

**American Rescue Plan Act**

 Supportive Services Home Care Independence Mini Grants Available

This Request for Application (RFA) is for grant proposals funded by the American Rescue Plan Act of 2021 (ARPA). ARPA funds provide a unique opportunity to consider needs and service delivery that have the potential to respond to unmet needs of older adults and family caregivers. The Piedmont Triad Regional Council Area Agency on Aging (PTRC AAA) is taking a regional approach in distributing these funds based on the priorities established by the North Carolina Division of Aging and Adult Services.  Service match is not required, and funds will remain available until expended or until September 30, 2024, whichever comes first.

The project period for this funding is May 1, 2022 through September 30, 2024. All ARPA funds must be obligated by September 30, 2024.

Additional information is available on the PTRC website under the specific Supportive Services links at <http://www.ptrc.org/services/pandemic-recovery-funding-opportunities>.

**PTRC AAA is making ARPA Supportive Services Home Care Independence mini grants available to serve people 60 years of age or older who meet the eligibility requirements of Home Care Independence as outlined in this Request for Application. Priority consideration will be given to proposals that address the needs of older adults who are underserved and/or underrepresented. Home Care Independence providers awarded the grant funding must meet the program requirements as outlined in the NC Division of Aging and Adult Services Home Care Independence – An Operations Manual for Consumer Directed Service Programs (March 1, 2013, and as updated).**

**ARPA Home Care Independence Overview**

Home Care Independence, based on the concept of Consumer Directed Service, is an option of In-home assistance using ARPA Supportive Services funds that offers potential consumers of service more direct control over who helps them, what help they need, how the help will be provided, and when they want the help provided. Home Care Independence uses a “Team Approach” to providing In-home assistance. Members of the “Team” include:

* The Participant
* The Representative
* The Personal Assistant
* The Care Advisor
* The Financial Management Service

**Eligibility Requirements for ARPA Home Care Independence**

* People age 60+. Income is not used in determining eligibility.
* Participants must be unable to carry out at least two tasks essential to the activities of daily living (ADLs) or instrumental activities of daily living (IADLs) that do not indicate the need for nursing home or other facility care, thus enabling them to remain in the home setting. Home Care Independence is not a nursing home diversion program.
* Participants must express an interest in Home Care Independence and be assessed as having the capability to employ and manage the work of providers and self-direct the care received or have someone who is willing to do this in their behalf.

**Protections for Participants in ARPA Home Care Independence**

* Each Participant is provided a Bill of Rights.
* Participants have the option to choose a Representative.
* Background screening is completed on potential Personal Assistants.
* Care Advisors with the local funded provider agency and the potential Participant assess appropriateness for program participation.
* Financial Management Service is provided to every Participant.

**Care Advisor Responsibilities in ARPA Home Care Independence**

* Assists in marketing the Home Care Independence to the community.
* Orients prospective Participants to the concept of Home Care Independence.
* Determines Participant eligibility for Home Care Independence.
* Completes the Client Registration (DAAS 101) Form and applicable Consumer Contributions forms.
* Uses assessment instruments to help individuals determine their wants and needs.
* Helps the Participant, if needed, to determine a Plan of Care and Service budget.
* Is available to the Participant at any time for advice and assistance.
* Makes the referral to the Financial Management Service for payroll and other employment services.
* Reviews Participant satisfaction with the service and reviews financial/payroll reports generated by the Financial Management Service.
* Prepares a back-up plan with the Participant.
* Documents contacts with the Participant – one home visit and 2 phone calls during the first 3 months and at least two other home visits during the year.
* Conducts an annual reassessment of the Participant for continuing need for the Home Care Independence service and for the ability to continue as a Home Care Independence Participant.

Note: The role of Care Advisor cannot be subcontracted.

**Reporting and Documentation Requirements for ARPA Home Care Independence**

* A Client Registration (DAAS 101) Form must be completed for each eligible participant receiving services through ARPA Home Care Independence funding.
* Consumer Contributions must be solicited and properly documented for each eligible participant receiving services through ARPA Home Care Independence funding.
* Additional forms, as specified by the NC Division of Aging and Adult Services, are required for:
* The Participant
* The Representative
* The Personal Assistant
* The Care Advisor
* The Financial Management Service

**Cost Computation Requirements for ARPA Home Care Independence**

Accurately completed Cost Computation forms will be required of all ARPA Home Care Independence grant awardees.

**Reimbursement for ARPA Home Care Independence**

**ARPA Home Care Independence reimbursements are handled through a reimbursement system.** Services provided will be reimbursed on a monthly basis through the state’s Aging Resource Management System (ARMS). Reimbursement is dependent upon accurate reporting of service data.

**Monitoring**

All services provided by ARPA Home Care Independence funds will be monitored by the PTRC Area Agency on Aging (PTRC AAA) according to a timeline established by the North Carolina Division of Aging and Adult Services. Monitoring will be conducted following the “PTRC AAA Policies and Procedures for Monitoring” (November 2016).

**Confidentiality and Security**

Client information in any format and whether recorded or not shall be kept confidential and not disclosed in a form that identifies the person without the informed consent of the person or legal representative. Community service providers, including subcontractors and vendors, must adhere to all applicable federal, state, and departmental requirements for protecting the security and confidentiality of client information including, but not limited to appropriately restricting access, establishing procedures to reduce the risk of accidental disclosures from data processing systems, and developing a process by which the North Carolina Division of Aging and Adult Services is notified of suspected or confirmed security incidents and data breaches.

**Record Retention and Disposition**

All community service providers are responsible for maintaining custody of records and documentation to support the allowable expenditure of funds, service provision, and the reimbursement of services. Service providers must adhere to the approved record retention and disposition schedule posted semiannually on the website of the NC Department of Health and Human Services (DHHS) Controller at:

<https://www.ncdhhs.gov/about/administrative-offices/office-controller/records-retention>

Service providers are not authorized to destroy records related to the provision of services under this Agreement except in compliance with the approved DHHS retention and disposition schedule, which allows for the proper destruction of records based on a schedule by funding source and fiscal year. Confidential records will be destroyed in such a manner that the records cannot be practically read or reconstructed.

**Project Period**

The Project Period for ARPA Home Care Independence funds is May 1, 2022 through September 30, 2024.

**PTRC AAA reserves the right to reject any or all applications, waive technicalities, and to be the sole judge of suitability of the services for their intended use, and further specifically reserves the right to make the award in the best interest of the PTRC AAA regional program.**

**Submitting an Application for** **ARPA Home Care Independence**

**Three copies of the Request for Application (RFA) with original signatures** must be submitted to PTRC AAA, 1398 Carrollton Crossing Drive, Kernersville NC 27284 - Attention Gwen Shields by April 4, 2022, at 4:00 pm. Applications received after this date and time will not be considered for funding.

Proposals that best meet PTRC Area Agency on Aging (AAA) expectations for service delivery will be selected.

Applications will be scored based on their completeness and their description of intent to provide services.

All questions regarding the RFA must be submitted in writing by March 25, 2022, at 4:00 pm, to gshields@ptrc.org. After such time, and until projects are awarded, Applicants are prohibited from contacting PTRC AAA staff regarding any issue relating to these funds or the application process.

 **PTRC AAA reserves the right to reject any or all applications, waive technicalities, and to be the sole judge of suitability of the services for their intended use, and further specifically reserves the right to make the award in the best interest of the PTRC AAA regional program.**

Failure to respond to any requirements outlined in the RFA, or failure to enclose completed copies of the required documents, may disqualify the application.

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| --- | --- |
| **Timeline** | **Date/Time** |
| Announcement of Funding Availability  | March 16, 2022 |
| Information Session\* Prerecorded  | Click on link below. |
| Final day to submit questions  | March 25, 2022 at 4:00 pm |
| Applications Due | April 4, 2022 at 4:00 pm |
| Award Announcement | Week of April 25, 2022 |

\*This is the link to the prerecorded Information Session:

<https://youtu.be/i35HWlyqhFY>

**Evaluation Criteria**

PTRC AAA has developed a scoring tool to evaluate applications. The tool will be available on the PTRC website under the specific Nutrition Services links at <http://www.ptrc.org/services/pandemic-recovery-funding-opportunities>.

Proposals that best meet PTRC AAA expectations for service delivery will be selected. Applications will be scored based on their completeness and their description of intent to provide services. Priority consideration will be given to proposals that address the needs of older adults who are underserved and/or, underrepresented.

**Available Funding**

Use the following allocations to develop your funding request. Request must be reasonable, necessary, and justifiable.

**3 mini grants of up to $150,000 each**

All expenditures must be reasonable, necessary, and justifiable. All funds must be spent on activities related to ARPA Home Care Independence. An organization may submit applications to provide ARPA Home Care Independence services in multiple counties. Each application will be reviewed separately. Requested grant amounts cannot exceed $150,000.

**Monitoring**

All services provided by ARPA Home Care Independence funds will be monitored by the PTRC Area Agency on Aging (PTRC AAA) according to a timeline established by the North Carolina Division of Aging and Adult Services. Monitoring will be conducted following the “PTRC AAA Policies and Procedures for Monitoring” (November 2016).

**ARPA Home Care Independence**

**Request for Application**

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**Project Contact Information**

Organization **(Full Legal Name Required)**:

Project Director: Title:

Mailing Address:

Phone Number: Email:

Board Chair (if applicable): Email:

Tax ID # **(required)**:

DUNS # **(Valid number required)**:

Type of agency:

Non-profit [ ]  For-profit [ ]  Government [ ]  Other [ ]  Specify \_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Information:** Submit one copy of your organization’s most recent financial statements (audited or unaudited). For those organizations submitting unaudited financial statements, a completed State Grant Certification and Sworn Statement and a completed Schedule of Receipts and Expenditures are also required. Additional information may be requested.

**Application Questions** *You many expand on the space provided. Word count is not limited.*

**Q1:** Tell us about your organization. What is your mission? What are you trying to accomplish overall? (This is likely more than can be achieved with a single grant.)

**Q2:** Describe what you are attempting to accomplish with this specific grant funding. How will you measure progress toward this goal?

**Q3:** Describe how older adults will be reached by this funding, especially those who are underserved and/or underrepresented.

**Q4:** What challenges do you anticipate and how will you address these issues? Challenges could include grant standards, the environment, etc.

**Q5:** Data shows that in North Carolina, African Americans, Latinos, American Indians and those living in poverty often suffer the worst health outcomes. We also know that the people most impacted by poor outcomes are not always included in creating solutions to these problems. Please describe how your work will address these disparities in outcomes and decision making on service delivery.

**ARPA Home Care Independence**

**Request for Application**

Use the following budget request to propose funding needs to support the services described above:

Provide a basic budget describing how the funds will support your service. Please be as specific as possible.

**Upon award of the grant, an official budget will be completed using the required Cost Computation forms.**

**No more than 5% of the total of each ARPA Home Care Independence grant will be allowed for Personal Protective Equipment and other consumable supplies.**

Grant Amount Requested: Location/County to Serve:

|  |  |
| --- | --- |
| Expense Categories | Budget |
| Administrative Costs for the Care Advisor (itemize below) |       |
| Cost of Personal Assistants (calculate below) |       |
| Financial Management Service Fees (calculate below) |       |
| PPE & Other Consumable Supplies (itemize below) |       |
| **TOTAL EXPENSES** |  |

|  |  |
| --- | --- |
| Itemized Categories | Budget |
| Administrative Costs for the Care Advisor including salary (itemize by Name & Position):      TOTAL |       |
| Cost of Personal Assistants (Hours of service x unit rate):      TOTAL |       |
| Financial Management Service Fees (One time set up fee and monthly fee for each participant; current monthly fee is $77.25):      TOTAL |       |
| PPE & Other Consumable Supplies (itemize):      TOTAL |       |
| **TOTAL EXPENSES** |  |

**American Rescue Plan Act (ARPA) Bid Certification Statement**

**By signing and submitting its bid or proposal, the bidder or proposer certifies as follows:**

The certification in this clause is a material representation of fact relied upon by the AGENCY. If it is later determined by the AGENCY that the bidder or proposer knowingly rendered an erroneous certification, in addition to remedies available to the AGENCY, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment. The bidder or proposer agrees to comply with the requirements of 2 C.F.R. part 180, subpart C, as supplemented by 2 C.F.R. part 1200, while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

**Execution**

In compliance with this Request for Application (RFA) the undersigned Applicant offers and agrees to furnish and deliver any or all services proposed, at the budget proposed, and within the timeframe specified herein. By executing this Application, the undersigned Applicant confirms that it has read, understands and will comply with all specifications and requirements of this grant in the event of contract award.

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_