

REQUEST FOR PROPOSALS



The CAPABLE Model: An Aging in Place Intervention for Older Adults in Central Texas

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Overview

St. David's Foundation is pleased to announce the availability of funds to provide a home-based "aging in place" intervention to low-income older adults in Central Texas through the replication of the **Community Aging in Place—Advancing Better Living for Elders (CAPABLE)** model, developed by the Johns Hopkins School of Nursing. Applicants eligible to apply for funding to replicate the CAPABLE model include tax-exempt 501(c)(3) non-profit organizations and/or public entities.

The target population to be served by the CAPABLE replication is: low-income (generally defined as under 250% FPL) older adults (generally defined as over age 60), living in Central Texas (Bastrop, Caldwell, Hays, Travis, Williamson counties) who have the desire and cognitive ability to remain in their home, but who have difficulty with activities of daily living that threaten their ability to remain safely at home.

This request for proposals (RFP) expands and complements the Foundation's existing commitment to support aging in place for vulnerable seniors. More about the Foundation's aging in place investments [can be found here](#).

CAPABLE uses a multidisciplinary team approach to help vulnerable seniors live safely in their homes. The team consists of three professions— an occupational therapist (OT), a registered nurse (RN), and a handyman. The team is guided by a commitment that the senior determines his/her own goals for functional improvement. This client-directed approach allows seniors to define the meaningful daily activities they want to achieve, and the CAPABLE team honors their decisions.

The CAPABLE intervention starts with an initial screening and assessment by the OT of the older adult's home and physical needs, with functional goals set by the senior. The OT, working with the senior, develops the plan for minor home modifications that will aid the senior in meeting their improved function goals. The handyman follows, assesses materials needed and performs the work on the home, as directed by the OT. The nurse's visits focus on the participant's goals in the areas of pain, mood, strength/balance, medication regimen, and communication with the primary care provider. Additional visits by the OT and nurse are scheduled to help the senior achieve their self-defined goals, with the entire intervention generally lasting about four to six months.

The CAPABLE model has been implemented in 12 U.S. states and in Australia. It is important to note that CAPABLE is not an extended long-term care program, though it may help the senior to find those resources (e.g. personal care, extensive home repair and modifications). By design, CAPABLE is intended as a time-limited intervention that supports what older adults want to be able to do on their own, that will allow them to safely age in place.

RFP Goals

The Foundation's primary goal in this RFP is to replicate the CAPABLE model to complement existing strategies to help seniors live independently. Additionally, the Foundation also hopes this funding opportunity will:

- Contribute to the national research base for CAPABLE by exploring how best to replicate core components and understanding where additional or alternative approaches are beneficial.
- Create a value proposition to educate state and local entities, such as Medicare Advantage Plans, private insurers, or the state Medicaid program, that would lead to other funding sources of the model beyond philanthropy.

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This RFP intentionally casts a wide net of potential applicants. Since the CAPABLE model requires a multidisciplinary approach, the Foundation is interested in hearing from experts and leaders in the Central Texas aging, nursing, and occupational therapy communities on creative proposals to implement a CAPABLE model in Central Texas. Approaches to this RFP may include partnership arrangements between two or more organizations, or a single entity that can deliver or contract for all of the needed disciplines (OT, RN, handy person) to deliver the CAPABLE model.

Since the CAPABLE model has not been implemented in Central Texas, the Foundation's support for the successful RFP respondent will fund initial and ongoing training from staff within the Johns Hopkins School of Nursing. Additionally, to ensure that all organizations considering a response to this RFP have a firm grounding in the CAPABLE model, the Foundation will host a seminar with program professionals shortly after the RFP release. This will include an overview presentation of CAPABLE and the RFP requirements, with ample time for discussion and questions. Information on the May 17th presentation can be found on page 8 of this RFP.

About St. David's Foundation

St. David's Foundation is a health foundation, funding \$70 million annually in a five-county area surrounding Austin, Texas. Through a unique partnership with St. David's HealthCare, a Malcolm-Baldrige award-winning hospital system in Central Texas, the Foundation is able to reinvest proceeds from the hospital system back into the community, with a goal of building the healthiest community in the world. St. David's Foundation also operates the largest mobile dental program providing charity care in the country and runs the largest healthcare scholarship program in Texas.

For more information about St. David's Foundation, visit www.stdavidsfoundation.org.

Funding Opportunity

The CAPABLE Model Overview

CAPABLE was developed by the Center for Innovative Care in Aging at the Johns Hopkins School of Nursing. The National Institutes of Health (NIH) has funded a randomized controlled trial of the CAPABLE approach and the Centers for Medicare and Medicaid Services (CMS) has funded a demonstration project. CAPABLE has been approved as an evidence-based fall prevention program by the National Council on Aging.

CAPABLE uses a straightforward, person-centered approach that can quickly make a positive impact on frail seniors' functioning and quality of life. The model emphasizes functional improvement, as defined by the senior. A key question asked of CAPABLE participants is, "What is it that you would like to do better?" One of the most attractive features of the model is that it rolls several evidence-based services into one unified, short-term intervention, including:

- **Disease management by a registered nurse**, including medication screening, depression assessment, pain management, and communication with the participant's primary care provider;
- **Mobility and fall prevention**, including strength and balance programs; and
- **Minor Home repairs/modifications**, planned and directed by an occupational therapist and provided by a handyperson/home repair professional.

The CAPABLE team visits the client and guided by the senior, sets a small number of functional goals. Then, over a four to six-month period in up to 10 in-home sessions (60-90 minutes each) plus a handyperson day, the team works with the senior to achieve those functional goals. Goals might include strengthening and balance exercises to avoid falls, better management of prescription medications/depression/pain, and handyperson projects to functionally adapt the home and increase safe mobility. The three CAPABLE protocols (OT, RN, handyperson) are further described in the attachments to this RFP.

It is important to note that the handyperson component and budget for CAPABLE is generally very modest – CAPABLE is not a major home repairs and modifications program. The handyperson addresses a small number of items identified by the senior and the OT as high priorities – e.g.: grab bars, entryway or doorway modifications, tripping hazards.

CAPABLE Implementation

CAPABLE can be implemented by a wide range of organizations or collaborations including Aging and Disability Resource Centers, Area Agencies on Aging, state/city/county aging services divisions, academic institutions, and non-profit agencies in the aging, health, and housing areas. The program may lend itself to a collaborative model. For example, a healthcare organization might provide the nursing/occupational therapy staff and a social service agency could provide program management, client identification and eligibility services along with handyperson contracting. The Foundation is interested in creative approaches to a Central Texas CAPABLE program, as long as the proposed approach demonstrates fidelity to the core components of the CAPABLE model.

The CAPABLE program requires licensed registered nurses (RNs) and licensed occupational therapists (OTs) to staff the CAPABLE team(s). Licensed practical or vocational nurses, OT aides, social workers, or physical therapists

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are not consistent with the program model or the RFP requirements. The model is built on the skillset and training that RNs and OTs possess, to help the senior achieve their functional goals. More details on the CAPABLE training requirements for RNs and OTs may be found in the Appendix to this RFP.

The population most likely to benefit from the CAPABLE model is generally low-income older adults (60 years and older) who are cognitively intact or have only mild cognitive impairments but who have difficulty with Activities of Daily Living (ADLs), such as bathing, dressing, grooming, and walking. CAPABLE services can be delivered in the individual's privately owned home or by arrangement with landlords (re: the minor home modifications), in a rented home or apartment.

Since the CAPABLE model's interventions can and should be delivered in a relatively short time-frame (four to six months), there is a fairly brisk turnover in caseload. Seniors needing CAPABLE services are identified, the CAPABLE team delivers services, and then the senior is discharged from the program (some follow up may occur). Seniors completing the program may need referrals to other support services, such as long-term personal care or more extensive home repairs or modifications. Since the focus is on a short-term intervention to solve immediate aging in place issues, the program is constantly moving on to new individuals that need help, rather than acting as a long-term support.

CAPABLE – Research and Evidence Base

CAPABLE has a strong evidence base. CAPABLE study participants have demonstrated:

- A 50% reduction in the number of Activities of Daily Living (ADLs) that were previously difficult for the client.
- A significant reduction in difficulty with instrumental activities of daily living, such as housework, meal preparation, managing money, taking medications as prescribed, shopping, using phone or other forms of communication.
- A tripling in the percentage of people who reported no difficulty with walking.
- A 50% increase in the number of clients who said they had no difficulty in self-care.
- A significant decrease in depressive symptoms, from an average severity score of 10.1 to 6.3 - a clinically significant difference.
- A 50% decrease in hazards within the home.
- A reduction in both hospitalization and nursing home admission rates.
- A study published in Health Affairs found that the CAPABLE model significantly reduced Medicare expenditures for participants, including both inpatient and outpatient expenditures - average savings were \$2765 per patient per quarter. Hospital readmissions were also reduced.
- The functional improvements experienced by CAPABLE participants were observed across all demographics and disease groups.

Proposal Submission Guidelines and Specifications

RFP Applicant Eligibility

- The lead organization/applicant must be a tax-exempt 501(c)(3) nonprofit organization or a public entity. Subcontractors or partner organizations that provide the nursing and/or occupational therapy services may be nonprofit or for-profit entities.
- This opportunity is open to organizations based in Central Texas (Bastrop, Caldwell, Hays, Travis, and Williamson counties), as well as statewide and national organizations able to demonstrate partnerships with local organizations that would implement the CAPABLE program and deliver services.
- Organizations with existing St. David's Foundation funding may apply.
- Collaborations are encouraged. However, a single applicant must serve as the lead organization and hold financial responsibility for the grant funds and overall CAPABLE program management. The lead organization may subcontract with collaborators or other entities.
- The CAPABLE proposal must only serve seniors residing in one or more of the five counties that St. David's Foundation supports (Bastrop, Caldwell, Hays, Travis, and Williamson counties). Organizations must demonstrate capacity to identify and broadly recruit CAPABLE program participants from the geographic area of Central Texas that they propose to serve.
- Organizations that exclude participants or job applicants on the basis of race/ethnicity, religion, or sexual orientation are not eligible for funding.

Grant Fund Requests

For the initial 16-month grant period, the Foundation intends to make one grant to one organization, for the first Central Texas CAPABLE program. As noted earlier, that single organization could be the lead organization in a multi-organization collaboration, or could subcontract grant funds for needed services, such as OT or RN services. The organization awarded with the initial grant will be invited to submit two one-year grant renewals, barring any concerns with implementation of the project. After three years, St. David's Foundation will consider additional CAPABLE grant opportunities, including the possibility of a new grant to the originally selected CAPABLE provider, as well as the potential for grants awarded to additional new CAPABLE providers.

For the purposes of this RFP, there is not a maximum grant request limit, but RFP applicants are encouraged and cautioned to submit a grant request based on realistic budget projections for serving 60 unduplicated CAPABLE clients in the initial 16-month grant cycle. The budget projections and grant request should take into consideration the training, staffing, and other start-up costs and timeline associated with the development of a new program.

Costs may vary by organization and configuration of specific CAPABLE teams. At Johns Hopkins, staff found that all costs averaged \$2,882 per CAPABLE participant in 2015. This average cost included:

- Registered nurse and occupational therapist salaries, including home visits, driving time, coordination, follow-up. This calculation was based on a contract model; if RNs and OTs are hired on full-time salary with benefits, then costs will be higher.
- Mileage reimbursement to/from the home visits
- Supervision meetings

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- Home repair, modification, assistive equipment, and everyday items (e.g., Sturdy step stools). It is crucial that the system be able to pay for items needed to help older adults reach their self-identified functional goals and enhance their home safety that are not normally deemed “medically necessary” such as a sturdy step stool, a sturdy chair with armrests, a mailbox, or loud doorbell. The average home modification budget was \$1,300 per client.

For a pilot project, the cost of the online training from Johns Hopkins University is \$6,000 for one Registered Nurse and Occupational Therapist, which includes:

- License to provide CAPABLE for 3 years
- Online modules
- Virtual training
- Follow up webinars for the Registered Nurse and Occupational Therapist in the first few months they start providing CAPABLE
- Certificate of completion

Applicants are encouraged to make budget projections based on the CAPABLE background materials contained in this RFP and information provided at the CAPABLE and RFP Overview Discussion meeting on May 17, 2019. Potential applicants are strongly encouraged to attend that session.

After the initial RFP award is made, the Foundation will negotiate the final size, scope, and grant amount with the successful RFP applicant.

Allowable Costs (see budget worksheet):

- Direct costs specifically and easily identified with the proposed CAPABLE project (e.g., contract expenses, salaries, wages, fringe, materials/supplies, equipment, travel, consulting, marketing, publications)
- CAPABLE training and licensing costs
- Indirect costs (e.g., facilities, administrative support, utilities)

Non-Allowable Costs:

- Any activities not directly related to replicating the CAPABLE model in Central Texas.

Awardee Expectations

- Commitment to CAPABLE training and adherence to fulfilling the core components of the model.
- The Foundation may encourage awardees to accept third party capacity building or technical assistance.
- Awardees will be required to work with the Foundation’s learning and evaluation team to define and report on both process and outcomes measures. Awardees will also be required to work with and report outcomes to the Johns Hopkins School of Nursing staff and other independent researchers, as requested by the Foundation.
- An initial start-up report will be due by December 31, 2019. Following that, progress reports will be required at the end of every calendar quarter, for CY 2020.

Funding under this opportunity will be renewable, if the awardee (based on the Foundation’s evaluation) successfully implements the CAPABLE model and serves the specified number of seniors with the program.

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Timeline

RFP Release Date

April 22, 2019

CAPABLE and RFP Overview Discussion Panel

May 17, 2019

(attendance is optional but encouraged)

Location: St. David's Foundation

1303 San Antonio Street, 6th Floor – Innovation Center
Austin, Texas

Panelists: **Sarah L. Szanton, PhD, ANP, FAAN**

Director, Center on Innovative Care in Aging
Johns Hopkins School of Nursing, Bloomberg School of Public Health

Andrew Levack, MPH

Senior Program Officer, Aging in Place
St. David's Foundation

Trey Berndt

Principal
TB Consulting

Time: 9:00 a.m.-10:30 a.m.: Overview of the CAPABLE Program and RFP
10:30 a.m. - 11:30 a.m.: Question and Answer Session

Registration required via email to: events@stdaidsfoundation.org

RFP Response Due Date

June 28, 2019, 5 pm CST

Late applications will not be considered

Notice of Decision

Late July 2019

Program Start Date/Initial Grant Period

September 2019/16-Month
Initial Grant Period, followed by
two one-year grant renewals,
prior to any re-procurement.

Foundation Contacts for this RFP

Programmatic Questions. Questions regarding the intent of this RFP or applicant eligibility may be directed to Andrew Levack, Senior Program Officer, ALevack@stdaidsfoundation.org

Technical Submission Questions. Technical questions related to the online application submission may be directed to Vanessa Rocha, Grants Coordinator, VRocha@stdaidsfoundation.org

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TO APPLY

Application Link

- Proposals must be submitted to the Foundation by 5 p.m. Central Time Friday, June 28, 2019.
Late proposals and proposals that do not conform to the format and page limit requirements described below will not be accepted.
- Submit RFP online: [click here](#)

Required Proposal Information

A. Applicant Organizational Information (Submitted online):

1. Lead organization name
2. Total requested amount
3. Geographic focus (Bastrop, Caldwell, Hays, Travis, and Williamson counties?)
4. Lead organization executive director/CEO name and contact information
5. Lead organization project director name and contact information
6. Partner organization(s) name, CEO and contact information
7. Board list for lead organization (submitted as an attachment)
8. Project plan and timeline for the first 16 months, including milestones for the estimated number of clients served during this period (submitted as an attachment)
9. Key staff list for this project (from lead and collaborating organizations as applicable) (submitted as an attachment)
10. Organizational diversity chart (use template provided)
11. Signed letters of participation/commitment for the lead organization and partner organizations or subcontractors (submitted as an attachment)

B. Budget and Financial Information (Attachments Submitted online):

1. Project budget (use template provided; include subcontract budget if applicable)
2. Current profit & loss and balance sheet for lead organization (submitted as attachment)
3. Most recent audit or financial review of lead organization (submitted as attachment)

C. Proposal Narrative (Up to 10 Pages - Attachment as Word or PDF document, Submitted online)

Proposal Narrative Format Requirements:

1. Word Document, 11 point Arial font (PDF or Word files accepted)
2. 12 point for headers, titles
3. Paragraph text should be single spaced
4. Margins - 1" top, bottom, left, and right margins

The Proposal Narrative must clearly address the following:

- a) **Organizational capacity.** Please explain the organization(s) experience in working directly with older adults. What strengths and assets does your organization have to implement a successful CAPABLE program?
- b) **Organizational commitment.** Please share the organization(s) interest and commitment to building a

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CAPABLE program model, ensuring true client direction, obtaining all required training associated with the CAPABLE program, and working with St. David's Foundation and external evaluators to measure the program's effectiveness

- c) **Geographic area.** Where within the five-county area (Bastrop, Caldwell, Hays, Travis, and Williamson) will the program be implemented? What specific areas, neighborhoods and/or zip codes will be targeted?
- d) **Management structure and staffing.** Please share which staff will manage the implementation of the project and the experience they bring. If key management positions are planned to be hired, please explain what qualification and experience you will seek. If more than one organization is part of the proposal, please describe the overall management structure and which organization is the lead RFP applicant and financially responsible for the grant funds. Please share how the program will secure all needed professional staffing to deliver CAPABLE services, including RNs, OTs, and handyperson services.
- e) **Planning stage.** How will you prepare for project implementation in the first four months? What key deliverables will be achieved in this time?
- f) **First year of CAPABLE implementation.** How will you develop your program to reach 60 seniors in the first year? What do you expect will be organizational challenges in implementing/expanding the program? How will you navigate these challenges?
- g) **Eligibility and recruitment.** How will the organization identify, determine eligibility, and process potential CAPABLE applicants? How will any wait lists for CAPABLE services will be managed?
- h) **Measuring effectiveness:** Once the CAPABLE Program is established, St. David's Foundation will fund an external evaluation of the program. What experience does your team have in partnering with external evaluators? Internal monitoring and evaluation will also be required. What is the organization's capacity to monitor and evaluate its work? What will be the organization(s) internal measures of success and quality?
- i) **Other funding or resources to be leveraged:** In addition to St. David's Foundation grant funds, does the organization(s) intend to use other funding to extend the scope of the CAPABLE implementation? Are there other existing resources or partnerships that can be leveraged to increase the impact of this project? If so, please describe the source and amount of the other funds and their impact on the CAPABLE program caseload in the 16-month grant cycle.

Resources

Organizations interested in this funding opportunity may wish to explore the following resources.

[CAPABLE Program FAQ](#)

[Proving CAPABLE](#)

[Aliberti & Covinsky, Home Modifications to Reduce Disability in Older Adults With Functional Disability](#)

[Szanton et al., Effect of a Biobehavioral Environmental Approach on Disability Among Low-Income Older Adults: A Randomized Clinical Trial](#)

[Szanton & Gitlin, Meeting the Health Care Financing Imperative Through Focusing on Function: The CAPABLE Studies](#)

[Szanton et al., Community Aging in Place, Advancing Better Living for Elders: A Bio-Behavioral-Environmental Intervention to Improve Function and Health-Related Quality of Life in Disabled Older Adults](#)

[Szanton et al., Home-Based Care Program Reduces Disability And Promotes Aging In Place](#)

[Ruiz et al., Innovative Home Visit Models Associated With Reductions In Costs, Hospitalizations, And Emergency Department Use](#)

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