

**State of Alaska  
Department of Health  
Division of Senior and Disabilities Services**



**Request for Proposals  
Senior Residential Services  
For FY2027 Through FY2029  
Grants and Contracts**

NOTICE: Proposals will ONLY be accepted through GEMS. Applicants are responsible for reviewing the [State of Alaska GEMS Welcome Page](#) for details regarding agency registration and availability of technical assistance. Log into GEMS through [myAlaska](#) to begin the application process. Once you are logged into GEMS, guidance and instruction are available in the Documents tab and from the film strip icon. Applicants are responsible for monitoring GEMS or the State Online Public Notices site for any changes or amendments that may be issued regarding this solicitation.

Relay Alaska provides assisted communication services at 711 or 1-800-770-8973 from a TTY phone, and at 1-800-770-8255 from a voice phone.

CONTACT PERSON: Sandra Holst, Grants Administrator

PHONE: (907)465.2835

E-MAIL: [sandee.holst@alaska.gov](mailto:sandee.holst@alaska.gov)

PROPOSAL DUE DATE: May 12, 2026, 3:59 PM

DEADLINE FOR WRITTEN INQUIRIES: May 4, 2026, 3:59 PM

PROJECT PERIOD BEGINS: July 1, 2026

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## Section 1 Grant Program Information

### 1.01 Introduction and Program Description

The Senior Residential Services (SRS) program provides funding to agencies that operate assisted living homes in remote communities where long-term care facilities and Pioneer Homes are not available. These homes serve seniors age 60 and older, and others who cannot live independently but can reside safely in a supervised setting with minimal assistance. Assisted living homes provide meals, housing, and help with daily activities such as bathing, dressing, transferring, and eating. By supporting these services in remote areas, the program helps elders remain close to their homes, families, and cultural connections rather than relocating to larger communities for care.

The Department of Health, Division of Senior and Disabilities Services, is requesting proposals from eligible applicants to provide Senior Residential Services for the State of Alaska in FY2027 through FY2029. Program Services are authorized under 7 AAC 78 Grant Programs. Additional governing statutes are AS 47.65 Service Programs for Older Alaskans; AS 47.33 and 7 AAC 75 Assisted Living Homes. State of Alaska statutes and regulations are accessible at [the Department of Law Document Library](#) or through the contact person identified on the cover page of this Request for Proposals (RFP).

### 1.02 Program Goals and Anticipated Outcomes

#### Goal

The goal of the Senior Residential Services program is to support Alaskan elders in their home communities with honor, dignity, security, and independence through the provision of an assisted living environment.

#### Outcomes

- Elders who reside in remote areas and need assistance will remain in their communities.
- SRS programs are financially sustainable.
- Residents receive quality services, are safe, have meaningful interactions with their communities and receive a plan of care that allows for individual preferences and included specific goals and outcomes.

The proposed project must demonstrate a thorough understanding and support of the grant program goals and outcomes anticipated by the Department.

Projects must meet or exceed anticipated minimum outcomes described in this RFP.

### 1.03 Program Services/Activities

Grantees awarded funding under the Senior Residential Services Program shall deliver comprehensive, person-centered services that support the health, safety, and independence of participating individuals. The following requirements establish minimum expectations for service delivery, care coordination, documentation, and program administration. Applicants must demonstrate the capacity to meet these requirements and maintain compliance with all applicable state, federal, and Medicaid Waiver regulations.

#### Client Access and Care Planning

- Screening and Admission procedures for determining eligibility and appropriateness for services, including prioritization criteria where applicable.
- Intake and Assessment -Comprehensive assessment of client needs, including physical, behavioral, social, and environmental factors.
- Plan of Care Development- Development of an individualized Plan of Care based on assessed needs, preferences, and goals.
- Implementation of Plan of Care- Timely initiation and delivery of services as outlined in the Plan of Care.
- Reassessment- Ongoing reassessment of client needs at regular intervals and upon significant change in condition.
- Discharge from Services- Clear criteria and procedures for discharge, including transition planning and coordination with other service providers.

### **Service Delivery**

- Skilled Nursing Services- Provision of nursing services as required, including oversight of medical needs and coordination with healthcare providers.
- Medication Management- Safe administration, monitoring, and documentation of medications in compliance with applicable regulations.
- Personal Care- Assistance with activities of daily living, including bathing, dressing, grooming, and mobility.
- Nutrition and Meals- Provision of nutritionally adequate meals and support with dietary needs.
- Housekeeping- Maintenance of a safe and sanitary living environment.
- Activities- A variety of structured and unstructured activities that promote creative expression, mental stimulation, social engagement, and physical movement.
- Community Integration- Opportunities for community-based activities and social inclusion.
- Cultural Competency and Access- Respect for cultural values, traditions, and preferences as well as access
- Assistance with accessing transportation and community resources

### **Monitoring, Documentation, and Compliance**

- Client Monitoring-Defined methods, frequency, and scope of monitoring to ensure health, safety, and well-being of participants.
- Client Records and Documentation- Organization and maintenance of complete and accurate client records, including documentation of all services provided.
- Incident Reporting and Resolution- Established processes for reporting, documenting, and resolving incidents, including timelines and corrective actions.
- Consumer Complaint Process- Accessible and responsive procedures for receiving, documenting, and resolving client complaints.
- Medicaid Provider - Maintenance of approval to provide and bill for Residential Supported Living services under the Medicaid Waiver, including compliance with all applicable standards.
- Care Coordination and Communication- Collaboration with healthcare providers, case managers, and care coordinators

Applicant must also complete and submit with application a Planned Services form on the prescribed template which outlines the number of residents the applicant plans to provide services to in FY27. The document should describe outreach services that will be conducted in an effort to increase the number of residents served, describe activities that will be implemented to improve services in the upcoming year, and provide information regarding Medicaid provider and billing status.

Applicants will upload a timeline for the initiation of services and project activities to begin July 1, 2026.

Applicant proposals must describe the ways in which the project aligns with program intent. The submitted project proposal will identify agency resources available to the project; describe project activities; and clearly state the project's anticipated goals, outputs, and outcomes.

#### **1.04 Program Evaluation Requirements and Reporting**

Projects are required to align with program objectives expressing Department priorities and core services. Projects will use performance measures to evaluate progress toward meaningful outcomes, and to initiate data collection and reporting consistent with Department priorities.

The Department Priorities, Core Services, Objectives, and Performance Measures of Effectiveness and Efficiency for this program are:

##### **Department Priorities**

1 Health & Wellness Across the Life Span

##### **Department Core Services**

1.2 Provide Quality of Life in a Safe Living Environment for Alaskans

##### **Department Objectives**

Increase the number of Older Alaskans Who are living Safely in Their Communities

##### **Effectiveness Performance Measures**

- Number of recipients who are able to remain in their communities and receive Senior Residential Services
- Number of recipients who qualify for Medicaid Waiver Services and receive Senior Residential Services
- Number of recipients who are satisfied with services (Target 80% or better)

##### **Efficiency Performance Measures**

- Average cost per individual to provide Senior Residential Services
- Increase ratio of Medicaid vs non-Medicaid revenues
- Increase satisfaction with services

The revised Federal Uniform Guidance 2 CFR 200 now requires that the State inform potential sub-recipients via our solicitation and resulting grant awards of all performance measures included in our Federal Award. The applicant's proposed evaluation plan will incorporate the performance measures of effectiveness and efficiency identified above. Applicants can propose additional performance measures for evaluating the project's progress in achieving results supportive of program goals and outcomes.

##### **Grant Reporting**

Required reporting will include:

- Quarterly Cumulative Fiscal Reports recording overall grant and match expenditures by budget line;
- Program Reports are in the format prescribed by the program including:
  - Quarterly Service Delivery Report
  - Biannual Narrative Report due at the times of Q2 and Q4

- Annual Performance Measures Framework including data from Annual Consumer Survey due at the time of Q4
- Cumulative Detailed Expenditure Report verifying amounts reported in Cumulative Fiscal Reports due at the times of Q2 and Q4.
- Grantee will be required to submit consumer demographic information and service delivery data for program recipients into the division's Aging and Disability Data Management System (GetCare).

### 1.05 Target Population and Service Area

Applicants 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 program's intended target population identified in this solicitation.

#### Target Population:

- Seniors 60+ who experience disability, at risk for institutionalization, are frail, elderly, or who have been diagnosed with Alzheimer's Disease or Related Disorders (ADRD),
- Adults with ADRD under 60, and
- Adults 18 and over with a physical disability who are not able to live independently.

**Service Areas and Communities:** This program is intended to serve geographical gaps in Alaska where the target population has no access to a residential care facility meaning local residents would need to travel over 50 miles to a Pioneer's Home. Potential grantee service providers who receive funds through this program must use the funds to operate in a region of the state that is identified as 'remote' in accordance with the [Alaska Commission on Aging's \(ACOA\) Alaska Plan for Senior Services](#) definition of remote areas lacking services (pg. 69). Please review ACOA's Plan here prior to applying.

### 1.06 Program Funding

Funds available for this program are anticipated to total \$615,000 State General Funds in FY2027. \$1,845,000 for a three-year program FY27 through FY29. **Match Requirement:** The budget must include matching funds equal to 10.00% of the proposed Department funds. Calculate required match with the following formula.

Total Requested Grant Award x Required Match Percentage = Required Match

Federal grant funds may not be used to match federal funds awarded through this grant program, and State grant funds may not be used to match State funds awarded through this grant program.

Eligible sources of matching funds include:

- Local Cash: local sources, including local tax receipts, municipal revenue sharing, cash donations
- Local In-Kind: donated items of value for which the applicant incurs no cost, including volunteer labor and donations of supplies, equipment, space
- Other Sources: government and non-government grant awards, third party receipts, direct receipts such as gaming or sales of goods
- Grant Income: earnings anticipated as a result of this project proposal receiving award, and Medicaid reimbursements if award of this grant is required for the applicant to bill Medicaid for awarded services
- Medicaid: includes Medicaid, which is not Grant Income, as well as other third-party receipts

**Proposed Budget:** The applicant must submit a budget proposal for the first fiscal year of the project. The proposed budget detail and narrative, including required match, will support the program's results-based service delivery and staffing requirements stated in this RFP.

The proposed budget will be fully compliant with the limitations described in this RFP, and those detailed in 7 AAC 78.160 (Costs). Regulations are provided under the GEMS Documents tab.

Resources specific to budgeting are also available under the GEMS Documents tab. The Department's Grant Budget Preparation Guidelines provide information and guidance about budget lines, cost detail groupings, and narrative requirements. Grantee User Manual Part I provides detailed instructions for entering a budget proposal in the chapter "Responding to a Solicitation."

**Other Agency Funding:** Prior to submitting a proposal, applicants are required to list all other agency funding received and applied for. This task must be completed by an Agency Power User in the Other Funding section of the Agency Administration tab. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

**Indirect Costs:** If the proposed budget includes indirect costs, 7 AAC 78.160(p) requires a copy of the agency's current federally approved Indirect Cost Rate Agreement. The agreement is to be uploaded in the Agency Administration tab. Lapsed agreements can be used if uploaded with the negotiating federal agency's written approval to continue using the rate until a new agreement is negotiated. If an agency has never entered into a federally approved Indirect Cost Rate Agreement or no longer has a federally approved agreement in place, the recently updated Federal Uniform Guidance 2 CFR 200 now allows that agency to budget the 15% De Minimis.

**Payment for Services/Grant Income:** If applicable to the services proposed in response to this solicitation, awarded grantees will have a Medicaid Provider Number or apply to obtain one, and will make reasonable effort to bill all eligible services to Medicaid and any other available sources of payment before seeking grant support for delivery of the proposed services. Department funds are the payer of last resort.

In the applicant's proposed budget, anticipated receipts and expenditures for all grant income must be evident in the detail and narrative. Fiscal reports for awarded income generating projects will include the receipts and expenditure of all grant income.

## Section 2 Applicant Qualifications

### 2.01 Agency Experience

Proposal evaluation will include consideration of the applicant's history of compliance with service and grant requirements, and previous experience in providing the same or similar services. Evaluation may include Department site reviews, program audits, and confirmation of the successful resolution of any findings. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

The applicant must describe previous experience providing services the same or similar to those proposed as well as the current status of the Home's residential license. The description must clearly identify the time period over which services were provided and the target population served.

### 2.02 Project Staffing

Project staffing must be sufficient to implement the proposed activities to meet program goals and the anticipated

outcomes. Resumes, professional credentials and position descriptions for key project personnel must be uploaded as part of the response. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

Staffing requirements are outlined in AS 47.33 and 7 AAC 75 Assisted Living Homes.

### **2.03 Administrative, Management, and Facility Requirements**

The applicant must demonstrate the agency's sustainable fiscal and administrative capacity. Executive, administrative, and financial staff must be qualified, as indicated by the resumes of position holders uploaded as an element of the proposal. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

1. The applicant must ensure procedures are in place to protect client confidentiality compliant with State and federal standards.
2. The applicant must ensure its most recent financial audit was submitted to the appropriate state office (see Audit Requirements below), and any findings identified have been resolved.
3. The agency must maintain State of Alaska Assisted Living licensure throughout the duration of the grant.

Awarded proposers will be required to submit additional agency information if the agency GEMS record is not current.

#### **Audit Requirements:**

Federal Requirements: Agencies spending \$1,000,000 or more total Federal Financial Assistance in the agency fiscal year may be required to comply with conditions of the Single Audit Act of 1984, P.L. 98-502, as amended by the Single Audit Act Amendments of 1996, P.L. 104-156, and as defined in 2 CFR 200.

State Requirements: Agencies spending \$750,000 or more total State Financial Assistance in the agency fiscal year are required to comply with the conditions of 2 AAC 45.010-090. The current regulations may be viewed at the State of Alaska, Department of Law website, [Department of Law Document Library](#), or copies may be obtained from the contact identified on the cover page of the RFP.

Information on State and Federal Single Audit Acts compliance may be obtained from:

State Single Audit Coordinator  
Department of Administration  
Division of Finance  
PO Box 110204  
Juneau, AK 99811-0204  
Telephone: (907) 465-4666  
Fax: (907) 465-2169

Department of Health Program Audit Requirements: All DHSS grantees are subject to the requirements of 7 AAC 78.230. If awarded, agencies which are not required to file State Single Audits under 2 AAC 45.010 must ensure a fiscal audit of the agency operations under the grant program is performed by an independent, licensed, certified public accountant at least once every two years and submitted to:

State of Alaska Department of Health and Social Services  
Finance and Management Services  
Audit Section  
PO Box 110602

Juneau, AK 99811-0602  
Telephone: (907) 465-3120

### **Facility, Service Access, and Safety:**

1. The applicant must address potential safety concerns for clients and staff in the management of services proposed in response to this RFP.
2. The applicant should describe client accessibility to services and the way in which that will enhance project success.
3. All applicants for Department grants should have a written plan for emergency response and recovery that provides for potential safety concerns and the safe evacuation of clients and staff. This plan is mandatory for agencies providing residential and/or critical care services as noted in the State Grant Assurances.

### **2.04 Support/Coordination of Services**

Applicants must demonstrate the proposed project has the necessary support and coordination for the successful delivery of services. The proposal must address the following:

1. Community support where services are proposed;
2. Partnerships and collaborations specific to the proposed project; and
3. Coordination with necessary referring agencies and the role of each described.

## **Section 3 General Instructions for Proposal Submission**

### **3.01 Eligibility**

Applicants must be eligible to apply under 7 AAC 78.030 (Eligible Applicants). Eligible applicants are state agencies; political subdivisions of the state such as cities, organized boroughs, and Regional Educational Attendance Areas; nonprofit organizations and consortia of nonprofits; and Alaska Native entities. As follows, eligibility will be verified by Grants and Contracts.

1. Political subdivisions of the state and Regional Educational Attendance Areas will be verified by State records.
2. Eligible nonprofits are listed in the State's database of registered nonprofit entities or the US Internal Revenue Service's register of tax-exempt organizations. Nonprofit subsidiaries of nonprofit corporations must also provide a letter from the parent organization confirming nonprofit status.
3. Alaska Native entities as defined in 7 AAC 78.950(1) must submit, with the application, a legally binding resolution waiving the entity's sovereign immunity to suit through the duration of the program, identified in RFP Subsection 3.05. The resolution must be authorized in compliance with the tribe's constitution, either by the tribal council or by majority vote of the tribal membership. The required template is provided at Subsection 4.02, Other Technical Requirements.

Applicant agency GEMS records must contain the agency's current State of Alaska Business License number, and a current governing board roster which includes titles, contact information, and terms of office for each seat. The roster must include emergency contact information outside the applicant agency for one or more officers.

Grants and Contracts will verify neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.

Applicants who have had a contract or grant to help produce this RFP are not eligible to apply and any submitted proposal will not be considered.

### **3.02 Acceptance of Terms**

By submitting a proposal, an applicant accepts all terms and conditions of this RFP including all identified attachments and guidelines, 7 AAC 78, and any other applicable statutes and regulations. Copies of these may be accessed through the contact person identified on the cover page or through the web address(es) identified in this RFP.

If a grant is awarded, this RFP and the applicant's proposal become part of the grant agreement. The applicant will be bound by the provisions contained in the awarded 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 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.

### **3.03 Inquiries**

Applicants should immediately review this RFP for defects and questionable or confusing content. Questions that can be answered by directing the applicant to a specific section in the RFP may be answered verbally by the contact person identified on the RFP cover page. Questions that cannot be answered by directing an applicant to a specific section of the RFP may be declared substantive. The applicant will be directed to submit the question in writing to the contact person at the email address on the cover page no later than the Deadline for Written Inquiries, also identified on the cover page. This will allow issuance of any necessary amendments and/or clarifications to all prospective applicants.

Applicants are responsible for monitoring GEMS or the State's Online Public Notices website ([Online Public Notices](#)) for any clarifications or amendments that may be issued regarding this solicitation.

**Proposals will not be accepted after 3:59 PM prevailing local time on the due date identified on the cover page.**

### **3.04 Proposal Costs and Content**

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

The applicant is responsible for the content of the proposal.

### **3.05 Duration**

This RFP is for a three-year period, beginning 7/1/2026 through 6/30/2029. At the discretion of the Department, a project funded under this RFP may be considered for continued funding in subsequent program year(s). The annual decision to continue funding for the subsequent year(s) of the three-year grant cycle is based on the following general conditions:

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

Applicants will submit a budget proposal for year one of the grant only. Funding in each subsequent year will require submission and approval of documents needed to update service plans, evaluation measures, and budgets. Grants and Contracts will notify grantees of specific submission requirements necessary to qualify for consideration of continued funding.

### 3.06 Proposal Review

Following the deadline for receipt of proposals, no revisions will be accepted unless provided in response to a request from the contact person named in this RFP. Proposals will be reviewed as follows:

1. Proposals will be evaluated in a manner that will avoid disclosure of contents before notices of grant award have been issued.
2. Department of Health staff will evaluate each proposal for minimum responsiveness and other technical requirements and eliminate nonresponsive proposals from consideration.
3. Using the criteria set out in this RFP and 7 AAC 78.100 (Criteria for Review of Proposals), Department staff will evaluate each responsive proposal. **Scores for each criterion will be based solely on the response to the associated question. Points will not be earned if the information was provided in response to another question in Section 4.** Department staff will also review relevant departmental documentation regarding the applicant. Staff recommendations regarding awards and levels of funding will include consideration of the following:
  - i. a history of the applicant's compliance with grant requirements, to include records of program performance, on-site program reviews, and prior year audits;
  - ii. priorities in applicable State health and social services plans;
  - iii. requirements of applicable State and federal statutes; and
  - iv. municipal ordinances or regulations applicable to the grant program.

If there are multiple responsive proposals for which there is insufficient money to fully fund, or supplementary expertise is deemed necessary to the review of proposed services, the Department may appoint a Proposal Evaluation Committee (PEC) as an additional advisory body. PEC members will initially evaluate proposals, independently of other committee members. As a committee the PEC will meet in a **closed session** (7 AAC 78.090 Review of Proposals) to further review proposals and develop recommendations. Scores will be assigned based on the applicant's response to each individual question and the associated criteria. **Applicants will not earn points for a given question based on a response to another question in the RFP.** The PEC review will include discussion of each proposal's merits. PEC recommendations will rank proposals in priority order and include approval or disapproval for award, modifications to the proposed project, and special compliance conditions.

All staff advisory recommendations and, if applicable, those of the PEC, and all review materials will be submitted for consideration by the Division Director, who will make recommendations to the Commissioner of the Department of Health or the Commissioner's designee.

### 3.07 Final Decision Authority

Recommendations are advisory only, including those from any PEC that may be held. The final decision to approve or disapprove award, the amount of each award, and whether to impose special conditions or modifications rests with the Commissioner or Commissioner's designee.

NOTE: The final decision may include additional considerations, such as a lack or duplication of services in certain locations, or alternative services that may be available; a critical need for services by vulnerable populations; and matters of health, life and safety. The Department has the responsibility to ensure public monies are utilized in a manner that protects the interests of the people of the State and retains the right to make final awards that ensure responsible distribution of grant funds.

### **3.08 Notification of Grant Award and Appeals**

Within fifteen (15) days after the decision regarding grant awards, applicants will be notified of the final funding decisions, and, if awarded, any conditions of award or modifications. Following any necessary negotiations for revisions to the proposed budget and scope of services, successful 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 (Request for Appeal), 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.

**With a copy to the contact identified on the solicitation cover page, send appeal to:**

Heidi Hedberg, Commissioner  
Department of Health  
3601 C Street, Suite 902  
Anchorage, Alaska 99503-5923

### **3.09 Cancellation of the RFP/Termination of Award**

Contingent upon funding appropriations and the Governor's approval, the Department may fund proposals from eligible applicants. The Department may withdraw this RFP 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 RFP may be withheld and the grant terminated by written notice from the State 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 to be in the best interest of the State.

## **Section 4 Submission Requirements/Evaluation Criteria**

### **4.01 Minimum Responsiveness Criterion per 78.100(2)(A)**

Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).

- 1 Applicant is eligible per 7 AAC 78.030.**

| Evaluation/Review Criteria |   | Review                              | Points |
|----------------------------|---|-------------------------------------|--------|
| a                          | Applicant is eligible per <a href="#">Alaska Administrative Code 7 AAC 78.030</a> . | <input checked="" type="checkbox"/> |        |

**4.02 Other Technical Requirements per 7 AAC 78.060, 78.090(b) and 78.100**

Response & Organizational Documentation

**1 If applying as a non-profit organization, confirm non-profit status is documented.**

| Evaluation/Review Criteria |  | Review                              | Points |
|----------------------------|--|-------------------------------------|--------|
| a                          | The agency is listed as a non-profit in good standing on the State's corporation database, confirmed at <a href="#">State Corporation Database</a> and/or  | <input checked="" type="checkbox"/> |        |
| b                          | The agency's current 501(c)(3) status is confirmed on the Exempt Organizations page, accessible at <a href="#">IRS Tax Exempt Organization Search</a>  | <input checked="" type="checkbox"/> |        |
| c                          | If a non-profit subsidiary of a non-profit corporation, a verifying letter from the parent non-profit agency is uploaded to the applicant's agency GEMS record (under General in the Agency Administration tab). The parent corporation must meet criteria a and/or b. | <input checked="" type="checkbox"/> |        |

**2 If applying as a Federally recognized tribal entity, upload the signed Resolution for Tribal Entities using the template provided below. Confirm the following criteria are met.**

| Evaluation/Review Criteria |   | Review                              | Points |
|----------------------------|---|-------------------------------------|--------|
| a                          | The applicant is a recognized Alaska Native entity as verified by the Federal Register at <a href="#">Federal Register</a> . If a tribal consortium, all members are recognized Alaska Native entities. | <input checked="" type="checkbox"/> |        |
| b                          | A Resolution, completed on the provided form, is uploaded in the space provided. If a tribal consortium, a Resolution from each member tribe is uploaded as a single file.                              | <input checked="" type="checkbox"/> |        |

**3 If applying as a government entity, confirm the following criterion is met.**

| Evaluation/Review Criteria |  | Review | Points |
|----------------------------|--|--------|--------|
|----------------------------|--|--------|--------|

|  |  |                                     |  |
|--|--|-------------------------------------|--|
|  | <p>a The applicant is another State Agency, such as the University; a political subdivision such as a city or municipality, verified at <a href="#">Local Boundary Commission</a> ; or an REAA under AS 14.08.031 verified at <a href="#">Department of Education Alaska School Map</a>.</p> | <input checked="" type="checkbox"/> |  |
|--|--|-------------------------------------|--|

**4 Confirm neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.**

| Evaluation/Review Criteria  | Review                              | Points |
|---|-------------------------------------|--------|
| <p>a The applicant agency nor its principals are barred from receiving federal assistance as verified in the federal System for Awards Management at <a href="#">System for Award Management (SAM)</a>.</p> | <input checked="" type="checkbox"/> |        |

**5 Electronically sign the State Grant Assurances form.**

| Evaluation/Review Criteria   | Review                              | Points |
|--|-------------------------------------|--------|
| <p>a State Grant Assurances form is signed by an individual authorized to enter into legal agreements on behalf of the applicant agency.</p> | <input checked="" type="checkbox"/> |        |

**6 Confirm the following information is provided at the Agency Administration tab. These tasks must be completed by a Power User. If the information is found to be incomplete or not current, there may be delay in execution of any offered award.**

| Evaluation/Review Criteria  | Review                              | Points |
|---|-------------------------------------|--------|
| <p>a The General section contains a current governing board roster. The roster includes terms of each seat and contact information outside the applicant agency for one or more officers.</p>   | <input checked="" type="checkbox"/> |        |
| <p>b The Other Funding section contains a record for each source of agency operating funds. The record includes funds applied for under this solicitation. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.</p> | <input checked="" type="checkbox"/> |        |
| <p>c The General section contains a State of Alaska business license number, verified at <a href="#">Alaska Business Licenses Search</a>.</p>   | <input checked="" type="checkbox"/> |        |
| <p>d All agency contact records are up to date, including Head of Agency, Primary Contact, and Head of Financial Operations.</p>  | <input checked="" type="checkbox"/> |        |

|   |   |                                     |  |
|---|---|-------------------------------------|--|
| e | The applicant's agency record contains the Agency Fiscal Year Start Date.   | <input checked="" type="checkbox"/> |  |
| f | The applicant's agency GEMS record contains a current Federally Negotiated Indirect Cost Rate Agreement. If lapsed, the agreement is uploaded with written confirmation from the negotiating agency that the rate is valid until a new agreement is approved. | <input checked="" type="checkbox"/> |  |

**4.03 History of Compliance with Grant Requirements per 7 AAC 78.100(2)(B)**

**1** *Previous recipients of grant awards will confirm the following criteria pertaining to past performance and compliance are met. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200. All other applicants will mark Complete without confirming.*

| Evaluation/Review Criteria | Review  | Points                              |  |
|----------------------------|---|-------------------------------------|--|
| a                          | Fiscal, narrative, and data reporting in prior years has been complete and timely.  | <input checked="" type="checkbox"/> |  |
| b                          | Required State and Federal Single Audits have been submitted, verified at <a href="#">Division of Finance, State Single Audit</a> . Any prior year audit exceptions have been resolved, verified by the Finance and Management Services Audit Section contact identified at <a href="#">Finance and Management Services Audit Contact</a> . | <input checked="" type="checkbox"/> |  |
| c                          | Activities in prior year(s) demonstrate effective delivery of services. The departmental review may include documentation such as performance reports, audit reports, grant records, site visits, etc.  | <input checked="" type="checkbox"/> |  |
| d                          | Agency historically maintains required standards. Verification may include, though is not limited to, quality assurance reviews, licensing, and certifications.   | <input checked="" type="checkbox"/> |  |
| e                          | If a site visit was conducted at the agency for any Department of Health Grant Programs within the past three years, please identify in the application response, the date of the visit and if there were findings. If there were findings, please identify what the findings were.   | <input checked="" type="checkbox"/> |  |

**4.04 Questions and Criteria Related to Program Policy, Goals, Outcomes, and Activities**

**1** *Describe the proposed project in the text box below, identifying the ways in which it will achieve the program goals and anticipated outcomes stated in this RFP.*

| <b>Evaluation/Review Criteria</b> |  | <b>Review</b>            | <b>Points</b> |
|-----------------------------------|--|--------------------------|---------------|
| <b>a</b>                          | The description demonstrates a thorough understanding of program goals and outcomes, and clearly identifies the ways in which they will be achieved. | <input type="checkbox"/> | 80            |

**2 Provide the timeline for the initiation of services and implementation of project activities in the upload field below.**

| <b>Evaluation/Review Criteria</b> |  | <b>Review</b>            | <b>Points</b> |
|-----------------------------------|--|--------------------------|---------------|
| <b>a</b>                          | The timeline proposed for initiation of services and project activities is compatible with program intent. | <input type="checkbox"/> | 60            |

**3 In the text box below, describe the ways in which the applicant will provide the services and activities outlined in Subsection 1.03.**

| <b>Evaluation/Review Criteria</b> |  | <b>Review</b>            | <b>Points</b> |
|-----------------------------------|--|--------------------------|---------------|
| <b>a</b>                          | The described activities are well developed, reasonable and supportive of program intent.  | <input type="checkbox"/> | 80            |
| <b>b</b>                          | Procedures for determining eligibility, appropriateness for services, and prioritization are clear.  | <input type="checkbox"/> | 100           |
| <b>c</b>                          | Procedures for intake, assessment, Plan of Care development, reassessment, and discharge are clear and person-centered.  | <input type="checkbox"/> | 100           |
| <b>d</b>                          | Response demonstrates that skilled nursing services, medication management, personal care, nutrition and meals, housekeeping, activities, community integration, and access are delivered in a person-centered and culturally responsive manner. | <input type="checkbox"/> | 100           |
| <b>e</b>                          | Response demonstrates strong and organized monitoring, documentation, and compliance procedures.   | <input type="checkbox"/> | 100           |

**4 In the text box below, describe the project evaluation plan, including indicators and data gathering strategies that will be implemented to address the program's performance measures identified in Subsection 1.04.**

| <b>Evaluation/Review Criteria</b> |  | <b>Review</b> | <b>Points</b> |
|-----------------------------------|--|---------------|---------------|
|-----------------------------------|--|---------------|---------------|

|  |   |                          |    |
|--|---|--------------------------|----|
|  | <p><b>a</b> The proposed evaluation plan includes indicators and data gathering strategies aligned with the program performance measures identified in Subsection 1.04.</p> | <input type="checkbox"/> | 80 |
|--|---|--------------------------|----|

**5** *In the text box below, describe the target population and service area(s) of the proposed project.*

| Evaluation/Review Criteria | Review   | Points                   |    |
|----------------------------|--|--------------------------|----|
| <p><b>a</b></p>            | <p>The description clearly identifies the proposed target population and meets the intent of the services solicited.</p>   | <input type="checkbox"/> | 80 |
| <p><b>b</b></p>            | <p>The description clearly identifies a remote service area that is geographically isolated, has minimal health infrastructure, and limited long-term care capacity.</p> | <input type="checkbox"/> | 80 |

**6** *Provide the proposed budget for the first year of the project. Include detail and supporting narrative as shown in the provided Grant Budget Preparation Guidelines (Documents tab). Confirm the following criteria are met.*

| Evaluation/Review Criteria | Review   | Points                              |    |
|----------------------------|--|-------------------------------------|----|
| <p><b>a</b></p>            | <p>The budget narrative is complete and mutually consistent with the budget detail.</p>  | <input checked="" type="checkbox"/> |    |
| <p><b>b</b></p>            | <p>Cost line items are allowable under 7 AAC 78.160 and are compliant with stated program requirements.</p>  | <input checked="" type="checkbox"/> |    |
| <p><b>c</b></p>            | <p>Travel costs are consistent with 7 AAC 78.160(h) and (i), and with any program requirements or limitations identified in the solicitation.</p>  | <input checked="" type="checkbox"/> |    |
| <p><b>d</b></p>            | <p>Equipment costs and subcontract costs are allowed by the program and consistent with 7 AAC 78.280.</p>  | <input checked="" type="checkbox"/> |    |
| <p><b>e</b></p>            | <p>Indirect costs are fully compliant with rates and exemptions of the agency's current Federally Negotiated Indirect Cost Rate Agreement, uploaded in the General section of the Agency Administration tab.</p> | <input checked="" type="checkbox"/> |    |
| <p><b>f</b></p>            | <p>The budget supports the proposed project and program intent, and the project appears achievable with demonstrated resources.</p>  | <input type="checkbox"/>            | 40 |

|  |  |                                     |    |
|--|--|-------------------------------------|----|
|  | <b>g</b> Costs are reasonable and substantiated in the narrative.  | <input type="checkbox"/>            | 20 |
|  | <b>h</b> The proposed budget narrative clearly describes any necessary allocation of resources among target populations or service areas.  | <input type="checkbox"/>            | 20 |
|  | <b>i</b> Proposed sources of Required Match are identified in the budget narrative as well as in the Matching Fund Source table located near the beginning of the application. All proposed sources of matching funds are eligible, and the level of match is met. | <input checked="" type="checkbox"/> |    |

**7** *In the upload field below, applicant must provide a Planned Services form using the template provided.*

| <b>Evaluation/Review Criteria</b> |   | <b>Review</b>            | <b>Points</b> |
|-----------------------------------|---|--------------------------|---------------|
| <b>a</b>                          | Planned Services Form is complete and meets the program intent. | <input type="checkbox"/> | 60            |

**4.05 Applicant Qualifications - Criteria Relating to Personnel, Management, and Facilities**

**1** *In the text box below, describe the agency's previous experience in providing services the same as, or similar to, those proposed. Clearly identify the time period over which services were provided and the population served. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200. Provide the status of the Assisted Living Home's residential licensure as well as the agency's Medicaid provider number or provide a narrative regarding the status of application and anticipated timeline to receive a Medicaid provider number.*

| <b>Evaluation/Review Criteria</b> |   | <b>Review</b>                       | <b>Points</b> |
|-----------------------------------|---|-------------------------------------|---------------|
| <b>a</b>                          | The applicant's previous experience providing the same or similar services demonstrates the resources and capacity needed to provide the solicited program services. Note: the review by department staff will also include documentation such as prior year performance reports, audit reports, site visits, etc. as noted in Subsection 4.03. | <input type="checkbox"/>            | 300           |
| <b>b</b>                          | Agency has the financial strength and capacity to manage grants and verifies that it has the capacity to implement funds if received.   | <input checked="" type="checkbox"/> |               |
| <b>c</b>                          | Response describes the status of the Assisted Living Home's residential license.  | <input type="checkbox"/>            | 60            |

|  |   |                          |    |
|--|---|--------------------------|----|
|  | <p><b>d</b> Response included the Medicaid provider number or a detailed explanation of where the applicant is in the process of obtaining a Medicaid provider number and a projection of when it will be obtained.</p> | <input type="checkbox"/> | 60 |
|--|---|--------------------------|----|

**2** *In the text box below, describe the proposed project's program and administrative staffing needs. Scan the following documents as a single file and upload in the space provided below: 1) Position descriptions for key project positions 2) Resumes and professional credentials for position holders 3) Resumes of administrative staff providing supervision, fiscal, reporting, and management needs. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.*

| Evaluation/Review Criteria   | Review                   | Points |
|--|--------------------------|--------|
| <p><b>a</b> Staff providing services are qualified and competent as demonstrated by the uploaded position descriptions, resumes, and professional credentials.</p> | <input type="checkbox"/> | 120    |
| <p><b>b</b> Staffing levels are sufficient to support the requirements of the proposed project and compliant with all identified program mandates.</p>             | <input type="checkbox"/> | 80     |
| <p><b>c</b> Position descriptions support the intent of the RFP and the project proposed.</p>  | <input type="checkbox"/> | 60     |
| <p><b>d</b> Administrative staff is qualified as demonstrated by the resumes provided.</p>   | <input type="checkbox"/> | 80     |
| <p><b>e</b> Administrative capacity demonstrates capability to meet management and reporting needs.</p>  | <input type="checkbox"/> | 80     |

**3** *In the text box below, describe the procedures that will be used to protect client confidentiality.*

| Evaluation/Review Criteria   | Review                   | Points |
|--|--------------------------|--------|
| <p><b>a</b> The applicant's description identifies what physical, administrative, technical, and communication safeguards are used to protect client confidentiality compliant with State and Federal standards.</p> | <input type="checkbox"/> | 100    |

**4** *In the text box below, describe the Assisted Living Home. Describe any potential safety concerns and how they will be addressed. As a single file, upload current photos of the facility, ensuring no photos of residents are included.*

| Evaluation/Review Criteria   | Review                   | Points |
|--|--------------------------|--------|
| <p><b>a</b> The facilities described are safe and appropriate to the purpose of the program. Potential safety concerns and plans for mitigation are described.</p> | <input type="checkbox"/> | 60     |

|  |   |                          |    |
|--|---|--------------------------|----|
|  | <b>b</b> Photos uploaded demonstrate the facility and furnishings meet standards and are clean, uncluttered, and comfortable. | <input type="checkbox"/> | 60 |
|--|---|--------------------------|----|

**5** *In the upload field, provide a single file scan of the applicant agency's written plan for emergency response.*

| <b>Evaluation/Review Criteria</b> | <b>Review</b>  | <b>Points</b>            |    |
|-----------------------------------|--|--------------------------|----|
|                                   | <b>a</b> The written plan is thorough and provides for the safe evacuation of clients and staff. | <input type="checkbox"/> | 50 |

**4.06 Demonstration of Support/Coordination of Service**

**1** *In the upload field below, provide a single-file scan of documented community support for the proposed project.*

| <b>Evaluation/Review Criteria</b> | <b>Review</b>  | <b>Points</b>            |    |
|-----------------------------------|--|--------------------------|----|
|                                   | <b>a</b> Appropriate documentation of support is provided from each community in which the applicant proposes to provide services. | <input type="checkbox"/> | 60 |

**2** *In the text box below, describe partnerships or collaborations necessary to the proposed project. In the upload field below, provide a single-file scan documenting existing partnerships and collaborations specific to the proposed project.*

| <b>Evaluation/Review Criteria</b> | <b>Review</b>  | <b>Points</b>            |    |
|-----------------------------------|--|--------------------------|----|
|                                   | <b>a</b> Partnerships and collaborations include information on partnerships for care coordination for Medicaid recipients, skilled nursing services, and residential licensing. | <input type="checkbox"/> | 60 |

**3** *In the text box below, describe the in-place or planned coordination with providers for referrals necessary to project success. Identify the project staff involved as well as the responsible positions at the referring agencies.*

| <b>Evaluation/Review Criteria</b> | <b>Review</b>   | <b>Points</b>            |    |
|-----------------------------------|---|--------------------------|----|
|                                   | <b>a</b> The applicant's description demonstrates a clear understanding of the roles that must be performed by the applicant and by referring agencies for the effective delivery of services to the targeted population. | <input type="checkbox"/> | 60 |