Request for Proposals

Issued by: The Johns Hopkins School of Nursing
Issued on: Wednesday, February 2, 2022
Proposals are due by: Wednesday, March 16, 2022, 5:00 pm EDT
Responses are to be submitted to: CAPABLEinfo@jhu.edu
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Introduction

Statement of purpose

This Request for Proposals (RFP) invites eligible organizations to apply to become the national lead organization that will administer, scale, and co-manage the Community Aging in Place—Advancing Better Living for Elders (CAPABLE) program in partnership with the Johns Hopkins School of Nursing (JHSON). The goal of the RFP is to identify a national lead organization that will sustain the day-to-day operations of the CAPABLE program across current and future sites, maintain the integrity of the care model/protocol, and plan and execute a successful strategy to expand the CAPABLE program nationwide.

Key functions (described in greater detail under the Statement of Work section) will include:

1) **Administration:** Provide technical assistance to organizations implementing CAPABLE to support effectiveness, fidelity to the evidence-based protocol, and sustainability. Technical assistance includes assessment of organizational/operational capacity, clinician training, and monitoring and evaluation.

2) **National Scaling:** Conduct outreach to organizations and states interested in CAPABLE and advance policy to support scaling CAPABLE nationwide.

CAPABLE is a four- to five-month, time-limited, participant-directed, home-based program with demonstrated results that increase mobility and functionality of older adults in their home environment. CAPABLE achieves this through innovative approaches to supporting the person’s abilities in their living environment through goal setting and action planning directed by the older adult working with an inter-professional team comprised of an occupational therapist (OT), registered nurse (RN), and handy worker.

Over the past decade, the program has grown from the original Baltimore, Maryland/JHSON site to over 40 sites in 21 states, including five research sites. This expansion is poised to accelerate given population health trends and an increasing societal focus on supporting people as they age in their community and reducing health disparities. CAPABLE program growth currently challenges JHSON’s administrative system capacity.

Eligibility

JHSON seeks proposals from all parties that meet the key qualifications described in this RFP, including nonprofit and for-profit organizations. Organizations that have a national presence in aging and social support programs, as well as those with experience serving in a national technical assistance capacity, are especially encouraged to apply. Qualified organizations may include:

- Government or quasi-governmental agencies, consistent with federal and state guidelines
- Health systems
- Medicaid managed care plans (MCOs), accountable care organizations (ACOs), and payer-provider healthcare delivery organizations
- Health plans
- National technical support centers focused on dissemination and implementation of evidence-based programs in health care or housing
- Community-based organizations
- Professional associations, alliances, or coalitions
- Quality Innovation Network – Quality Improvement Organizations (QIN-QIOs)
- National housing or home modification groups

RFP and selection timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release of RFP</td>
<td>February 2, 2022</td>
</tr>
<tr>
<td>Deadline for questions</td>
<td>February 9, 2022, 5:00 pm EST</td>
</tr>
<tr>
<td>Answers to questions posted</td>
<td>February 18, 2022</td>
</tr>
<tr>
<td>Q&amp;A webinar</td>
<td>February 18, 2022</td>
</tr>
<tr>
<td>Deadline for proposal submissions</td>
<td>March 16, 2022, 5:00 pm EDT</td>
</tr>
<tr>
<td>Selection of finalists</td>
<td>Early April, 2022</td>
</tr>
<tr>
<td>Selection of national lead organization</td>
<td>Late April/ early May, 2022*</td>
</tr>
</tbody>
</table>

*Exact timing dependent on availability of finalists for on-site interviews.

Questions and answers
All questions regarding this RFP must be submitted to CAPABLEinfo@jhu.edu no later than February 9, 2022 at 5:00 pm EST. Responses to all questions will be publicly available and will be shared by February 18, 2022. Additionally, JHSON will host a webinar to discuss the answers on February 18, 2022 at 1:00 EST. You may register for the webinar at: https://jhuson.zoom.us/webinar/register/WN_3dp4wHGiRhijizV94bOdw

Program details
CAPABLE background
The CAPABLE Program, which was designed by Dr. Sarah Szanton and Dr. Laura N. Gitlin, addresses individual and environmental barriers to completing activities of daily living (ADLs) and instrumental ADLs (IADLs) for older adults living at home. An interdisciplinary team consisting of an OT, RN, and handy worker conducts up to 10 in-home visits with participants over a four- to five-month period. The interdisciplinary team helps participants identify and achieve up to six patient-centered functional goals through motivational interviewing and goal-directed actions. The OT engages in problem solving and brainstorming to identify and introduce strategies for obtaining the participant’s identified functional goals and recommends assistive devices and home modifications to achieve those goals. Under the direction of the OT, the handy worker makes necessary home modifications and repairs to ensure a safe environment and support functional goals. The RN addresses pain and medication management (including polypharmacy) and symptoms of depression and maintains communication with the participant’s primary care provider.
In peer-reviewed studies, CAPABLE reduces disability scores by 30 percent\(^1\), reduces depressive symptoms, improves health outcomes, and reduces costs through reduced hospitalizations and nursing home visits (savings of approximately $22,000 per participant over two years).\(^2\) CAPABLE sites have many testimonials from participants describing how the program has positively changed their lives.

**Statement of work**

The two key functions to be fulfilled by the national lead organization are 1) administration and 2) national scaling. Activities falling under each of these key functions are described in greater detail below.

**Administration**

JHSON currently conducts all of the activities listed under each of the tasks below and will provide all of the necessary materials and training to the national lead organization to transfer these responsibilities. The national lead organization is not expected to develop its own materials or training/technical assistance frameworks.

**Task 1: Prepare sites to participate**

The national lead organization will be responsible for educating potential new sites about the CAPABLE program and the steps needed to implement it. The national lead organization will also guide potential sites through the implementation process of identifying a lead organization, program champion, and partners; securing start-up funding; and developing a pilot workplan.

JHSON currently provides sites with the start-up support activities listed below. The national lead organization would be expected to provide a similar level of support:

- Up to 3 one-hour conference calls for individualized technical assistance and pre-implementation support;
- An implementation manual, slide decks, scientific references, web links they can use within their organization to help others understand how CAPABLE works;
- Readiness checklists;
- Fidelity guidelines;
- Evaluation and measurement considerations;
- Outreach and referral considerations;
- Sample invitation letter to potential CAPABLE participants, program budget, OT and RN job descriptions, and workflow;
- Development of a more comprehensive evaluation plan and analysis as needed; and
- Individual help reviewing grant applications or developing value propositions for stakeholders as needed.

**Task 2: Conduct initial and ongoing training**


JHSON currently conducts the following initial online training to prepare clinicians for delivering CAPABLE. The national lead organization would be expected to provide a similar level of training:

- Nine videos (45-60 minutes each)—one overview for all clinicians, four for OTs and four for RNs—that cover clinician activities during each CAPABLE visit, including how to prepare, what to bring to the home, and what materials to leave behind; how to use the Client-Clinician Assessment protocol (C-CAP) assessment tools and other basic measures, such as the Readiness to Change tool; and how to use motivational interviewing and open-ended questions, build rapport and relationships, and address challenges that may arise;
- Short whiteboards on additional topics;
- Two interactive simulations that provide cases with questions and process examples; and
- Vimeo video clips of actual visits and visit scenarios.

JHSON also provides the following ongoing clinician training supports and materials, which the national lead organization will be responsible for providing:

- Training manuals, OT and RN initial assessment forms, documentation forms for home visits, and brainstorming and action planning forms;
- CAPABLE exercise book, Health Passport, medication calendar, tip book, and items for participant’s folders;
- Access to social networking platforms, to keep site participants connected and collaborating, and to webinars for additional training and information sharing;
- Office hours so trained clinicians, program administrators, and construction partners can ask questions, discuss challenging cases, and share equipment solutions and participant successes; and
- Review of up to 3 work orders for each CAPABLE trained OT.

**Task 3: Provide technical assistance**

JHSON currently provides the following technical assistance, for which the national lead organization will assume responsibility:

- Up to 3 additional one-hour conference calls (includes follow up checklist for self-monitoring);
- Implementation Manual, handy worker training/orientation outline and basic expectations, template for Business Associates Agreement (e.g., for a health organization or handy worker organization), and HIPAA resources to guide information exchange and protection (national resources link);
- Data collection tracking examples and evaluation and measurement of CAPABLE examples;
- Guidance on protocol for fidelity monitoring, including frequency and expectations;
- Annual data reporting evaluation and feedback;
- Examples of how to best coordinate with primary care providers, communicate with stakeholders, and conduct outreach and recruitment;
• Case examples that demonstrate implementation lessons learned, initial and sustainability funding approaches, and effective value proposition statements; and
• Evaluation and sustainability support, including up to three calls with the Director of Implementation and Evaluation as well as data analysis and write-up support where needed.

There are a number of administrative functions necessary to support the tasks outlined above. Consider who within your organization has the skills and capacity to perform these functions:

• Contractual: drafting agreements and sub-licenses with local partners and negotiating terms, including charges, indemnity, governing law, period of performance, intellectual property, use of name and roles/responsibilities of each party; finalizing and executing these agreements; and developing a system to track all agreements.
• Financial: establishing and monitoring a payment system, including tracking invoices and payments, individually and in aggregate.

Each site currently signs a written professional services agreement with Johns Hopkins University (JHU) outlining expectations, payment for the initial implementation package, training, and licensure; in the future, sites would sign this agreement with the national lead organization. Under the current structure, JHSON requires sites to renew their CAPABLE license every three years (though the national lead organization could potentially change this duration). The sites currently pay for costs such as clinician and program manager salaries, home modification services, and the data platform to support the model; the national lead organization could consider whether to transfer any of those costs to itself.

The national lead organization will have access to existing CAPABLE materials, including clinician curricula, training videos, written materials provided to sites, checklists, manuals, sample workflows, assessment forms, participant education materials, data reporting guidelines, and fidelity monitoring tools. There will be an initial period of transition with the current CAPABLE consultants and technical advisors in those areas available for consultation to the national lead organization.

We do not anticipate that these protocols and materials will require much, if any, modification, though the national lead organization may modify them as needed to better support program implementation (JHSON will review major modifications—for example, if the national lead organization wanted to explore using other health professionals on the care team—to ensure fidelity to the care model). The national lead organization will be responsible for developing any additional marketing and outreach materials needed, though the materials that are core to the clinical model (e.g. C-CAP) should not be modified without consulting JHSON.

National scaling
We expect the national lead organization to identify and pursue opportunities that scale CAPABLE into a sustainable, national program. Ultimately, we envision CAPABLE being available and accessible to eligible participants throughout the United States. Our specific goals are to:
• Scale and spread CAPABLE throughout the United States so that eligible older adults, regardless of income or geographic location, will have access to the program.
• Include CAPABLE as a covered benefit within Medicaid and traditional fee-for-service Medicare.
• Adequately resource the CAPABLE program in every community—through health care, aging/long-term care, or housing programs, payment, and policy.
• Include the CAPABLE program in each state’s strategic plan on aging, Medicaid plans/budget, PACE programs, or similar policies, programs and documents.

The national lead organization will be responsible for developing, implementing, and iterating on a strategic plan to scale the CAPABLE program nationally and meet the goals identified above. Strategies that JHSON has pursued to date have included but are not limited to: advocating to add CAPABLE as a Medicare and Medicaid basic benefit, working with Medicare Advantage plans to offer CAPABLE as a supplemental benefit, partnering with Accountable Care Organizations and other value-based care organizations to incorporate CAPABLE into their care improvement and cost reduction strategies, working with states to use federal funding to implement CAPABLE, and securing philanthropic funding for sites.

For a fee to be negotiated, JHU will grant a three-year license to the national lead organization after the contract is signed and fully executed. JHSON may, at its discretion, renew the license to the national lead organization after three years if the national lead organization meets the requirements and agreed upon milestones established by JHSON at the beginning of the contract for submitting reports, achieving fidelity and expansion goals, and any other specified requirements. JHSON may take corrective action, potentially including terminating the contract before three years, in the event that the national lead organization is not fulfilling its duties and obligations, has not met agreed upon milestones, or is out of compliance with the contract.

This license granted to the national lead organization will enable the national lead organization to grant CAPABLE sub-licenses to sites and collect licensing and implementation fees without requiring approval from JHSON for each individual site. JHU currently charges participating sites a licensing fee and an implementation fee. The national lead organization would assume the ability to set and collect these fees from participating sites.

**Ongoing role of JHSON**

JHSON will serve in an oversight, consultative and advisory capacity in relation to the national lead organization. As described below, JHSON will make current CAPABLE technical support and assistance available during a transition period. JHSON will require and review regular status and progress reports from the national lead organization and will provide direction and advice as needed. JHSON will also continue to oversee the five CAPABLE research sites.

Following the transition period described below, JHSON staff will be available to answer questions and should be notified when the national lead organization represents the CAPABLE program in major public meetings such as conferences. JHSON will advise on the drafting and submission of articles or other written materials about the CAPABLE program and will collaborate with the national lead organization on ongoing efforts to evaluate the outcomes of the program.
Transition

After the contract is signed, there will be a transition period to transfer responsibilities from JHSON to the national lead organization. The duration of the transition period will depend on the existing capacity of the national lead organization and the speed with which it is able to assume responsibility for the program, though we expect the range to be 6-12 months. During that time, JHSON will train the national lead organization in the management of the CAPABLE program across participating sites and the onboarding process for new sites, provide the lead organization with program materials, and transfer institutional knowledge on the history of efforts to scale the program. JHSON will also transition oversight of participating sites to the national lead organization during this period.

Some aspects of the transition period will depend on the structure and start-up capacity of the selected national lead organization. JHSON expects to negotiate with the selected organization details such as the role of existing JHSON CAPABLE personnel.

Funding and conditions

In the event that the selected national lead organization is a nonprofit entity, JHSON may pass through some funding from a grant it received from the Rita and Alex Hillman Foundation to support and expand the CAPABLE program. The total amount of the grant is sufficient to support the existing CAPABLE staffing model (Director of Implementation and Evaluation 2 days/week; Clinician Training Specialist 2.5 days/week; Director of Strategic Partnerships 2 days/week; Administrative Associate 1 day/week; Tech Support 1 day/week) for two years. The amount available to the selected national lead organization will be negotiated with JHSON and will depend in part on negotiations between JHSON and the selected organization on the ongoing role of JHSON staff (whose salaries are currently supported by the grant) during the transition period or beyond.

The conditions of the Rita and Alex Hillman Foundation grant do not allow it to be shared with a for-profit entity, though for-profit entities are welcome and encouraged to apply to become the national lead organization.

The level of effort will increase as the number of CAPABLE sites increases. The national lead organization must identify additional sources of funding (including but not limited to other philanthropic grants, state and federal grants, contracts with value-based health plans or health systems, and CAPABLE licensing fees charged to participating sites) to cover the full cost of administering and scaling the program.

Compliance and reporting responsibilities

After the transition period is complete, the national lead organization will submit periodic reports, in a format and frequency determined by JHSON, to JHSON on the status of the CAPABLE program and its progress toward nationwide expansion. The content of these reports may include, but is not limited to, information on the number of new sites recruited, the number of older adults served, and the national lead organization’s progress toward the goals set out in
its strategic plan for national scaling. JHSON will respond with advice, direction, or corrective action as needed. Corrective action may include terminating the contract with the national lead organization earlier than the initial thee-year period in the event that the national lead organization does not meet agreed upon milestones or is otherwise out of compliance with the contract.

**Proposal requirements**

**Deadline**

All proposals must be received by JHSON no later than 5:00 pm EDT on March 16, 2022 at CAPABLEinfo@jhu.edu. Applications received after this date and time will not be considered.

**Proposal checklist**

Proposals must include the following, each of which is described in greater detail below:

- Organization information
- Implementation plan
- Narrative questions
- Budget table and budget justification
- Funding plan
- Due diligence form

**Organization information**

Please fill out and submit Appendix A (Organization information) with your proposal.

**Implementation plan**

In no more than ten pages (single-spaced and in 12-point Times New Roman font with one-inch margins), provide your implementation plan for the functions described in the statement of work. The purpose of the implementation plan is to communicate the details of how your organization would carry out the responsibilities of the national lead organization.

- **Administration**
  
  Describe the key actions you would take to fulfill the tasks described in the statement of work, the timeline for those actions, the level of effort (which staff roles will complete the activities and the anticipated hours), and the milestones/results of those actions:
  
  - Task 1: Prepare sites to participate
  - Task 2: Conduct initial and ongoing training
  - Task 3: Provide technical assistance

- **National Scaling**

  Describe, in detail, a proposal for a strategy to expand CAPABLE into a sustainable, national program, including a strategy for getting CAPABLE added as a Medicare and Medicaid benefit. Describe the key actions you would take, the timeline for those actions, level of effort (which staff roles will complete the activities and the anticipated hours), and the milestones/results of those actions. Additionally, describe the types of entities (e.g. state government, health plans) that you would engage, and explain how you would
engage them. Propose scale targets that you would aim to meet within three and ten years (for example, two sites per state with at least 100 older adults enrolled per site).

Narrative questions
Please fill out and submit Appendix B (Narrative questions) with your proposal.

Budget table and budget justification
Applicants are required to submit a budget table and budget justification for the first two years of operation as the national lead organization. A sample table and justification narrative are provided below; proposals may use a different format as long as the same information is included. The budget categories and budget estimates displayed below are examples; proposals may list different categories and different amounts.

For nonprofit applicants, the Rita and Alex Hillman Foundation allows indirect costs up to 10% of the total funding amount. Indirect costs are those that are necessary to operate the CAPABLE Program, but not easily identified as CAPABLE Program costs since they are shared with the rest of the organization. Examples include office leases, utilities, phone bills, and shared hardware such as printers.

Both for-profit and nonprofit applicants should submit a budget table and budget justification. However, the limit on indirect costs is not applicable to for-profit organizations, which will not be eligible to receive pass-through funding from the Rita and Alex Hillman Foundation grant.

Example Budget Table
Please note that this table is provided only as an example to demonstrate an acceptable format. The budget categories and amounts that respondents use should reflect their own budget plan.

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel (Salary and Benefits)</td>
<td>$189,000</td>
<td>$192,780</td>
</tr>
<tr>
<td>*Fringe maximum 25% of salary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT Costs</td>
<td>$5,000</td>
<td>$1,800</td>
</tr>
<tr>
<td>Travel Costs</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>ANNUAL SUBTOTAL</strong></td>
<td>$197,000</td>
<td>$197,580</td>
</tr>
<tr>
<td>Indirects (10% max of all budget categories)</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$197,000</td>
<td>$197,580</td>
</tr>
</tbody>
</table>
In the budget justification, provide a brief explanation of each budget category in the budget table and the basis for the amounts.

*Example budget justification*

Please note that this budget justification is provided only as an example to demonstrate an acceptable format. The budget categories and amounts that respondents use should reflect their own budget based on the implementation plan being proposed.

**Personnel - $189,000 in Year 1; $192,780 in Year 2**

List each employed position to support the proposed work. Indicate whether the position already exists at your organization or if you would hire for it, the FTE, salary and benefits, and a brief description of the responsibilities and tasks associated with each position. This category does not include consultants or contract workers who are not employed by the organization; if you plan to use consultants or contract workers, create a separate category with their costs.

- **CAPABLE Director (existing)** - .4 FTE at $40,000 and $15,000 benefits
  
  *This position will be responsible for...*

- **Clinician Training Specialist (existing)** – .5 FTE at $40,000 and $12,000 benefits
  
  *This position will be responsible for...*

- **Director of Strategic Partnerships (new)** – .4 FTE at $32,000 and $10,000 benefits
  
  *This position will be responsible for...*

- **Administrative Associate (new)**– .2 FTE at $12,000 and $8,000 benefits
  
  *This position will be responsible for...*

- **Tech Support (new)** – .2 FTE at $12,000 and $8,000 benefits
  
  *This position will be responsible for...*

The above amounts reflect year 1 costs, personnel costs are expected to increase by 2% from Year 1 to Year 2.

**IT Equipment and Software - $4,000 in Year 1, $1,800 in Year 2**

- Laptop computers for four new staff estimated at $800 each (Year 1 only) = $3,200

- Analytic software necessary to compile data collected from sites (name of software)= $1,800 annual license

**Travel Costs - $3,000 in Year 1 and Year 2**

*Anticipate three staff to travel annually to..., estimated at $1,000 per trip = $3,000*

**Funding plan**

In 1 - 4 pages, describe your plan for funding the costs of administering and scaling the CAPABLE program.
As stated in the Funding section above, nonprofit entities may receive pass-through funds from the Rita and Alex Hillman Foundation during the first two years of serving as the national lead organization. In their funding plan, nonprofits should describe a) how much pass-through grant funding they would request, b) how they plan to fund any costs above that amount during the first two years of serving as the national lead organization, and c) how they plan to fund all costs after the first two years of serving as the national lead organization. For-profit organizations should describe how they plan to fund all costs starting in the first year. Sources of revenue may include, but are not limited to, other philanthropic funding, risk-sharing contracts with value-based care organizations or health plans, federal or state funding, and license fees charged to CAPABLE sites. Please address how your funding would change if Medicare and state Medicaid agencies were to include CAPABLE as a basic benefit.

Describe your anticipated revenue sources, as well as the approximate amount of annual revenue you expect from each. Include the amount that you would plan to charge sites for licensing fees and implementation fees. For reference, JHSON has recently charged each site $3,000 for a CAPABLE license and $25,000 for implementation materials; a number of expert advisors have suggested that these amounts are low. You may propose different amounts. Explain how revenue would grow as the program expands. If you have previous experience earning revenue from similar sources, you may describe that experience and how it informs your funding plan for the CAPABLE program.

**Due diligence form**

Please fill out and submit Appendix C (Due diligence form) with your proposal.

**Proposal evaluation**

The national lead organization will be selected through a competitive process. Reviewers will evaluate all eligible, complete applications received by the deadline. Reviewers may include JHSON staff, subject matter experts, consultants, Rita and Alex Hillman Foundation staff, and other parties. Reviewers will be required to identify any financial conflicts of interest with the respondent organizations and will not review an application if such a conflict is identified. JHSON is responsible for the final selection of a national lead organization; selection decisions will be final and not subject to appeal. In addition:

- The RFP does not obligate JHSON to award a contract to a national lead organization, and JHSON reserves the right to cancel this RFP if it is considered to be in its best interest. Neither the proposals nor JHSON’s response to proposals or any subsequent information sharing shall constitute an offer or acceptance to create a contract between JHSON and the potential national lead organization.
- JHSON reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee JHSON will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of having their score reduced for lack of information.
**JHSON reserves the right to negotiate final terms of the contract with an organization selected to be the national lead organization and may modify the role and responsibilities of the national lead organization through that process. Once the lead is chosen, JHU and organization will negotiate the contract which will include license terms.**

Reviewers will evaluate proposals for their alignment with key qualifications (using the scoring rubric below), organizational capacity, feedback from references as provided in applicable sections of the narrative questions, and overall fit with JHSON’s mission and vision. While the scoring rubric will assist in distinguishing respondents’ previous experience and qualifications, it will not be the sole basis for narrowing the applicant pool to a small number of finalists or selecting the national lead organization.

### Selection criteria and weight

The scoring rubric adds to a total score out of 100. 70 potential points are allocated to the four key qualifications, and 30 potential points are allocated to organizational and financial capacity as indicated by the implementation plan, the budget table and budget justification, the funding plan, and the due diligence form.

<table>
<thead>
<tr>
<th>Key qualification 1: A mission-driven, credible vision for the national expansion of the CAPABLE program that is informed by a strong understanding of the CAPABLE program and associated legal, regulatory, and geographic opportunities and challenges. (25 points)</th>
<th>Score</th>
</tr>
</thead>
</table>
| **Source:** implementation plan  
Was the national scaling portion of the implementation plan credible? Score 1-10, 10 being best |  |
| **Source:** implementation plan  
Did the national scaling portion of the implementation plan indicate alignment of mission with JHSON? Score 1-10, 10 being best |  |
| **Source:** narrative questions  
Did the description of the opportunities and challenges of the legal, regulatory, and geographic environment capture the elements most relevant and important to CAPABLE? Score 1-5, 5 being best |  |
| **Overall narrative assessment**: In a few sentences, please provide your overall assessment of whether the respondent meets the key qualification of having a mission-driven, credible vision for the national expansion of the CAPABLE program that is informed by a strong understanding of the CAPABLE program and legal, regulatory, and geographic opportunities and challenges: |  |

<table>
<thead>
<tr>
<th>Key qualification 2: Demonstrated ability to effectively expand a model while maintaining fidelity to it. (20 points)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source:</strong> narrative questions</td>
<td></td>
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<tr>
<td><strong>Does the organization have relevant experience expanding a model or program? Score 1-5, 5 being best</strong></td>
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</tr>
<tr>
<td><strong>Source: narrative questions</strong></td>
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<tr>
<td>Did the respondent provide strong examples of specific strategies they have used to conduct fidelity assessments across sites? Score 1-5, 5 being best</td>
<td></td>
</tr>
<tr>
<td><strong>Source: narrative questions</strong></td>
<td></td>
</tr>
<tr>
<td>Did the respondent either have an example of successfully expanding a model developed by another organization, or a good description of the strategies they would apply when doing so? Score 1-5, 5 being best</td>
<td></td>
</tr>
<tr>
<td><strong>Source: narrative questions</strong></td>
<td></td>
</tr>
<tr>
<td>Did the respondent accurately identify the immutable elements of CAPABLE, and did those elements fit well with the organization’s mission and work? Score 1-5, 5 being best</td>
<td></td>
</tr>
<tr>
<td>(Yes/no answer, no score) If the organization proposed modifying the CAPABLE Program in order to expand it, would any of those modifications threaten the fidelity of the model?</td>
<td>Yes or No</td>
</tr>
<tr>
<td>(Yes/no answer, no score): Do you have any concerns about the respondent’s description of how CAPABLE would fit within the rest of the organization’s work (e.g. CAPABLE would not be a priority)?</td>
<td>Yes or No</td>
</tr>
</tbody>
</table>

**Overall narrative assessment:** In a few sentences, please provide your overall assessment of whether the respondent meets the key qualification of having a demonstrated ability to effectively expand a model while maintaining fidelity to it:

**Key qualification 3: Proven competency and capacity to administer an interdisciplinary, clinical program across many sites, including strong skills in technical assistance, data collection and analysis, and program monitoring. (15 points)**

<table>
<thead>
<tr>
<th><strong>Does the organization have experience administering a comparable program (comparable both in terms of being an interdisciplinary, clinical program and in terms of operating across at least 40 sites in multiple states)? Score 1-5, 5 being best</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source: narrative questions</strong></td>
<td></td>
</tr>
<tr>
<td>Did the organization able to report specific, positive outcomes from administering a similar program (quality of care, patient satisfaction, financial outcomes, etc.)? Score 1-5, 5 being best</td>
<td></td>
</tr>
<tr>
<td><strong>Source: narrative questions</strong></td>
<td></td>
</tr>
<tr>
<td>Did the respondent demonstrate expertise in technical assistance and program monitoring? Score 1-5, 5 being best</td>
<td></td>
</tr>
</tbody>
</table>

**Overall narrative assessment:** In a few sentences, please provide your overall assessment of whether the respondent meets the key qualification of having a proven competency and
capacity to administer an interdisciplinary, clinical program across many sites, including strong skills in technical assistance, data collection and analysis, and program monitoring:

**Key qualification 4: A solid understanding of the policy, practice, and organizations already present in aging and home and community-based services and the role of CAPABLE within that environment. (10 points)**

*Source: narrative questions*

Did the respondent demonstrate knowledge of the broader environment of policies and programs focused on aging and home and community-based services, and what makes CAPABLE unique? Score 1-5, 5 being best

*Source: narrative questions*

Does the organization have a presence in the aging or home and community-based services industry (in policy or direct services)? Score 1-5, 5 being best

**Overall narrative assessment:** In a few sentences, please provide your overall assessment of whether the respondent meets the key qualification of having a solid understanding of the policy, practice, and organizations already present in aging and home and community-based services and the role of CAPABLE within that environment:

**Organizational and financial capacity (30 points)**

*Source: implementation plan*

Did the respondent’s plan for assuming responsibility for the administration of CAPABLE indicate that they have an accurate understanding of the activities and level of effort necessary to do so? Score 1-10, 10 being best

*Source: budget table and budget justification*

Did the budget table and budget justification indicate that the organization understands the staffing and resources necessary to carry out the role and responsibilities of the national lead organization? Score 1-5, 5 being best

*Source: funding plan*

Was the funding plan credible? Score 1-5, 5 being best

*Source: funding plan*

Was there information in the funding plan to indicate that the organization has relevant experience that will allow them to successfully execute the plan? Score 1-5, 5 being best

*Source: due diligence form*

Did the due diligence form indicate that the organization is stable and does not have financial concerns? Score 1-5, 5 being best
Overall Narrative Assessment: In a few sentences, please provide your overall assessment of whether the respondent has the organizational and financial capacity to serve as the national lead organization:

Selection and notification
Once finalists are selected, a small number of reviewers will conduct site visits or virtual interviews with the finalists prior to selecting the national lead organization. The content of the proposals and the outstanding questions identified during review will inform the content of those interviews, though the finalists’ fit with the key qualifications will continue to guide decisions.

All applicants will be informed of the outcome of their application in May 2022, depending on the availability of finalists for interviews and the timing of the final selection.
Appendix A: Organization information

<table>
<thead>
<tr>
<th>Respondent Organization Name and Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Name of Organization (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Parent Organization (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Respondent Representative: Name, Role, and Contact Information (telephone, email)</td>
<td></td>
</tr>
</tbody>
</table>

### Background Information

1. Is your organization for-profit or nonprofit? If nonprofit, what type of nonprofit (e.g. 501(c)(3))?  

2. What is your organization’s mission?  

3. What is your organization’s portfolio of work?  

4. What are your organization’s current funding sources?  

### Signature of authorized agent

I certify that the information contained in this proposal is true and accurate to the best of my knowledge, and that I am authorized to negotiate and sign a contract on behalf of the applicant in the event that it is selected as the national lead organization.

Printed name of authorized agent for applicant: ________________________________

Signature of authorized agent for applicant:

Date of Signature: ________________________________
Appendix B: Narrative questions

The narrative questions are categorized under four key qualifications for a national lead organization, followed by one general question.

- Key qualification 1: A mission-driven, credible vision for the national expansion of the CAPABLE program that is informed by a strong understanding of the CAPABLE program and associated legal, regulatory, and geographic opportunities and challenges.
- Key qualification 2: Demonstrated ability to effectively expand a model while maintaining fidelity to it.
- Key qualification 3: Proven competency and capacity to administer an interdisciplinary, clinical program across many sites, including strong skills in technical assistance, data collection and analysis, and program monitoring.
- Key qualification 4: A solid understanding of the policy, practice, and organizations already present in aging and home and community-based services and the role of CAPABLE within that environment.

Please copy the table below into the document that you submit and enter your responses directly into the table. Please limit the document to no more than 20 pages with your answers included.

<table>
<thead>
<tr>
<th>Key qualification 1: A mission-driven, credible vision for the national expansion of the CAPABLE program that is informed by a strong understanding of the CAPABLE program and associated legal, regulatory, and geographic opportunities and challenges.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the most significant legal, regulatory, and geographic opportunities that you see for CAPABLE? What strategies would you use to capitalize on them?</td>
</tr>
<tr>
<td>2. What are the most significant legal, regulatory, and geographic challenges that you see for CAPABLE? What strategies would you use to mitigate them?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key qualification 2: Demonstrated ability to effectively expand a model while maintaining fidelity to it.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe your organization’s experience in expanding a program or model of care. What was the program or model, how did it start, and how did you expand it? You may provide several examples if applicable.</td>
</tr>
<tr>
<td>2. Describe your organization’s experience conducting fidelity assessments on a program or model of care. What specific strategies have you employed to evaluate whether the program or model was implemented consistently across different staff or sites?</td>
</tr>
</tbody>
</table>
3. What elements of the CAPABLE program do you believe are immutable, and how do those elements fit with your organization’s mission and work? What elements, if any, would you envision modifying in order to successfully expand the program?

4. Describe how CAPABLE would fit within your organization’s broader work. How would the scope of the work compare to the rest of your organization’s work?

5. Does your organization have experience expanding a model that another organization originally developed? If so, describe what the model was, what changes you made to it (if any), and how your relationship with the organization that originally developed the model evolved as you expanded it. Please provide contact information for a reference at the organization. If your organization does not have relevant past experience, describe how you would approach expanding a model originally developed by another organization and how you would plan to engage JHSON.

### Key qualification 3: Demonstrated competency and capacity to administer an interdisciplinary, clinical program across many sites, including strong skills in technical assistance, data collection and analysis, and program monitoring.

1. Describe one or more interdisciplinary, clinical programs that your organization has administered across multiple sites. What was the program, what was your organization’s role in relation to the sites, how many sites were there, and where were the sites located?

2. Did you measure outcomes of any kind (quality of care, patient satisfaction, financial outcomes, etc.)? If so, what were the results?

3. Provide an example of a program or project that involved providing ongoing technical assistance. How many entities/people/sites did you provide technical assistance to? What was the structure of the technical assistance (webinars, conference calls, written materials, etc.)? Please provide contact information for a reference that received technical assistance from you.

4. Please describe your experience with data collection, data analysis, and program monitoring, including a specific example describing the type and quantity of data you collected and how you used it.
### Key qualification 4: A solid understanding of the policy, practice, and organizations present in aging and home and community-based services and the role of CAPABLE within that environment.

1. Describe your understanding of how CAPABLE fits within the broader environment of policies and programs focused on aging and home and community-based services. What other programs are comparable or complementary, and how is CAPABLE unique?

2. What role has your organization played in aging and/or home and community-based services to date? What work have you done in this area, and for how long?

### General Question

1. Do you envision partnering with any other organizations in order to fulfill the duties of administering and scaling the CAPABLE program? If so, please describe how you would use that organization, and submit a letter of support from the organization indicating their willingness to be a partner and their understanding of their role.
**Appendix C: Due diligence form**

**Size and Capacity**
1. How many employees does your organization employ?
2. What was your organization’s total revenue (income, including grant funds) in the most recent twelve-month accounting period?
3. When did your organization start?

**Accounting System**
1. Can your organization’s accounting system track grant program-related income and expense separate from all other income and expense?
2. Does your organization have a paid bookkeeper (employed or contracted)?

**Audits and Other Monitoring**
1. Has your organization had an audit conducted by an independent Certified Public Accountant (CPA) within the past twelve months? If so, were there any unresolved findings or exceptions?
2. Have there been any instances of misuse or fraud within your organization in the past three years? If so, describe what the issue was, how it was resolved, and what safeguards are in place now.
3. Are there any current or pending lawsuits against the organization?