NEBRASKA LIFESPAN RESPITE NETWORK (NLRN) 
FY 2023 FUNDING ANNOUNCEMENT

Innovative Local Models of Respite Activities for Older Nebraskans, Adults with Disabilities, Children with Special Needs, and Family Caregivers

Purpose: Further implement the requirements of the Nebraska Lifespan Respite Services Program (Neb.Rev.Stat. 68-1520 through 68-1528) to develop, and expand access to, the existing infrastructure of available respite resources of the statewide Lifespan Respite Network and enhance partnerships to ensure local Respite network sustainability that is integrated into the state’s long-term services and supports system.

Contracting Organization: Nebraska Department of Health and Human Services (DHHS), Division of Children & Family Services (CFS), Nebraska Lifespan Respite Services Program

Important Dates:

Proposal Posted: April 14, 2022
Proposal and Required Documents Due: May 13, 2022

Term of the Contract: Contracts will be issued for a period of up to twelve (12) months effective on or after July 1, 2022, through June 30, 2023, with the option to renew.

All proposal deliverables and services must be completed by: June 30, 2023, and all invoices must reflect the date(s) services were completed.
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1. Proposal Overview

1.1. Background

1.1.1. Successful Applicants will be expected to further implement the requirements of the Nebraska Lifespan Respite Services Program (Neb.Rev.Stat. 68-1520 through 68-1528) to develop, and expand access to, the existing infrastructure of available respite resources of the statewide Lifespan Respite Network and enhance partnerships to ensure local Respite network sustainability that is integrated into the state’s long-term services and supports system.

1.1.2. Through an independent review committee and competitive proposal process, the Department will distribute these funds to foster innovative local models to provide innovative respite activities for older adults, persons with disabilities, children with special needs, and family caregivers; and to evaluate the effectiveness of those models.

1.2. Request for Proposals

1.2.1. The Department is seeking proposals for innovative local respite activities to assist family caregivers in the Southeast service area.

2. Application Eligibility, Logistics, and Expectations

2.1. A range of types of entities are encouraged to apply. DHHS wants to fund local models that represent a diverse cross-section of the state reflective of family caregiver needs across the lifespan and disability populations of all urban and rural counties within the Nebraska Lifespan Respite Network Southeast service area. This includes addressing underserved care receivers, limited English-speaking populations, and communities with limited respite programs or providers.

2.1.1. Examples of the type of organizations that are eligible to apply are:

2.1.1.1. Public or private non-profit entities;
2.1.1.2. Local communities;
2.1.1.3. Indian tribal governments and organizations (American Indian/Alaskan Native/Native American);
2.1.1.4. Faith-based organizations;
2.1.1.5. Community-based organizations;
2.1.1.6. Healthcare providers;
2.1.1.7. Institutions of higher education;
2.1.1.8. Local aging services organizations as defined in 102(5) of the Older Americans Act of 1965;
2.1.1.9. Centers for independent living as defined in section 702 of the Rehabilitation Act of 1973;
2.1.1.10. Public Health Departments;
2.1.1.11. Volunteer agencies or advocacy groups with expertise in the delivery of need and interest-based services to older adults, children or adults with disabilities, or family caregivers.

2.2. More than one organization may partner in a single proposal, but one organization must be designated as the lead Applicant and Contractor.

2.3. The organization must submit proposals for the specified service area outlined below.

2.4. The Southeast Service Area is available for FY 2023 Lifespan Respite contracting as described in this announcement:

- **Southeast Service Area** serving Butler, Cass, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Seward, Saunders, Thayer, and York counties.

2.5. Funds awarded by the Department in this funding announcement are comprised of state Healthcare Trust Funds dollars based on an FY 2023 legislative allocation. Final contract amount will vary dependent on each local respite network caseload size and upon performance-based outcomes. The Applicant’s detailed proposal, narrative, work plan, budget, logic model, and sustainability plan will factor in the Applicant funding award. The proposed budget must include in-kind contributions of a minimum of 10% of the proposed award.

2.6. Funding may NOT be used for:

   2.6.1. Attendance at conferences or professional development activities;
   2.6.2. Advertising costs for general organization operations unrelated to this program; and
   2.6.3. Lobbying or political activities.

2.7. All Applicants are required to contribute a minimum match equal to 10% of the total program budget. The match may be comprised of cash, in-kind contributions, or a combination of both.

   2.7.1. Matching resources take on the characteristics of the Department and state funds and are therefore subject to the same rules regarding their use;
   2.7.2. Applicants are responsible for raising minimum matches;
   2.7.3. All proposals must detail the sources of their proposed match. Possible sources of the match may include, but are not limited to:

   - 2.7.3.1. In-kind contributions;
   - 2.7.3.2. Volunteered time, including local network advisory committee involvement;
   - 2.7.3.3. Use of facilities to hold meetings;
   - 2.7.3.4. Program fees or other earned revenue from the Applicant organization’s budget;
   - 2.7.3.5. Foundation or Grant contributions;
   - 2.7.3.6. Employer/Business contributions;
2.7.3.7. Individual contributions; and
2.7.3.8. Other contributions.

2.7.4. The following sources cannot be used toward the match:
2.7.4.1. Federal or State Funds.
2.7.4.2. Funds used to match grants.

2.8. Applicants must obtain a Unique Entity Identifier, or UEI, that will replace the DUNS number. The UEI can be requested and assigned by the System for Award Management (SAM.gov) and include the number on the proposal.

2.9. Proposed local models do not have to be new projects to an organization. But funds must be used to supplement, not replace funding that would otherwise be available by a government program to purchase respite activities.

2.10. This proposal process will be competitive. Not all applications are guaranteed to receive funding, and those that do, may not receive the full amount requested.

2.11. Proposal timeline (the timeline is subject to change and may be extended, if necessary):

<table>
<thead>
<tr>
<th>DATE/TIME:</th>
<th>ACTIVITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 14th, 2022</td>
<td>Funding Announcement disseminated and available for view at <a href="https://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx">https://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx</a></td>
</tr>
<tr>
<td>May 5th, 2022</td>
<td>The last day to submit written questions to <a href="mailto:DHHS.Rfpquestions@nebraska.gov">DHHS.Rfpquestions@nebraska.gov</a></td>
</tr>
<tr>
<td>May 9th, 2022</td>
<td>State responds to written questions and posts written responses on <a href="https://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx">https://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx</a></td>
</tr>
<tr>
<td>May 13th, 2022</td>
<td>The application period ends.</td>
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<tr>
<td>May 16th – May 20th, 2022</td>
<td>Application evaluation period.</td>
</tr>
<tr>
<td>May 24th, 2022</td>
<td>The anticipated date for contract announcements.</td>
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2.12. Written Questions And Answers - Any explanation desired by an applicant regarding the meaning or interpretation of any provision should be submitted in writing to the Department of Health and Human Services and clearly marked “Nebraska Lifespan Respite Network (NLRN) FY 2023 Funding Announcement.”
Questions must be sent via e-mail to DHHS.RFPquestions@nebraska.gov. DHHS recommends that Applicants submit questions using the following format:

<table>
<thead>
<tr>
<th>Funding Announcement Section Reference</th>
<th>Funding Announcement Page Number</th>
<th>Question</th>
</tr>
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<tbody>
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Written answers will be provided through an addendum to be posted on the Internet at https://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx on or before the date shown in the Schedule of Events.

2.13. Funding Notification - This Proposal is subject to the execution of a written contract. The Applicants shall not acquire any legal or equitable rights relative to the funding until a contract containing terms and conditions acceptable to the Nebraska Department of Health and Human Services is executed. If the Applicant fails to negotiate and execute a contract with the Department, the intended award may be revoked and the funding reallocated. The Department further reserves the right to cancel this Notice of Intent to Award at any time before the execution of a written contract. The proposal is subject to the allocation of funding to the Department by the Legislature. The Department reserves the right to accept or reject any or all proposals received as a result of this request, to negotiate with all qualified sources, or to cancel this in part or in its entirety this Proposal. This announcement does not commit the Department to award funding, pay costs incurred for the preparation of proposals, or procure a contract for services.

2.14. Applicants are expected to address the sustainability of their local models beyond the proposal period and to work with the Department on sustainability plans as appropriate.

2.15. Applicants using funds to expand or enhance existing services will be required to report appropriate baseline data within the local network or proposed service area at the time of contract execution.

3. Eligible Populations and Respite Services

3.1. Eligible populations: Local model respite programs must serve one or more eligible lifespan populations:

   3.1.1. Persons age 60 and older with special needs or disabilities;
   3.1.2. Persons ages 19-59 with a disability or special need; and
   3.1.3. Children birth through age 18 with a disability or special need.
3.1.3.1. The term “family caregiver” means an unpaid family member, friend, guardian, neighbor, or other unpaid adult who provides in-home monitoring, management, supervision, or treatment of a child or adult with a need, such as a disease, disability, or the frailties of old age.

3.1.3.2. Respite activities provided to family caregivers are intended to support their role as caregivers.

3.2. Respite Services

3.2.1. Local model programs must:
   3.2.1.1. Address an unmet respite need in the community;
   3.2.1.2. Be delivered in-home or community-based (non-institutional) settings;
   3.2.1.3. Recruit and screen both paid and unpaid respite care providers and volunteers who are 14 and older;
   3.2.1.4. Complete all available training including provider training;
   3.2.1.5. Identify, coordinate, and develop community resources for respite services;
   3.2.1.6. Conduct quality assurance and evaluation;
   3.2.1.7. Participate in the background check process as required by the Nebraska Lifespan Respite Network on program volunteers;
   3.2.1.8. The Department will offer technical assistance to support protocols for criminal background checks consistent with the requirements of the Nebraska Lifespan Respite Network; and
   3.2.1.9. Ensure that any personal identifying information (PII) is kept secure.

3.2.2. Local models can offer to provide a wide range of volunteer or fee-based respite activities, including provider training.

3.2.3. Examples of respite services could include (not intended to be an exhaustive list and Applicants may propose other services): age and interest-specific respite events, family caregiver support groups, respite provider training or recognition activities, employee caregiver information sharing, respite funding information and referral, and provider matching.

3.2.4. Applicants are encouraged to be innovative in their approaches in determining what volunteer services would be particularly useful to address the unmet needs of the eligible populations they intend to serve. What is innovative for one organization might not be innovative for another.

4. Scope of Work (Utilize FORM 3 – NLRN Work Plan Template and a written proposal)

4.1. The Applicant must conduct monthly, at minimum, contact with each family caregiver and participant to maintain contact, provide support, and build strong working relationships.
4.2. The Applicant must provide case management services to Lifespan Respite participants, caregivers, and their families.
4.3. The Applicant must facilitate email or text marketing efforts to build relationships with respite providers and family caregivers.
4.4. The Applicant must provide evidence of Respite Network hosted meetings (virtual or in-person) with at least three (3) new Community-Based Organizations (CBO) to provide information on potentially becoming a respite provider, review data reporting requirements, and provide information on respite activities and events.
4.5. The Applicant must increase the number of local respite activities provided and provide data reported by the Network screened Community-Based Organizations.
4.6. The Applicant must support the identified NE Lifespan Respite Network contractor in conducting checks on all prospective and current Lifespan Respite Network providers as directed by the Department. The Department and contractor may use outcomes of checks to deny or terminate a provider from Network participation. Voluntary Consent is obtained to conduct screening for volunteers of respite activities not formally becoming Network providers. Each of the following systems must be accessed with acceptable outcomes to be considered Network screened:
   4.6.1. DHHS Adult Protective Services Central (APS) Register/Child Abuse and Neglect Central (CPS) Registry;
   4.6.2. The Nebraska Sexual Offender Registry,
   4.6.3. Nebraska Criminal History/Nebraska Data Exchange Network (NDEN);
   4.6.4. Office of Inspector General List of Excluded Individuals and Entities (OIG LEIE); and
   4.6.5. The Nebraska Medicaid Excluded Provider’s List (NEMEPL).
4.7. The Applicant must record monthly verification of local network provider completion of available orientation and training opportunities.
4.8. The Applicant must submit daily documentation of provider and family caregiver information on the eLifespan Respite secure system and on the Department CONNECT system as directed by the Department if receiving payment for Lifespan Respite Program utilization.
4.9. The Applicant will participate in the Lifespan Respite Program’s standardized quality assurance and evaluation process as directed by the Department.
4.10. The Applicant will identify plans to leverage program funds contributed by government, philanthropic foundations, or other funders to provide local respite activities not previously available to cultivate opportunities to create or enhance, strengthen and sustain age or need-specific respite alternatives.
4.11. The Applicant will facilitate at least two Network sponsored respite events in locations determined beneficial based upon reported respite needs data.
4.11.1. The Applicant must provide a proposed written plan for the Network-sponsored respite events for the Contractor’s review and approval. The plan must be submitted 90 days after the start date of the contract. The plan must include:

4.11.1.1. Proposed budget for each event and participant cost, if any, and anticipated collaborations;
4.11.1.2. Proposed date for each event (must be within the contract year);
4.11.1.3. Proposed location of event or programming, counties served, target population, use of volunteers (if applicable), marketing strategies, and participation goals;
4.11.1.4. Description of the respite event and/or activity. Including the type of respite event or activity: social, educational, physical, cognitive, historical, festive, or other;

4.11.2. Required documentation for each Network sponsored respite event includes:

4.11.2.1. Participation data for each respite event;
4.11.2.2. Utilization of a DHHS-approved Satisfaction Survey tool and the results. The tool will be completed with the care recipients and/or their caregivers participating in the event. The goal for each event is for at least seventy-five percent (75%) of the care recipients and/or caregivers to report the event as satisfactory or above.

4.12. The Applicant must develop and host a local Advisory Committee quarterly throughout the contract year. The Advisory Committee must meet the DHHS-approved composition rules.

4.13. The Applicant must conduct a DHHS-approved provider evaluation of all current providers by assessing the care recipient and the family caregiver’s satisfaction. The evaluation must be completed by 6 months following the start date of the contract;

4.13.1. The Applicant must provide an overview summary of the results of the provider evaluation of all current providers to the Contractor 30 days following evaluations. The Applicant must include a brief action plan to address areas of need or improvement noted.
4.13.2. The Applicant must present the overview summary and brief action plan to the Respite Network Advisory Committee and consider sharing the results with caregivers and participants.


4.15. The Applicant must demonstrate evidence of collaboration and participation in the NE Caregiver Coalition.
4.15.1. Choose an active local network advisory committee member or another Respite Network related representative from your area to participate in the coalition meetings;
4.15.2. Share information on local respite activities and events; and
4.15.3. Support of Coalition initiatives.
4.16. Attend/participate in quarterly technical assistance videoconferences, 1:1 contractor calls, and onsite visit(s) from the statewide Lifespan Respite Program Coordinator.
4.17. Respond promptly to calls or emails requesting information about the Nebraska Respite Network and Lifespan Respite Program;
   4.17.1. Identify the NE Respite Network on all incoming respite related calls;
   4.17.2. Provide Lifespan Respite Program information to potential applicants and families; and
   4.17.3. Provide referral and contact information of other DHHS programs, as needed and appropriate.
4.18. By June 30, 2023 show at minimum a ten percent (10%) increase in available Network Screened Providers for your service area using FY22 baseline data provided to you by DHHS.
4.19. By June 30, 2023 show at minimum a twenty percent (20%) increase in open Respite cases/care recipients for your service area using FY22 baseline data provided to you by DHHS.
4.20. Adhere to the Nebraska Lifespan Respite Network Required Standards of Practices (SOPs) approved and provided to you by DHHS.
4.21. Reporting requirements:
   4.21.1. The Applicant will provide an updated Work Plan, Logic Model, and Sustainability Plan within thirty days (30) of the fully executed contract;
   4.21.2. The Applicant will record all pertinent information required by DHHS in the DHHS designated electronic systems;
   4.21.3. The Applicant will submit minutes of each quarterly respite network advisory committee meeting held;
   4.21.4. The Applicant will submit a Quarterly Performance Outcomes Report which includes progress toward measurable outcomes, project accomplishments, challenges, and products developed are submitted per DHHS approved method by the 15th day of the month following each quarter;
   4.21.5. The Applicant will submit Monthly Respite Activity Data defined by the Respite Data Dashboard on respite.ne.gov;
   4.21.6. The Applicant will submit Satisfaction Survey/Evaluation results and action plan as identified above in section 4.13;
4.21.7. The Applicant will submit a Respite Network Sponsored event written plan, participation data, and satisfaction survey results as identified above in section 4.11.;
4.21.8. The Applicant will submit In-Kind Contributions approved on budget and shared publicly by the Respite Data Dashboard on respite.ne.gov;
4.21.9. The Applicant will provide Monthly Social Media materials for postings; and
4.21.10. The Applicant will submit an Annual Report by July 15, 2023, as defined by DHHS.

5. Budget Requirements

5.1. The Applicant will utilize Form 2 to submit their proposed budget.
5.2. The Applicant will submit a proposed budget based on eligible funds available for the Service Area for which they are applying. The budgeted amounts are determined based on caseload data and forecasts for the next fiscal year.

<table>
<thead>
<tr>
<th>Lifespan Respite Service Areas:</th>
<th>Eligible Funds for Service Area:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southeast Service Area</td>
<td>Up to $68,500</td>
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</table>

5.3. Submit a proposed budget that includes the amount of funds requested, the applicant’s minimum match, and the total program budget. Applicants should add lines for additional costs as needed to encompass a period of 12 months.

5.3.1. Budget may include eligible activities to be funded with Lifespan Respite Network funds as follows:
5.3.1.1. A list and explanation of the costs associated with respite activities, events, evaluation, data collection, and meetings.
5.3.1.2. The program costs in the budget must correlate with the program tasks in the Work Plan.
5.3.1.3. State Funds Requested for this program.
5.3.1.4. Match Funding by Source.
5.3.1.4.1. Match - Cash Contributions: Include an explanation of each funding source and whether that funding is secured, in process, or anticipated.
5.3.1.4.2. Match-In-Kind Contributions: List all in-kind/non-monetary contributions the organization anticipates receiving and using for this program. Include a breakdown of the fair market monetary value. List the source of the contribution (i.e. an
individual, organization, etc.). For contributions of personnel, please include salary/wage levels for each staff member and/or consultant. In addition, provide the cost of rental space, if applicable. If a reasonable and documentable fair market value of volunteer services is not easily determined, volunteer hours may be calculated with the following equation: the number of hours worked multiplied by $14.60 (based upon AARP’s estimated economic value per hour of unpaid family caregiver contributions).

5.3.1.5. Program Expenses:
5.3.1.5.1. All program personnel allocated to this proposal program (full or part-time) are directly employed by the organization;
5.3.1.5.2. Fringe benefits; and
5.3.1.5.3. Other direct program expenses necessary for the success of the proposal.


5.3.1.7. Indirect Costs (if an approved indirect cost rate or verification of compliance with OMB requirement for the de minimus rate is provided to DHHS);
5.3.1.7.1. Examples of Indirect costs are rental costs for office space (excluding the cost of short-term rentals for event space for program-related activities), costs of operating and maintaining facilities, salaries and expenses of executive officers and/or administrative personnel, accounting, office equipment, and office supplies; and
5.3.1.7.2. Operations costs do not include cellular phones or computers that are specifically dedicated to the program.

5.3.1.8. Program Revenue - State Funds Requested: this amount should equal the total state-funded expenses included in your Budget.

6. Review Process and Criteria
6.1. Review Process
6.1.1. The Department will convene an independent Review Committee to review proposals. The Committee is comprised of professionals with knowledge of family caregiving, aging services, disability services, volunteer programs, program planning and evaluation, and organizational capacity building.
6.1.1.1. The Review Committee will make funding recommendations based on proposal scores.
6.1.2. Final contract decisions will be made by the Department. The Department will make final decisions based on proposal scores, innovation, diversity of organization type, size, target population(s), proposed service area(s), and type of respite services provided;
6.1.3. Not all successful Applicants will receive the full amount requested.

6.2. Review Criteria
6.2.1. Applicant’s Organizational Overview and Experience. Applicants will receive high scores if they have a defined and clear organizational structure; qualified and capable personnel with related experience; are connected to their local community, or can otherwise demonstrate that they will be a reliable Contractor who will use all awarded funds in a manner consistent with law and the requirements of this funding announcement. (50 points)
6.2.2. Applicant’s Budget. Applicants will receive higher scores if the budget is tailored to the work plan and utilizes allowable direct and indirect costs. The total request for funding itself will not determine the score; rather, Applicants will be scored based on whether the budget accurately reflects the allowable costs of completing the work outlined in the work plan. (25 points)
6.2.3. Applicant’s Work Plan and Program Overview/Design. Applicants will receive higher scores if their work plan and program overview/design respond to the Scope of Work and is in line with respite services and expectations, as well as evidencing the ability to meet expected outcomes, adhere to reporting deadlines, or other deadlines, and complete any required activities. The work plan must include clear program goals, measurable program outcomes, reasonable objectives and tasks, reasonable timeframes, and realistic evaluation methods. DHHS exercises sole discretion as to whether the Application adequately addresses the purposes and objectives of the program. (100 points)
6.2.4. Applicant’s Sustainability. Applicants will receive higher scores if their Narrative and Sustainability Plan clearly outline who they are expecting to address the sustainability of the local model beyond the proposal period. (25 points)

Total Points: 200 Points

6.3 Late Applications – Applications received after the application period ends will be considered late applications. Late applications will be rejected. It’s the Applicant’s responsibility to ensure that Applications are received timely.

7. Proposal
7.1. Proposals and the required attachments will be submitted electronically to the email: DHHS.RFPquestions@nebraska.gov from, to no later than
2:00 p.m. CST,. (Refer to 2.11. above)
7.2. If any technical support is required during the proposal process, please contact DHHS.RFPquestions@nebraska.gov
7.3. Ensure all acronyms are written out the first time they are used.
7.4. The proposal consists of the following elements:
   7.4.1. Proposal Coversheet and Narrative – Form 1;
   7.4.2. Budget template - Form 2;
   7.4.3. Work Plan – Form 3;
   7.4.4. Logic Model;
   7.4.5. Sustainability Plan;
   7.4.6. Financial Documentation;
   7.4.7. A copy of the organization’s current IRS tax-exempt status determination letter or most current Form 990, OR Certificate of Incorporation or equivalent document for qualified religious organizations not required to file Forms 990 and 1023. If not applicable, a letter from the Applicant’s CFO or equivalent stating such and why; and
   7.4.8. Unique Entity Identifier (UEI).