

**State of Alaska**  
**Department of Health and Social Services**  
**Division of Health Care Services**  
**Section of Health Planning & Systems Development**



**NON-COMPETITIVE REQUEST FOR GRANT PROPOSALS**  
**COMMUNITY HEALTH CENTERS SENIOR ACCESS PROGRAM**  
**FOR FY 2012 thru 2014**

Grants & Contracts Support Team  
State Office Building, 333 Willoughby Avenue, Suite 760  
P.O. Box 110650  
Juneau, Alaska 99811-0650

**IMPORTANT NOTICE:** This grant solicitation, including any subsequent clarifications or amendments, is available from the DHSS Contact person identified in Section B(3).

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**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
STATE OF ALASKA**

**SECTION A. GRANT PROGRAM INFORMATION – CHC SENIOR ACCESS PROGRAM**

**(1) INTRODUCTION & PROGRAM DESCRIPTION**

The Department of Health and Social Services, Division of Health Care Services (HCS), is requesting proposals from eligible applicants to provide Community Health Center Senior Access Program services for the State of Alaska in FY2012 thru 2014. Program Services are authorized under 7 AAC 78. Access State of Alaska statutes and regulations at <http://www.law.state.ak.us/doclibrary/doclib.html> or through the contact person in Section B(3) of this Non-Competitive Request for Proposals (NC-RFP).

**a. PROGRAM GOALS, OUTCOMES & ACTIVITIES**

The intent of the CHC-SAP grant program is to provide funding to Alaska's Community Health Centers (CHC's) statewide to increase access to care for seniors. The funding is intended to help alleviate the strain on CHCs resulting from their provision of medical homes for seniors who have been refused care by physicians in private practice due to low Medicare reimbursement rates. Increased numbers of these individuals can be served at the CHC's within their area.

The applicant's submitted proposal must demonstrate a thorough understanding of the grant program goals and outcomes anticipated by the Department; and proposed projects must meet or exceed anticipated minimums described in this NC-RFP. Proposals must include a description of proposed activities that support the goals and outcomes to be employed in the project.

Applicants agree to comply with all of the following additional program requirements and service standards:

- Applicants will complete and submit a required Quarterly Report Form on the standard DHSS-provided Quarterly Report Form. This involves both quantitative data and qualitative remarks.
- Applicants must submit a jointly signed Memorandum of Agreement (MOA) form, which is signed by both the applicant agency and the State's Medicare Information Office. This form is included in the NC-RFP packet.

**Strategies for Service Delivery:**

Applicants must carefully describe at least one strategy they will use, the purpose being to increase capacity for delivery of services to persons age 65 years & older. A strategy is a plan of action, or series of actions, intended to achieve the desired outcomes. Proposals must include a concise and explicit description of the service strategies that will be employed in the project. CHC applicants will identify in their submitted request-for-funds those activities that they plan to provide. Activities may include, but are not limited to:

- Community education regarding Medicare or CHC services for seniors;
- Provider education regarding needs of seniors;
- Media activities;
- Financing of direct services provided to Medicare recipients;
- Partial salaries for providers who serve Medicare recipients;
- Outreach services;
- Group sessions for chronic disease patients;
- Delivery of direct services, as chosen & itemized by the applicant (from the list below)

For purposes of this grant program, “direct services” for seniors (age 65 years & over) means the provision of primary care. Primary care is the delivery of professional, comprehensive health services that include health education and disease prevention, initial assessment of health problems, treatment of acute and chronic health problems, and the overall management of an individual’s or family’s health care services. It entails first-contact care of persons with undifferentiated illnesses, comprehensive care that is not disease or organ specific, care that is longitudinal in nature, and care that includes the coordination of other health services. According to Section 330 of the U.S. Public Health Service Act, and the Alaska Primary Care Council (2007), and for purposes of the CHC-SAP, primary care services relevant for seniors include:

| <u>Service #</u> | <u>Service Description</u>   |
|------------------|--|
| 1.               | Health services related to family medicine, internal medicine, or gynecology provided by physicians, physician assistants, nurse practitioners, nurse midwives, and health aides.  |
| 2.               | Diagnostic laboratory and radiological services.   |
| 3.               | Preventive services including, but not limited to: <ul style="list-style-type: none"> <li>A. screening for breast, cervical, prostate and other types of cancer</li> <li>B. immunizations</li> <li>C. screenings for communicable diseases, environmental contaminants, and chronic health conditions</li> <li>D. eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care</li> <li>E. preventive dental services (provided by dentist, dental hygienist, or dental therapist)</li> </ul> |
| 4.               | Emergency medical services   |
| 5.               | Pharmaceutical services  |
| 6.               | Referrals to providers of health related services including specialty, dental/oral health, substance abuse and mental health services  |
| 7.               | Patient case management services including counseling, referral, and follow-up services  |
| 8.               | Patient education regarding health conditions and the availability and use of health services.   |
| 9.               | Dental health services, if those services are delivered under the auspices of the applicant CHC organization. This includes preventive dental services as performed by a dentist, dental hygienist or dental therapist   |
| 10.              | Behavioral health services, if those services are delivered under the auspices of the applicant CHC organization.  |

In support of the description of proposed service strategies, applicants must include a timeline for implementation of those strategies as an appendix to their proposal.

**b. PROGRAM EVALUATION REQUIREMENTS**

Awardees will report on activities, expenditures and results (reporting as applicable persons served, services provided, materials produced/distributed) quarterly and at the end of the grant year as part of the final report. Grantees will use a simple, standard checklist (here-provided by DHSS) to report project activities on a quarterly basis. This will show: (a.) total number of patients served, (b.) number of NEW patients served, and, (c.) funds expended. In addition, the grantee will report at least one “case example” of success as part of each quarter’s report. The format for the required data report is attached as Appendix R. to this document.

Proposals must contain a statement that the applicant will use and submit the completed standard checklist, here-provided by DHSS as template Appendix R.

Quarterly Reports should also include use of measure(s) proposed by the applicant that directly relate to its proposed strategy(s).

c. **TARGET POPULATION & SERVICE AREA**

Proposals must clearly describe the population targeted by the project, including the area or communities that will be served. Proposals will be evaluated for compatibility with the intended target population identified in this document.

Proposed Service Delivery Area: The proposed service delivery area is statewide, as related to the catchment area(s) for each or any of the potential twenty-five (25) “Section 330 Community Health Center” (CHC) applicant agencies (see below for list of those agencies that are eligible to respond to this NC-RFP).

Proposed Target Population: Applicants must state that the funds will be used only to increase access to care for seniors (i.e. people age 65 years and over).

d. **PROGRAM FUNDING**

Funds available for this grant are anticipated to total \$401,000 in State General Funds.

CHC-SAP funds will be allocated to CHC’s according to that portion of Alaska’s population that is age 65 years and over. The award includes a base amount of \$1,000 to all CHC’s with successful applications. The remaining non-base funds will be distributed proportionately, based on the share of the State’s population 65 and over in the CHC applicant’s service area as calculated by Health Planning & Systems Development using population data from the Alaska Department of Labor & Workforce Development. See (2) APPLICANT QUALIFICATIONS, page 4, below, for anticipated award amounts for each eligible applicant.

The proposal must contain both a detailed and narrative budget for the first fiscal year of the grant which is fully compliant with the limitations described in 7 AAC 78.160, and that supports program staffing and service delivery requirements stated in this NC-RFP. Appendix C - Budget Detail & Narrative Form and Instructions, provides applicants with a formatted Excel workbook and instructions for completing a project budget. More detailed instructions can be accessed in the DHSS Budget Guidelines available on line at <http://dhss.alaska.gov/fms/grants/Documents/DHSS%20Budget%20Guidelines.pdf>.

Proposals for this grant can include requests for: (1) Personal Services (i.e. personnel); (2) Travel; (3) Supplies (including software costing less than \$1,000.00); (4) Equipment (including software costing \$1,000.00 or more); and Other (including sub-contracts).

In accordance with program requirements, proposed budgets must contain no administrative costs. The following are not allowed as chargeable to this grant: (1) indirect charges, and/or (2) administrative fee charges, and thus must not appear in the applicant’s project request.

Applicants providing Medicaid reimbursable services must also have a Medicaid Provider Number, or apply to obtain one, and seek Medicaid reimbursement for all eligible services.

## **(2) APPLICANT QUALIFICATIONS**

Only those CHC's that currently exist are eligible to apply. CHC's are those clinics that currently receive federal funds via the US Public Health Services Act, Section 330. DHSS has determined that the following Alaskan CHC agencies are the entire set of organizations that are eligible-to-apply for this award, and no others.

For FY 2012, there are twenty-five (25) CHC's that are eligible to respond to this NC-RFP. These twenty-five CHC's are listed below, along with each minimum projected award amount derived from the population-based allocation formula described in Section 1(e). There are no other eligible agencies.

Agency: Anchorage Neighborhood Community Health Center  
903 West Northern Lights Blvd., Suite 208, Anchorage, Alaska 99503  
Bus: (907) 792-6258  
Amount of projected minimum award: \$197,179

Agency: Alaska Island Community Services  
PO Box 1615, Wrangell, AK 99929  
Bus: (907) 874-2373  
Amount of projected minimum award: \$4,791

Agency: Aleutian/Pribilof Island Association, Inc  
1131 East International Airport Road, Anchorage, Alaska 99518  
Bus: (907) 276-2700  
Amount of projected minimum award: \$1,278

Agency: Bethel Family Clinic  
PO Box 1908, Bethel, Alaska 99559  
Bus: (907) 543-3773  
Amount of projected minimum award: \$2,102

Agency: Bristol Bay Area Health Corporation  
PO Box 130, Dillingham, Alaska 99576  
Bus: (907) 842-5201  
Amount of projected minimum award: \$6,349

Agency: Camai Clinic  
P.O. Box 211, Naknek, Alaska 99633-0211  
Bus: (907) 246-6155  
Amount of projected minimum award: \$1,332

Agency: Central Peninsula Health Centers  
230 East Marydale, # 2, Soldotna, Alaska 99669  
Bus: (907) 262-3119  
Amount of projected minimum award: \$31,334

Agency: Council of Athabascan Tribal Governments  
PO Box 309, Fort Yukon, Alaska 99740  
Bus: (907) 662-2460  
Amount of projected minimum award: \$2,026

Agency: Cross Roads Medical Center  
PO Box 5, Glennallen, Alaska 99588  
Bus: (907) 822-3203  
Amount of projected minimum award: \$1,353

Agency: Dahl Memorial Health Center, Municipality of Skagway  
P.O. Box 531, Skagway, AK 99840  
Bus: (907) 983-2255  
Amount of projected minimum award: \$1,917

Agency: Eastern Aleutian Tribes  
3380 "C" Street, Suite 100 Anchorage, Alaska 99503-3949  
Bus: (907) 277-1440  
Amount of projected minimum award: \$2,066

Agency: Iliuliuk Family and Health Services  
PO Box 144 Unalaska, Alaska 99685  
Bus: (907) 581-1202  
Amount of projected minimum award: \$1,674

Agency: Interior Community Health Center  
1606 23rd Avenue Fairbanks, Alaska 99701  
Bus: (907) 455-4567  
Amount of projected minimum award: \$55,849

Agency: Kodiak Island Health Care Foundation  
1915 E Rezanof Dr Kodiak, Alaska 99615  
Bus: (907) 486-9557  
Amount of projected minimum award: \$9,340

Agency: Maniilaq Association  
PO Box 256, Kotzebue, Alaska 99752  
Bus: (907) 442-3311  
Amount of projected minimum award: \$5,729

Agency: Mat-Su Health Services, Inc.  
1363 W. Spruce Avenue, Wasilla, Alaska 99654  
Bus: (907) 376-2411  
Amount of projected minimum award: \$7,019

Agency: Norton Sound Health Corporation  
PO Box 966 Nome, Alaska 99762  
Bus: (907) 443-3311  
Amount of projected minimum award: \$7,177

Agency: Native Village of Eyak, Ilanka CHC  
PO Box 2289, Cordova, Alaska 99574  
Bus: (907) 424-3622  
Amount of projected minimum award: \$3,090

Agency: Seldovia Village Tribe Health Center  
880 East End Road, Homer, Alaska 99603  
Bus: (907) 226-2208  
Amount of projected minimum award: \$16,259

Agency: Southeast Alaska Regional Health Consortium  
3245 Hospital Drive Juneau, Alaska 99801  
Bus: (907) 463-4000  
Amount of projected minimum award: \$11,923

Agency: Southcentral Foundation  
4501 Diplomacy Drive, Suite 200 Anchorage, Alaska 99508  
Bus: (907) 265-4900  
Amount of projected minimum award: \$1,245

Agency: Sunshine Community Health Center  
PO Box 787, Talkeetna, Alaska 99676  
Bus: (907) 733-2273  
Amount of projected minimum award: \$8,098

Agency: Tanana Chiefs Conference  
122 First Avenue, Suite #600, Fairbanks, Alaska 99701  
Bus: (907) 452-8251  
Amount of projected minimum award: \$5,818

Agency: Yakutat Tlingit Tribe  
PO Box 418, Yakutat, Alaska 99689  
Bus: (907) 784-3238 Bus  
Amount of projected minimum award: \$1,538

Agency: Yukon Kuskokwim Health Corporation  
PO Box 528 Bethel, Alaska 99559  
Bus: (907) 543-6000  
Amount of projected minimum award: \$14,513

a. **REQUIRED EXPERIENCE**

Proposal evaluation will include consideration of the applicant's history of compliance with grant requirements; and previous experience in providing the same or similar services. The history of compliance will include a summary of audits and successful resolution of any audit findings. If the applicant is not a current or prior year grantee of DHSS or this Program, the proposal must include references and documentation of the successful delivery of similar services including a copy of their most recent audit.

b. **PROGRAM STAFFING REQUIREMENTS**

Program staffing levels must be commensurate with meeting the program goals, anticipated outcomes, and activities/strategies for service delivery appropriate to the proposed project. As appendices to the proposal, resumes and job descriptions must be submitted for key Project personnel.

c. **ADMINISTRATIVE, MANAGEMENT & FACILITY REQUIREMENTS**

The proposal must support the applicant's ability to responsibly administer the grant, including a description of the resolution of any prior year audit exceptions.

The applicant must address potential safety concerns for both clients and staff in the management of services proposed in response to this NC-RFP.

The applicant should describe how access is provided to clients and how that will enhance the success of the project. All applicants for DHSS grants should have an emergency response and recovery plan for the safe evacuation of clients and staff, and that provides for other potential safety concerns. This plan is mandatory for grantees providing residential and/or critical care services (see Appendix B, DHSS Assurances).

**(3) SUPPORT/COORDINATION OF SERVICES**

Applicants must coordinate with partners necessary to provide adequate supports to the clients served through their proposed project. Provide tangible demonstration of these necessary partnerships and cooperative agreements as appendices to the proposal. Agreements must be current and specifically address the services to be provided.

**MOU with MEDICARE INFORMATION OFFICE:** Applicants must sign and provide a copy of a written Memorandum of Understanding (MOU, Attachment S.) between the CHC-applicant and the State of Alaska's Medicare Information Office (MIO). The agreement indicates areas of cooperation between the application agency and the MIO in the provision of information to senior citizens and others about Medicare enrollment opportunities. To do this, applicant should contact the following:

Judith Bendersky  
Medicare Information Office  
Division of Disability & Senior Services  
3601 C St, Ste 310  
Anchorage, AK 99503  
Email: [judith.bendersky@alaska.gov](mailto:judith.bendersky@alaska.gov)  
Phone: (907) 269-3669

## SECTION B. GENERAL INSTRUCTIONS FOR PROPOSAL SUBMISSION

### (1) RESPONSIVENESS & DEADLINE for SUBMITTAL

- a. The applicant agency **must** meet the eligibility requirements of 7 AAC 78.030 for their proposal to be considered minimally responsive and to be considered for award. Once determined to be responsive, it will be evaluated according to the criteria in **Section C. Submission Requirements & Criteria for Proposal Review**.

If the applicant is an Alaska Native entity, **as defined in 7 AAC 78.950(1)**, they must submit with their application a legally binding resolution waiving the entity's sovereign immunity to suit, using Appendix G to this NC-RFP. This form is designed to encompass the multi-year grant duration period identified in Item B (5). To be eligible for consideration, the resolution must include authorization compliant with the tribe's constitution:

1. Federally recognized tribes for which the tribal constitution grants authority to the tribal council to waive sovereign immunity and enter into a Grant Agreement on behalf of the tribe.
2. Federally recognized tribes for which the tribal constitution requires a majority vote of the tribal membership to waive sovereign immunity and enter into a Grant Agreement.

- b. The proposal must be received at the address in Section B, Item (3), on or before 4:00pm **AST, Monday April 4, 2011**.
- c. **Additional Responsiveness Requirements:** Only those CHC's that currently exist are eligible to apply. CHC's are those clinics that currently receive federal funds via the US Public Health Services Act, Section 330. For FY 2012, there are twenty-five (25) CHC's that are eligible to respond to this NC-RFP. These twenty-five CHC's are listed above in Section (2), starting page 4, along with each minimum projected award amount derived from the population-based allocation formula described in Section 1(e). There are no other eligible agencies.

### (2) QUESTIONS REGARDING THE NC-RFP & ACCEPTANCE OF TERMS

Questions about the NC-RFP must be submitted to the Contact Person identified in Item B(3). Protests based on omission or error in the content of the NC-RFP will be disallowed for the purpose of appeal if not brought to the attention of the Contact Person, in writing, by the deadline for receipt of proposals. Applicants are responsible for providing contact information, either by maintaining updated organizational information in eGrants or by separate notice to the contact identified in B(3). Amendments or clarifications to the NC-RFP will be emailed to the contact provided by the applicant.

By submitting a proposal, an applicant accepts all terms and conditions of the NC-RFP, including all appendices and attachments identified in the NC-RFP, 7 AAC 78 Grant Programs, the provisions of Appendix B- DHSS Assurances, and all other applicable statutes and regulations, including but not limited to State and federal requirements regarding non-discrimination or concerning the protection and retention of protected health records and other personally identifiable information. If a grant is awarded, this NC-RFP and appendices, and the applicant's proposal with all attachments become part of the Grant Agreement; and the applicant will be bound by their proposal, unless the Department agrees that specific parts of the proposal are not part of the Agreement.

Proposals and other materials submitted in response to this NC-RFP become the property of the State and may be returned only if the State allows. Proposals are public documents and may be inspected or copied by anyone after grants have been awarded.

The Department of Health and Social Services will not be responsible for any expenses incurred by the applicant prior to the authorized grant performance period. All costs of responding to this NC-RFP are the responsibility of the applicant.

**(3) NUMBER OF COPIES & MAILING ADDRESS**

Submit one original and one (1) copy of the proposal to the Contact Person at the address below. Only the proposal indicated as the original will be reviewed to determine if the proposal is responsive. The applicant is responsible for the format and content of the original and all copies. Proposals must be received at the address provided below, on or before the deadline stated in Section B (1) of this NC-RFP. Proposals will not be accepted by fax or email, the fax number and email address below are provided solely for contact purposes.

Information received after the proposal deadline could result in additional compliance conditions, adjustments to the amount of funding, or may delay the beginning date of the grant.

**MAILING ADDRESS:**

Chris Francis, Grants Administrator  
Department of Health & Social Services  
Grants & Contracts Support Team  
P.O. Box 110650  
Juneau, Alaska 99811-0650

**PHYSICAL ADDRESS:**

Chris Francis, Grants Administrator  
Department of Health & Social Services  
Grants & Contracts Support Team  
State Office Building, Suite 760  
333 Willoughby Avenue  
Juneau, Alaska

PHONE: (907) 465-1187

FAX: (907) 465-8678

EMAIL: [chris.francis@alaska.gov](mailto:chris.francis@alaska.gov)

Note: U.S. Post Office will **not** deliver to the physical address listed above.

Relay Alaska provides assisted communication services at the following numbers:  
from a TT Phone: 1 800 770-8973; from a Voice Phone: 1 800 770-8255

**Organizations receiving this request that do not intend to apply for this grant should contact the person identified above at the earliest possible opportunity.**

**(4) PROPOSAL LENGTH & FORMAT**

**In order to ensure that your proposal is evaluated timely, please conform to the requested format described here.** Margins for each page should be at least 1 inch. Font should be no smaller than 12-point proportional type, or 10 characters to the inch (pitch). Number all pages and include a table of contents, with page references, including attachments or appendices.

**(5) DURATION OF GRANT**

This NC-RFP is for a three-year period, beginning FY 2012, July 1, 2011, through June 30, 2012. At the discretion of the Department of Health and Social Services, a project funded under this NC-RFP may be considered for continued funding in subsequent program year(s), FY 2013 and FY 2014. The decision to continue funding for continuing year(s) of the grant cycle is based on the following general conditions:

- a. the department's judgment that there is a continued need for the grant project service;
- b. the grantee's satisfactory performance during the previous grant year;
- c. the availability of sufficient grant program funds, and whether continuation of the financing is consistent with public health and welfare; and
- d. the ability of the grantee and the Department to agree on any adjustments in payments or service.

Grant award in the subsequent year(s) will require submission and approval of documents needed to update service plans, evaluation measures and budgets. Grantees will be notified by the division of specific submission requirements necessary to qualify for consideration of continued funding.

**(6) PROPOSAL REVIEW & FINAL DECISION AUTHORITY**

Following the deadline for receipt of proposals, DHSS staff will verify that all submission requirements have been met. Then using the conditions and criteria set out in this request; staff will conduct an evaluation of the proposal, based on its contents, as well as relevant documentation and information regarding the applicant that is available to the department. Staff recommendations may include funding level, modifications to the proposed project, or special compliance conditions. Staff advisory recommendations and all other review materials will be submitted for consideration to the Director of the division, who will make recommendations to the Commissioner for the final decision on grant awards in accordance with 7 AAC 78.093.

**(7) NOTIFICATION OF GRANT AWARD & APPEALS**

Within fifteen (15) days after the decision regarding grant awards, the applicant will be notified of the final funding decision, and any conditions of award or modifications. Following any necessary negotiations for revisions to the proposed budget and scope of services, applicants will be issued a Grant Agreement. This formal agreement will contain specific performance and reporting requirements consistent with Department policy and procedure and 7 AAC 78.

Per 7 AAC 78.305, an applicant may appeal a final grant award decision. Requests for hearing must be addressed to the Commissioner, and received in writing at the address below, within 15 days after the applicant receives notification of the decision. The request must contain the reasons for the appeal and must cite the law, regulation, or terms of the grant upon which the appeal is based.

William J. Streur, Commissioner  
Department of Health & Social Services  
P.O. Box 110601  
Juneau, Alaska 99811-0601

**(8) CANCELLATION OF THE NC-RFP/TERMINATION OF AWARD**

Contingent upon funding appropriations and the Governor's approval, the Department may fund proposals from eligible applicants. The Department of Health and Social Services may withdraw this Non-Competitive Request for Proposals at any time and reserves the right to refrain from making an award when such action is deemed to be in the best interest of the State. Funds awarded for a grant as a result of this NC-RFP may be withheld and the grant terminated by written notice from the grantor to the grantee at any time for violation by the grantee of any terms or conditions of the grant award, or when such action is deemed by the grantor to be in the best interest of the State.

**SECTION C SUBMISSION REQUIREMENTS/CRITERIA for PROPOSAL REVIEW  
(SCORE SHEET) for CHC-SENIOR ACCESS PROGRAM.** The following pages contain the criteria  
by which the proposal will be evaluated.

**INSTRUCTION TO APPLICANTS:**

1. Enter the name of the applicant agency.
2. Check the type of entity eligibility under which application is being made in the boxes below.
3. Complete column A in the tables on the following pages by entering the page number of the proposal where the requested information is addressed.
4. Please do not write in shaded areas; shaded areas are to be completed by DHSS reviewers.
5. Applicants MUST submit the completed Section C of the NC-RFP with each copy of their proposal.

|                                   |                          |                          |                          |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Enter Applicant Agency Name:   |                          |                          |                          |
| Check Applicant Eligibility Type: | <input type="checkbox"/> | Nonprofit, or Subsidiary | <input type="checkbox"/> |
|                                   |                          | Alaska Native Tribe      | <input type="checkbox"/> |
|                                   |                          |                          | Government               |

[SHADED AREAS TO BE COMPLETED BY REVIEWER]

|   |
|---|
| Reviewer's Name _____ Date _____  |
| Summarize special conditions of award and any modifications needed to the proposed project. |

[SHADED AREAS TO BE COMPLETED BY REVIEWER]

|  |                    |
|--|--------------------|
| <b>1. Eligibility Criteria &amp; Deadline for Submission</b>   | Reviewer Checklist |
| a. Applicant is eligible per 7 AAC 78.030.   | Yes / No           |
| b. Proposal was received on or before the deadline and at the address stated in B (2).   | Yes / No           |
| c. Applicant is one of the twenty-five (25) CHC's that are eligible to respond to this NC-RFP. These twenty-five CHC's are listed above in Section (2), starting page 4. There are no other eligible agencies. | Yes / No           |

[SHADED AREAS TO BE COMPLETED BY REVIEWER]

|  | Column A          | Column B           |
|--|-------------------|--------------------|
| <b>2. Technical Requirements - Application, Assurances, Budget &amp; Organizational Documentation per 7 AAC 78.060, 78.090(b) and 78.100</b>                               | Proposal Page No. | Reviewer Checklist |
| a. Grant Application, form 06-5437, Appendix A, is complete, including the <b>other agency grant funding</b> information, and is signed and dated by an authorized person. |                   | Yes / No           |
| b. DHSS Assurances form, Appendix B, is signed and dated by an authorized person.  |                   | Yes / No           |
| e. The proposal contains current applicable organizational documents, or current documents are on file with DHSS.  |                   |                    |
| f. Current Governing Board Member List with contact information for Officers.  |                   | Yes / No           |

**SECTION C SUBMISSION REQUIREMENTS/CRITERIA for PROPOSAL REVIEW (contd.)**

|   |  |          |
|---|--|----------|
| g. Agency audits are current, have been submitted and prior year audit exceptions, if any, are resolved or the proposal adequately addresses any problem areas. |  | Yes / No |
| h. A detailed and narrative budget has been submitted that is complete, mutually consistent, and compliant with grant & program requirements and restrictions.  |  | Yes / No |
| [ADDITIONAL REVIEWER COMMENT]   |  |          |
|   |  |          |

[SHADED AREAS TO BE COMPLETED BY REVIEWER]

| Column  | A                 | B                  |
|---|-------------------|--------------------|
| <b>3. Project Description 7 AAC 78.100(1) Criteria related to program policy, goals, outcomes, activities/strategies</b>  | Proposal Page No. | Reviewer Checklist |
| a. Proposed goals and outcomes are achievable and support the program intent.   |                   | Yes / No           |
| b. Proposed strategies are well developed, reasonable & support program intent.   |                   | Yes / No           |
| c. Proposal contains a timeline for project implementation that is both reasonable & compliant with grant program timelines.  |                   | Yes / No           |
| d. The target population, & service are, are clearly identified, and meet the intent of the program. Target population must be age 65 years & older.  |                   | Yes / No           |
| e. Applicants must agree that they will complete and submit the DHSS-provided standard Quarterly Report form, following the end of each program-quarter.  |                   | Yes / No           |
| f. Proposed budget costs are reasonable and allowable.  |                   | Yes / No           |
| g. Budget details(s) and narrative are included as instructed, are internally consistent, achievable with demonstrated resources, & support program intent. Budget will not include either (a.) administrative costs, or (b) indirect expenses. |                   | Yes / No           |
| [ADDITIONAL REVIEWER COMMENT]   |                   |                    |
|   |                   |                    |
|   |                   |                    |

[SHADED AREAS TO BE COMPLETED BY REVIEWER]

| Column  | A                 | B                  |
|---|-------------------|--------------------|
| <b>4. Applicant Qualifications- Criteria Relating to Personnel, Management and Facilities 7 AAC 78.100(2)</b>   | Proposal Page No. | Reviewer Checklist |
| a. Applicant appears in list of healthcare delivery agencies—above in Section (2), starting page 4—that are deemed as “Section 330 Community Health Centers.” |                   | Yes / No           |
| b. Applicant’s history demonstrates compliance with grant requirements, and previous experience in providing the same or similar services.                    |                   | Yes / No           |
| c. Proposed staff providing services are qualified & competent as demonstrated by necessary professional credential(s) and resume(s)                          |                   | Yes / No           |
| d. Administrative capacity demonstrates capability to meet reporting and management requirements.   |                   | Yes / No           |
| [ADDITIONAL REVIEWER COMMENT]   |                   |                    |
|   |                   |                    |
|   |                   |                    |

[SHADED AREAS TO BE COMPLETED BY REVIEWER]

| Column | A | B |
|--------|---|---|
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| 5. Demonstration of Support/Involvement and Service Coordination 7 AAC 78.100(3)   | Proposal Page No. | Reviewer Checklist |
|--|-------------------|--------------------|
| a. Appropriate documentation of support is provided from each community in which the applicant proposes to provide services.   |                   | Yes / No           |
| b. Proposal contains evidence of necessary partnership(s) (if any are needed), referral, and collaborative agreement(s) necessary for the applicant's ability to achieve program goals & desired outcomes. |                   | Yes / No           |
| c. Applicants must sign and provide a copy of a written Memorandum of Understanding (MOU, Attachment S.) between the CHC-applicant and the State of Alaska's Medicare Information Office (MIO).            |                   | Yes / No           |
| ADDITIONAL REVIEWER COMMENT]   |                   |                    |
|  |                   |                    |
|  |                   |                    |