Jayhawk Area Agency on Aging FY 2026 Home Delivered Meals RFP – Questions and Responses

Due Date for Questions: Noon, November 7, 2025

Date for Responses to Questions: November 12, 2025

Q1: Will previously submitted questions by email be included in the formal Q&A document, or do they need to be resubmitted?
A1: Questions already submitted via email will be included in the formal question-and-answer document. It is not necessary to resubmit them.

Q2: Will the formal Q&A responses be made available to all providers?
A2: Yes. Once compiled, all questions and responses will be posted on the Agency's website where the RFP is located. Notification will be provided when they are available.

Q3: Are questions asked during this pre-bid meeting required to be resubmitted in writing?
A3: No. Questions raised during the meeting will be captured and included in the formal written Q&A.

Q4: What is the deadline to submit any additional questions?
A4: All additional questions must be submitted by noon on the date specified in the RFP which is November 7, 2025.

Q5: With the new mid-term RFP and associated changes, will someone be available to answer questions as they arise during the signing and subsequent grant cycle?
A5: Yes. The Agency will remain available to address questions and provide clarification as needed throughout the contract period to ensure providers operate in full compliance and efficiency.

Q6: The RFP references 249 annual service days. Since the current contract period is nine months, should providers plan to meet 249 days within that shorter timeframe?
A6: No. The 249 service days reflect an annualized benchmark for a full 12-month contract year. For the current nine-month term, providers should plan for approximately 195 service days based on the calendar period. The RFP has been clarified to indicate a maximum of 195 service days.

Q7: Would the reduced period be considered a minimum of 186 service days after accounting for holidays and the partial-year term?
A7: The Agency anticipates approximately 195 service days for the partial-year period, though the exact number may vary slightly based on each provider's holiday and operating schedule. The RFP has been clarified to indicate a maximum of 195 service days.

Q8: Will the Agency clarify the service day expectation in the final Q&A?
A8: Yes. This clarification will be reflected in the formal responses and posted with the official RFP materials. The RFP itself will also be updated to reference service days as "up to five days per week" for consistency and clarity.

Q9: May providers use the Word version of the proposal template posted on the website?
A9: Yes. The Word template should be used to complete and submit narrative responses.

Q10: Are supporting documents required for compliance acknowledgements (e.g., nondiscrimination, insurance, certifications)?
A10: No attachments are required. Providers should mark "Yes" or "No" on the acknowledgment page. If any answer is "No," an explanation should be provided.

Q11: Has the RFP format or the standard terms and conditions changed from prior years?
A11: The content of the standard terms and conditions has not changed; however, the document has been reformatted for clarity.

Q12: Should providers base their budgets on current allocations or submit new funding requests?
A12: Budgets should be prepared using the current allocation amounts already awarded. No changes to allocation totals will be made for this RFP period.

Q13: For this nine-month contract, should the annual budget be proportionally reduced?
A13: Yes. Providers should use their current annual budgets as a reference and adjust all figures to reflect a nine-month period.

Q14: Will the Agency compare this new budget to last year's submission?
A14: No. Budgets will not be compared against previous submissions. Providers are encouraged to submit accurate and updated figures that reflect true costs.

Q15: If prior budgets contained inaccuracies, may providers correct them in this submission?
A15: Yes. The Agency prefers accurate, updated budgets that reflect actual needs and costs, even if they differ from prior submissions.

Q16: How should October–December data be handled when projecting the nine-month budget?
A16: Providers should use October actuals and project November and December service levels to estimate expenditures for the remainder of the year. Subtract those estimated three months from the total allocation to determine funding left available for the nine-month period.

Q17: Are the budget figures expected to reflect actual expenditures?
A17: No. Budgets are projections for planning purposes. Actuals may vary during the course of service delivery.

Q18: For agencies with new routes or service expansions, how should projections be calculated?
A18: Providers may use recent months (e.g., August–October) as a benchmark for projections if service levels have recently changed.

Q19: Will total allocations change based on these projections?
A19: No. Total allocations for the year remain the same; the nine-month budget is intended to illustrate how funds will be used during the contract term.

Q20: Have the budget forms or calculation requirements changed?
A20: The budget forms have been simplified. Duplicative pages and schedules were removed, and the cover sheet now mirrors the Word proposal template.

Q21: Will formulas automatically calculate totals on the Excel version?
A21: The Excel form includes formulas; however, the Word version requires manual calculations. If technical issues arise, the Agency will provide assistance.

Q22: Have any core budget policies changed (e.g., reimbursement cycle, payment timeline)?
A22: No. Payment terms remain the same. The Agency processes payments within 30 days of invoice receipt, typically within the following two-week pay cycle.

Q23: There appears to be duplicative language regarding OAA funding lasting the entire grant period. Is it acceptable to continue serving clients even after OAA funding is exhausted?
A23: The Agency appreciates providers' commitment to client service. However, OAA-funded services must remain within available allocation limits. Providers may continue serving clients through other funding sources if available, but OAA reimbursement is limited to the awarded amount.

Q24: Is the RFP implementing a one-twelfth (1/12) funding plan?
A24: No. The nine-month RFP reflects the remaining contract period within the current allocation year. Funds are to be managed accordingly based on the revised service term.

Q25: Will the "five-day-per-week" service language be clarified?
A25: Yes. The Agency will ensure consistency in wording related to service frequency within the final RFP documentation.

Q26: Will there be training provided by the Agency on Notices of Action (NOAs)?
A26: The Agency will provide clarification materials and is exploring training options to support providers. Questions regarding NOA implementation will continue to be accepted as they arise.

Q27: When are NOAs specifically required? For example, are they necessary for brief interruptions, such as a one- or two-day absence due to a doctor appointment or illness?
A27: In accordance with KDADS FSM §§1.3.2 and 1.3.5, a NOA is required whenever services are initiated, reduced, suspended, or terminated. This includes situations such as hospitalization, extended illness, or any other circumstance in which services are temporarily suspended.
However, a NOA is *not* required for same-day cancellations or one-time missed deliveries due to brief events such as a medical appointment or short illness, provided service resumes as scheduled and eligibility is not affected. All suspensions and resumptions of service must be documented in the client record.

Q28: Is a NOA required if a client is deceased?
A28: Yes. In accordance with KDADS FSM §1.3.5, a NOA must be issued when services are terminated, including termination due to the death of a participant. The NOA should be addressed to the client's legal representative or next of kin listed in the client record. The notice serves as official documentation of service termination for program and compliance purposes. The provider should also notify the Agency promptly upon learning of the client's death.

Q29: Is a NOA required if a client requests a minor menu change (e.g., "no carrots")?
A29: No. A NOA is only required when there is a change in a client's eligibility or level of authorized service. Minor, client-initiated menu preferences or other non-adverse service adjustments do not affect eligibility and therefore do not require a NOA.

Q30: Is a NOA required if a client is hospitalized or visits the emergency room?
A30: Yes. In accordance with KDADS Field Services Manual policy, a NOA is required when services are suspended due to hospitalization or other circumstances that prevent delivery of authorized services. NOA requirements also apply to service initiations, reductions, and terminations; the NOA must be prepared and handled consistent with KDADS FSM procedures, including distribution to the participant or the participant's representative and retention in the client record.
Short-term same-day cancellations or one-time missed deliveries (for example, a driver unable to make a single delivery) do not constitute a suspension and thus do not require a NOA, provided services resume as previously authorized and eligibility is unchanged. All suspensions and resumptions of service must be documented in the client record.

Q31: How will the new reporting requirements affect the monthly meal report?
A31: The monthly meal report requirement remains unchanged. Providers are still required to submit a monthly report listing all customers receiving an Older Americans Act (OAA)-funded Home Delivered Meal for each month, along with the number of meals each customer received.

The Excel-based reporting format referenced in the RFP is intended to standardize and streamline data submission, but it does not replace or alter the underlying reporting requirements. All previously required reporting elements and timelines remain in effect.

Reports must continue to be submitted via email to reporting@jhawkaaa.org by the established due dates.

Q32: What are the requirements for the new monthly waitlist report?
A32: The monthly waitlist report is required under the *Jayhawk Area Agency on Aging (JAAA) Older Americans Act (OAA) Home Delivered Meals Wait List Tracking Policy and Procedure*.
The purpose of this report is to allow JAAA to identify both unserved and underserved individuals in need of meal services and to accurately assess service delivery and funding needs across the region.
The report applies to all individuals who meet OAA eligibility criteria for Home Delivered Meals, including those receiving services under private pay, local government, or community-funded sources. PACE and HCBS Medicaid participants are excluded from this reporting.
Each Home Delivered Meal provider must:

- Submit the wait list report to JAAA by the last business day of each month using the format provided (Excel or PDF).
- Send the report by email to reporting@jhawkaaa.org.
- Maintain documentation supporting the reported numbers, including intake assessments, eligibility forms, service delivery records, and communication logs. Documentation must be retained in accordance with JAAA and KDADS recordkeeping requirements and made available upon request.

JAAA compiles and reports regional totals to KDADS by the 3rd of each month.
Reports must include the following:

- Unserved: Individuals who need a Home Delivered Meal but are not currently receiving any meal service under any funding source, including OAA, local government, donations, or self-pay.
- Underserved: Individuals who receive some meal service but whose nutritional needs are not fully met. This includes those needing more meals than can be provided under the OAA Home Delivered Meals contract (e.g., receiving 5 meals per

week but requiring 7, or needing two meals per day), or those receiving meals funded through other sources such as private pay, local, or donated programs (excluding PACE and HCBS Medicaid-paid meals).

Q33: Have eligibility criteria changed under the new OAA guidelines?
A33: No significant changes have been made to the eligibility criteria for Home Delivered Meals under the Older Americans Act (OAA). Per the KDADS Field Services Manual (FSM), Section 3.2.1, individuals must be age 60 or older and homebound due to illness, disability, or isolation, such that they are unable to obtain or prepare meals independently**.** Eligibility continues to be based on both age and need, including functional limitations and lack of available assistance. While the OAA emphasizes service to those with the greatest social and economic need, the homebound requirement remains a core eligibility condition for home delivered meal services.

Q34: Our agency currently requires clients to be homebound to receive meals. Is that still acceptable?
A34 Per the KDADS Field Services Manual (FSM), Section 3.2.1, individuals must be age 60 or older and homebound due to illness, disability, or isolation, such that they are unable to obtain or prepare meals independently**.** Eligibility continues to be based on both age and need, including functional limitations and lack of available assistance. While the OAA emphasizes service to those with the greatest social and economic need, the homebound requirement remains a core eligibility condition for home delivered meal services.

Q35: How should providers demonstrate coordination with other community service providers?
A35: Providers should describe current and planned coordination methods, including referral processes for clients who may need homemaker, attendant care, or other in-home aging services including caregiver support services.

Q36: How should agencies prevent duplication of assessments when both the provider and the Agency conduct UAIs?
A36: To prevent duplication of assessments, providers must first verify in KAMIS whether a valid Uniform Assessment Instrument (UAI) already exists for the customer prior to initiating an Abbreviated Uniform Assessment Instrument (AUAI). In accordance with KDADS FSM Sections 2.6, 2.7.3, and 2.6.2.L.3–4, the AUAI shall not be completed if a valid UAI is present in KAMIS.

Providers are required to complete and enter new AUAI assessments within six (6) calendar days of the start of service, unless a valid UAI already exists. In such cases, the provider must ensure that the Jayhawk Area Agency on Aging (JAAA) receives copies of all corresponding Notices of Action (NOA) to maintain accurate eligibility and authorization records.

Providers should be able to view the UAI and access the associated plan of care within KAMIS. If a provider does not have appropriate access to view these records, the provider and JAAA will work jointly with the KDADS KAMIS Helpdesk to ensure proper permissions are established so that the UAI and plan of care can be accessed as required for coordination of services and compliance with FSM requirements.

Q37: What information should be included regarding client eligibility and assessment procedures?
A37: Providers should describe in their proposal how they will ensure compliance with KDADS FSM Sections 2.6, 2.7.3, and 2.6.2.L.3–4, including:

- Procedures for verifying existing UAIs in KAMIS to avoid duplication;
- Timely completion of AUAIs within six (6) days for new customers when no valid UAI exists;
- Documentation of eligibility criteria and reassessments every 365 days or when a client's condition changes; and
- Submission of corresponding Notice of Action (NOA) copies to JAAA for all customers with a current UAI, ensuring JAAA's case records accurately reflect eligibility and authorization status.

Q38: Should the proposal include grievance and client rights procedures?
A38: Yes. Providers must describe their procedures for issuing Notices of Action (NOAs) and addressing client grievances, rights, and responsibilities.

Q39: What should be included in the nutrition education and outreach section?
A39: Providers should explain how they will deliver nutrition education, conduct outreach, and obtain participant feedback related to meal services.

Q40: How should data management and reporting be addressed?
A40: Providers should describe their process for ensuring timely data entry into KAMIS, submission of required reports, and tracking of both OAA-funded and NSIP-only meals.

Q41: How should customer satisfaction be documented?
A41: Providers should outline their process for conducting satisfaction surveys and using the results for program improvement.

Q42: Are providers required to report additional funding sources?
A42: Yes. Providers must identify other funding sources supporting the Home Delivered Meals program.

Q43: How should providers ensure uninterrupted services throughout the contract period?
A43: It is the Agency's expectation that Older Americans Act (OAA) funding will support

service delivery for the entire contract period. Providers should outline their plans to ensure uninterrupted OAA-funded services, including strategies for staffing coverage, contingency planning, and budget management to maintain operations through the end of the contract term.

Q44: Will the new simplified template be used in future RFPs?
A44: Yes. The Agency intends to use this new, streamlined format for future OAA service RFPs, beginning with Fiscal Year 2027.

Q45: Is the Agency considering an online submission system?
A45: The Agency is exploring this option but cannot commit to an implementation timeline. Cost will be a factor.

Q46: Are scoring and evaluation criteria included in the RFP?
A46: Yes. The RFP document includes the evaluation criteria and point allocations used by the review committee.

Q47: Will the Agency provide a list or summary of RFP changes for reference?
A47: Yes. The Agency will summarize new or revised sections—particularly those concerning Notices of Action (NOAs), grievance procedures, and rights and responsibilities—within the formal Q&A responses.
For reference, below is a summary of key updates and differences between the FY 2025 and FY 2026 Home-Delivered Meals (HMEL) RFPs:

General Structure and Timeline
FY 2025: Contract ran October 1, 2024 – September 30, 2025; RFP issued February 16, 2024; due March 22, 2024.
FY 2026: Contract runs January 1, 2026 – September 30, 2026 (9-month term); RFP issued October 30, 2025; due December 1, 2025.
FY 2026 explicitly provides for annual renewal at the Agency's discretion.

Scope of Services and Program Standards
FY 2026 explicitly limits service to up to five (5) days per week for a maximum of 195 service days, replacing the previous 249-day benchmark.
FY 2026 adds an "OAA Funding Allocation and Meal Continuity" clause requiring providers to manage allocations to ensure funds last the entire contract period.
FY 2026 ties service, menu certification, and data entry requirements directly to KDADS FSM citations for greater compliance clarity.

Eligibility and Assessments
FY 2026 newly specifies:

- Eligibility includes homebound or geographically isolated adults age 60+ and qualifying household members.
- AUAIs must be completed within six (6) days unless a valid UAI exists in KAMIS.
- Providers must ensure JAAA receives all NOA copies when an existing UAI is used.

FY 2025 referenced assessment compliance generally but did not cite FSM sections or detailed AUAI procedures.

Notices of Action (NOAs) and Client Rights

FY 2026 adds a dedicated NOA section referencing KDADS FSM §§ 1.3.2 and 1.3.5, requiring NOAs for:

- Eligibility determinations
- All service changes (including temporary hospitalizations)
- Case closures and deaths (sent to legal representative/family)
- Adds mandatory provision of Grievance Rights & Responsibilities (SS-12) forms and related documentation/training.

FY 2025 only referenced general grievance procedure requirements.

Reporting and Data Management

FY 2026 expands reporting requirements:

- Monthly program and financial reports due by the 10th of each month.
- Reports must list all OAA-funded customers and meal counts.
- Adds NSIP-only meal reporting and a new OAA wait-list report per JAAA policy.
- Data must be entered into KAMIS by the 10th for the prior month.

FY 2025 required monthly reports but did not specify reporting format, fields, or deadlines.

Evaluation Criteria and Proposal Content

FY 2025 used a 100-point two-phase scoring (proposal/interview), emphasizing experience and responsiveness.

FY 2026 introduces a weighted narrative scoring system (100 points total):

- Organizational Capacity – 15 pts
- Service Delivery Plan – 20 pts
- Eligibility & Assessment – 15 pts
- Outreach & Education – 10 pts
- Coordination & QA – 10 pts
- Budget & Financial Management – 20 pts
- Nutrition & Menu Design – 10 pts

FY 2026 requires use of the new standardized narrative response template.

Administrative and Legal Updates

FY 2026 adds or updates:

- Conflict of Interest clause citing K.A.R. 26-3-1(1)(B) and 45 CFR § 1321.67.
- New HIPAA Compliance section.
- Clarified Ownership of Work Product and Right to Examine and Audit Records.
- Expanded Indemnification clause and Termination for Convenience option.
- Liability limits remain the same ($1M/$2M CGL; $100K Employer's).

Attachments and Forms

FY 2026 now includes:

- NOA Form 904
- Sample Grievance and Fair Hearing Policy
- Rights and Responsibilities Form
- Abbreviated UAI (SS-003)
- Kansas Menu Approval Sheet
- Participant Meal Reporting Spreadsheet
- JAAA OAA Home Delivered Meals Wait List Tracking Policy

FY 2025 included fewer standardized attachments and used older form templates.