

## 2025 Vintage Proposer's Conference Notes

March 9, 2026

### Proposal Submission Process

- **Step-by-step proposal system walkthrough** explained by DeVon Farago with live demonstration of registration and proposal creation (01:45)
  - Agencies must create a new agency profile and obtain an agency registration code before individual user profiles.
  - Each user creates a unique email/password login linked to the agency code for proposal access.
  - Users must read and agree to all required contract terms and documents before starting a proposal.
  - The system allows multiple draft proposals for testing or staging before final submission.
- **Budget and service entry guidance** focused on matching revenues and expenses, with example of case management budget setup (28:30)
  - Users enter requested grant funds, local matching funds (minimum 10% for most services, 25% for caregiver), and other revenues.
  - Expenses must equal total revenues; personnel and program expenses are entered separately with detailed data.
  - Match calculation is automated based on service type; system will block submission if minimum match is unmet.
  - Users can add multiple services, assign units and clients by county or region-wide, and validate proposals at any time.
- **Proposal submission and PIN process** requiring CEO or submitter to finalize (43:19)
  - Only the CEO or person tagged as CEO can submit; a PIN is emailed to that user to complete submission. If you are the person who needs the PIN, designate yourself as the CEO.
  - After submission, proposals become read-only but can be downloaded as PDFs.
  - Key pain points identified as agency profile setup and PIN receipt; all steps and troubleshooting covered in a detailed PowerPoint.

- **Ongoing support and communication** coordinated by Erin Fisher and team (51:34)
  - Erin will monitor emails for questions.
  - Providers are encouraged to ask questions early and not wait until the last minute to avoid submission problems.

## **Vintage Area Agency on Aging Overview**

- **Organizational structure and key contacts** introduced by Erin Fisher (54:30)
  - Vintage operates under the Northwest Colorado Council of Governments.
  - Team members include Amanda (budget lead), Ceci (bilingual caregiver specialist), Jonnah (SHIP Medicare program), Tina (Long-Term Care Ombudsman), and Erin (lead contact).
  - Providers can reach out to these contacts for specific program questions.
- **Current services and provider network** overviewed with resource links (56:55)
  - Services offered in-house and through contracted providers.
  - Providers should be familiar with the P&P manual (detailed service rules) and Volume X policy manual.
  - The Older Americans Act (OAA) and Vintage's four-year Area Plan guide funding focus and service priorities.
- **Targeting and eligibility focus** reflecting state priorities and funding limits (59:30)
  - Services target individuals aged 60+, not means tested, with caregivers under 60 eligible if caring for those 60+.
  - Due to limited funding, Vintage prioritizes greatest economic and social need, low-income minorities, and limited English proficiency clients.
  - Providers must integrate targeting considerations from service initiation, not just waitlist management.
  - Ongoing policy changes expected to further clarify targeting over next two years.
- **Communication channels and updates** include monthly newsletters, Facebook, and trainings (57:45)
  - The Vintage website hosts provider resources and links to manuals, plans, and meeting materials.

## Contractual Requirements and Compliance

- **Mandatory compliance with federal and state regulations** including Older Americans Act and laws (01:03:42)
  - Providers must meet safety standards, complete required training, and adhere to finance and monitoring protocols.
  - Annual evaluations by Vintage and SUA to assess compliance and performance.
  - New providers will have a 90-day new provider evaluation after contract award.
- **Background checks and staff screening** critical for client safety (01:07:21)
  - CBI background checks are required for all employees and volunteers with one-on-one client contact.
  - Additional checks include CAPS (Colorado Adult Protection System) for employees and Motor Vehicle Records (MVRs) for employee and volunteer drivers.
  - Background check records are reviewed during evaluations.
  - Erin emphasized the necessity of educating staff about reporting accidents or offenses.
- **Policies on complaints, waitlists, and prioritization** evolving with state guidance (01:10:56)
  - Providers must maintain complaint policies and logs, even if unused.
  - Waitlist and prioritization procedures remain but will transition to a “most in need” focus in coming years.
  - Providers must allow clients to voluntarily donate for services under state rules.
  - Performance surveys will be centrally coordinated by Vintage this year.
- **Insurance requirements** detailed with forthcoming clarifications (01:15:36)
  - Providers must carry commercial general liability, auto liability, workers comp (if staff), and protected information insurance.
  - Vintage requires NWCCOG as additional insured, not Vintage, on all certificates.
  - Protected Information insurance is mandatory; professional liability applies only to registered dietitians and legal providers.
  - Erin is working with the state to clarify specific insurance details and will assist providers one-on-one.

## Service Offerings and Funding Guidelines

The meeting clarified available services, funding rules, and budget expectations for the new contract period.

- **Service definitions and requirements** highlighted for key programs (01:23:55)
  - Case management requires providers to meet educational/work experience standards.
  - Nutrition services (congregate and home-delivered meals) have complex rules and separate tracking for NSIP funds.
  - Grab and go meals will not be reimbursed under the new contracts.
  - Other services include information/referral, legal assistance, material aid (e.g., restaurant vouchers), nutrition counseling, and transportation.
- **Funding and match requirements** vary by service type (01:29:54)
  - Most services require a **10% local match**, but caregiver services require a **25% match** per federal rules.
  - Vendors must budget for one year (July 1–June 30) and submit monthly reimbursement requests limited to 1/12 of the total contract.
  - This monthly cap avoids early overspending due to delayed federal funding.
  - Amendments can provide additional funding if available after contract award.
- **Proposal timeline and submission deadlines** clearly defined (01:30:00)
  - The RFP portal opened at 11:00 AM on the day of the conference.
  - Quiet period begins immediately, with questions and answers posted publicly to ensure fairness.
  - Proposals close at **noon on March 30**, with funding decisions communicated by **April 24**.
  - Contracts start **July 1** and run for one year with an option for extension.
- **Guidance on proposal requests and strategic budgeting** from Erin Fisher (01:35:40)
  - Providers may ask for the full amount needed to run their program for one year.
  - Flat funding is assumed due to state uncertainty, but requests help advocate for future increases.

- Providers are encouraged to plan realistically and maintain communication about budget needs.

## Operational and Process Updates

- **Disruption reporting process** for service interruptions longer than two days (01:02:05)
  - Providers must use a [state-mandated Google form](#) to report service interruptions. This replaces prior email notifications and improves state tracking and response.
- **Data and reimbursement systems overview** (01:06:40)
  - Client assessment data is entered monthly into the SUDS database.
  - Service reimbursement requests are submitted via OAASYS.
  - Providers submit reimbursement monthly by the 15th, always one month in arrears.
- **Regional Advisory Committee (RAC) role** in proposal review and planning (01:22:30)
  - RAC includes at least 50% older adults and community members.
  - The RAC grant review committee reviews proposals and makes funding recommendations.
  - RAC advises on the four-year Area Plan priorities.
- **Policy updates and future changes** anticipated in targeting, waitlists, and prioritization (01:13:48)
  - The state is moving away from “prioritization” language toward “most in need.” Providers should continue current policies until official changes are released.

## Communication, Resources, and Support

- **Provider resources and training materials** centralized on Vintage’s website (01:36:50)
  - All presentation slides, RFP documents, and recordings will be posted.
  - A Q&A document will be updated regularly during the quiet period.
  - Providers who miss the live session **must** watch the full recorded presentation to meet state requirements and be eligible to submit a proposal.
- **Support contacts and communication protocols** outlined (51:34)
  - Erin Fisher is the main contact for questions.
  - Providers encouraged to reach out early with questions to avoid last-minute issues.

- The quiet period allows question submission but ensures equal access to answers via public posting.
- **Emphasis on timely and accurate submissions** for smooth contract execution (01:33:30)
  - Contracts must be fully executed by July 1 for service provision to begin. Providers with lengthy signing processes should plan.
  - Vintage will work with providers on contract amendments and insurance compliance post-award.