

****IMPORTANT NOTICE****

- The format of this RFP has been simplified.
- Only the following pages require signatures:
 - Exhibit A – Bid Response Packet,
 - 1. Bidder Information and Acceptance cover page must be signed by Bidder
 - 2. RFP Pre-screening Response checklist must be signed by Bidder

Please read **EXHIBIT A – Bid Response Packet** carefully, **INCOMPLETE BIDS WILL BE REJECTED.** Alameda County will not accept submissions or documentation after the bid response due date.

COUNTY OF ALAMEDA

REQUEST FOR PROPOSAL No. HICAP-2018

for

HEALTH INSURANCE COUNSELING and ADVOCACY PROGRAM (HICAP)

**For complete information regarding this project, see RFP posted at
http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp or
contact the County representative listed below. Thank you for your interest!**

Contact Person: Tracy Murray, Director, Area Agency on Aging

Phone Number: (510) 577-1966

E-mail Address: tmurray@acgov.org

RESPONSE DUE

by

2:00 p.m. on

February 28, 2018

at

**Alameda County, Area Agency on Aging
6955 Foothill Boulevard, Suite 143, Oakland, CA 94605**



Alameda County is committed to reducing environmental impacts across our entire supply chain. If printing this document, please print only what you need, print double-sided, and use recycled-content paper.

COUNTY OF ALAMEDA

REQUEST FOR PROPOSAL No. HICAP-2018 SPECIFICATIONS, TERMS & CONDITIONS for

RFP No. HICAP-2018 – HEALTH INSURANCE COUNSELING and ADVOCACY PROGRAM

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ATTACHMENTS

EXHIBIT A	BID RESPONSE PACKET
EXHIBIT B	INSURANCE REQUIREMENTS
EXHIBIT C	BUDGET INSTRUCTIONS AND TEMPLATE
EXHIBIT D	DATA REPORTING REQUIREMENTS
EXHIBIT E	EMERGENCY PREPAREDNESS

I. STATEMENT OF WORK

A. BACKGROUND

The Health Insurance Counseling and Advocacy Program (HICAP) network provides free, confidential counseling and community education for California Medicare beneficiaries, their representatives, and people who will soon be eligible for Medicare. Assistance is available related to all aspects of Medicare, Supplemental Insurance, Prescription Drugs and Medicare Advantage plans, Long Term Care Insurance, Medicare Appeals, and Low Income Assistance programs. HICAP is part of a national network of State Health Insurance Assistance Programs (SHIP). SHIP is a Federal Administration for Community Living (ACL) grant program that helps states enhance and support a network of local programs, staff, and volunteers. HICAP is supported by the California Department of Aging with financial assistance from the federal Administration for Community Living, as well as County General Funds.

Based on demographic analysis of the senior population, the Alameda County Area Agency on Aging (AAA) has set **minimum** targeting standards to serve those in the greatest social and economic need. The Alameda County AAA wishes to give special emphasis by targeting services to those who are low-income, functionally impaired, ethnic minorities, and those over age 75. Targeting services means exceeding the existing representation of these populations in Alameda County, as shown in the table below. Services for HICAP are countywide, with the expectation that services will be provided to all four geographic regions of Alameda County.

Countywide

Age 75+	28%
Low-Income	25%
Functionally Impaired	28%
Minorities	52%

Geographic Regions defined as follows:

North: Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont

Central: Ashland, Castro Valley, Cherryland, Fairview, Hayward, San Leandro, and San Lorenzo

South: Fremont, Newark, and Union City

East: Dublin, Livermore, Pleasanton and Sunol

B. INTENT

It is the intent of these specifications, terms and conditions to describe the needs and requirements soliciting proposals from public, nonprofit, or for profit organizations qualified to provide HICAP services, as defined in State law, Welfare and Institutions Code (W&I) section 9541. The cited State and federal regulations, relevant OMB regulations, Policy Manuals, and other Program Memorandum may be viewed by

searching online for the cited regulations, or by calling the AAA office for assistance. Funding for this Request for Proposals (RFP) has been allocated to the AAA by the California Department of Aging (CDA) and County General Funds. This funding helps provides free and unbiased community education, individual counseling, and advocacy to Medicare beneficiaries.

The actual contract awards are contingent upon the availability and receipt of funds from County, State and Federal government sources and are subject to the approval of the Alameda County Board of Supervisors. Therefore, the AAA reserves the right to revise or withdraw any or all portions of this RFP at any time during this process, or during the actual contract period. The AAA reserves the right to award a contract with or without further consideration in situations where there is a sole source applicant. If a proposal is considered non-responsive to this RFP, the AAA reserves the right to disqualify the proposal from consideration during the process.

The County intends to initially award a 1-year contract (July 1, 2018- June 30, 2019), with the option to review and renew for up to three additional years, based upon funding available and satisfactory performance. The AAA will award one contract, with the expectation that the successful bidder will provide services throughout the entire County. The Contract will be awarded to the bidder selected as the most responsible bidder whose response conforms to the RFP and meets the County’s requirements. It is the intent of the AAA to fund and support organizations who provide responsible stewardship for funds and programs and who approach services from the viewpoint of functional collaboration. Preference will be given to agencies who can best demonstrate a commitment to these principles in serving their communities and in designing cooperative, integrated support systems for elders. The following funding amounts are expected to be available by for Fiscal Years 2018-2019.

Service Categories	Estimated CDA available	Estimated County available
HICAP	\$352,806	\$52,921
Total	\$405,727	

C. SCOPE

HICAP Programs are to provide services in accordance with State of California laws under the Welfare and Institutions (W&I) Code, and the California Department of Aging (CDA) HICAP Program Manual laws and regulations, and a training curriculum as issued by CDA. HICAP programs are to provide counseling and advocacy for Medicare beneficiaries, including Medicare beneficiaries by virtue of disability, and those persons imminent of Medicare eligibility. HICAP programs are to provide Community Education to the public at large.

1. Ensure statutory provisions of the HICAP (W&I Code, Section 9541) are met. Services shall be provided in accordance with all applicable laws, regulations, the HICAP Program Manual as issued by the California Department of Aging (CDA), applicable SHIP Grant terms and conditions, terms and conditions of the State HICAP contract with AAA, and in any other subsequent program memos, provider bulletins or similar instructions issued during the term of this RFP.
2. Maintain and update the HICAP Program Manual by adding CDA HICAP Program Memos and related Department requirements so that all HICAP Counselors and responsible persons have ready access to standards, policies, and procedures. Additionally, all Counselors shall be provided the latest HICAP Counselor Handbook.
3. Provide timely notice to the Area Agency on Aging (AAA) of any changes to the program that could restrict the operations of, or access to, HICAP services including, but not limited to, personnel changes, program or project phone number changes, headquarters office address changes and mailing address changes. If subcontracted, the Contractor will forward this information to the Department.
4. Provide management capacity of no less than 32 hours per week. The name of the Program Manager shall be submitted to the Area Agency on Aging within 30 days of initial employment.
5. Recruit and maintain a strong, well-trained, cadre of volunteer Counselors, Long-Term Care Counselors, Long Term Care Community Educators and General Community Educators. New Counselors shall be recruited, trained, apprenticed, and registered as needed to adjust for attrition and to maintain the agreed upon performance levels in the latest Area Plan Service Unit Plans.
6. Ensure that standard HICAP workweek business hours are open to the public. It shall be open five days a week, Monday through Friday, and from at least 9 a.m. to 4 p.m., except holidays. During holidays, no HICAP office shall be closed to the public longer than 2 days in a standard work week (Monday through Friday).
7. Ensure that telephone access by the public shall be during normal business hours, Monday through Friday, 9 a.m. through 4 p.m. In the event clients cannot receive personal assistance immediately, they shall be offered an opportunity to leave their name, a message, and return telephone number with an answering service or answering machine. Calls from clients leaving messages shall be returned within 48 hours, excluding weekends and holidays.

8. Provide a written disclosure statement or its equivalent to counseling clients prior to counseling, as prescribed by CDA in the HICAP Program Manual.
9. Provide a community education campaign designed to inform the public about Medicare, Medicare supplement and long-term care insurance options, Medicare Advantage plans, related health care plans, and insurance topics.
10. Refer instances of suspected misrepresentation in advertising or sales of services provided by Medicare, managed health care plans, and life and disability insurers and agents, in accordance with the HICAP Manual.
11. The Program Manager and/or designated representative shall attend all Department required HICAP training sessions or conferences conducted during each fiscal year, in order to maintain program knowledge, efficiency, and competency.
12. Provide Quarterly Performance Reports as specified by CDA requirements. Each program is required to maintain documentation for all program and client information submitted into SHARP.
13. Meet the minimum Federal and State (CDA) performance/attainment numbers, as specified in Attachment D, and as published by CDA at : <https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>.
14. Provide timely input to the State HICAP Office (upon request) of any SHIP or CMS required reports, including, but not limited to, the SHIP Grant Application, Supplemental Grant Funding Applications, and the SHIP Grant Mid-term Report. The information and documentation will be sent in the format requested, in a timely manner, and at intervals as determined by AAA.
15. If the Contractor is directly providing or subcontracting legal services, which is funded by the HICAP program, the Contractor or subcontractor shall perform the following:
 - a. Provide educational services to the public and counseling services to Medicare Beneficiaries and those imminent of becoming eligible for Medicare, in accordance with applicable law, regulation, and standards. Every effort shall be made to meet the targeted performance as described in the Performance Estimate Sheet, herein incorporated.
 - b. Provide either legal referral services, or direct legal assistance and representation, in accordance with applicable law, regulation, and standards.

In the event direct legal services are provided, every effort shall be made to meet the targeted performance as described in the Performance Estimate Sheet, herein incorporated.

- c. Use Federal Senior Health Insurance Counseling Programs (SHIP) funding to conduct comprehensive coordinated outreach activities to reach HICAP's underserved populations, ethnic minorities, and other hard to reach populations, in addition to a broad spectrum of the public. A half-time staff person will be hired to enhance Outreach, Community Education, and volunteer support, especially as it relates to dissemination of information related to the Medicare Modernization Act and the Affordable Care Act.
16. In addition to the conditions above, the Contractor shall perform the following if subcontracting for HICAP program services:
- a. Enter into contracts with subcontractors to operate the HICAP and provide HICAP counseling, informal advocacy, education and legal representation to Medicare beneficiaries within the contracted service area pursuant to W&I Code, Chapters 7 and 7.5, the HICAP Program Manual as issued by the Department and in any other subsequent program memos, provider bulletins or similar instructions issued during the term of this Agreement.
 - b. Ensure all applicable provisions required within this Agreement are included in any subcontract entered into by the Contractor to carry out the terms of this Agreement.
 - c. Review, approve, and monitor subcontractor budgets and expenditures and any subsequent amendments and revisions to budgets. Contractor shall, to the extent feasible, ensure that all budgeted funds are expended by the end of each fiscal year.
 - d. Conduct annual onsite monitoring, evaluate and document subcontractor performance and compliance with this Agreement. [45 CFR Part 1321.11]
 - e. Provide training, support and technical assistance to the subcontractor as needed and respond in writing to all written requests from subcontractors for guidance, and interpretation of instructions.

D. SPECIFIC REQUIREMENTS

- 1. Service locations must be situated in or be accessible to concentrations of consumers in the greatest social and economic need.
- 2. Providers must demonstrate the ability to reach out to targeted populations.

3. Participant income information may not be used to limit or deny services. OAA program participants must be provided with a voluntary and private opportunity to contribute to the cost of services, but no fees for service may be imposed on OAA consumers, and participation must not be denied due to refusal or inability to donate or pay.
4. Programs must utilize the views of participants when evaluating the effectiveness of services received.
5. All proposals for OAA funds shall conform to all applicable provisions of laws and regulations, including, but not limited to, the OAA as amended, the Civil Rights Act, the Americans with Disabilities Act, and applicable Federal or State regulations.
6. Programs must have procedures to protect the confidentiality and privacy of information about, or obtained from, participants or consumers.
7. Successful applicants must have in place a written complaint resolution process that meets requirements of Title 22 [CCR§7400], and that is in alignment with the Alameda AAA Grievance Resolution Policy. All contractors will post and advise clients of their complaint resolution process.
8. All contractors are required to attend Provider Meetings scheduled by the AAA.
9. All contractors must have a written Emergency Operations Plan that can be activated in an emergency. The plan shall include 1.) preparation of the facility 2.) training for all staff, volunteers and participants in the agency's emergency operations plan, and 3.) fire safety preparations.
10. Provide access by County of Alameda, AAA, State of California, CDA, Federal AoA officials, to financial and other records pertaining to the program encompassed by the contract.
11. Provide Federal Tax Identification Number to the AAA.
12. Submit monthly program and expenditure reports in the prescribed format by the date due, and maintain statistical and financial data in such a way as to document and assure the accuracy of the data presented in the required monthly program and financial reports.
13. Submit final financial and program reports no later than thirty (30) days following the end of the contract period.

14. Comply with all federal, state, and local rules, regulations and policies, including, but not limited to, Office of Management and Budget (OMB) Circulars A-87, A-102, A-110, A-122, A-133, Federal Code of Regulations [45CFR§1321.63 - §1321.71] and California Title 22 [22CCR§7500-7716].
15. All third-party contracts must be approved by the County and conform to CDA and AAA policies for an open competitive process. The applicant's open competitive process and contract specifications must be described in the plan for service delivery at the time the proposal is submitted. It must also set forth clear procedures for financial accountability and service delivery.
16. Prior to awarding a contract to any for-profit entity, the California Dept. of Aging (CDA) must also review and approve the contractor's bid proposal.
17. Within the first 90 days of the contract, all contractors must have written personnel policies and procedures, written job descriptions for all staff involved in the project, and a written Emergency Preparedness Plan.
18. Agencies are required to maintain financial and program records necessary for fiscal monitoring and audit review and make periodic reports as requested by the AAA. As required by 2 CFR 200, Subpart F, Audit Requirements, entities expending \$750,000 or more in a fiscal year are required have a Single Audit for that year. Audits must be submitted within thirty (30) days after receipt of the Auditor's report or nine (9) months after the end of the audit period, whichever occurs first (2CFR 200 512).

E. DELIVERABLES / REPORTS

1. Contractors will submit quarterly electronic report by the 7th working day of the month following the end of the quarter. Each program is required to maintain documentation for all program and client information submitted to AAA. Programs are expected to make every effort to submit MIS and client data in a manner that conforms to the format required by the Area Agency on Aging, and meets the requirements detailed in Exhibit D of this RFP.
2. The Social Services Agency has adopted the Results-Based Accountability (RBA) framework to strengthen and increase data collection and improve contract performance. The RBA framework establishes performance measures which will allow SSA to track the positive impact and benefits of services for the target population by focusing on three critical questions: How much work was done? How well was it done? and Is anyone better off? The RBA framework establishes a partnership between the service provider and SSA. The performance measures and the deliverables are described on **Exhibit D**. A link to further information on RBA can be found at: <http://www.raguide.org/>.
3. How much was done?
 - a. Contractor will meet 95% of its program specific Service Unit requirements.
 - b. Deliverable: Contractor will submit quarterly reports to AAA documenting the number of Performance Units completed.
4. How well was it done?
 - a. Contractor will maintain ongoing compliance with all program specific service and legal requirements, as described in the Scope of Work and Appendices of this RFP, for the duration of the contract.
 - b. Deliverable: Contractor will host site visits and provide proof of compliance documentation as required by the AAA.
5. Is anyone better off?
 - a. Goals of the HICAP program will be considered met, and clients better off, if contractor meets its 95% Service Unit requirements.
 - b. Deliverable: Contractor will submit quarterly reports to AAA documenting the number of Service Units completed.

II. CALENDAR OF EVENTS

EVENT	DATE/LOCATION	
Request Issued	January 22, 2018	
Written Questions Due	by 5:00 p.m. on Monday, February 5, 2018	
Networking/Bidders Conference #1 (Friday February 2, 2018 @ 2:30 P.M.	at: Alameda County SSA- Adult & Aging Dept. 6955 Foothill Blvd. Maxwell Park Conf. Room 1st floor, Suite 137 Oakland, CA. 94605
Networking/Bidders Conference #2	Monday, February 5, 2018@ 2:30 P.M.	at: Alameda County SSA- Adult & Aging Dept. 6955 Foothill Blvd. Maxwell Park Conf. Room 1st rd floor, Suite 137 Oakland, CA. 94605
Addendum Issued	Tuesday, February 13, 2018	
Vendor Letter of intent to submit a bid due	February 21, 2018 Please FAX a Letter of Intent to Sandra Braxton, at: FAX #(510) 577-1962.	
Response Due	Wednesday, February 28 by 2:00 p.m.	
Evaluation Period	March 1-March 30, 2018	
Board Letter Recommending Award Issued	June, 2018	
Board Consideration Award Date	June, 2018	
Contract Start Date	July 1, 2018	

Note: Award and start dates are approximate.

F. NETWORKING / BIDDERS CONFERENCES

1. Potential applicants are strongly encouraged, but not required, to attend one of the following Bidders' Conferences on February 2 and February 5, 2018.

February 2, 2018
2:30 – 3:30 PM
6955 Foothill Boulevard, Suite 137
Oakland, CA 94605

February 5, 2018
2:30 – 3:30 PM
6955 Foothill Boulevard, Suite 137
Oakland, CA 94605

Please RSVP your attendance to Sandra Braxton, at sbraxton@acgov.org or (510) 577-1907 or FAX (510) 577-1962.

2. Networking/bidders conferences will be held to:
 - a. Provide an opportunity for bidders to ask specific questions about the project and request RFP clarification.
 - b. Provide bidders an opportunity to view a site, receive documents, etc. necessary to respond to this RFP
 - c. Provide the County with an opportunity to receive feedback regarding the project and RFP.
3. All questions will be addressed, and the list of attendees will be included, in an RFP/Q Addendum following the networking/bidders conferences.
4. Potential bidders are strongly encouraged to attend networking/bidders conference(s) in order to further facilitate subcontracting relationships. Vendors who attend a networking/bidders conference will be added to the Vendor Bid List. Failure to participate in a networking/bidders conference will in no way relieve the Contractor from furnishing goods and/or services required in accordance with these specifications, terms and conditions.

III. COUNTY PROCEDURES, TERMS, AND CONDITIONS

G. EVALUATION CRITERIA / SELECTION COMMITTEE

All proposals that pass the initial Evaluation Criteria which are determined on a pass/fail basis (Completeness of Response, Debarment and Suspension, and Relevant Experience) will be evaluated by a County Selection Committee (CSC). The County Selection Committee may be composed of County staff and other parties that may have expertise or experience in services for older adults. The CSC will score and recommend a Contractor in accordance with the evaluation criteria set forth in this RFP. Other than the initial pass/fail Evaluation Criteria, the evaluation of the proposals shall be within the sole judgment and discretion of the CSC.

All contact during the evaluation phase shall be through the Area Agency on Aging only. Bidders shall neither contact nor lobby evaluators during the evaluation process. Attempts by Bidder to contact and/or influence members of the CSC may result in disqualification of Bidder.

The CSC will evaluate each proposal meeting the qualification requirements set forth in this RFP. Bidders should bear in mind that any proposal that is unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, will be deemed reflective of an inherent lack of technical competence or indicative of a failure to comprehend the complexity and risk of the County's requirements as set forth in this RFP.

Bidders are advised that in the evaluation of cost it will be assumed that the unit price quoted is correct in the case of a discrepancy between the unit price and an extension.

As a result of this RFP, the County intends to award a contract to the responsible bidder whose responses conform to the RFP and whose bid present the greatest value to the County, all evaluation criteria considered. The combined weight of the evaluation criteria is greater in importance than cost in determining the greatest value to the County. The goal is to award a contract to the bidder that proposes the best quality as determined by the combined weight of the evaluation criteria. The County may award a contract of higher qualitative competence over the lowest priced response.

The basic information that each section should contain is specified below, these specifications should be considered as minimum requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections listed. However, other criteria may be added to further support the evaluation process whenever such additional criteria are deemed appropriate in considering the nature of the goods and/or services being solicited.

Each of the Evaluation Criteria below will be used in ranking and determining the quality of bidders' proposals. Proposals will be evaluated according to each Evaluation Criteria, and scored on the zero to five-point scale outlined below. The scores for all Evaluation Criteria will then be added, according to their assigned weight (below), to arrive at a weighted score for each proposal. A proposal with a high weighted total will be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any project is 500 points. Proposals must receive a score of 250 points in order to be eligible for consideration.

The zero to five-point scale range is defined as follows:

0	Not Acceptable	Non-responsive, fails to meet RFP specification. The approach has no probability of success. If a mandatory requirement this score will result in disqualification of proposal.
1	Poor	Below average, falls short of expectations, is substandard to that which is the average or expected norm, has a low probability of success in achieving objectives per RFP.
2	Fair	Has a reasonable probability of success, however, some objectives may not be met.
3	Average	Acceptable, achieves all objectives in a reasonable fashion per RFP specification. This will be the baseline score for each item with adjustments based on interpretation of proposal by Evaluation Committee members.
4	Above Average / Good	Very good probability of success, better than that which is average or expected as the norm. Achieves all objectives per RFP requirements and expectations.
5	Excellent / Exceptional	Exceeds expectations, very innovative, clearly superior to that which is average or expected as the norm. Excellent probability of success and in achieving all objectives and meeting RFP specification.

All proposals will initially be evaluated against the following, and receive a pass/fail rank. Evaluations that receive a "Fail" rating will not receive further consideration. The Evaluation Criteria and their respective weights are as follows:

	Evaluation Criteria	Weight
A.	Completeness of Response: Responses to this RFP must be complete. Responses that do not include the proposal content requirements identified within this RFP and subsequent Addenda and do not address each of the items listed	Pass/Fail

	<p>below will be considered incomplete, be rated a Fail in the Evaluation Criteria and will receive no further consideration.</p> <p>Responses that are rated a Fail and are not considered may be picked up at the delivery location within 14 calendar days of contract award and/or the completion of the competitive process.</p>	
B.	<p>Debarment and Suspension: Bidders, its principal and named subcontractors are not identified on the list of Federally debarred, suspended or other excluded parties located at www.sam.gov.</p>	Pass/Fail
C.	<p>Relevant Experience: Bidder shall be regularly and continuously engaged in the business of providing supportive services to older adults for at least four years.</p>	Pass/Fail

The Evaluation Questions and their respective weights are as follows:

	Evaluation Questions (Minimum 12 pt font)	Points
D.	<p>MISSION, EXPERIENCE AND COMMUNITY INVOLVEMENT: (Maximum two (2) pages)</p> <p>1. Describe the organization’s history, purpose and mission statement.</p> <p>2. Discuss the needs of older adults in Alameda County, including demographic and geographic data that are relevant to the program for which you are applying. Describe the religious, cultural, income and language considerations affecting the potential population.</p> <p>3. Describe the organization’s efforts to coordinate with local and regional community services to integrate the service delivery system in Alameda County. Provide specific examples of how these efforts have led to increased opportunities for older adults to live more independently.</p> <p>4. Describe the organization’s experience in providing community-based services to older adults in Alameda County. Document the number of individuals served by type of service.</p> <p>5. Will your agency recruit, train, supervise and recognize volunteers in providing the proposed service? If so, how will this be accomplished?</p>	<p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>4</p>
	Section D Subtotal	24

<p>E.</p>	<p>PROGRAM DELIVERY: (Maximum six (6) pages)</p>	<p>6</p>						
	<p>1. Using the following format, please describe in detail the service categories and units that you will provide. Please provide a narrative description of how you will provide the services.</p>							
	<table border="1"> <thead> <tr> <th data-bbox="444 485 781 575">Service Category</th> <th data-bbox="781 485 1057 575">Seniors Served</th> <th data-bbox="1057 485 1330 575"># of Unit Measures</th> </tr> </thead> <tbody> <tr> <td data-bbox="444 575 781 646">e.g. Clients counseled</td> <td data-bbox="781 575 1057 646">(e.g. 200 Seniors)</td> <td data-bbox="1057 575 1330 646">(e.g. 500 hours)</td> </tr> </tbody> </table>	Service Category	Seniors Served	# of Unit Measures	e.g. Clients counseled	(e.g. 200 Seniors)	(e.g. 500 hours)	
	Service Category	Seniors Served	# of Unit Measures					
	e.g. Clients counseled	(e.g. 200 Seniors)	(e.g. 500 hours)					
	<p>2. Are you currently providing this service, and if so, how many units are you providing? Please describe your plans to maintain or expand your services.</p>	<p>6</p>						
	<p>3. HICAP requires that services be targeted to hard to reach individuals. Please tell us how you plan to ensure low-income, ESL and other hard to reach people will be engaged in services at levels required by this RFP.</p>	<p>6</p>						
	<p>4. Discuss the outreach/public information methods the organization intends to employ to generate participation in the program.</p>	<p>4</p>						
<p>5. Please describe the qualifications and responsibilities of all staff directly responsible for delivery of program services, including any bi-lingual capability.</p>	<p>6</p>							
<p>6. Federal regulations mandate that persons receiving services be given the opportunity to freely contribute to the cost of service. At the same time, these participants must not be subjected to any kind of test to determine their ability to contribute. Please describe your plan to provide participants with a voluntary opportunity to contribute, including how privacy is ensured, what procedures are used to account for and safeguard funds.</p>	<p>6</p>							
<p>7. How will your agency evaluate the services you propose to provide. Include any procedures you have developed to track measurable outcomes. How will you ensure that caregivers, seniors and community participants are involved in the planning and evaluation of your services?</p>	<p>6</p>							

		Section E Subtotal	40																								
F.	<p>ADMINISTRATIVE & FISCAL QUALIFICATIONS: (Maximum four (4) pages)</p> <p>1. Using the following format, please provide your agency’s staffing plan and percentage of time allocated to this program. Please note that staffing plans must match personnel costs on budget.</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th colspan="2" style="text-align: center;">Staff Summary</th> <th style="text-align: center;">Form</th> </tr> <tr> <th style="text-align: center;">Job Title/Position</th> <th style="text-align: center;">Total Agency % FTE</th> <th style="text-align: center;">% FTE for this program</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>2. Using the following format, please provide a three-year history of total Revenue vs. total Expense for your agency. In narrative form, please explain any large fluctuations in income or expense. Please provide an explanation for any deficit.</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th></th> <th style="text-align: center;">2014-2015</th> <th style="text-align: center;">2015-2016</th> <th style="text-align: center;">2016-2017</th> </tr> </thead> <tbody> <tr> <td>Revenue</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Expense</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Over/Under</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>3. Using the instructions and template provided in Exhibit C, please submit a Line-Item Budget for this program. In narrative form, please describe your approach for deploying the most cost effective program.</p> <p>4. Please describe the organization’s current accounting system, including the following: areas and frequency of accounting for receivables and payables, payroll processing, financial statement preparation and internal/external auditing.</p> <p>5. Discuss your plan for securing the required 10% non-federal match. What are your short and long-term funding needs and goals for ongoing support of the proposed project? Please indicate if you have a current strategic plan that addresses these issues.</p> <p>6. Describe special attributes of your current or proposed board of directors that would: 1) augment your capabilities to outreach and serve your specific targeted group; 2) contribute</p>	Staff Summary		Form	Job Title/Position	Total Agency % FTE	% FTE for this program					2014-2015	2015-2016	2016-2017	Revenue				Expense				Over/Under				<p>5</p> <p>2</p> <p>5</p> <p>2</p> <p>5</p> <p>2</p>
Staff Summary		Form																									
Job Title/Position	Total Agency % FTE	% FTE for this program																									
	2014-2015	2015-2016	2016-2017																								
Revenue																											
Expense																											
Over/Under																											

	knowledge/expertise with services you will provide; 3) provide guidance in quality assurance measurements; and 4) accept responsibility in developing and implementing strategic plans with both short and long-term needs and goals, especially financial stability.	5
	7. Describe the organization’s physical facilities and equipment that will enable adequate provision of services.	5
	8. Please describe the organization’s capacity to provide reporting and client data and service unit delivery.	5
	9. Please describe your organization’s current plan for providing services to seniors in the case of a catastrophic event (earthquake, fire, etc.)	36
	Section F Subtotal	
	TOTAL	100 Points

H. CONTRACT EVALUATION AND ASSESSMENT

During the initial 60-day period of any contract which may be awarded to Contractor, the County may review the proposal, the contract, any goods or services provided, and/or meet with the Contractor to identify any issues or potential problems.

The County reserves the right to determine, at its sole discretion, whether:

1. Contractor has complied with all terms of this RFP; and
2. Any problems or potential problems with the proposed goods and services were evidenced which make it unlikely (even with possible modifications) that such goods and services have met or will meet the County requirements.

If, as a result of such determination, the County concludes that it is not satisfied with Contractor, Contractor’s performance under any awarded contract and/or Contractor’s goods and services as contracted for therein, the Contractor will be notified of contract termination. The County will have the right to invite the next highest ranked bidder to enter into a contract. The County also reserves the right to re-bid this project if it is determined to be in its best interest to do so.

I. NOTICE OF INTENT TO AWARD

1. At the conclusion of the RFP response evaluation process (“Evaluation Process”), all bidders will be notified in writing by e-mail, fax, or US Postal Service mail, of the contract award recommendation, if any, by Area Agency on Aging. The document providing this notification is the Notice of Intent to Award.

The Notice of Intent to Award will provide the following information:

- a. The name of the bidder being recommended for contract award; and
 - b. The names of all other parties that submitted proposals.
2. At the conclusion of the RFP response evaluation process and negotiations, debriefings for unsuccessful bidders will be scheduled and provided upon written request and will be restricted to discussion of the unsuccessful offeror’s bid. Under no circumstances will any discussion be conducted with regard to contract negotiations with the successful bidder.
 3. The submitted proposals shall be made available upon request no later than five calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors.

J. BID PROTEST/APPEALS PROCESS

The County prides itself on the establishment of fair and competitive contracting procedures and the commitment made to follow those procedures. The following is provided in the event that bidders wish to protest the bid process or appeal the intent to award a contract for this project once the Notices of Intent to Award/Non-Award have been issued. Bid protests submitted prior to issuance of the Notices of Intent to Award/Non-Award will not be accepted by the County.

1. Any Bid protest by any Bidder regarding any other Bid must be submitted in writing to the County’s SSA Finance Director, located at 1111 Jackson Street, 1st Floor, Suite 103 Oakland, CA 94607, Fax: (510) 839-0748, before 5:00 p.m. of the FIFTH business day following the date of issuance of the Notice of Intent to Award, not the date received by the Bidder. A Bid protest received after 5:00 p.m. is considered received as of the next business day.
 - a. The Bid protest must contain a complete statement of the reasons and facts for the protest.
 - b. The protest must refer to the specific portions of all documents that form the basis for the protest.

- c. The protest must include the name, address, email address, fax number and telephone number of the person representing the protesting party.
 - d. The County Agency/Department will notify all bidders of the protest as soon as possible.
 2. Upon receipt of written protest, SSA Finance Director, or designee will review and evaluate the protest and issue a written decision. The SSA Finance Director, may, at his or her discretion, investigate the protest, obtain additional information, provide an opportunity to settle the protest by mutual agreement, and/or schedule a meeting(s) with the protesting Bidder and others (as appropriate) to discuss the protest. The decision on the bid protest will be issued at least ten business days prior to the Board hearing date.
 3. The decision will be communicated by e-mail and certified mail, and will inform the bidder whether or not the recommendation to the Board of Supervisors in the Notice of Intent to Award is going to change. A copy of the decision will be furnished to all Bidders affected by the decision. As used in this paragraph, a Bidder is affected by the decision on a Bid protest if a decision on the protest could have resulted in the Bidder not being the apparent successful Bidder on the Bid.
 4. The decision of the SSA Finance Director on the bid protest may be appealed to the Auditor-Controller's Office of Contract Compliance and Reporting (OCCR) located at 1221 Oak St., Room 249, Oakland, CA 94612, fax number (510) 272-6502 unless the OCCR determines that it has a conflict of interest in which case an alternate will be identified to hear the appeal and all steps to be taken by OCCR will be performed by the alternate. The Bidder whose Bid is the subject of the protest, all Bidder affected by the SSA Finance Director's decision on the protest, and the protestor have the right to appeal if not satisfied with the SSA Finance Director's decision. All appeals to the Auditor-Controller's OCCR shall be in writing and submitted within five business days following the issuance of the decision by the SSA Finance Director, not the date received by the Bidder. An appeal received after 5:00 p.m. is considered received as of the next business day. An appeal received after the FIFTH business day following the date of issuance of the decision by the SSA Finance Director shall not be considered under any circumstances by the SSA or the Auditor-Controller OCCR.
 - a. The appeal shall specify the decision being appealed and all the facts and circumstances relied upon in support of the appeal.
 - b. In reviewing protest appeals, the OCCR will not re-judge the proposal(s). The appeal to the OCCR shall be limited to review of the procurement process to

determine if the contracting department materially erred in following the Bid or, where appropriate, County contracting policies or other laws and regulations.

- c. The appeal to the OCCR also shall be limited to the grounds raised in the original protest and the decision by the SSA Finance Director. As such, a Bidder is prohibited from stating new grounds for a Bid protest in its appeal. The Auditor-Controller (OCCR) shall only review the materials and conclusions reached by the SSA Finance Director or department designee, and will determine whether to uphold or overturn the protest decision.
 - d. The Auditor's Office may overturn the results of a bid process for ethical violations by SSA Contracts Office staff, County Selection Committee members, subject matter experts, or any other County staff managing or participating in the competitive bid process, regardless of timing or the contents of a bid protest.
 - e. The decision of the Auditor-Controller's OCCR is the final step of the appeal process. A copy of the decision of the Auditor-Controller's OCCR will be furnished to the protestor, the Bidder whose Bid is the subject of the Bid protest, and all Bidder affected by the decision.
5. The County will complete the Bid protest/appeal procedures set forth in this paragraph before a recommendation to award the Contract is considered by the Board of Supervisors.
 6. The procedures and time limits set forth in this paragraph are mandatory and are each Bidder's sole and exclusive remedy in the event of Bid Protest. A Bidder's failure to timely complete both the Bid protest and appeal procedures shall be deemed a failure to exhaust administrative remedies. Failure to exhaust administrative remedies, or failure to comply otherwise with these procedures, shall constitute a waiver of any right to further pursue the Bid protest, including filing a Government Code Claim or legal proceedings.

K. TERM / TERMINATION / RENEWAL

1. The term of the contract, which may be awarded pursuant to this RFP, will be 1 year (July 1, 2018- June 30, 2019) with an option to review for three additional one-year terms. Funding for the contract is contingent upon availability of state, federal, and local funds.
2. The County may, at its sole option, terminate any contract that may be awarded as a result of this RFP at the end of any County Fiscal Year, for reason of non-

appropriation of funds. In such event, the County will give Contractor at least 30 days written notice that such function will not be funded for the next fiscal period. In such event, the County will return any associated equipment to the Contractor in good working order, reasonable wear and tear excepted.

3. By mutual agreement, any contract which may be awarded pursuant to this RFP, may be extended for three additional one-year terms at agreed prices with all other terms and conditions remaining the same

L. QUANTITIES

Quantities listed herein are annual estimates based on past funding available to the AAA and are not to be construed as a commitment. No minimum or maximum is guaranteed or implied.

M. PRICING

1. All pricing as quoted will remain firm for the term of any contract that may be awarded as a result of this RFP.
2. All prices quoted shall be in United States dollars and "whole cent," no cent fractions shall be used. There are no exceptions.
3. Federal and State minimum wage laws apply. The County has no requirements for living wages. The County is not imposing any additional requirements regarding wages.

N. AWARD

1. Proposals will be evaluated by a committee and will be ranked in accordance with the RFP section entitled "Evaluation Criteria/Selection Committee."
2. The committee will recommend award to the bidders who, in its opinion, has submitted the proposals that best serves the overall interests of the County and attains the highest overall point score. Award may not necessarily be made to the bidder with the lowest price. Partial awards may be made. Multiple awards in the same program category may be made.
3. The County reserves the right to reject any or all responses that materially differ from any terms contained in this RFP or from any Exhibits attached hereto, to waive informalities and minor irregularities in responses received, and to provide an opportunity for bidders to correct minor and immaterial errors contained in their submissions. The decision as to what constitutes a minor irregularity shall be made solely at the discretion of the County.

4. Any proposal/bids that contain false or misleading information may be disqualified by the County.
5. The County reserves the right to award to a single or multiple Contractors.
6. The County has the right to decline to award this contract or any part thereof for any reason.
7. Board approval to award a contract is required. The AAA may negotiate modifications to assure program requirements are covered before the contract is signed.
8. The selected proposal shall be made part of the contract, and RFP specifications, terms, conditions and Exhibits, RFP Addenda and Bidder's proposal, may be incorporated into and made a part of any contract that may be awarded as a result of this RFP.
9. After award, if service levels are not being met, then the budget may be reduced to reflect the current levels.
10. No contract funds should be used to pay the salary or expenses for anyone that is lobbying.
11. The Community Based Organization (CBO) Master Contract terms and conditions are non-negotiable.
12. Final Standard Agreement terms and conditions will be negotiated with the selected bidder. Bidder may access a copy of the Standard Services Agreement template can be found online at:

<http://www.acgov.org/gsa/purchasing/standardServicesAgreement.pdf>

The template contains minimal Agreement boilerplate language only.

O. INVOICING

1. Contractor shall invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.
2. County will use best efforts to make payment within 30 days following receipt and review of invoice and upon complete satisfactory receipt of product and performance of services.
3. County shall notify Contractor of any adjustments required to invoice.

4. Invoices shall contain the contractor's name, service category name, remit to address, preparer name, telephone number, budget line items as directed by the Area Agency on Aging and shall be accompanied by acceptable proof of delivery.
5. Contractor shall utilize standardized invoice upon request.
6. Invoices shall only be issued by the Contractor who is awarded a contract.
7. Payments will be issued to and invoices must be received from the same Contractor whose name is specified on the contract.
8. The County will pay Contractor monthly or as agreed upon, not to exceed the total RFP quoted in the bid response.
9. Contractor shall submit invoices to the County within seven (7) business days following the month of service.

IV. INSTRUCTIONS TO BIDDERS

P. COUNTY CONTACTS

The Alameda County Social Services Agency, Area Agency on Aging (AAA) is managing the competitive process for this project on behalf of the County. All contact during the competitive process is to be through the Area Agency on Aging department only.

The evaluation phase of the competitive process shall begin upon receipt of sealed bids until a contract has been awarded. Bidders shall not contact or lobby evaluators during the evaluation process. Attempts by Bidder to contact evaluators may result in disqualification of bidder.

All questions regarding these specifications, terms and conditions are to be submitted in writing, preferably via e-mail by 5:00 p.m. on Wednesday, February 5, 2018 to:

Tracy Murray, Director
Alameda County Area Agency on Aging
6955 Foothill Blvd, Suite 143
Oakland, CA 94605
E-Mail: tmurray@acgov.org
PHONE: (510) 577-1966

The GSA Contracting Opportunities website will be the official notification posting place of all Requests for Interest, Proposals, Quotes and Addenda. Go to http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp to view current contracting opportunities.

Q. SUBMITTAL OF BIDS

1. All bids must be SEALED and must be received at the Department of Adult & Aging BY 2:00 p.m. on the due date specified in the Calendar of Events.

NOTE: LATE AND/OR UNSEALED BIDS CANNOT BE ACCEPTED. IF HAND DELIVERING BIDS PLEASE ALLOW TIME FOR METERED STREET PARKING OR PARKING IN AREA PUBLIC PARKING LOTS AND ENTRY INTO SECURE BUILDING.

Bids will be received only at the address shown below, and by the time indicated in the Calendar of Events. Any bid received after said time and/or date or at a place other than the stated address cannot be considered and will be returned to the bidder unopened.

All bids, whether delivered by an employee of Bidder, U.S. Postal Service, courier or package delivery service, must be received and time stamped at the stated address prior to the time designated. The AAA department's timestamp shall be considered the official timepiece for the purpose of establishing the actual receipt of bids.

2. Bids are to be addressed and delivered as follows:

RFP No. HICAP-2018
Tracy Murray, Director
Alameda County Area Agency on Aging
6955 Foothill Blvd, Suite 143
Oakland, CA 94605
E-Mail: tmurray@acgov.org
PHONE: (510) 577-1966

Bidder's name, return address, and the RFP number and title must also appear on the mailing package.

***PLEASE NOTE** that on the bid due date, a bid reception desk will be open between 8:30 a.m. – 2:00 p.m. and will be located in the 1st floor lobby at 6955 Foothill Boulevard, Suite 143, Oakland, CA.

3. Bidders are to submit one original hardcopy bid (Exhibit A – Bid Response Packet, including additional required documentation), with original ink signatures, plus Ten (10) copies of their proposal. Original proposal is to be clearly marked "ORIGINAL" with copies to be marked "COPY". All submittals should be printed on plain white paper, and must be either loose leaf or in a 3-ring binder (**NOT** bound). It is preferred that all proposals submitted shall be printed double-sided. BIDDERS SHALL NOT MODIFY BID FORM(S) OR QUALIFY THEIR BIDS. BIDDERS

SHALL NOT SUBMIT TO THE COUNTY A SCANNED, RE-TYPED, WORD-PROCESSED, OR OTHERWISE RECREATED VERSION OF THE BID FORM(S) OR ANY OTHER COUNTY-PROVIDED DOCUMENT.

4. A SEPARATE BID RESPONSE PACKET IS REQUIRED TO BE SUBMITTED FOR EACH SERVICE CATEGORY. FAILURE TO SUBMIT A SEPARATE RESPONSE PACKET WILL BE SUBJECT TO DISQUALIFICATION.
5. No email (electronic) or facsimile bids will be considered.
6. All costs required for the preparation and submission of a bid shall be borne by Bidder.
7. Bidders are requested to fax or email their intent to submit a bid by February 21, 2018, one week prior to the bid due date (February 28, 2018). However, bidders will not be penalized for not sending their intent to submit a bid. Please submit Letter of Intent to Tracy Murray, at TMurray@acgov.org or (510) 577-1966.
8. Only one bid response will be accepted from any one person, partnership, corporation, or other entity; however, several alternatives may be included in one response. For purposes of this requirement, "partnership" shall mean, and is limited to, a legal partnership formed under one or more of the provisions of the California or other state's Corporations Code or an equivalent statute.
9. All other information regarding the bid responses will be held as confidential until such time as the County Selection Committee has completed its evaluation, an recommended award has been made by the County Selection Committee, and the contract has been fully negotiated with the recommended awardee named in the recommendation to award/non-award notification(s). The submitted proposals shall be made available upon request no later than five calendar days before the recommendation to award and enter into contract is scheduled to be heard by the Board of Supervisors. All parties submitting proposals, either qualified or unqualified, will be sent recommendation to award/non-award notification(s), which will include the name of the bidder to be recommended for award of this project. In addition, award information will be posted on the County's "Contracting Opportunities" website, mentioned above.
10. Each bid received, with the name of the bidder, shall be entered on a record, and each record with the successful bid indicated thereon shall, after the award of the order or contract, be open to public inspection.
11. California Government Code Section 4552: In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of

action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder.

12. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms “claim” and “knowingly” are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.
13. The undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.
13. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).
14. It is understood that County reserves the right to reject this bid and that the bid shall remain open to acceptance and is irrevocable for a period of 180 days, unless otherwise specified in the Bid Documents.

R. RESPONSE FORMAT

1. Bid responses are to be straightforward, clear, concise and specific to the information requested.
2. In order for bids to be considered complete, Bidder **must** provide responses to all information requested. See Exhibit A – Bid Response Packet.
3. Bid responses, in whole or in part, are NOT to be marked confidential or proprietary. County may refuse to consider any bid response or part thereof so marked. Bid responses submitted in response to this RFP may be subject to public disclosure. County shall not be liable in any way for disclosure of any such records. Please refer to the County’s website at:
<http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm> for more information regarding Proprietary and Confidential Information policies.

S. ADDITIONAL REQUIRED DOCUMENTATION

All **ORIGINAL** BID RESPONSE PACKETS must include these additional documents:

1. An organizational chart.

The **ORIGINAL** BID RESPONSE PACKET for Nonprofit Agencies must also include:

1. Nonprofit Determination Letter (501[c][3])
2. Articles of Incorporation
3. Most recent Bylaws
4. Roster of Board of Directors
5. Copies of minutes of the last two Board of Director's meetings

EXHIBIT A

BID RESPONSE PACKET

RFP No. HICAP-2018 – HEALTH INSURANCE COUNSELING and ADVOCACY PROGRAM

To: The County of Alameda

From: _____

(Official Name of Bidder)

- **AS DESCRIBED IN THE SUBMITTAL OF BIDS SECTION OF THIS RFP, BIDDERS ARE TO SUBMIT ONE ORIGINAL HARDCOPY BID (EXHIBIT A – BID RESPONSE PACKET), INCLUDING ADDITIONAL REQUIRED DOCUMENTATION), WITH ORIGINAL INK SIGNATURES, PLUS 10 COPIES.**
- **ALL PAGES OF THE BID RESPONSE PACKET (EXHIBIT A) MUST BE SUBMITTED IN TOTAL WITH ALL REQUIRED DOCUMENTS ATTACHED THERETO; ALL INFORMATION REQUESTED MUST BE SUPPLIED; ANY PAGES OF EXHIBIT A (OR ITEMS THEREIN) NOT APPLICABLE TO THE BIDDER MUST STILL BE SUBMITTED AS PART OF A COMPLETE BID RESPONSE, WITH SUCH PAGES OR ITEMS CLEARLY MARKED “N/A”.**
- **BIDDERS SHALL NOT SUBMIT TO THE COUNTY A RE-TYPED, WORD-PROCESSED, OR OTHERWISE RECREATED VERSION OF EXHIBIT A – BID RESPONSE PACKET OR ANY OTHER COUNTY-PROVIDED DOCUMENT.**
- **ALL PRICES AND NOTATIONS MUST BE PRINTED IN INK OR TYPEWRITTEN; NO ERASURES ARE PERMITTED; ERRORS MAY BE CROSSED OUT AND CORRECTIONS PRINTED IN INK OR TYPEWRITTEN ADJACENT, AND MUST BE INITIALED IN INK BY PERSON SIGNING BID.**
- **BIDDER MUST QUOTE PRICE(S) AS SPECIFIED IN RFP.**
- **BIDDERS THAT DO NOT COMPLY WITH THE REQUIREMENTS, AND/OR SUBMIT INCOMPLETE BID PACKAGES, SHALL BE SUBJECT TO DISQUALIFICATION AND THEIR BIDS REJECTED IN TOTAL.**
- **IF BIDDERS ARE MAKING ANY CLARIFICATIONS AND/OR AMENDMENTS, OR TAKING EXCEPTION TO POLICIES OR SPECIFICATIONS OF THIS RFP, THESE MUST BE SUBMITTED IN THE EXCEPTIONS, CLARIFICATIONS, AMENDMENTS SECTION OF THIS EXHIBIT A – BID RESPONSE PACKET IN ORDER FOR THE BID RESPONSE TO BE CONSIDERED COMPLETE.**

BIDDER INFORMATION AND ACCEPTANCE

1. The undersigned declares that the Bid Documents, including, without limitation, the RFP, Addenda, and Exhibits have been read.
2. The undersigned is authorized, offers, and agrees to furnish the articles and/or services specified in accordance with the Specifications, Terms & Conditions of the Bid Documents of RFP No. HICAP-2018.
3. The undersigned has reviewed the Bid Documents and fully understands the requirements in this Bid including, but not limited to, the requirements under the County Provisions, and that each Bidder who is awarded a contract shall be, in fact, a prime Contractor, not a subcontractor, to County, and agrees that its Bid, if accepted by County, will be the basis for the Bidder to enter into a contract with County in accordance with the intent of the Bid Documents.
4. The undersigned acknowledges receipt and acceptance of all addenda.
5. The undersigned agrees to the following terms, conditions, certifications, and requirements found on the County's website:
 - **Debarment / Suspension Policy**
[<http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm>]
 - **Iran Contracting Act (ICA) of 2010**
[<http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm>]
 - **General Environmental Requirements**
[<http://www.acgov.org/gsa/departments/purchasing/policy/environ.htm>]
 - **General Requirements**
[<http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm>]
 - **Proprietary and Confidential Information**
[<http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm>]
6. The undersigned acknowledges that Bidder will be in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and associated Bid Documents.
7. It is the responsibility of each bidder to be familiar with all of the specifications, terms and conditions and, if applicable, the site condition. By the submission of a Bid, the Bidder certifies that if awarded a contract they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.
8. Patent indemnity: Vendors who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of an nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process,

patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.

9. Insurance certificates are not required at the time of submission. However, by signing Exhibit A – Bid Response Packet, the Contractor agrees to meet the minimum insurance requirements stated in the RFP. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.

Cover Sheet

Official Name of Bidder: _____

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Webpage: _____

Type of Entity / Organizational Structure (check one):

Corporation

Joint Venture

Limited Liability Partnership

Partnership

Limited Liability Corporation

Non-Profit / Church

Other: _____

Date of Organization Structure: _____

Federal Tax Identification Number: _____

Primary Contact Information:

Name / Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

SIGNATURE: _____

Name and Title of Signer: _____

Dated this _____ day of _____ 20_____

RFP Pre-screening Response Checklist

Bidders shall provide all of the documentation and exhibits identified below. Any material deviation from these requirements may be cause for rejection of the proposal, as determined at the County's sole discretion. Please verify each item below that it is correctly submitted as per the RFP specifications and check (✓) its corresponding Check Box and sign below.

Response Format:

Check Boxes

Item		✓
1.	One (1) original proposal marked "Original" plus five (5) copies of the proposal.	<input type="checkbox"/>
2.	The "original" bid response must be signed in blue ink with an authorized signature.	<input type="checkbox"/>
3.	The "original" bid response is to be either loose-leaf or in a three (3)-ring binder, not bound.	<input type="checkbox"/>
4.	Proposals must be printed on white 8 ½" by 11" paper. The font must be at least 12-point type in "Times New Roman" or equivalent font. <u>Lines shall be single-spaced.</u>	<input type="checkbox"/>
5.	Table of Contents: Bid responses shall include a table of contents listing the individual sections of the quotation/proposal and their corresponding page numbers. Tabs should separate each of the individual sections.	<input type="checkbox"/>

Response Package:

Check Boxes

Item		✓
1.	Proposal Checklist – signed original in blue ink.	<input type="checkbox"/>
2.	Cover Letter: – signed original in blue ink.	<input type="checkbox"/>
3.	Bid Form (Exhibit A) with all questions completed as specified	<input type="checkbox"/>
4.	Budget form as specified in Exhibit C	<input type="checkbox"/>
5.	Organizational Chart	<input type="checkbox"/>
6.	If a Non-Profit Agency; Non-profit determination letter (501[c][3])	<input type="checkbox"/>
7.	If a Non-Profit Agency; Articles of Incorporation	<input type="checkbox"/>
8.	If a Non-Profit Agency; Most recent Bylaws	<input type="checkbox"/>
9.	If a Non-Profit Agency; Roster of Board of Directors	<input type="checkbox"/>
10.	If a Non-Profit Agency; Copies of minutes of last two Board of Director meetings	<input type="checkbox"/>

Our agency certifies that all above request information have been completed for RFP No. 2018-HICAP.

Signature: _____ Print Name: _____ Date: _____

Agency Name: _____

BID FORM

COST SHALL BE SUBMITTED ON EXHIBIT A AS IS. NO ALTERATIONS OR CHANGES OF ANY KIND ARE PERMITTED. Bid responses that do not comply will be subject to rejection in total. The cost quoted below shall include all taxes and all other charges, including travel expenses, and is the cost the County will pay for any contract that is a result of this bid.

Quantities listed herein are annual estimates based on past usage and are not to be construed as a commitment. No minimum or maximum is guaranteed or implied.

Bidder hereby certifies to County that all representations, certifications, and statements made by Bidder, as set forth in this Bid Form and attachments are true and correct and are made under penalty of perjury pursuant to the laws of California.

PLEASE PROVIDE A SEPARATE PROPOSAL PACKET FOR EACH SERVICE CATEGORY.

CHECK THE PROPOSED SERVICE CATEGORY BELOW (PLEASE CHECK ONLY ONE):

HICAP (HEALTH INSURANCE COUNSELING and ADVOCACY PROGRAM)

PLEASE NOTE THE GEOGRAPHIC AREA OF SERVICE AND PERCENTAGE OF TOTAL CLIENTS SERVED IN EACH AREA (IF YOU ARE PROPOSING TO SERVE MULTIPLE AREAS):

NORTH ____% SOUTH ____% COUNTYWIDE ____%

CENTRAL ____% EAST ____%

PLEASE INCLUDE YOUR PROPOSAL SPECIFICS IN THE FOLLOWING CHART:

SERVICE CATEGORY / GEOGRAPHIC AREA (selected above)	# SENIORS SERVED	# UNIT MEASUREMENTS PROPOSED	AMOUNT REQUESTED	TOTAL PROGRAM COST

REQUIRED DOCUMENTATION AND SUBMITTALS

All of the specific documentation listed below is required to be submitted with the Exhibit A – Bid Response Packet in order for a bid to be deemed complete. Bidders shall submit all documentation, in the order listed below and clearly label each section with the appropriate title (i.e. Mission, Experience and Community Involvement, Program Delivery, Administrative & Fiscal Qualifications, etc.).

BID RESPONSE NARRATIVE: Please respond to the following questions:

**MISSION, EXPERIENCE AND COMMUNITY INVOLVEMENT:
(Maximum two (2) pages; minimum 12 pt. font)**

1. Describe the organization’s history, purpose and mission statement. (5 points)
2. Discuss the needs of older adults in Alameda County, including demographic and geographic data that are relevant to the program for which you are applying. Describe the religious, cultural, income and language considerations affecting the potential population. (5 points)
3. Describe the organization’s efforts to coordinate with local and regional community services to integrate the service delivery system in Alameda County. Provide specific examples of how these efforts have led to increased opportunities for older adults to live more independently. (5 points)
4. Describe the organization’s experience in providing community-based services to older adults in Alameda County. Document the number of individuals served by type of service. (5 points)
5. Will your agency recruit, train, supervise and recognize volunteers in providing the proposed service? If so, how will this be accomplished? (4 points)

**PROGRAM DELIVERY:
(Maximum six (6) pages; minimum 12 pt. font)**

1. Using the following format, please describe in detail the service category and units that you will provide. Please provide a narrative description of how you will provide the services. (6 points)

Service Category	Seniors Served	# of Unit Measures
(e.g. HICAP)	(e.g. 200 Seniors)	(e.g. 500 Hours)

2. Are you currently providing this service, and if so, how many units are you providing. Please describe your plans to maintain or expand your services? (6 points)

3. HICAP requires that services be targeted to hard to reach individuals. Please tell us how you plan to ensure low-income, ESL, and other hard to reach people will be engaged in services at levels required by this RFP. (6 points)
4. Discuss the outreach/public information methods the organization intends to employ to generate participation in the program. (4 points)
5. Describe the qualifications and responsibilities of all staff directly responsible for delivery of program services, including any bi-lingual capability. (6 points)
6. Federal regulations mandate that persons receiving services be given the opportunity to freely contribute to the cost of service. At the same time, these participants must not be subjected to any kind of test to determine their ability to contribute. Please describe your plan to provide participants with a voluntary opportunity to contribute, including how privacy is ensured, what procedures are used to account for and safeguard funds. (6 points)
7. Describe the quality assurance procedures your agency will use to evaluate the services you propose to provide. Include any procedures you have developed to track measurable outcomes. How will you ensure that caregivers, seniors and community participants are involved in the planning and evaluation of your services? (6 points)

ADMINISTRATIVE & FISCAL QUALIFICATIONS:
(Maximum four (4) pages; minimum 12 pt. font)

1. Using the following format, please provide your agency's staffing plan and percentage of time allocated to this program. Please note that staffing plans must match personnel costs on budget. (5 points)

Staff Summary Form		
Job Title/Position	Total Agency % FTE	% FTE for this program

2. Using the following format, please provide a three-year history of total income vs. Total expense for your agency. In narrative form, please explain any large fluctuations in income or expense. Please provide an explanation for any deficit. (2 points)

	2014-2015	2015-2016	2016-2017
Revenue			
Expense			
Over/Under			

3. Using the instructions and template provided in Exhibit C, please submit a Line-Item Budget for this program. In narrative form, please describe your approach for deploying the most cost effective program. (5 points)
4. Describe the organization’s current accounting system, including the following: areas and frequency of accounting for receivables and payables, payroll processing, financial statement preparation and internal/external auditing. (2 points)
5. Discuss your plan for securing the required 10% non-federal match. What are your short and long-term funding needs and goals for ongoing support of the proposed project? Please indicate if you have a current strategic plan that addresses these issues. (5 points)
6. Describe special attributes of your current or proposed board of directors that would: 1) augment your capabilities to outreach and serve your specific targeted group; 2) contribute knowledge/expertise with services you will provide; 3) provide guidance in quality assurance measurements; and 4) accept responsibility in developing and implementing strategic plans with both short and long-term needs and goals, especially financial stability. (2 points)
7. Describe the organization’s physical facilities and equipment that will enable adequate provision of services. (5 points)
8. Please describe the organization’s capacity to provide reporting and client data and service unit delivery. (5 points)
9. Please describe your organization’s current plan for providing services to seniors in the case of a catastrophic event (earthquake, fire, etc.). (5 points)

EXCEPTIONS, CLARIFICATIONS, AMENDMENTS

**RFP No. HICAP-2018 – HEALTH INSURANCE COUNSELING
and ADVOCACY PROGRAM**

Bidder Name: _____

List below requests for clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and submit with your bid response.

The County is under no obligation to accept any exceptions and such exceptions may be a basis for bid disqualification.

Reference to:			Description
Page No.	Section	Item No.	
p. 23	D	1.c.	<i>Vendor takes exception to...</i>

*Print additional pages as necessary

EXHIBIT B

RFP No. HICAP-2018 – HEALTH INSURANCE COUNSELING and ADVOCACY PROGRAM

INSURANCE REQUIREMENTS

Insurance certificates are not required at the time of submission; however, by signing Exhibit A – Bid Packet, the bidder agrees to meet the minimum insurance requirements stated in the RFP, prior to award. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in this Exhibit B – Insurance Requirements.

The following page contains the minimum insurance limits, required by the County of Alameda, to be held by the Contractor performing on this RFP:

***** SEE NEXT PAGE FOR COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS**

EXHIBIT B
COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

TYPE OF INSURANCE COVERAGES		MINIMUM LIMITS
A	Commercial General Liability Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B	Commercial or Business Automobile Liability All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	\$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
C	Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees	WC: Statutory Limits EL: \$100,000 per accident for bodily injury or disease
D	Professional Liability/Errors & Omissions Includes endorsements of contractual liability	\$1,000,000 per occurrence \$2,000,000 aggregate
E	<p><u>Endorsements and Conditions:</u></p> <ol style="list-style-type: none"> 1. ADDITIONAL INSURED: ALL INSURANCE REQUIRED ABOVE WITH THE EXCEPTION OF PROFESSIONAL LIABILITY, PERSONAL AUTOMOBILE LIABILITY, WORKERS' COMPENSATION AND EMPLOYERS LIABILITY, SHALL BE ENDORSED TO NAME AS ADDITIONAL INSURED: COUNTY OF ALAMEDA, ITS BOARD OF SUPERVISORS, THE INDIVIDUAL MEMBERS THEREOF, AND ALL COUNTY OFFICERS, AGENTS, EMPLOYEES AND REPRESENTATIVES. 2. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement with the following exception: Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following termination and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. 3. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies shall be primary insurance to any insurance available to the Indemnified Parties and Additional Insured(s). Pursuant to the provisions of this Agreement, insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties. 4. INSURER FINANCIAL RATING: Insurance shall be maintained through an insurer with a minimum A.M. Best Rating of A- or better, with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. 5. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein. 6. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by any one of the following methods: <ul style="list-style-type: none"> – Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured (covered party)", or at minimum named as an "Additional Insured" on the other's policies. – Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured." 7. CANCELLATION OF INSURANCE: All required insurance shall be endorsed to provide thirty (30) days advance written notice to the County of cancellation. 8. CERTIFICATE OF INSURANCE: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The require certificate(s) and endorsements must be sent to: <ul style="list-style-type: none"> - Alameda County Social Services/Contracts Office, 1111 Jackson Street, 1st Floor, Oakland, CA 94607 Attn: Insurance Unit - With a copy to Risk Management Unit (1106 Madison Street, Room 233, Oakland, CA 94607) 	

EXHIBIT C

RFP No. HICAP-2018 – HEALTH INSURANCE COUNSELING and ADVOCACY PROGRAM

RFP BUDGET INSTRUCTIONS AND TEMPLATE

Applicants must complete a detailed Line Item Budget using the format provided in Exhibit C that includes **ALL** projected revenues and operating costs for the proposed program or project.

OAA programs are required to provide a minimum 10% match, through cash and/or in-kind, of the total budget. Client Donations cannot be used to satisfy the minimum match requirement.

BUDGET COMPLETION INSTRUCTIONS

General:

1. The budget is a spending plan. Be realistic in estimating revenues. When possible, use past spending experience to help estimate budget needs.
2. Typed or computer facsimiles (exact copies of the budget format) are acceptable.
3. Round all figures to the nearest dollar.
4. Audit costs are not AAA reimbursable for programs expending less than \$750,000 federal funds.

Budget:

1. ENTER DATA IN COLUMN (1) AND COLUMN (3) ONLY.
2. Total Project Budget (Column 1): Enter the Total Project Budget amount for each line item.
3. Total Agency Budget (Column 3): Enter the Total Agency Budget amount for each line item.
4. Totals and Percentages (Columns 2 and 4) will automatically calculate.

RFP BUDGET TEMPLATE

Official Name of Bidder:

Service Category:

	Total Project Budget (1)	% to Total Income (2)	Total Agency Budget (3)	% to Total Income (4)
REVENUE/INCOME SOURCES:				
AAA Funding Requested	100-	0.0%	0 -	0.0%
Client Contributions	-	0.0%	-	0.0%
In-Kind Support	-	0.0%	-	0.0%
Other Income:	-	0.0%	-	0.0%
	-	0.0%	-	0.0%
	-	0.0%	-	0.0%
Total Income	-	0.0%	-	0.0%
EXPENSES:				
Salaries and Employee Benefits	-	0.0%	-	0.0%
Services and Supplies	-	0.0%	-	0.0%
Capital Equipment (Any item over \$500)	-	0.0%	-	0.0%
	-	0.0%	-	0.0%
	-	0.0%	-	0.0%
Total Expenses	-	0.0%	-	0.0%
Excess of Revenue Over Expenses	-	0.0%	-	0.0%

EXHIBIT D

DATA REPORTING REQUIREMENTS

RFP No. HICAP-2018 – Health Insurance Counseling and Advocacy Program

HICAP data reporting will be provided in the Statewide HICAP Automated Reporting Program (SHARP). The State has contracted with PeerPlace Networks, LLC, a social services automated data management, data collection, and data reporting company to meet CMS reporting requirements. SHARP is a hybrid of their base system, modified to meet the needs of the various HICAP programs throughout the State. SHARP is designed to meet the HICAP case management needs as well as serve as the data collection and reporting tool for each HICAP provider and AAA.

Quarterly HICAP reporting will follow CDA requirements into SHARP. Timelines for data review and approval will remain the same. The SHARP system will allow AAA to review and approve HICAP data directly from the SHARP system at any time or within any time period (e.g.) monthly to determine if any issues, challenges, and/or concerns that may arise from using the SHARP system.

All HICAP data are to be entered into the SHARP system for submission to the California Department of Aging (CDA) at <https://www.peerplace.com/peerplace>. All users must be authorized by CDA before using their User ID or password.

All contractors shall maintain accountability of all statistical and financial data in order to document and assure the accuracy of the data presented in the required program and financial reports.

All contractors shall comply with Section 15630 of the Welfare & Institutions Code as it relates to the mandatory and non-mandatory reports of abuse of elders and dependent adults.

The table below displays the California Department of Aging (CDA) Health Insurance Counseling and Advocacy Program's (HICAP) Performance Measure (PM) Definitions. The following PM Definitions relate to data-driven values used as a part of the methodology for establishing state HICAP and federal State Health Insurance and Assistance Program (SHIP) goal-oriented Target Penetration Counts (TPC) needed by each Area Agency on Aging (AAA) for demonstrating improved performance within the Medicare population for each Planning and Service Area (PSA).

PERFORMANCE MEASURE (PM)	DEFINITIONS ¹
PM 1.1: Clients Counseled Min. 2,064	<p>Number of FINALIZED Intakes for all clients/beneficiaries that received counseling services where the “Date of Review”² is within the date range reported.</p> <p><i>PSA level data calculated using Aggregate report data labeled as “Total Finalized Intakes;” excludes Quick Calls. NEW for SFY 2017-18: Counts require accurate ZIP and County.</i></p>
PM 1.2: Public and Media Events (PAM) Min. 187	<p>Number of COMPLETED PAM forms for all events categorized as “Interactive” where the “Closed Date”³ is within the date range reported</p> <p><i>Calculated using Aggregate report data for <u>Total Number of Events</u> with categories labeled as “Interactive Presentations to Public in Person, “Video Conf., Web Conf, and Web Chat” (must be justified via attendance/ reports) “Booths or Exhibits at Fairs or Special Events,” “Mobile InfoVan Events,” and “Dedicated Enrollment Events;” excludes non-interactive events (“Radio Shows Live or Taped,” “TV/Cable Shows Live or Taped,” “Other Electronic Events,” and “Other Print Activity”).</i></p> <p><i>NEW for SFY 2017-18: Event location requires accurate ZIP and County.</i></p>
PM 2.1 Client Contacts (Interactions) Min. 14,310 Target: 19,778	<p><i>Percentage</i> of total contacts for every one-on-one interaction with/ on behalf of Client regardless of type (Quick Call or Intake) or mode (i.e., telephone, in person site, in person home, email, fax, other) where the “Closed Date” and “Date of Review” is within the date range reported</p> <p><i>Calculated using Aggregate report data labeled as <u>Mode of Client Contact</u> for “Total Number of Client Contacts.” NEW for SFY 2017-18: Counts require accurate ZIP and County.</i></p>
PM 2.2 PAM Outreach (Interactive) Min. 10,334 Target: 17,766	<p><i>Percentage</i> of persons reached or received enrollment assistance at public events reported for COMPLETED PAM forms categorized as “Interactive” where the “Closed Date” is within the date range reported, with consideration for the following provisions:</p> <ul style="list-style-type: none"> • <i>Interactive Presentations to Public in Person (incl. electronic/ digital and/or tele-conferences, when attendance is monitored to justify true encounters),</i> • <i>Booths or Exhibits at Fairs or Special Events (incl. Mobile infoVans) when attendance is logged to justify true encounters,</i> • <i>Dedicated Enrollment Events when attendance is either monitored or tracked per direct application assistance,</i> • <i>Where HICAP/SHIP and Medicare information was transferred to the public, with Participant opportunity to ask questions and get answers</i> <p><i>Calculated using Aggregate report data for <u>Estimated Number of Attendees</u> with categories labeled as “Interactive Presentations to Public in Person” “Booths or Exhibits at Fairs or Special Events,” “Mobile InfoVan Events,” and “Dedicated Enrollment Events;” excludes non-interactive events (“Radio Shows Live or Taped,” “TV/Cable Shows Live or Taped,” “Other Electronic Events,” and “Other Print Activity”).</i> NEW for SFY 2017-18: Event location requires accurate ZIP and County and interactive provisions for tracking attendance.</p>

**PM 2.3
Medicare
Beneficiaries
Under 65**

**Min. 671
Target:
1,014**

Percentage of all contacts regardless of type (Quick Call or Intake) or mode (i.e., telephone, in person site, in person home, email, fax, other) where the “Closed Date” and “Date of Review” is within the date range reported and the following conditions apply:

SHARP Section/Header	Field Title/Condition
Client Profile/ Basic Demographics	-DOB indicates “64 or Younger”
Client Profile/ Medical Information	-Medicare Status Due to Disability indicates “Yes”
Intake/ Intake Details	-Receiving or Applying for Social Security Disability or Medicare Disability indicates “Yes”

Calculated using Aggregate report data averaged for Total Clients that Checked Yes as Being with categories labeled as “Medicare Status Due to Disability,” and “Receiving or Applying for Social Security Disability or Medicare Disability,” and “Age” is indicated as 64 or younger.

**PM 2.4 Hard
to Reach
(Total)
Min. 3,110
Target:
6,021**

Percentage of total sum of contacts for every one-on-one interaction regardless of type (Quick Call or Intake) or mode (i.e., telephone, in person site, in person home, email) where the “Closed Date” and “Date of Review” is within the date range reported when Medicare beneficiaries designated as “hard-to-reach” per the following categories:

PM	SHARP Section/Header	Field Selected/ Input Value
PM 2.4a: LIS Min. 1,240 Target: 4,112	Client Profile/ Financial	-Poverty Level indicates “Below 150% Federal Poverty Level (FPL) indicating Low-Income (LIS)
PM 2.4c: ESL Min. 1,072 Target: 3,620	Client Profile/ Social History	-English Second Language (ESL) where Primary Language is not English

*Calculated using the above field values as reported to the National Performance Reporting (NPR) system for SHIP as itemized above. Note: Some Clients could fall into multiple categories and thus be counted multiple times. **NEW for SFY 2017-18: Subparts b and c combined with previous LIS.***

PM 2.5 Enrollment Contacts (Qualifying) Min. 4,413 Target: 6,791	<i>Percentage of unduplicated contacts from Intakes regardless of mode (i.e., telephone, in person site, in person home, email, fax, other) where the “Closed Date” and “Date of Review” is within the date range reported with one or more of the following qualifying enrollment topics discussed:</i>		
	SHARP Intake Header	Enrollment Topics Selected	
	Medicare Part A/B (Original Medicare)	-Enrollment/Eligibility/Screening	
	Medigap/Supplement/SELECT	-Enrollment/Eligibility/Screening -Plan Comparison	-Plan Non-Renewal
	Medicare Advantage (e.g., MSA, HMO, PPO, Specialty Plans)	-Eligibility/Screening -Disenrollment/Coverage - Changes	-Plan Non-Renewal -Plan Comparison -Enrollment/enrollment Assistance
	Medi-Cal	-Medicare Saving Program (MSP) Screening (QMB, SLMB, QI) -MSP Application Assistance	-Medi-Cal Screening (SSI, Nursing Home) -Medi-Cal Application Assistance
	Part D – Medicare Prescription Drug Coverage	-Eligibility/Screening -Plan comparison -Enrollment/Enrollment assistance	-Coverage Changes -Re-enrollment -Disenrollment
	Part D Plan Problems (Non-Compliance/ Services Unmet)	-Eligibility -Multiple enrollment	-Plan Non-Renewal
	Part D Low Income Subsidy	-Eligibility/Screening	-Application Assistance
	<i>Calculated using Aggregate report data for enrollment topics as itemized above based on unduplicated contact count (i.e., Unduplicated indicates that if more than one or even all options are selected for the same client, that contact will only count once for this PM). NEW for SFY 2017-18: Benefits explanation removed and LIS added.</i>		

¹ Definitions presented include:

- Clarifications related to data captured within the Statewide HICAP Automated Reporting Program (SHARP) for generating the Performance Measure progress reports and
- General explanations related to Aggregate report data used in establishing State and federal performance measures.

² “Date of Review” is a manual mechanism within SHARP for FINALIZED Intakes where the Program Manager (or their designee) enters the review date and (as specified above) the report(s) capture data based on the date entered into this field.

³ “Closed Date” is an automatic mechanism within SHARP for CLOSED Quick Calls and COMPLETED PAMs where a date is automatically assigned based on the user clicking “Save” and (as specified above) the report(s) captures data based on the date saved.

EXHIBIT E

RFP No. HICAP-2018 – HEALTH INSURANCE COUNSELING and ADVOCACY PROGRAM

EMERGENCY PREPAREDNESS

The Emergency Preparedness Responsibility of Area Agency on Aging

It is the responsibility of all Area Agency on Aging contractors to prepare a written Emergency Operations Plan that can be activated in an emergency. The plan shall include assurances that the following preparations have been made.

A. FACILITY PREPARATION

1. Prepare all furniture, appliances and other free standing objects so that they are adequately secured.
2. Move heavy items to lower shelves in closets and cabinets.
3. Check cabinet doors to be sure they can be closed securely.
4. Remove or isolate flammable materials.
5. Clearly mark gas and water shut-off valves and post legible instructions on how to shut off each one.
6. Maintain a conveniently located set of tools (including pipe and crescent wrenches) to facilitate prompt shut-off.
7. Place evacuation plan for facility in a position readily accessible to the public.
8. Indicate the location at each site where the following items, in working condition, can be found.
 - a. Portable radio and spare parts
 - b. First Aid supplies
 - c. Flashlights and spare batteries`
 - d. Wrenches and other tools
 - e. Fire extinguishers

B. ASSIGNMENTS

1. Specific assignments should be given to staff for which they are responsible during an emergency. Recommended assignments would be provisions to check on program participants after a disaster, if feasible, and a contingency plan to continue program services.
2. Conduct an inventory of staff skills and of equipment to be used in a disaster response.

C. TRAINING PROVISIONS

1. Training for all staff, volunteers and participants in the agency's Emergency Operations Plan.
2. Provisions to train staff and volunteers in First Aid and CPR.
3. Training for Earthquake Preparedness shall include:
 - a. Two documented earthquake drills per year
 - b. Procedures to assemble staff if no phones are working
 - c. Probability that no transportation, utilities (including telephone) or emergency services will be available for an undetermined time after a major quake
 - d. The importance of cooperating with public officials
 - e. How to inspect facilities for damage, water and gas leaks
 - f. How to check for injuries
 - g. Warning of the danger of cooking inside buildings
 - h. The probability of after shocks
 - i. Tuning in to a portable radio

D. FIRE SAFETY PROVISIONS

- a. Fire extinguishers on site that are checked and tagged once a year
- b. Two documented fire drills per year for clients and staff
- c. Paths of travel free from obstruction
- d. Exists clearly marked

E. OTHER RECOMMENDATIONS

1. It is recommended that agencies store sufficient water for participants and staff likely to be detained at the site for up to 72 hours, or have plans to access water for 72 hours as needed.
2. It is recommended that agencies maintain a supply of nutritious snacks and/or other food in vermin-proof storage to support participants and staff likely to be detained for up to 72 hours.
3. It is recommended that agencies make provisions to check on program participants after a disaster.