs are intended to be community-focused (see CCH definition on page 36 of the RFP). Any health care organization-based applicant should present a plan demonstrating that the CCH's structure, governance, and its network's social care providers reflect the communities the CCH-applicant proposes to serve and meaningfully includes those voices in the CCH's culture and its "DNA". Further, it is the expectation of the COE that applicants are pursuing a variety of contractual funding opportunities (including potential foundation and government-based contracts). Implied in this expectation is that CCH-applicants are not exclusively providing services for patients/members of a particular health care organization (health system, health plan, ACO, etc.). This is important to ensure alignment with the No Wrong Door system philosophy noted throughout the RFP.

Can a start-up (or emerging) CCH apply for this funding opportunity?

There is no bias in favor of or against existing (or emerging) CCHs in this funding opportunity. The COE has expressed a desire to support CCHs in areas not adequately served by an existing CCH. All applicants are expected to develop a solid plan to address the application requirements. An emerging CCH applicant for this funding opportunity will need to present a clear plan for how the new CCH will become viable and how the proposed CCH will avoid duplication of what existing CCHs are already doing to support the proposed service area.

Are there restrictions around being a CBO in more than one CCH's network?

There are no restrictions along those lines.

Does the CCH have to be focused on aging and/or disability -- or is the purpose of this focused more on the care and systems coordination and on SDOH, health equity, inclusion?

Serving older adults and people with disabilities should be a part of any applicant's proposal. As part of that approach, we expect applicants to describe how the CCH will pursue contracts with health care organizations (if funded) to deliver social care programs and services for older adults and people with disabilities, reach diverse consumers and serve traditionally hard-to-reach populations, and include underserved communities (as defined by Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government). It is also expected that relevant regional or local Area Agencies on Aging (AAAs), Centers for Independent Living (CILs), and public health departments will provide letters

affirming their commitment to support the project and participate in the CCH's Hub Network, if appropriate. That does not preclude CCHs from also serving additional population segments or geographies. In fact, we welcome proposals that, for example, also include approaches to address younger populations in need.

Is there any precedent for a Skilled Nursing Facility (SNF) to become a CCH?

At this time, we are unaware of any CCHs within the aging and disability networks that serve as SNFs, but that does not mean that such entities do not exist. The focus of this funding opportunity is to support CCHs and their community-based social care collaborations with health care organizations. We suspect some of those collaborations may now or in the future involve SNFs.

Must the CCH have a physical location or can it be a virtual entity that brings the organizations together via an online platform?

The CCH is not required to have a physical location. It can be a virtual entity. See other questions for additional information on CCH structures and governance.

Is there a designation process for determining whether an entity is an established CCH?

There is no designation process for CCHs at this time. Please see the RFP for information on the types of entities that are eligible to apply, as well as the profile of a successful CCH on page 8.

Can you be a for profit business with a 401-C4 arm that performs as a CCH?

For profit organizations are not eligible for this grant opportunity. Please see p. 19 of the RFP for eligible applicants.

What criteria are available to determine if our care transitions program would be eligible for the CT evaluation of this grant?

Please see p. 13-16, 21 and 22 for more information about the CT evaluation and information requirements.

Can a not-for-profit hospital apply for this grant?

Please see p. 19 of the RFP for a list of eligible organization types.

Can more than one CCH be awarded to cover overlapping/the same geography?

It would depend on the geography covered and purpose of each CCH. It is possible that the COE would fund multiple CCHs in the same state. However, the application asks specific questions about what other CCHs may be operating in your geographic area and how your CCH proposes to ensure coordination versus duplication. If this applies to your organization, we strongly encourage you to pay close attention to those questions.

Is there a minimum number of participating entities (CBOs, health care collaborators, etc.) needed to create an initial CCH or CCH lead network?

No, there is no required minimum number of participating entities.

Could the CCH network include end of life care?

A CCH may include end of life care as a service offering. However, funds from this funding opportunity may not be used for service provision.

Can a health care organization (health system, SNF, ACO, etc.) be a CCH for purposes of this funding opportunity?

Please refer to the RFP, the slide deck from the information call, and the Applicant Guide. These are the primary source documents for the application process. All are now posted on the COE webpage.

Under this funding opportunity, CCHs are intended to be community-focused (see CCH definition on page 36 of the RFP). Any health care organization-based applicant should present a plan demonstrating that the CCH's structure, governance, and its network's social care providers reflect the communities the CCH-applicant proposes to serve and meaningfully includes those voices in the CCH's culture and its "DNA". Further, it is the expectation of the COE that applicants are pursuing a variety of contractual funding opportunities (including potential foundation and government-based contracts). Implied in this expectation is that CCH-applicants are not exclusively providing services for patients/members of a particular health care organization (health system, health plan, ACO, etc.). This is important to ensure the alignment with the No Wrong Door system philosophy noted throughout the RFP.

Can a start-up (or emerging) CCH apply for this funding opportunity?

Please refer to the RFP, the slide deck from the information call, and the Applicant Guide. These are the primary source documents for the application process. All are now posted on the COE webpage.

There is no bias in favor of or against existing (or emerging) CCHs in this funding opportunity. The COE has an expressed a desire to support CCHs in areas not adequately served by an existing CCH. All applicants are expected to develop a solid plan to address the application requirements. An emerging CCH applicant for this funding opportunity will need to present a clear plan for how the new CCH will become viable and how the proposed CCH will avoid duplication of what existing CCHs are already doing to support the proposed service area.

Per the new OAA regulations, must AAAs secure approval from their State Unit on Aging (SUA) to apply for these CCH grants?

The new Older Americans Act (OAA) regulations related to contracting and commercial relationships do not apply to grants, such as this funding opportunity. However, we encourage AAAs and OAA providers applying for this community care hub funding opportunity to work closely with their SUA and are expected to submit a letter of support from their applicable SUA.

As far as future CCH business activities being affected by the rule, we note that ACL made clear in the new regulation that states will be expected "to promote and expand the ability of the aging network to engage in business activities." ACL further clarifies that states' contracting approval processes should be "flexible and streamlined" as well as "transparent and not overly burdensome." CCHs represent important contracting vehicles and sustainable funding opportunities for the Aging and Disability Networks, and these grants are intended to help fund CCH infrastructure to support that critical work. To view the final regs, visit https://public-inspection.federalregister.gov/2024-01913.pdf.

We have a CBO/AAA in our CCH that provides CTs to a hospital. They currently provide this outside of the CCH as it is a program that was established prior to the development of the CCH. What would need to happen for their program to be considered in our grant proposal as they are a supporting AAA?

Please refer to the care transitions section of the application (see the Applicant Guide online). We ask about CT Service programs covered through CCH contracts as well as through contracts that are directly with one or more of the AAAs or other CBOs in your network. We are looking cast a wide net that would include information about projects like the one outlined in this question as long as the AAA (or other CBO) is willing and supportive of coordination (as outlined in the RFP) with the CCH and the COE evaluation team. If that is the case, please include that information in the Care Transitions form and include a description of the role, if any, the CCH plays in support of the CT Service program contract holder – in this case, the AAA

mentioned. With that information, a CCH-applicant can be <u>considered</u> for the supplemental CT Evaluation opportunity, <u>if</u> awarded as a COE Grantee.

Can a Community Based Organization that is not affiliated with a Community Care Hub apply even though the Intent to Apply form has required questions related to an applicant's affiliation with a CCH?

This funding is specifically intended for current or emerging Community Care Hubs (CCHs). That does not mean your community-based organization (CBO) must currently be a CCH. However, if it is not currently a CCH, it must intend to become one and be able to describe the plan you propose to achieve that goal in your answers to the relevant questions on this topic.

INTENT TO APPLY

If our CCH is a legal entity, however several CBOs are actively involved in its development and governance, how do we decide which organization should be named as the applicant?

If the CCH is a legal entity, that legal entity should be named as the applicant. If not, the organization leading the CCH should be named. Additional information will be requested in the application regarding governance and applicants are encouraged to outline the governance roles and responsibilities of other CBOs involved in response to that question.

If our CCH is a subsidiary of another nonprofit CBO, what entity name should be used as the applicant?

If the CCH is a subsidiary or department of another organization, or simply operates under a CBO structure using a "doing business as" (DBA) name, we encourage you to list the name that you will use when describing the CCH to external audiences. That's likely the DBA. If you list a DBA as the applicant in the initial form, there is a subsequent question that asks about a parent (or "sponsoring") organization. In this case, you would list the DBA as the Applicant and the organization of which the CCH is a subsidiary as the parent or "sponsoring" organization.

If the CCH is not a legal entity and its administrative responsibilities are shared through operating agreements between several community-based organizations (CBOs), what name should we use as the applicant?

If the CCH is not a legal entity or subsidiary of a legal entity and the CCH's roles and responsibilities are divided among several organizations, use the DBA name as the Applicant. The governance group should also choose and list a lead CBO to coordinate the application and list that CBO as the

"sponsoring" organization. Additional information will be requested in the application regarding governance and applicants are encouraged to outline the operational and governance roles and responsibilities of the other CBOs involved in response to that question.

Can we list the address for a single representative for the application even though it is being submitted on behalf of collaborating organizations?

Yes, a primary contact overall is ideal. That said, in the Basic Information and Notice of Intent to apply form (the initial form all applicants must complete), there is space for three contacts. We recommend listing at least two.

If an applicant indicates their intent to be considered for the supplemental COE CT Evaluation opportunity, will the applicant be considered for a COE grantee if you don't meet the qualifications of the CT evaluation?

Yes, the COE Infrastructure Funding Opportunity (COE grant) is this RFP's core funding opportunity. Any applicant that did not meet the qualifications for the Care Transitions Focus Opportunity and Evaluation (CT Evaluation) would still be eligible for the core COE grant.

What capabilities would make an applicant most competitive for this grant opportunity?

Please review the entire RFP as the appropriate answer to this question is best understood through an understanding of all aspects of the RFP. That said, pp. 8-9 in the RFP offers an emerging profile of successful CCHs and the goal of this funding opportunity is to help CCHs become successful or increase their infrastructure and operational capabilities. Additional information was also included in the Information call. Both the RFP and the Information call are posted in the RFP information section of the COE website.

Is the intent to apply form required?

The initial form, "Basic Information and Intent to Apply" is required to be completed in Submittable in order to access any of the other application forms. As the name implies, in addition to the Intent to Apply, this initial form also includes some basic information such as contact name, email, etc.

While we are requesting that this form be completed by March 8, 2024, completing this initial form by that deadline is not a requirement. It is a courtesy request for our review process and planning purposes. However, applicants may complete and submit this form (as well as all other forms) any time prior to the application deadline of April 5, 2024 at 5:00 pm

Eastern. Please note that the "Intent to Apply" question on that initial form is nonbinding.

Is there a specific date by which the Intent to Apply is due?

The Intent to Apply is requested by no later than March 8, 2024 for review and planning purposes. It can be completed by submitting the initial form "Basic Information and Intent to Apply" through Submittable. As the name implies, in addition to the Intent to Apply, this form also includes some basic information such as contact name, email, etc. It is also the first form applicants must complete in the application process.

As a result, all applicants must complete this initial form in Submittable in order to access the other application forms and they may do so at any time prior to the application deadline (for all forms) of April 5, 2024 at 5:00 pm Eastern. Please note that the Intent to Apply is non-binding.

What distinctions can be made between "expanding capacity" vs "capacity building"? Is there greater emphasis on expansion?

The funding can be used to develop or expand a CCH.

Is there a deadline or "cut-off date" for applicants to submit clarifying questions regarding the RFP?

We will update this FAQs document periodically throughout March 2024 and will accept questions through Monday, March 25. We are establishing this cut-off date for the submission of clarifying questions to ensure we are able to upload a final version of this FAQs document by close of business on Friday, March 29, 2024. Additionally, we remind all applicants to complete and submit your application well prior to the April 5th deadline.

How is this COE CCH grant effort different from building "accountable care communities" or the AARP Aging in Place efforts? Is there greater focus on medical to social care "handoffs"?

CCHs are meant to provide administrative and operational support for social care providers (CBOs) with the objective of fostering contracts and other relationships that bridge gaps, catalyze information sharing, and encourage alignment between health care organizations and social care providers to facilitate the delivery of high quality, person-centered services to older adults and people with disabilities, particularly in historically and/or currently marginalized communities and underserved populations.

Is there a preference given to CCHs who provide state-wide coverage vs single county coverage?

> There is no preference given based on the size of a network or the geographic area served by a CCH and its network. The goals can be found in the RFP and Information Call materials which are now posted to the RFP webpage on the COE website.

Does all supporting documentation need to be submitted by the April 5th application deadline?

> Yes. All applications must be submitted in their entirety by April 5, 2024 at 5:00 pm Eastern, including all required file uploads and supporting documentation (e.g., letters of commitment and support, work plan, budget workbook, etc.).

Can a CCH focus on a specific population or SDOH? For example, could all the CBOs be focused on supporting a hub that focuses on housing for aging and disabled individuals.

> While this is possible as a starting point for a CCH, we encourage CCHs/potential applicants to think broadly about achieving a whole-person approach to address the HRSNs of client individuals and the needs/pain points of potential health care contracting organizations as you consider the needs of your target populations and service offerings.

Our sponsoring organization has a UEI, can we use their number, or must an applicant CBO have and use their own?

> CCH applicants may use their sponsoring organization's UEI as long as that organization is the parent or has a similar legal relationship connection to the CCH. If that is the case, please be certain that the parent organization listed on your initial form is the same as the name on the UEI.

ONLINE APPLICATION PROCESS (SUBMITTABLE) & APPLICANT GUIDE

NOTE questions in this section may mention question are numbers. Those references are to numbering the COE Team included in the Applicant Guide for the convenience of potential applicants. However, questions are not numbered in Submittable.

Are there required formatting standards that need to be applied to the RFP submission?

The RFP submission is not a narrative document with page limits or required formatting standards. Instead, all applications must be submitted through Submittable, our online application platform.

The Submittable application consists of eight required forms (including the "Basic Information and Intent to Apply"), and each form contains a series of questions for which you will be required to submit responses. Response types vary based on the question, and include single response (e.g., yes or no) as well as open text fields with a designated character limit.

The Applicant Planning Guide includes specific elements to help you understand the response types and question flow you will encounter with Submittable. It is available in the RFP section of the COE website (coe.agingandbusinessdisabilityinstitute.org).

Is there a document limit for uploads for Submittable?

Applications are structured in a question and response format in Submittable versus a single narrative document (see the Applicant Guide in the RFP section of the COE website for more information). For requested file uploads, Submittable has two types of size limits as follows:

- 400 mb for an individual file upload
- 800 mb for all file uploads in your complete application submission.

Please contact us directly at COE@usaging.org if your file size(s) exceeds these limitations and you encounter errors in Submittable because of these file size limits.

Are responses submitted in Submittable forms saved in order to resume working on them later?

Yes, you can save a draft of your work, leave the application at any point and return to complete the remaining questions at a later time.

The Submitter Resource Center is a hub full of articles designed to help you with many of the most frequently asked questions – just like this one. Please check it out at:
https://submittable.help/en/collections/185534-help-for-applicants

Will the scoring criteria accompany the application forms?

Please see pp. 29-33 of the RFP for this information.

Can I save a draft of the Submittable form that I'm working on and come back to complete it later?

Yes, you can save a draft of your work, leave Submittable at any point and return to complete the remaining questions later. Learn more about how to return to your saved draft here and be sure to visit the Submitter Resource Center to get answers to some of the most common Submittable technical assistance questions.

Can more than one person from my organization work on completing the forms in Submittable?

Yes! Submitters can work on submissions together. Find out more about how the submitter collaboration tool enables groups of applicants to work together on submissions and additional forms here. Don't forget to check out the Submitter Resource Center for articles on other frequently asked questions about using Submittable.

May I edit my application after I have already submitted it?

If you have already completed your application, it is no longer editable and Submittable cannot open or edit your submission contents for you. However, you can request that the submission be opened for editing by following the steps outlined here. Important note: requests to edit will not be honored after the application deadline (Friday, April 5, 2024 at 5:00 PM Eastern). Have more Submittable technical questions? Check out the Submitter Resource Center.

I'd like to download a copy of my application. Is that possible?

You may download a copy of your application. Find out how here and be sure to check out the Submitter Resource Center for other frequently asked questions.

Do I have to complete the Submittable forms all at once?

No. Applicants may submit them one at a time, in batches, or all at once.

On the "Additional Information" and "Care Transitions" forms, there are two questions on each form where tables are required for the purpose of identify certain data by county. How should applicants complete the table if they do not track data at the county level?

County level data is preferred. However, for applicants where county is not a data element maintained in your data system, the applicant should either a) estimate the nine largest counties served and list them where practical (preferred), or 2) if the applicant cannot ensure reasonably reliable

information to identified the nine largest counties served (by volume of individuals served), applicants should list and provide the data at the closest definable geographic unit (e.g., 3-county region or 3-digit zip code). In the case of a 3-county region, the counties in a particular region should be listed together in a single cell (e.g., Marks-Brown-Pulaski) in the "Counties Covered" column.

Is there a page limit on resumes, knowing all resumes are to be uploaded together as a single pdf?

There is no page limit. There are individual pdf and total file limits on maximum megabits for uploads. Refer to the Applicant Guide for information about those limits.

Can the intent to apply be changed to the sponsoring organization before the grant submission date if needed?

Applicants may withdraw, edit, and resubmit their initial (intent) form prior to the application deadline. Optionally, you could withdraw that form and submit a new form. I direct you to the Submittable Resource Center.

If a CCH does not have contracts to deliver services at this time and its members do have direct contracts, how do we address the "Existing Health Care Contracts" question on the "Additional Information" form?

Please address the relevant question as presented and within the framework and scope of the information requested in the form. We also note, the final question in that form provides an opportunity for applicants to address contracts with health care organizations held by the CCH's network CBOs in certain scenarios (as outlined in that question).

In the "Care Transition" Form, if an applicant answers "No" to Question 2, does that mean the applicant automatically skips to Question 13, effectively skipping questions 3-12, including the fillable tables in Q8 & 9?

Based on the scenario in this question, if the applicant's answer in Q2 on the Care Transitions Form is "No", the system's Skip Logic will take the applicant answering "No" to Q2 directly to Q13 (NOTE: questions are numbered in the Applicant Guide for the convenience of potential applicants but are not numbered in Submittable).

For both long and short responses, are spaces included in the character count and limit?

The field counts all characters, including punctuation and spaces. As an applicant begins to type or copy/paste their response text, the Submittable platform displays a character count in the lower right-hand corner of the form field to help applicants track their remaining character count in real-time.

If members of the applicant community care hub offer an existing slate of services (e.g., through the Older Americans Act and other funding sources), but not through a health care contract, is it appropriate to include those services under the Service Area and Offerings Chart in Additional Form question 1?

Please address this question within the specific framework and scope of information requested and as specifically asked in the form. For example, this specific question asks about service areas and offerings within "[the CCH's] primary social care program, product, and service offerings". Note: other questions in this form ask more broadly about the CCH **and** its Network CBOs. Please also refer to the final question (Additional Contract Experience) in the Additional Information form. That question provides an opportunity for applicants to address contractual and non-contractual relationships and related experiences the CCH and network CBOs have in certain scenarios (as outlined in that question).

If an applicant CCH has CBOs (within their Hub Network) that have contracts with health care organizations, where those contracts are between the health care organization and the CBO – and not the CCH – can the applicant CCH include those numbers in response to question 2 on the Additional Information form?

Please address this question within the specific framework and scope of information requested and as specifically asked in the form. For example, this question asks only about existing health care contracts with the applicant CCH. Note: other questions in this form do ask more broadly about the CCH **and** its Network CBOs. Please also refer to the final question (Additional Contract Experience) in that form. That question provides an opportunity for applicants to address contractual and non-contractual relationships and related experiences the CCH and network CBOs have in certain scenarios (as outlined in that question).

Should the projections requested in question 3 on the Additional Information form only include health care contracts or can applicants include total services delivered by the applicant's Network CBOs under non-health care funded arrangements (e.g., foundation grants, etc.)?

Please address this question within the specific framework and scope of information requested and as specifically asked in the form. For example, some questions in this form ask narrowly about the CCH and others are more broadly constructed to gather information about the CCH **and** its Network CBOs. The table in this question asks about individuals served by the CCH "across all CCH service offerings and all CCH service areas", so it is limited to the CCH. Q3a also reflects that context. However, in Q3b, the request is explicitly broader to include demographics about the populations served by

both the CCH **and** its Network CBOs. Please also refer to the final question (Additional Contract Experience) in the Additional Information form. That question provides an opportunity for applicants to address contractual and non-contractual relationships and related experiences the CCH and network CBOs have in certain scenarios (as outlined in that question).

Where do applicants include footnotes and bibliography? Are the footnotes to be included in each section at the bottom of the long answers? Will it format correctly or stay formatted correctly when submitted?

Please see the purpose, goals and related expectations outlined in the RFP and Submittable questions. As noted on page 33 of the RFP, "references to content outside of the application submission (e.g., references to websites and related hyperlinks) will not be considered by reviewers." As a result, any outside information that might be referenced in an application via footnotes and bibliographical references will not be reviewed. As such, any material an applicant wishes to include for review must be included in the information directly included in the applicant's submission on Submittable.

Will application reviewers be able to see the entirety of the applicant's proposal, or only sections of it? Will reviewers be able to see previously referenced definitions referenced as an acronym in later responses to other questions?

Reviewers will have access to the entire application. However, applicants should ensure individual responses are as complete as possible in the space provided for that question. Depending on the reviewer to search other questions to find the meaning of an acronym is not recommended.

SUPPLEMENTAL DOCUMENTATION

For letters of support, are we permitted to list the number of counties our geographic reach would cover?

A description of the CCH's geographic reach (aka "Service Area") is a required element in the application. Questions about an applicant CCH's geographic reach are found in the "Project Abstract, Organizational Capacity, Project Relevance, and Current Need" and "Additional Information" forms. Your Letters of Support should include evidence of your ability to provide services in those geographic areas.

Will the workplan template be posted for the application?

Yes, a work plan template has been provided and can be found on the RFP page. A link to that page and additional information can be found on the COE website (coe.agingandbusinessdisabilityinstitute.org).

Will a Word or PDF version of the questions in Submittable be available?

The applicant planning guide - while not intended to be an exact replica of the Submittable format or questions - includes specific elements to help you understand the response types and question flow you will encounter with Submittable. The applicant guide can be found in the RFP section of the COE webpage (coe.agingandbusinessdisabilityinstitute.org)

Regarding Letters of Intent, would a county/local health department letter of support qualify or does it have to be the state department of health?

We have requested both. That said, the absence of both is not disqualifying.

Should letters of support be uploaded individually or submitted altogether as a single pdf or file upload?

Specific instructions for how to submit letters of commitment and support - including information about allowable file types and whether letters should be compiled into a single document - accompany each question in both the Applicant Planning Guide and in Submittable.

Generally speaking, you will be asked to merge letters of commitment or support by group type (e.g., Hub network participating CBOs, etc.) into one PDF prior to uploading.

If you have a large 200+CCH network, can you select a sample of partner agencies (approx. 25) within the network to submit their letters of support?

Yes, you can select a sample of key partner agencies to provide letters of commitment. Be certain it provides a solid sampling across organization types, service lines, and geographies.

What specific information should be included in the Community Care Hub Network members' letters of support?

Please see pp. 24-25 of the RFP for specification related to letters of commitment. Such letters should outline and confirm the specific commitments to the project (should it be funded) made by key collaborating organizations and agencies (including Network CBOs, proposed health care partners, and public health departments).

Previous FAQ responses have included a reference to the budget template regarding allowable indirect costs, using a federally provided indirect rate. For those who do not have a federally approved indirect rate, is there a rate minimum?

We do not define what an acceptable indirect rate is or is not. We will review budgets from an overall appropriateness perspective in relation to the proposed project and work plan.

One of our proposed staff is a consultant. Do we upload their resume along with all of our other staff resumes in the "Uploads and Related Project Details and Explanations" form or under the "Project Abstract, Organizational Capacity...." Form?

Please do upload with proposed key staff CVs/Resumes and indicate in your application as appropriate that this individual/these individuals are performing their duties as contracted consultants versus staff.

Where do applicants provide the Budget Justification narrative in our application?

The primary point for applicants to provide a budget justification is column G in the budget template. That said, alignment across narrative responses, work plan, and the budget is expected. For example, if a hypothetical proposal included funds in the budget to purchase a data management service, we would expect to see the purpose and how it will be utilized in the approach and work plan responses and other response answers as contextually appropriate to the applicant's proposal.

In the RFP, under Organizational Capacity, do applicants need to provide Qualifications and Experience for everyone, CCH staff and proposal submission team, or only for CCH staff directly involved in this grant project deliverables if awarded? Which form should this staffing information be provided/uploaded?

Including this information in an applicant's responses to Q6 on the "Project Abstract…Form" and Q2a on the "Additional Form" is appropriate. Applicants may also consider using "Additional Form" Q5 (Note: Question #s refer to the Applicant Guide. The Submittable platform does not include question numbers.)

May applicants use hyperlinks or other methods to reference materials outside their Submittable application (e.g., hyperlinks to information on the applicant's website)?

Please see RFP page 33 near the end of the first paragraph under "REVIEW AND SELECTION PROCESS".

The Work Plan template provides five rows for applicant's to list their proposed objectives. If an applicant has an additional (6th) objective, can a revised Work Plan template be provided that includes an additional objective area for the applicant's submission?

The template was intentionally locked to prevent changes. As a result, applicants will need to decide how best to address this issue within the limitations of the template.

AWARD FUNDING/ PERMISSIBLE USE OF FUNDS

What is the average grant amount?

Please see p. 16 of the RFP for this information.

The total 2-year funding amount for the COE is broken down into different amounts for each year in the RFP. Is there a reason these annual amounts differ?

It is based on the funding that we have available from ACL for Year 1 and anticipate having for Year 2.

Can funds be used to pay for units of service delivered by a network CBO to clients referred through the CCH, such as Meals on Wheels meal or a ride.

These grants are meant to support building and strengthening the operations, infrastructure, and sustainability of CCHs for delivery of services that address HRSNs through contracts with health care entities, not for units of service. Please see suggested potential uses of grant funding on pp. 10-11 of the RFP.

How are CCHs funded beyond the expiration of this award?

CCHs are funded through a variety of mechanisms. One of the primary goals of any CCH should be to achieve sustainability through health care contracts and other funded programs they administer, including grants, cooperative agreements, and more.

Are there rules or restrictions governing use of funds?

Please see p. 28 of the RFP for that information.

Can a CCH use funds to award subawards to network members or partner agencies?

While this is allowable (although not for the provision of units of service), we remind all applicants that these grants are meant to support building and strengthening the operations, infrastructure, and sustainability of CCHs to support the delivery of services that address HRSNs through contracts with health care entities. Please see suggested potential uses of grant funding on pp. 10-11 of the RFP. Should an applicant choose to propose subawards to network members or partner agencies, applicants should ensure and

communicate very clearly in their applications how those subawards further the goals outlined here and throughout the RFP.

What rules apply to indirect cost percentages? Is there a limit on the percentage of indirect costs?

Please see the RFP budget template for that information.

For potential applicants with a similar model for non-elderly Medicaid populations/programs, could funds be used to help with the CCH's planning to expand services to the older adult population?

Yes, that is an allowable use of grant funds.

Will CCHs need to have additional revenue sources, such as fundraising, to maintain viability as a service delivery network?

The intent is for CCHs to achieve sustainability by pursuing health care contracts which would fund current and future CCH operations. However, applicants with limited (or no) current contracts (and associated revenue) may apply where the applicant offers a strong proposal for building a CCH to achieve the goals outlined in the RFP.

Can an applicant contract for their own internal evaluation? If yes, is there a percentage limit in the budget?

It is not the intention of the COE that COE Grantees hire a separate independent evaluator. The expectation is that each COE Grantee demonstrate a thoughtful method through which the CCH's standard business practices include outcomes metrics for their programs and services to ensure the success of the applicant's proposed intervention(s) and we expect information about that process will be shared with the COE during the project period and as part of an end of project reflections and lessons-learned report. Please see suggested potential uses of grant funding on pp. 10-11 of the RFP.

Will this grant be offered again (after the initial 2-year cycle)?

We cannot provide such information at this time as it would depend on the availability of additional federal dollars or other funding.

Can funds be used to purchase software that enables communication and transfer of health information between a hub and healthcare entities?

Yes, that would be an allowable expense.

Can COE CCH grant funding be used for service delivery, specifically to start or expand a new service offering?

While grant funding may not be used for units of service, it could be used to expand CCH service offerings and lines of business (e.g., staff training and expansion, and to conduct process mapping and workflows for service activation and relevant follow up to ascertain service delivery outcome).

Can funding be used for brick-and-mortar construction costs?

No, it cannot be used for construction costs. Please see p. 28 of the RFP for restrictions on the use of grant funds.

Can funds be used to provide technical assistance (TA) and any startup funds for new Network Members to join our CCH?

Provision of technical assistance to Network participating CBOs would be an allowable expense.

Are matched funds required?

No, there is no match required for this grant.

The RFP states that the COE application funds could be used for building the staffing infrastructure at the Hub. Would using part of the funds towards hiring a CCH Program Director as the day-to-day person responsible for key operations in building the CCH infrastructure be a permissible use of COE funds?

There is no restriction on what type of staffing is allowed.

Regarding the 5 ways mentioned in the RFP that COE grant funds may be used, do applicants have to pick just one category, or could an applicant's proposed use of funds overlap with a number of those categories?

Funds may be proposed for use exclusively in one category or across multiple categories as outlined on pp. 10-11 in the RFP.

If an applicant is interested in being considered for the supplemental CT evaluation opportunity and corresponding additional funding (if awarded under the core COE Grant), should the applicant include that amount in the total budget to be submitted over the 2-year grant period?

See Applicant Guide page 16.

OTHER/MISCELLANEOUS

Should the hub (CCH) become a member of USAging if it is not already a member?

There is no requirement that an applicant organization is a member of USAging to be eligible for selection and funding.

Do any CCHs use/partner with a Health Information Exchange/Network or Community Information Exchange?

Yes, many existing CCHs partner with Community Information Exchanges (when they exist in a CCH service area) and/or their regional or statewide Health Information Exchange(s)/Network(s).

What resources are available to support the development of a CCH from the start?

Potential applicants may propose to build a CCH through this funding opportunity. Additionally, please see https://www.aginganddisabilitybusinessinstitute.org/resources-for-developing-a-community-care-hub/ for information resources to support CCH and network development and operations. See also related questions on this topic.

Do community care hubs usually provide resources directly or network with the orgs providing the direct services?

It depends on the CCH and network.

Are CBOs encouraged to collaborate with existing CCHs instead of developing their own CCH in their area?

Yes, we strongly encourage CBOs to seek out and work with existing CCHs in their communities.

--- CONTINUED ON NEXT PAGE ---

Is there a listing or map of current community care hubs to which applicants can refer?

This ACL map includes organizations that have participated in ACL's CCH National Learning Community. It is not representative of all active CCHs across the country:

https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.powerbi.com%2Fview%3Fr%3DeyJrIjoiMjI3MmRjYjktYmVmNS00NWQ0LWFmNzYtMTJlNmE3MWM1MzFiIiwidCI6ImI0NzliMzUzLTBiODMtNDFhMC05ZTM2LWQ0NzdhOTNhMjMwYyJ9&data=05%7C02%7CKristie.Kulinski%40acl.hhs.gov%7C53169f274e7e4faaa02408dc36f2cf2b%7Cd58addea50534a808499ba4d944910df%7C0%7C0%7C638445663694344669%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C%7C&sdata=1lHd7EWKZWDDVkb9CJ47vdpnxmx3Jpb9y%2BlYBMNrbrk%3D&reserved=0

End of FAQs as of March 29, 2024. This is the final version of the FAQs for this funding opportunity. As noted previously, no responses to new questions will be provided and all application requirements must be completed, including all file uploads, no later than 5:00 pm Eastern Time on April 5, 2024, following the Submittable platform process. For details, see coe.aginganddisabilitybusinessinstitute.org