



## REQUEST FOR PROPOSALS

# Grant Invitation and Application Instructions

### *Funding Opportunity: 2024-2025 Benefits Enrollment Center Grants*

The focus of this grant is to enhance access to benefits for qualifying low-income Medicare beneficiaries through a Benefits Enrollment Center (BEC) approach. The goal of the BEC program is to promote lasting transformations to the ways older adults and adults living with disabilities are assisted with enrolling in and retaining the benefits they are eligible for.

Special consideration will be given to agencies serving areas that are not currently served by a BEC and agencies that are focused on serving people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequity. These groups include people who identify as Black, Latino, Indigenous and Native American, Asian American and Pacific Islander, and other persons of color, as well as members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality, and those with limited English proficiency (LEP).<sup>1</sup>

The current BEC locations can be found here: <https://www.ncoa.org/article/meet-our-benefits-enrollment-centers>.

## KEY DATES

Application Link Available: August 29, 2023

Informational Webinar: September 5, 2023 at 2 p.m. ET

Applications Due: October 5, 2023 at 12 p.m. ET

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<sup>1</sup> This opportunity is supported by grant 90MINC0002-03-00 from the U.S. Administration for Community Living, U.S. Department of Health and Human Services. Points of view or opinions are those of the authors and do not necessarily represent official ACL policy.

## Funding Opportunity Description

The NCOA Center for Benefits Access (the Center), under a cooperative agreement from the U.S. Administration for Community Living (ACL), will provide grants for a 19-month period (January 1, 2024 to August 31, 2025) to selected organizations for the implementation of BECs. BECs use person-centered strategies in a coordinated, community-wide approach to find and enroll Medicare beneficiaries—both older adults aged 65+ years and adults living with disabilities — who have limited income and resources to access available benefits. The primary focus of the grant is on the following five core benefit programs:

- Medicare Part D Extra Help (or Low-Income Subsidy, LIS)
- Medicare Savings Program (MSP)
- Supplemental Nutrition Assistance Program (SNAP, formerly food stamps)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Medicaid

Organizations eligible to apply for BEC grants include state or community-based nonprofit organizations, state government agencies, tribal entities, and faith-based organizations addressing the needs of older adults and younger adults with disabilities. Grants ranging from \$25,000 up to \$250,000 each will be awarded to selected organizations.

Organizations must be able to provide application assistance for Medicare beneficiaries for at least one of the five core benefits for which they are eligible during the 19-month period. Grantees are encouraged to assist clients with applications for programs beyond the five core benefits, in keeping with the principles of the person-centered approach. Special consideration will be given to agencies serving areas that are not currently served by a BEC and people who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequity.

Applicants are encouraged to incorporate (and customize) the strategies that will be most effective in their proposed target area. Some examples of these strategies can be found in the Center's Promising Practices clearinghouse at <https://www.ncoa.org/professionals/benefits/center-for-benefits-access/mippa-resource-center/promising-practices>.

## Additional Information

An informational webinar will be held to provide guidance and answer questions. Recordings of these webinars will be posted to the NCOA website.

**September 5, 2023 2 p.m. ET - Register here: <https://forms.office.com/r/Ldj4fGA0Ws>**

Questions regarding this opportunity should be sent to [centerforbenefits@ncoa.org](mailto:centerforbenefits@ncoa.org).

You can learn more about NCOA and BECs at <https://www.ncoa.org/article/what-are-becs>.

## Application Deadlines

**Proposals are due by 12 p.m. ET on Thursday, October 5, 2023 using the online application form: <https://webportalapp.com/sp/login/23-ncoa-bec> **PDF PROPOSALS WILL NOT BE CONSIDERED.****

If you require assistance using the online form please contact NCOA's Center for Benefits Access at: [centerforbenefits@ncoa.org](mailto:centerforbenefits@ncoa.org)

Applicants will be notified of selection on or around December 1, 2023.

## Use of Grant Funds

All funds provided to successful applicants under this grant program are federal funds from the U.S. Department of Health and Human Services Administration for Community Living. As such, all current federal rules apply and must be adhered to by grantees. The full grants policy can be found here: <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.

## Grantee Support and Expectations

NCOA will provide overall direction for the program and technical assistance, training, and tools to grantees to assist them in maximizing enrollment in needed benefits. These include:

- Training on use of the BEC Toolkit: <https://connect.ncoa.org/products/new-bec-orientation-series>.
- An implementation guide that walks your organization through all of the considerations necessary to implement the BEC approach in your community.
- Regular technical assistance on key issues such as outreach to vulnerable communities, person-centered approaches, and tactics for increasing enrollments.
- Dashboards highlighting your organization's accomplishments against your targets.
- Facilitated information-sharing sessions with affinity groups where your organization can learn and hear from others facing similar challenges.

Selected grantees will have a period of 30 days to begin implementing your program plan. Throughout the life of the grant selected organizations will be expected to:

- Submit monthly programmatic and quarterly financial reports in a timely manner.
- Use BenefitsCheckUp® or a similar state provided tool for screening all benefits and enrolling clients.
- Participate in regular conference calls, webinars, and peer-to-peer learning opportunities.
- Share information and lessons learned with NCOA and other grantees.

## Evaluation Criteria

| Section                                 | Criteria   | Possible Points |
|---|--|-----------------|
| Statement of need                       | Describes the need to increase benefits access for 1-3 of the populations mentioned in the <a href="#">Executive Order</a> . Data is used to back up the needs.  | 5               |
| Proposed service area                   | Applicant demonstrates they have supported Medicare-eligible individuals enroll in at least one of the core benefits programs listed above. Applicant provides past performance data to demonstrate history of supporting benefits enrollment for one or more of the historically underserved populations described in the RFP.  | 10              |
| Prior experience in benefits enrollment | Has past experience enrolling people in the core benefits areas proposed. May or may not assist in enrollment of other benefits beyond the five core benefits.   | 10              |
| Outreach approach                       | Identifies planned demographic-based outreach activities for 1-3 target populations. Provides letters of support for any partners engaged in the outreach and enrollment process.  | 15              |
| Program design                          | Describes how many people the organization intends to serve. Describes with specific detail the methods and typical activities in assisting clients to apply for benefits. Describes the approach to providing access to services for people who speak languages other than English.   | 10              |
| Management and organizational capacity  | Describes their person-centered benefits enrollment approach or indicates how they will incorporate a person-centered approach into their service delivery. Staff have at least 1 year of experience in benefits enrollment. The organization collects data in most of the areas, and the strongest applicants provide at least one example of using historical data to inform program design and/or decision making.  | 10              |
| Diversity, equity, and inclusion        | Describes at least one specific organizational strategy, policy or procedure related to diversity, equity and inclusion. Strongest applicants will have at least one of the following groups: staff, board members, and/or volunteers, reflect the diversity of the community served. Organizations that have not yet reached this goal will explain what progress has been made toward this goal and/or what strategies they have utilized to increase the engagement of members of the communities being served. | 10              |

## Sample Application

The content in the sample application is what you can expect to see online.

### Applicant Information

**Name:**

**Position/Title:**

**Organization Name:**

**Address:**

**City:**

**State:**

**Zip code:**

**Phone:**

**Email:**

Does your organization currently serve adult Medicare beneficiaries (adults 65 and older or younger adults with disabilities)?

Yes or No (If no is selected, you are not eligible for funding at this time.)

Does your organization currently assist individuals with first time enrollment in Medicare and/or Social Security?

Yes or No (This is not a requirement for funding.)

Select which of the following best describes your organization?

Senior Center, Area Agency on Aging, Social Services Agency, Legal Aid Counseling Service, State Health Insurance Assistance Program, Food Bank, Aging & Disability Resource Center, Other:

Has your organization previously received a grant from NCOA?

Yes, I am requesting a renewal of funding  
Yes, but I did not receive funding last year  
No

### Benefits Enrollment

Which of the following core benefits do you have experience enrolling people in?

Medicare Part D Extra Help (LIS)  
Medicare Savings Programs (MSPs)  
Medicaid  
Supplemental Nutrition Assistance Program (SNAP)

## Low-Income Home Energy Assistance Program (LIHEAP)

Please indicate other benefits you have experience enrolling people in.

Subsidized Transit, Housing Subsidies, Supplemental Security Income (SSI), Social Security Disability Insurance, Other Food Programs (Senior Farmer's Market/Commodity Supplemental), Childcare Subsidies, Affordable Connectivity Program, Unemployment, Tax Benefits (Earned Income Tax Credit, Property Tax Assistance, Free Tax Preparation Sites (VITA), Temporary Cash Assistance, Temporary Assistance to Needy Families, Bureau of Indian Affairs Direct Assistance, Veterans Benefits, Other Prescription Drug Benefits, Other:

If provided funding, which core benefits would your organization plan to enroll clients in? (You are not required to enroll clients in all five core benefits, however, individuals you reach out to and enroll must be Medicare beneficiaries.)

Medicare Part D Extra Help (LIS)  
Medicare Savings Programs (MSPs)  
Medicaid  
Supplemental Nutrition Assistance Program (SNAP)  
Low-Income Home Energy Assistance Program (LIHEAP)

## Demographics of Proposed Service Area

What is the estimated percentage of people your organization currently serves that are Medicare beneficiaries?

Less than 10%  
11%-25%  
26%-50%  
More than 50%

Please identify the estimated percentages of potential clients in your service area. (Totals could be more than 100% for those that identify as more than one.)

|   | <b>Less than 10%</b> | <b>11%-25%</b> | <b>26%-50%</b> | <b>More than 50%</b> |
|---|----------------------|----------------|----------------|----------------------|
| Clients identifying as Black                                  |                      |                |                |                      |
| Clients identifying as Hispanic or Latino                     |                      |                |                |                      |
| Clients identifying as Indigenous and/or Native American      |                      |                |                |                      |
| Clients identifying as Asian American and/or Pacific Islander |                      |                |                |                      |

What percentage of your target population do you anticipate would come from a [rural community](#)?

- Less than 10%
- 11%-25%
- 26%-50%
- More than 50%

What percentage of your target population do you anticipate would identify as people with disabilities?

- Less than 10%
- 11%-25%
- 26%-50%
- More than 50%

### **Optional**

Please describe your experience reaching and providing services to the LGBTQIA+ community. (100 words)

### **Statement of Need**

Describe why your community or proposed service area needs benefits enrollment support. Please use data to support this need and include 1-3 specific populations you plan to serve that would include people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequity. (250 words)

### **Approach**

State your goal for the number of clients you intend to enroll and briefly describe how you came to this figure. This goal will be stated again in the template for goal, objectives, methods, and measures. (100 words)

Describe how your service delivery model, experience assisting clients with completing applications, and working with public agencies will help your organization achieve its goal. (500 words)

Provide a brief description of your geographic area and how your proposed activities, and potential partners (if applicable) would engage with one to three historically underserved populations (Black, Hispanic or Latino, Indigenous and Native American, Asian American and/or Pacific Islander, rural, LGBTQIA+, and those with disabilities) (500 words).

For all organizations you plan to have a formal partnership with, please attach a letter from the partner confirming their role in this work.

How will you ensure program access to people who speak languages other than English? (100 words)

Is your organization committed to using the BenefitsCheckUp® as a screening tool, unless your state provides an equivalent tool?

Yes or No

Would your organization like training on BenefitsCheckup®?

Yes or No

## Diversity Equity and Inclusion

Provide a brief statement on your organization's approach to diversity, equity and inclusion. (100 words)

Please describe how your agency strives to ensure that the leadership, staff, proposed partners, board members, and volunteers reflect the make-up of the communities you propose to serve. (250 words)

## Objectives

Appendix A provides a template of what you will be asked to provide within the online application form. You will be invited to provide 1-3 objectives with related methods, measures and targets. This section does not have a score value. Reviewers will be asked to consider whether your proposed objectives, methods, measures and targets align with the rest of your narrative response. If awarded funds, NCOA staff may work with you to reword your measures, if needed, for clarity. Respondents are encouraged to utilize the sample measures provided in Appendix A but may create their own measures, as needed, to convey the program design.

## Management and Organizational Capacity

How does your organization approach holistic, person-centered<sup>2</sup> benefits enrollment assistance? (250 words)

Does your organization provide follow-up services to your clients over a period of at least 3-6 months?

Yes or No

If yes, please provide a brief explanation. (100 words)

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<sup>2</sup> A person-centered approach takes the total needs of a person into account, not just the need for a particular benefit, and involves not only informing people about benefits and eligibility criteria, but also assisting them in navigating the application and recertification processes. A person-centered approach recognizes that one call or meeting with an individual may not be sufficient to meet all of his or her needs, and thus requires having systems in place to sustain contact with and continue assisting the same individual over a period of time. This type of comprehensive system is both more seamless for consumers, in that it reduces their burden and duplication of effort, and more efficient with regard to demands upon state and federal resources. Research has consistently demonstrated that community-based organizations, using a one-on-one person-centered approach, are the most effective at successfully identifying and assisting potentially eligible individuals for need-based programs.



Please estimate the number of years of direct experience addressing benefits enrollment that your organization's direct service staff members and volunteers possess:

- No direct experience
- Less than one year
- One to three years
- More than three years

Please estimate the number of years of direct experience addressing benefits enrollment that your organization's key or lead program staff possess:

- No direct experience
- Less than one year
- One to three years
- More than three years

Describe your organization's mission and history, and how this program aligns with the overall goals of the organization. (250 words)

Please provide a brief biography of the proposed project director (must be staff employed directly by the organization) and attach a resume. (100 words)

Please list additional key positions you plan to utilize on this project and how you plan to employ staff and/or volunteers to meet your objectives. (250 words)

For the following types of information please indicate whether you collect it regularly and whether you use the data to track program performance:

|   | <b>Collect Data</b> | <b>Use Data for Decision Making</b> | <b>Unknown</b> |
|---|---------------------|-------------------------------------|----------------|
| Client Demographics                       |                     |                                     |                |
| Number of Client Encounters               |                     |                                     |                |
| Type of Client Encounters                 |                     |                                     |                |
| Benefits Screening Conducted              |                     |                                     |                |
| Number of Benefits Applications Completed |                     |                                     |                |
| Supporting Clients with Renewals          |                     |                                     |                |

## Budget and Financials

Attach your organization’s 990 and W9. Fill in the proposed program budget into the form provided within the online application form. A sample budget template can be found in Appendix B.

Organizations applying for funding can apply under the following categories and conditions. All grants will be issued from January 1, 2024-August 31, 2025.

| Grant Amount | Minimum Requirements   |
|--------------|--|
| \$25,000     | <ul style="list-style-type: none"> <li>▪ Enroll clients in one of the five core benefits.</li> <li>▪ Provide quarterly reporting on all relevant metrics.</li> <li>▪ Target to enroll or re-enroll a minimum of 100 clients.</li> <li>▪ Participate in training on BenefitsCheckUp®.</li> </ul>  |
| \$75,000     | <ul style="list-style-type: none"> <li>▪ Enroll clients in a minimum of two of the five core benefits.</li> <li>▪ Provide quarterly reporting on all relevant metrics.</li> <li>▪ Target to enroll or re-enroll a minimum of 250 clients.</li> <li>▪ Participate in training on BenefitsCheckUp®.</li> <li>▪ Participate in two other capacity building/training sessions during the grant cycle.</li> </ul> |
| \$125,000    | <ul style="list-style-type: none"> <li>▪ Enroll clients in a minimum of three of the five core benefits.</li> <li>▪ Provide monthly reporting on all relevant metrics.</li> <li>▪ Target to enroll or re-enroll a minimum of 400 clients.</li> <li>▪ Attend Age + Action.</li> </ul>   |
| \$175,000    | <ul style="list-style-type: none"> <li>▪ Enroll clients in all five core benefits.</li> <li>▪ Provide monthly reporting on all relevant metrics.</li> <li>▪ Target to enroll or re-enroll a minimum of 500 clients.</li> <li>▪ Attend Age + Action.</li> </ul>   |
| \$250,000    | <ul style="list-style-type: none"> <li>▪ Enroll clients in all five core benefits.</li> <li>▪ Provide monthly reporting on all relevant metrics.</li> <li>▪ Target to enroll or re-enroll a minimum of 650 clients.</li> <li>▪ Attend Age + Action.</li> </ul>   |

Please note that to receive federal funding your organization will need to be registered in sam.gov. If you have already done so please provide your UEI number. If you do not have a UEI number your organization will need to register prior to receiving an award. You can learn more about registering for a UEI number through the Federal Award [Management Administration](#). Registration specialists are available by phone at 855-706-5687.

## Capacity Building and Technical Assistance

NCOA is committed to building the capacity of organizations in our network. Please check the boxes that reflect your interest in receiving assistance on the following topics:

|                                     | <b>Not Interested</b> | <b>Somewhat Interested</b> | <b>Extremely Interested</b> | <b>My organization is an expert in this</b> |
|-------------------------------------|-----------------------|----------------------------|-----------------------------|---|
| Outreach and marketing              |                       |                            |                             |   |
| Person-centered data collection     |                       |                            |                             |   |
| Person-centered benefits counseling |                       |                            |                             |   |
| Connecting with target populations  |                       |                            |                             |   |
| Lessons learned from other grantees |                       |                            |                             |   |
| Medicare rules and regulations      |                       |                            |                             |   |
| Medicaid rules and regulations      |                       |                            |                             |   |
| Diversity, equity, and inclusion    |                       |                            |                             |   |
| Using data for decision making      |                       |                            |                             |   |
| Staff retention                     |                       |                            |                             |   |
| Funding opportunities               |                       |                            |                             |   |
| Effective volunteer management      |                       |                            |                             |   |

Of the topics listed, which three are your top priority?

Are you interested in receiving information from NCOA's Center for Benefits and being added to NCOA's Listserv?

Yes or No

## Appendix A: Objectives, Measures, and Methods

Use the template provided. Choose 1-3 of the sample objectives and relevant measures from the bank below. Targets must be set as raw numbers. Methods will be unique to your organization and should reflect your mission and approach. Grantees will be expected to report on these and other measures throughout the life of the grant.

| Objective 1: |          |         |
|--------------|----------|---------|
|              |          |         |
| Methods      | Measures | Targets |
|              |          |         |
|              |          |         |
|              |          |         |
|              |          |         |
| Objective 2: |          |         |
|              |          |         |
| Methods      | Measures | Targets |
|              |          |         |
|              |          |         |
|              |          |         |
|              |          |         |

### Sample Objectives

1. Enroll X number of beneficiaries in X number of core benefits
2. Enroll X number of beneficiaries in Medicare Part D Extra Help
3. Enroll X number of beneficiaries in Medicare Savings Programs
4. Enroll X number of beneficiaries in Medicaid
5. Enroll X number of beneficiaries in SNAP
6. Enroll X number of beneficiaries in Low-income Home Energy Assistance Program
7. Increase the % of reenrollments in core benefits (must have previous base data on enrollments to determine % increase)

### Sample Measures

1. Number of enrollees identifying as women

2. Number of enrollees identifying as Black
3. Number of enrollees identifying as Hispanic or Latino
4. Number of enrollees identifying as Indigenous and Native American
5. Number of enrollees identifying as Asian Americans and Pacific Islanders
6. Number of enrollees identifying as LGBTQIA+
7. Number of enrollees identifying from rural communities
8. % increase in number of enrollees identify as women
9. % increase in number of enrollees identify as Black
10. % increase in number of enrollees identify as Hispanic or Latino
11. % increase in number of enrollees identify as Indigenous and Native American
12. % increase in number of enrollees identify as Asian Americans and Pacific Islanders
13. % increase in number of enrollees identify as LGBTQIA+
14. % increase in number of enrollees identify as rural communities
15. Number of client contacts (new intakes)
16. Number of client contacts (renewals)
17. % increase of enrollments resulting from client contacts
18. % increase of client contacts for renewals
19. % increase of enrollments resulting from renewal contacts
20. Average number of days between initial contact and enrollment
21. Number of enrollees in Medicare Part D Extra Help (LIS)
22. Number of enrollees in Medicare Savings Programs (MSPs)
23. Number of enrollees in Medicaid
24. Number of enrollees in SNAP
25. Number of enrollees in Low-Income Home Energy Assistance Program (LIHEAP)

## Appendix B : Budget Template

Provide detailed budget information below, with a separate page(s) for narrative justification. For those requesting more than \$75,000 your budget should include \$2,500 for the Project Director to attend NCOA's Age+Action conference in either 2024 or 2025.

Organization Name

Project Director

Fiscal Director

Fiscal Director Phone Number

Grant Period: January 1, 2024 through August 31, 2025

Date submitted

|    | <b>Categories</b>               | <b>Budget</b> |
|----|---------------------------------|---------------|
|    | <u>PERSONNEL</u>                |               |
| 1  | Direct Labor                    |               |
| 2  | Fringe Benefits                 |               |
| 3  | <b>PERSONNEL TOTAL</b>          |               |
|    | <u>OTHER DIRECT COSTS</u>       |               |
| 4  | Travel                          |               |
| 5  | Printing                        |               |
| 6  | Supplies                        |               |
| 7  | Telephone                       |               |
| 8  | Postage                         |               |
| 9  | Advertising                     |               |
| 10 | Equipment                       |               |
| 11 | Consultants/Subcontractors      |               |
| 12 | Other                           |               |
| 13 | <b>OTHER DIRECT COSTS TOTAL</b> |               |
| 14 | <b>INDIRECT COSTS</b>           |               |
| 15 | <b>GRAND TOTAL</b>              |               |