General Questions

1. When is the ILG and innovation funding becoming available?
   a. They are included in this competitive opportunity. Please refer to the NOFO for information. Innovative projects may be proposed in any category.
   b. Applicants do not need to choose a funding source when applying. If funded, ADSD will apply one or more funding sources to the project based on its activities.
   c. Additional innovative projects may be funded at a later date if funds are available.

2. Who is available to help us if we have questions?
   a. Attendance at the informational meetings is recommended. Otherwise, please reference the NOFO for Division contacts and also the State’s Grants Office.

3. Are there a lot more services now? I don’t remember the list being this long.
   a. Only a few existing services were changed. For instance, Case Management is now part of NV Care Connection services; it is no longer a stand-alone service. Applicants that apply for NVCC will be expected to provide both Resource and Service Navigation and Case Management, as described in the service specification.
   b. Historically and now, applicants may apply to provide any of the services listed on our Service Specifications web page. For this NOFO, services are now grouped into FY21 service categories, which specify our core services, but allow for other new or current proposed services and innovations.

4. It said $10 million is available. How does that compare to the years before?
   a. As mentioned in the NOFO on page 3: “In SFY20, ADSD awarded over $10 million for services and supports.” We are estimating the same available funding for FY21; however, funding priorities have shifted to core services. Please reference the NOFO for more information.

5. Is this an opportunity to submit applications to address the needs of people with disabilities who are younger than 60 years old?
   a. Funding for services for people with disabilities under age 60 is very limited in this NOFO due to funding source requirements.
      i. Nevada Care Connection and the Medicare Assistance Program can assist individuals across the lifespan but cannot limit services to just one population.
      ii. Caregivers who are under age 60 may be served if the care recipient is age 60 or older, or is any age living with Alzheimer’s disease or a related dementia.
      iii. Grandparent respite is also available. Please see the Respite section below.
      iv. The service descriptions on pages 7 and 8 of the NOFO outline who may be served in each category.
6. Do I use this application to reapply for an innovation subaward I previously received, or currently have?
   a. Yes. You may apply for any service that meets the intention of the NOFO.
   b. You may also combine a previous innovation service into a similar application for the same service. For example, if you received a subaward to provide transportation and later received an innovation transportation subaward for a different service area, those are both transportation subawards and can be combined into one application for FY21.

7. Can I apply for services beyond what I’m currently funded for?
   a. This is a competitive process. Current subrecipients are not tied to applying for only what they received in the past. All applicants are encouraged to apply for the services needed in their community that they are able to provide, as long as the services meet the NOFO guidelines.

8. This is an electronic submittal, correct?
   a. Yes. Please reference the NOFO.

9. Which service area would assistive technology services fit under for this upcoming funding opportunity with ADSD?
   a. Assistive Technology funding is non-competitive this coming fiscal year unless there are unforeseen circumstances; it is not included in this opportunity. Once those funds are competitive again, you’ll see it specifically called out in the announcement email and within the NOFO.

10. On page 3, the NOFO indicates there were 14 additional services and supports that were funded in SFY20. Is there a list of those services?
    a. Funded programs for SFY20 are posted online. The information can be accessed on the right side of our Subrecipient Resources web page.
    b. Additionally, all FY20 types of services are listed below FY21 services on our Service Specifications web page.
    c. Within each appendix, specific services are outlined for the FY21 category. Additional services may be proposed.

11. If more than one organization applies to provide a service in a specific county or counties, and is more competitive than another organization that applied for some of the same counties, will applications be funded as all or nothing?
    a. Once all applications are received and reviewed, ADSD may partially fund a request based on service coverage and competitiveness of applications. ADSD will contact the applicant to discuss service areas if they are different than originally submitted.
    b. An application revision will be required before a NOSA can be created.
12. In the Goals and Objectives document, are applicants required to submit two goals with three objectives?
   a. Applicants must submit two goals and at least one objective per goal. Additional objectives are optional. If more than three objectives are desired, multiple objectives may be included within a row.

13. Is the head of our agency still able to delegate signatory authority?
   a. Yes. Authority to sign application and subaward documents (if funded) may be delegated for up to 12 months. The delegation must be submitted in writing and attached to the application.

14. Will start-up programs be funded?
   a. That is a possibility should the application meet the NOFO guidelines and be selected through the competitive process.
   b. Per the Subrecipient Responsibilities section on page 8 of the NOFO, “These awards are competitive, and applications will be evaluated, in part, on the applicants’ stated plan of action and their demonstrated capacity to effectively and expeditiously begin implementing their subaward activities within sixty days of their subaward project period.”

15. Is there an income requirement for these services or is eligibility only based on age?
   a. Income is not an eligibility requirement. Each program may have eligibility criteria beyond age. Please reference the FY21 General Service Specifications for client eligibility information.
   b. Also within the General Service Specifications (Section 7) is targeting and service prioritization information, which includes individuals at risk for institutional placement and those with the greatest economic and social need, with particular attention to low-income individuals, including low-income minority individuals, individuals with limited English proficiency, and individuals residing in rural areas.

16. For the categories that have a funding formula, if there are no applicants for a certain county, what happens to the funds?
   a. The funds will be redistributed to the other counties unless ADSD would like to issue a NOFO to further seek services for that area.

17. I got on the webinar today (#1) too late and I can’t attend the webinar on Fri, 1/17. Was there a PowerPoint or something I can get of what was presented in the webinar?
   a. Yes, the webinar PowerPoint will be posted on the NOFO web page as a resource.
   b. Also, all questions are documented with answers in this Q & A document, which is updated often.
18. Do you have to already be an existing provider with the Regional Ctr to be considered for these grants?
   a. No, these funds are not related to ADSD’s Regional Centers. These are community-based services. Any nonprofit, for-profit or public agency may apply.

19. The Medicare Assistance Program, Nevada Care Connection and Transportation all have information on their funding formulas. Do the other services have funding formulas?
   a. No. The other categories will not be funded using a formula. Subawards will be issued based on the overall amount available, competitiveness of application and ADSD priorities.

20. Are we limited to applying for only one service or category?
   a. No. Applicants may submit applications in multiple categories. There is no limit on the number of applications an organization can submit for consideration.

21. Where can we find information on unallowable costs, and food and supply purchases for training?
   a. Requirement and Procedures for Grant Programs: RPGPs

22. What constitutes “abundance” of funding in relation to application scoring?
   a. Having an abundance of funding means the program is well funded from one or multiple sources; however, the amount of funding needed depends on the proposed program and the needs of the community.

23. If we don’t hear from you by the end of February, our application was accepted?
   a. Correct. If you don’t hear from us by the end of February, your application passed the pre-screening process and will enter the review and decision process.

24. How is program income to be used?
   a. Program income must be used to expand the services for which the program income was earned. (See RPGP PI-5)

25. If we are submitting several applications, do you want them all in one email or one application per email?
   a. We prefer one application per email.

26. If we have multiple sites for the same service, do we submit one application, or one by site?
   a. One application for all sites that are providing the specific service.

27. What is a reasonable cost per unit?
   a. Expenses within the budget must correspond to a cost-efficient program with adequate service delivery/outputs and impactful outcomes. There is a balance between outputs and outcomes, and because of this, the cost per unit is subjective to the proposed program.
28. I work for a career center. Would we be able to apply under the Ancillary category to serve people age 60 and older?
   a. Career services are not included in this NOFO; only social service-types of services will be funded. Any nonprofit, for-profit or public agency may apply to provide those services.

29. When partnering on a project, may we submit a single application?
   a. Yes, that is allowable. One partner would be the subrecipient and have full responsibly of the subaward. Other entities may be included as contractors, as needed, if there is an official contract in place. Expenses may also be included to support Memorandums of Understanding (MOUs) if they are reasonable, necessary and allocable to the funding source.

30. May we apply to create an intergenerational volunteer program, which will match school-age children with senior centers or other older adult programs for volunteer opportunities?
   a. Any nonprofit, for-profit or public agency may apply to provide services that meet the intention of the NOFO.
   b. This specific application would be Ancillary if submitted.

31. For the Project Narrative, I'm using the instructions under Appendix 4-In Home Services. Does the order of the items A, B, C, D, E matter? In the instructions item A is listed as "Target Population, Service Area and Targeting Plan". On the ADSD forms for 2021 item A is listed as "Proposed Intervention". Does this matter what order it is in?
   a. Please use the narrative categories in the application for your answers and reference the title of the category in the appendix for guidance.

32. In the scoring criteria #2 in order to get full points it mentions, "Exceptional experience, capacity and existing partnerships, with plans to seek new partnerships.” I'm un-clear on what these partnerships are or should be? Can you help me understand what this means, or who we are supposed to form partnerships with?
   a. Unfortunately, we are unable to guide you on your program’s partnerships since this is a competitive process. There is a myriad of information about partnerships and collaboration online, such as through the Bridgespan Group: [https://www.bridgespan.org/insights/library/nonprofit-management-tools-and-trends/strategic-alliances](https://www.bridgespan.org/insights/library/nonprofit-management-tools-and-trends/strategic-alliances).

33. If we have a signature delegation letter that has not exceeded its stated timeframe, may we use it, or do we need to seek a new letter for this NOFO?
   a. Unexpired delegation letters may be used if the head of the agency has not changed.

34. If an agency applies for multiple programs, each must meet the 15% match, correct?
   a. Correct. Match may be non-federal cash or in-kind.
35. Do you think I should apply for $XXXX this time to account for the current $XXX plus the $X additional we have been using? We have a solid record of always using more than the amount granted.
   a. This is a competitive process and we cannot provide guidance on what amount to request.

36. We are applying for five different services. Can I get letters of support that support [our agency] doing all those services in one letter from each organization, or do I need an organization to give me 5 different letters, one for each category?
   a. We don’t document any specific guidance on the content of letters of support; so, you may submit them however you would like.

37. I was reviewing the Notice of Funding Opportunity and had a question about who can apply for this funding opportunity. Is this specifically for the elderly? I am the Executive Director of an Autism Clinic…
   a. Any nonprofit, for-profit or public agency may apply to provide services that meet the intention of the NOFO.
   b. The majority of available funding sources only cover services for older adults, but there are a couple services that can also assist people with disabilities (of any type) and caregivers. Services under this NOFO for people with disabilities can only be provided in conjunction with services for older adults and caregivers, not for a single population, such as Autism.
   c. Please review the list of categories and associated appendices for additional information as needed. Searching for “disabilities” in this Q&A document might also be helpful.

38. Define partnerships as prioritized in the State Plan. Reference: NOFO Page 4, Coordination of Services; my interpretation is ADSD is not satisfied with “referral based” partnerships.
   a. The current system focuses on referral based partnerships, however information gathered during our state plan outreach efforts identified coordination of services and increased collaboration to drive systems change, increase the capacity of our network and the quality of services are required to ensure individuals are able to receive a full range of services to support health in aging.

39. Subrecipient Training – services need to be transferred to one subrecipient to another – please clarify/explain this further? Reference: NOFO Page 13, Subrecipient Training
   a. If a new service provider is funded, ADSD will work with both parties to ensure eligible clients are transitioned to the new provider without, or with minimal, service interruption.

40. Do you happen to have an example of a letter of support that I might use to partner with another county to provide services? This would be a partnership-type letter that I would need to include with a grant application.
   a. Please request assistance from the Nevada Grants office as referenced in the NOFO.
   b. An internet search will also yield information and samples.
41. Do we need any sort of Letter of Intent?
   a. No, you do not need a Letter of Intent.

42. Is it a conflict of interest to have an ADSD employee write a letter of support for our application?
   a. Yes, that is a conflict of interest. We will not accept letters of support from ADSD staff.

43. Within each service category what services require a separate application?
   a. Please see the following chart:

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Separate Applications Required for Each of the Following:</th>
</tr>
</thead>
</table>
| Access to Services                      | • Nevada Care Connection *(Appendix 1)*  
|                                         | • Medicare Assistance Program *(Appendix 2)*                                                                          |
| Transportation (Appendix 3)             | • Transportation – direct service  
|                                         | • Transportation – voucher                                                                                             |
| In Home Services (Appendix 4)          | • Homemaker  
|                                         | • Senior Companion  
|                                         | • Personal Emergency Response System  
|                                         | • Home Safety, Modification and Repair  
|                                         | • Representative Payee  
|                                         | • Other service(s) proposed                                                                                           |
| Caregiver Support Services (Appendix 5) | • Respite – direct service  
|                                         | • Respite – Voucher  
|                                         | • Adult Day Care  
|                                         | • Counseling and Support Groups  
|                                         | • Training  
|                                         | • Supplemental Service  
|                                         | • Other service(s) proposed                                                                                           |
| Food Security (Appendix 6)              | • Food Pantry  
|                                         | • Other service(s) proposed                                                                                           |
| Evidence Based Programs (Appendix 7)    | • Each evidence-based program                                                                                            |
| Ancillary Services (Appendix 8)         | • Each service proposed                                                                                               |
44. Is the indirect cost rate for the proposal budget limited to a maximum of 10% of the Modified Total Direct Cost (MTDC) or are we able to apply our Federally (DHHS) Negotiated Indirect Cost Rate Agreement (NICRA)?
   a. Indirect Costs are addressed on page 17 of the NOFO.
   b. For additional clarification, if your organization’s proposal is funded with federal funds, you may apply your negotiated rate and attach the NICRA to the application. If state funding is used, a maximum of 8% is allowed. So, if you’ve added your FICR/NICRA and we cannot accept it due to the type of funding applied to the project, we will seek revisions from you before moving forward with subaward documents.

45. If indirect costs are limited to 10% of Modified Total Direct Cost (MTDC), may unrecovered indirect costs be used to meet a portion of the match requirement?
   a. Organizations that have a negotiated federal indirect cost rate agreement are not limited to 10% of the MTDC, but yes, we may consider this.

46. Would a dental pilot program for low-income seniors fit under this funding?
   a. Since that is not called out in any other categories, you could apply under Ancillary for consideration.

47. Where do we put volunteer-related expenses in the budget?
   a. Each budget category provides instructions for the types of expenses to be included. There is no need to treat volunteer expenses differently.

48. I am trying to determine evaluation (effort evaluation). I know that SAMS is the reporting system currently being used. I was wondering if there is any way to get a temporary login to see exactly what is being reported in SAMS to the state. Or if you have something that has that info in a pdf of sort, could you share that with me? I want to ensure that activities that we might be interested in reporting are being collected. We may want to supplement SAMS with an internal reporting process as well.
   a. We are unable to provide a temporary license due to the security and confidentiality of the information in SAMS. Each subaward we issue has a confidentiality addendum to protect the system and other records. Also, SAMS is proprietary to Wellsky; so, they’ve asked that we don’t share screenshots of the system.
   b. Our client registration forms show some of the client-related information collected in the system at this time (there are more fields we are not currently using): http://adsd.nv.gov/Programs/Grant/Reporting/Client_Registration_Forms.
   c. We are also able to customize the service delivery portion of the system depending on the funded service, such as adding a new service and tying it to a specific provider to meet our state and federal reporting needs. If you have specific data points to inquire about, we can let you know if the system has that capability.
   d. We cannot guarantee SAMS will always be our reporting system; so, you may feel separate data collection is best.
49. If we attach certifications, manuals, policies or job descriptions to the application, are they considered unsolicited and count towards the page limit?
   a. Yes. Applicants must use the application materials to fully explain the proposed service. The above items would be considered unsolicited attachments and would count towards the page limit. As an alternative, you may reference the items in the application narrative and provide copies if requested.
   b. A position’s job duties, specific to direct provision of the proposed service, are to be added in the budget narrative in Personnel.

50. If I encounter formatting issues in the Word file, what can I do?
   a. Email Kristi Martin for assistance, kmartin@adsd.nv.gov.
   b. Applications will not be rejected due to formatting issues causing pages to go over the established limit, this does not include the width of columns.

51. What is the page limit for the Project Narrative?
   a. Please reference the NOFO for page limits. The Project Narrative is limited to 10 pages per page 14.

52. In the application under Organizational Standards, #7a, the fiscal year states Oct-Sept but this grant is on a state fiscal year. Can we use the fiscal year for the state or have to run for Oct-Sept as stated?
   a. You may use the state fiscal year.

53. Our proposal would require us to hire a therapist/similar professional on a contractual basis. Would we include the anticipated fee for their service in the contractual/consultant fee section of the budget? Would you need any other documentation in the grant proposal?
   a. Yes; you would use the Contractual category.
   b. No additional information would be required at this time if answers are provided for the fields within the Contractual section. We may ask to review the contract/agreement once it has been established.

54. We are thinking about joining forces with a nearby agency to combine services [specifics provided]. What do you think? Can you give me any pointers?
   a. As this is a competitive process, we cannot comment on your plan or provide any tips. We suggest reviewing the scoring section of the NOFO to see what internal and external/outside reviewers will look for in an exceptional application.
55. Is this considered a federal or a state grant?
   a. The answer depends on the funding source ultimately used to fund a service. Funding sources will be determined during the application review and decision process. Any revisions needed to budgets after subawards are approved, will be requested.

Adult Day Care

1. I read the info on the website and could not see that the grant funding is offered to Adult Day Centers. It lists For-Profit and Respite and every other type of service except for ADC.
   a. Please refer to the Appendices for service information. Adult Day Care can be found in the Caregiver Support Services category.

2. The service specifications list old fixed-fee rates.
   a. Adult Day Care Service Specifications are currently under review and will be updated shortly.

Caregiver Support Services

1. Is this a grant that our non-profit who provides money to pay for caregiving services could apply for?
   a. Nonprofits, for-profits and public agencies are eligible. Please reference the NOFO.
   b. The available Caregiver funding supports family or informal caregivers who need respite services but does not pay for caregiving services for someone who does not have an existing family/informal caregiver.

2. May we submit a Caregiver Support application that has several support activities, such as Lunch and Learn and a caregiver library?
   a. Yes, counseling, support groups, training and similar activities may be included in the same Caregiver Support application.

3. We would like to request grant funds to offset transportation costs for caregiver to attend our proposed sessions to alleviate their financial burden. Is this an eligible activity? If so, how should we include it in the budget, and would we need to collect receipts from participants?
   a. Transportation expenses may be included in a caregiver support budget for family or informal caregivers. These expenses are considered supplemental services and are eligible on a limited basis.
   b. If you’re thinking of reimbursing the caregivers, you’ll need proof of the cost to retain for an audit.
   c. You may also set-up a voucher system with a provider and reimburse the provider for rides provided to eligible caregivers or use the funds to transport caregiver with your own transportation service if one exists.
   d. We will need to be able to monitor and verify the accuracy of the # of rides and funds paid out.
Case Management (see Nevada Care Connection)

Evidence-Based Programs

1. Do we submit separate applications for each evidence-based program we would like to provide?
   a. Yes. Please reference the NOFO.

2. Do we submit separate applications for CDSMP and DSMP?
   a. Yes. Please separate CDSME programs into separate applications.

3. If a program is evidence-based but not on ACL’s website, may we still submit a proposal?
   a. You may submit an application for any evidence-based program; however, if ACL has not posted the program on its website, include proof that the application meets the highest level of evidence-based criteria.
   b. If we determine we cannot prove the program meets evidence-based criteria, we may still fund the program under Ancillary. ADSD will change the category for the applicant.

4. If a program is evidence-informed, may we submit the application under Ancillary?
   a. Yes.

5. If a program is based on an evidence-based program, but slightly tweaked and renamed, is it still evidence-based?
   a. No. We would not consider that an evidence-based program, but it may be submitted as an Ancillary service.

Homemaker (see In-Home Services)

In-Home Services

1. I’m with a home health agency. Are we allowed to apply?
   a. Yes. Nonprofits, for-profits and public agencies may apply if the proposed service meets the intention of the NOFO.

2. Could we add volunteer transportation as part of a Senior Companion program?
   a. Transportation is an option in Senior Companion and may be included. It should not be the only service, as that would be a Transportation application.

3. Is this the grant for homemaker?
   a. Yes, homemaker is included in the In-Home Services category.
4. For Homemaker - Do we submit a categorical and fixed-fee budget like currently funded programs?
   a. As noted on page 15 (#6) of the NOFO, a categorical budget is to be submitted with a portion
      still tied to the fixed-fee rate (categorical application with direct homemaker service not
      exceeding the fixed-fee rate of $15). Homemaker salary, cleaning supplies, etc. can’t exceed
      $15/hour in ADSD funding. Other funding may be used. Expenses that supplement the direct
      service, like mileage to the client’s home, staff time calling/visiting clients for service check-ins,
      office supplies, insurance, etc. can be in any reasonable range.

5. For Homemaker – How do we show salaries for staff who provide the direct service provision, which is
   limited to $15 per hour, as well as services that supplement the direct service?
   a. If you are including both types of activities for that staff person in the budget, you will define the
      calculations used to determine the overall percent of time charged to the budget for that
      individual (Budget Narrative: Personnel, Line B for the position). ADSD should be able to
      determine direct service provision costs did not exceed $15 per hour.
   b. Indirect costs related to salary, such as reporting or oversight, must be included in the
      Indirect/Administrative section of the budget.

Medicare Assistance Program (MAP)

1. How will this impact SHIP volunteers who currently come to our centers to help clients?
   a. This is a competitive process; so, the existing provider may apply to continue service provision.
      There may also be new applicants for the same service area to consider, but the volunteers may
      join any funded MAP program to continue to assist clients.

2. There are three services listed for MAP. Do we submit one application or three?
   a. Only one application is necessary. MAP is one service under the Access to Services category and
      includes three sub-services. Those who apply for MAP services will be expected to provide all
      three services listed in the appendix.

3. I’m with a home health agency. Are we allowed to apply for MAP?
   a. Yes. For the Medicare Assistance Program, licensed insurance agents and insurance brokers are
      not eligible to apply. Otherwise, nonprofits, for-profits and public agencies may apply if the
      proposed service meets the intention of the NOFO.

4. We are thinking about applying for the Medicare Assistance Program funding and wondered if as a
   Medicare provider, we would be allowed to apply?
   a. Yes. For the Medicare Assistance Program, licensed insurance agents and insurance brokers are
      not eligible to apply. Otherwise, nonprofits, for-profits and public agencies may apply if the
      proposed service meets the intention of the NOFO.
5. Required Training – what is the cost for the certification required: Nevada Care Connection and SHIP? When are they scheduled to be offered? Reference: Service Specifications: Nevada Care Connection
   a. There is no cost for the required certification under Nevada Care Connection or Medicare Assistance Program; however, there may be associated expenses for travel, printing of material, etc., depending upon the location of the participant and/or the training site. At this time, a training schedule has not been developed, but will be developed based upon need and location of participants.

6. How many volunteers are currently serving in Clark County in each of the three services?
   a. There are 70 MAP volunteers currently serving in Clark County. The three services make up the MAP program; they are not considered separate services with a specific pool of volunteers.

7. How many clients were seen last year in Clark County?
   a. There were 9,078 clients served in Clark County by the MAP program last calendar year.

8. Are we to create three different Projected Output Measures pages for the three services since the unit of service differs?
   a. There should be one Projected Output Measures page included that encompasses the Medicare Assistance Program (MAP) as a whole. The unit of service definitions will populate for you once MAP is chosen as the service in the first tab. We don’t need them broken down any further.

9. What is the current paid staffing structure to implement MAP?
   a. Statewide (three of these positions are carrying forward to oversee MAP in Nevada):
      i. 5 State FTEs
      ii. 1 State PT
   b. 5 FTEs for Southern Nevada (Clark, Nye, Esmeralda, Lincoln)
   c. 3.75 FTEs for Northern Nevada (all other counties)

10. Once we identify staff/volunteers in each county, does your office offer a SHIP, SMP, and MIPPA certification/training? Is it the same with [NVCC] Resource and Service Navigators, and Case Managers?
    a. Yes, ADSD has training that will be made available for the Medicare Assistance Program and the Nevada Care Connection services.

**Nevada Care Connection (NVCC), including ADRC and Case Management**

1. Is the NV Care Connection replacing Case Management or is it the same?
   a. Case Management is now only a component of NV Care Connection.
   b. Also see 3a above in the “General” section.
2. Is NVCC ADRC?
   a. Yes, ADRC (Aging and Disability Resource Center) was rebranded to Nevada Care Connection. NVCC also includes Case Management.

3. I have a current case management program and I see that it is no longer a stand-alone program. If I submit an application for both Medicare Assistance Program (MAP) and Nevada Care Connection (NVCC), is that okay? I serve a very rural area and would like to see the service continue.
   a. Applicants may apply for any service that meets the intention of the NOFO. However, provision of the full spectrum of services will be expected if an applicant is funded for MAP or NVCC.
   b. There may also be multiple applications for the same service area for continuation of service.

4. There are two services listed for NVCC. Do we submit one application or two?
   a. Only one application. NVCC is one service under the Access to Services category and includes two sub-services. Those who apply for NVCC services will be expected to provide both Resource and Service Navigation and Case Management services.

5. Provide a number, percentage or range for a reasonable cost per unit for Nevada Care Connection services?
   a. Please reference #27 of the General section of this document.

   a. The operations manual is in the process of being updated due to the expansion of the Nevada Care Connection service. All funded partners will have an opportunity to provide input into the draft document before it is finalized.

7. Required Training – what is the cost for the certification required: Nevada Care Connection and SHIP? When are they scheduled to be offered? Reference: Service Specifications: Nevada Care Connection
   a. There is no cost for the required certification under Nevada Care Connection or Medicare Assistance Program; however, there may be associated expenses for travel, printing of material, etc., depending upon the location of the participant and/or the training site. At this time, a training schedule has not been developed, but will be developed based upon need and location of participants.

8. Access to www.nevadaadrc.com – I am unable to access any of the training modules – who can help with gaining access?
   a. If anyone is having difficulty accessing the training modules, please contact Jamie Ahumada at JAhumada@adsd.nv.gov for further assistance. Additionally, this site is being built out with additional trainings so not all may be available at this time.
9. It appears ADSD is phasing out Case Management and replacing it with ADRC. Curious to why ADSD has determined ADRC to be more effective in supporting clients and what research shows they are more cost effective?
   a. ADSD is seeking to expand core services statewide. Case Management is now part of the No Wrong Door system for statewide access to services, pending application submissions. Individuals will first receive Resource and Service Navigation assistance to learn about and obtain services. Those who need additional, ongoing assistance with maintaining services will be assigned a case manager temporarily or long-term, with additional Resource and Service Navigation services provided as the individual’s needs and/or desires change.

10. Once we identify staff/volunteers in each county, does your office offer a SHIP, SMP, and MIPPA certification/training? Is it the same with [NVCC] Resource and Service Navigators, and Case Managers?
   a. Yes, ADSD has training that will be made available for the Medicare Assistance Program and the Nevada Care Connection services.

11. If we chose to continue our case management program as it is currently run in FY20, could this qualify for consideration as an ancillary service grant applications? If yes, can we submit two applications and ADSD could choose which application to approve?
   a. Ancillary services are those that are not part of another category. Case Management is within NVCC in the Access to Services category and therefore would not be considered as a stand-alone service.

12. In regard to NVCC, can you define the age for services under eligibility (1.1 – service specs pg 2) for both “older adults” and “people with disabilities”? Can you define “future long-term care needs” (1.1 – service specs pg 2) as it relates to eligibility?
   a. Older Adults = Individuals age 60 and older
   b. People with disabilities = An individual of any age who is living with a disability (with or without diagnosis), including but not limited to physical, intellectual, and developmental disabilities, and mental illness.
   c. Future long-term care needs = NVCC will provide Resource and Service Navigation services to any individual who is planning for future care for themselves or a loved one. Please see the definition for long-term care at https://www.healthcare.gov/glossary/long-term-care/.

**Representative Payee**

1. How can we apply for Representative (Rep) Payee?
   a. Please reference the NOFO. Rep Payee is part of the in-home service category, as Other.
   b. On the Excel file, you’ll choose “In-Home Services – Other, Specify:” as the category and enter Representative Payee in the box below the drop-down menu.
2. With Rep Payee, the client may live in a group home or assisted living, not necessarily a “home,” is that okay? Also, this is only a financial program, we would not be expected to provide actual in-home supports, correct?
   a. Yes, “home” is considered the client’s residence.
   b. Rep Payee would not be expected to provide any in-home support other than conducting client visits for program activities. You’ll describe your service activities in the application narrative.
   c. Expected activities will be documented in the Notice of Subaward (NOSA) as part of the Scope of Work.

Respite

1. It looks like all of the funding categories are for serving people ages 60+ with the exception of the NV Care Connection and the Medicare Assistance Program, is that correct? Our program provides respite care services to individuals with disabilities (ages birth to adult) and their families.
   a. There are some caveats for respite care:
      i. There is grandparent respite, which is for the grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption who is age 55 or older, but not the natural parent, step-parent or adoptive parent of the child. The caregiver must live with and be the primary care source of the child.
         1. “Child” is defined as an individual who is not more than 18 years of age or who is an individual with a disability.
         ii. We can also fund respite for family caregivers of a person living with Alzheimer’s disease or a related dementia regardless of the age of the person with dementia.
   b. An application that addresses services only for the above populations will need to clearly state that in all applicable areas, otherwise, individuals over age 60 would need to be served if the application is funded as written.

2. If a nonprofit organization applies for the ADSD grant to provide respite for grandparents caring for their grandchildren. Do they need to have a licensed facility to provide respite?
   a. The Older Americans Act does not have specific licensing requirements for the grandparent respite program, but agencies providing day care are required to follow all state and federal laws.
   b. Funds are typically issued as vouchers or reimbursements for licensed programs, such as standard daycare, after school programs, summer/day camps, and weekend programs, but may also be used for individual, in-home respite should the grandparent choose that option, following the program’s approved policies and procedures.
Transportation

1. Is this the grant for transportation?
   a. Yes, transportation and transportation vouchers are included.
   b. Also, see 6b in the General section above.

2. In looking at the transportation category, is transportation voucher a new service?
   a. No, it has been one of the services we have funded for years and is listed in our Service Specifications section on our grants webpage.

3. Is transportation limited to age 60 and older, or can we use funds for caregivers and people with disabilities?
   a. Funding for transportation services for people with disabilities in not available in this NOFO.
   b. Limited rides may be provided to caregivers if requested in the application. Title III-E funding may be awarded to support those rides in conjunction with other federal or state funds for individuals age 60 and older.

4. Can we apply for specific counties that we would like to serve? For instance could we apply to do transportation in all counties but Clark?
   a. Yes. Programs may apply to provide services in multiple counties.

5. Can a vehicle purchase be included in the ask for a county?
   a. We prefer vehicle purchases are completed through NDOT when possible, but you may include it for consideration.

   Follow-up question: NDOT’s fiscal year starts October 1. If we are a successful transportation applicant for both ADSD and NDOT, then we would have to wait until the October date to purchase vans, so transportation services would not start until at least November, right?
   a. If you do not have vehicles to provide the service, you would build the NDOT timeline into your ADSD application. So, if you don’t provide transportation until November, it will be documented in the application. There may be other activities that can be completed prior to receiving the vehicles, such as outreach, driver interviews and background checks if you’ve received verification of funding.

6. Can a combination of staffed vehicle and Uber be utilized?
   a. Yes. Depending on the agreement with Uber and how they will provide service and bill your organization, you may need to submit two applications. If they will act as a contractor to provide direct service as an extension of your organization, they can be included in the Transportation (Direct Services) application. If a voucher system works better, you’d split Uber into a separate Transportation Voucher application.
7. When addressing the medical appointments and the social and recreational needs of the rural and frontier counties, are you requiring a minimum of visits to those counties?
   a. There are no standard requirements, but we will review the proposal for efficiency, coverage of the proposed service area, proposed rides, outcomes, etc. and may request revisions.

8. Is Transportation to another county for services allowed?
   a. Yes.

9. If transportation to another county...say Tonopah to Clark for a doctor appointment, takes more than 8 hours, can overnight accommodations be put into the grant for the passenger and/or driver?
   a. Overnight lodging expenses are not typical in transportation services; however, they may be considered depending on the justification provided in the application. They would have to be determined reasonable, allocable and allowable.
   b. Services are usually scheduled to avoid this issue. Obtaining written, pre-approval from ADSD for each occurrence would be ideal, as time allows and before the subaward is charged.

10. We provide transportation for many of our ILG grant clients. What is the reimbursement rate for transportation?
    a. Transportation services are not tied to a fixed-rate. Applicants may submit a categorical budget with expenses in any line item that support the proposed service, such as personnel, maintenance, insurance, and fuel.
    b. If a personal vehicle is used for business travel, the GSA mileage rate applies. It is currently 57.5 cents per mile.

11. We have transportation in agency vehicles and volunteer vehicles (formally Volunteer Care). Should we break those into two transportation applications?
    a. No, just one application that incorporates paid staff and volunteers.