#### **Benefits Enrollment Center Grant Opportunity**

#### **Funding Opportunity: 2026-2028 Benefits Enrollment Center Grants**

#### **Frequently Asked Questions Document**

#### Dated 11.19.25

#### Sections:

- 1. Application process
- 2. Eligibility
- 3. Grant Activities
- 4. Budget/Financials
- 5. Cumulus

## **Application Process:**

## Q: Is there a recording of the information webinar?

A: Yes, the webinar has been recorded and posted on NCOA Connect at: https://connect.ncoa.org/products/benefits-enrollment-center-rfp-informational-session

### Q: Is there a list of the BECs from the most recent cycle?

A: Yes, you can access a list of the most recent cohort at: https://www.ncoa.org/article/meet-our-benefits-enrollment-centers/

Please note that each cycle involves a competitive review process, and past funding decisions may not reflect the cohort for the coming cycle. All eligible applicants are encouraged to apply and will be reviewed and scored by impartial reviewers.

#### Q: How many grantees will be awarded?

A: Up to 90 applicants will be selected to be part of the 2026-2028 BEC cohort.

#### Q: Are U.S. Territories eligible to apply for the grant?

A: Yes.

#### Q: Are formal letters of support required?

A: Partners that are named in the application should be accompanied by a formal letter of support. If no partners are named, applicants should describe how they will achieve the grant goals without the use of partners.

#### Q: Should applicants submit a letter of intent?

A: No. Applicants are only required to submit an application through the online portal: https://webportalapp.com/sp/login/26-ncoa-bec

### Q: How and when will applicants be notified of NCOA's funding decision?

A: Our tentative goal is to notify selected awarded grantees by the middle of January 2026. The notification will be made via email and sent to the email of the individual that completed the application.

## Q. What is a No Wrong Door System?

A: No Wrong Door (NWD) is a one-stop, coordinated system that provides individuals with streamlined access to support and services and helps to eliminate the need to contact multiple programs to do so. Please refer to the Administration for Community Living's definition for further information. <u>Aging and Disability Resource Centers</u>

<u>Program/No Wrong Door System | ACL Administration for Community Living</u>

## **Eligibility:**

## Q: My organization type is not listed in the RFP. Are we eligible to apply for this grant?

A: The list of organization types outlined in the RFP is not exhaustive. This grant is intended for organizations who have at least one year of experience directly enrolling Medicare-eligible beneficiaries in the 4 core benefits (Medicare Part D Extra Help/LIS, Medicare Savings Programs, Medicaid, and SNAP).

# Q: My organization was not awarded in a past grant cycle. Are we eligible to apply for this grant?

A: Yes.

# Q: My organization has or has had a different grant award through NCOA (i.e. Falls Prevention). Are we eligible to apply for this grant?

A: Yes. Please note that organizations funded under NCOA's Senior SNAP Enrollment Initiative or the Taub Foundation benefits enrollment initiative are eligible to apply, but applications counted under those initiatives cannot also be counted towards this BEC grant.

## Q: Are SHIPs or other organizations who receive MIPPA funding eligible to apply?

A: Yes, but please note that enrollments reported in STARS cannot be duplicatively reported under this grant. The same client activity should not be reported in both STARS and for the BEC project. For example, if John Smith is assisted with an MSP and a SNAP application, the MSP application can be reported to STARS, and the SNAP

application can be reported for the BEC project. However, John Smith's MSP application can NOT be reported in both STARS and for the BEC project.

Q: My organization only helps with some of the core benefits, not all 4. Are we eligible for this grant?

A: Yes.

#### **Grant Activities:**

Q: What counts as an "enrollment" for the grant target?

A: Initial enrollments and recertifications for Medicare-eligible clients in the 4 core benefits count towards the grant target. Screenings and/or distributing information that allows the client to complete the application on their own does not count for the purposes of this grant.

Q: Do enrollments only count if the client is approved for the benefit?

A: We are tracking applications submitted, not enrollments.

Q: Do enrollments for non-Medicare-eligible clients, including children, count towards the grant targets?

A: No. This grant is specifically focused on clients who qualify for Medicare due to their age (65+) or Medicare-eligible disability status. For more information on Medicare-eligibility, please visit: <a href="https://www.cms.gov/medicare/enrollment-renewal/original-part-a-b">https://www.cms.gov/medicare/enrollment-renewal/original-part-a-b</a>

Q: Does this grant require reporting on clients' immigration status?

A: No.

Q: In my state/territory, clients who are enrolled in the Medicare Savings Program (MSP) are automatically enrolled in the Medicare Part D Low-Income Subsidy/Extra Help program (LIS). Does this count as one application or two?

A: This would count as one application for MSP and one application for LIS.

Q: Can enrollments be completed virtually or over the phone in addition to inperson?

A: Yes.

Q: My organization serves multiple cities/counties/states. Are we able to conduct grant activities in multiple areas?

A: Yes.

# Q: Does the grant target refer to the number of individuals served, or the number of applications submitted?

A: The grant target refers to the number of *applications* submitted.

### Q: What work is expected related to Medicare Preventive Services?

A: BECs should plan to distribute written materials related to Medicare Preventive Services, which are a variety of services covered by Medicare Part B that focus on health promotion and early disease detection. For more information on Medicare Preventive Services, please visit: <a href="https://www.medicare.gov/coverage/preventive-screening-services">https://www.medicare.gov/coverage/preventive-screening-services</a>

## Q: Do state and/or territory-specific programs (CalFresh, e.g.) count as core benefits?

A: Yes. If your state/territory has a different name for the programs known federally as SNAP, Medicaid, Medicare Savings Program, and/or Low-Income Subsidy or Extra Help, you can report these under their federal name and count them towards the core grant target. This includes the Nutrition Assistance Program (NAP/PAN) in Puerto Rico, American Samoa, and the Northern Mariana Islands.

## Q: Can BECs report on benefits applications outside of the 4 core benefits?

A: Grantees can report on a number of benefits beyond the 4 core benefits, such as energy assistance and transportation programs and while we encourage BECs to report on these other benefits, but they **will not** count towards the required grant target, which focuses specifically on the 4 core benefits.

#### Q: Is attendance at the Age + Action Conference required?

A: Yes, at least one representative from the organization must attend Age+Action in 2026, 2027, and 2028.

# Q: What is BenefitsCheckUp®? How are grantees expected to use BenefitsCheckUp®, and are there any associated costs?

A: <u>BenefitsCheckUp®</u> ("BCU") is a free online screening tool that helps connect older adults and adults with disabilities with benefits and programs for which they may be eligible. All BECs will be provided with a white label version of BenefitsCheckUp at no cost. All awarded grantees will be provided training on BenefitsCheckUp at the start of the grant cycle.

### Q: What kind of training and technical assistance will NCOA provide?

A: NCOA will provide a variety of training and technical assistance throughout the grant cycle to ensure that BECs are equipped to serve their communities and meet grant

goals. This will include monthly, topic-based calls available to the whole MIPPA/BEC network, quarterly regional peer-to-peer learning sessions, and regular one-on-one check-ins with your NCOA point of contact. At present, NCOA does not provide specific training on the process for counselors to use for enrollment within a specific state or territory.

#### Q: What happens if a funded grantee is not able to meet the grant targets?

A: This grant includes regular performance monitoring. Failure to meet performance benchmarks may result in corrective action, termination of the grant agreement, and/or rescission of funds. For more information on performance checks, please refer to the Request For Proposals.

## **Budget/Financials:**

## Q: Are the listed grant amounts and enrollment requirements per year or for the full grant period?

A: The listed funding amounts and associated enrollment targets are for the full 30-month grant period, which runs from February 1, 2026, to July 31, 2028.

## Q: What is the payment schedule for the grant?

A: Payments are tentatively scheduled to be paid out in four installments. This includes an initial payment upon execution of the grant, September 2026, September 2027 and at the end of the grant period. Funding for this project remains contingent on continued federal funding.

## Q: Which funding tier should my organization apply for?

A: Your organization should apply for the funding tier in which you believe you have the best capacity to meet the grant targets outlined in the Request For Proposals..

## Q: Can organizations be awarded a different funding tier than they applied for?

A: Yes, based on funding availability and perceived capacity to meet grant targets, applicants may be considered for a different funding tier than they applied for. In this scenario, NCOA would reach out to the applicant to discuss the proposed award before any final grant negotiations.

## Q. Which budgets are required for submission?

A. We ask for a proposed budget for the grant tier that you are applying to. A budget template can be found on Pages 11-12 of the <u>Request For Proposals</u>. Please review the RFP for all budget and financial requirements.

## Q: Are in-kind funds or cost matching required for this grant?

A: No, there are no matching or cost sharing requirements under this grant.

#### Q: Are interns considered volunteers under this grant?

A: Yes, you can include interns when describing your use of volunteers for this grant if the interns do not receive financial compensation.

#### Q: How does subgranting work under this grant?

A: You may subgrant any portion of this work so long as the subgrantee acts in compliance with grant requirements and expectations. If you plan to sub-grant, the plan for sub-granting should be included in your proposal.

## Q: What costs are eligible to be covered under the grant?

A: Please see the categories listed in the budget template of the RFP. For more information regarding federal grants policy, please refer to: <a href="https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html">https://www.hhs.gov/grants-contracts/grants-policies-regulations/index.html</a>

# Q: Are there limitations to how much funding can be used for particular budget categories, such as personnel?

A: Overhead/indirect costs are limited to 15% of the total direct costs (unless organization has a NICRA, in which case the NICRA rate will be used). While there are no explicit requirements on the other budget categories, the proposed budget should demonstrate an ability to carry out all required grant activities including outreach events, distribution of information on Medicare Preventive Services, and application assistance.

## Q: How much funding should be allocated for Age+Action?

A: Grantees are expected to attend the Age+Action Conference in 2026, 2027, and 2028. Funding assistance will be provided to attend the conference in 2026, but budgets should include at least a budgeted amount of \$2,500 to attend in 2027 and \$2,500 to attend in 2028. This amount is intended to cover transportation costs, conference registration, hotel, and meals not provided during the conference.

#### **Cumulus:**

#### Why is NCOA implementing a centralized platform for BEC?

After years of managing the Benefits Enrollment Centers (BEC) program, NCOA has learned a great deal about what works well, and what presents challenges. In past cycles, data collection has been fragmented across multiple tools and formats, creating real difficulties for both BECs and NCOA:

- Pulling together national data often requires time-consuming, manual manipulation
- It was difficult to track key metrics like new applications or recertifications
- Aggregate views (e.g., by demographic characteristics like Veteran

- status) difficult to assemble
- Data integrity, quality control and oversight were hampered by fragmentation
- Reporting burden on BECs was high

This round, NCOA is taking steps to streamline and improve how BEC data is captured and used. A core part of that strategy is the implementation of a single, purpose-built, unified data platform, Cumulus, to automate and streamline BEC workflows, support real-time visibility, eliminate reporting burdens, and improve overall data integrity.

Use of this platform will be an expectation for BECs in this round and is provided at no cost.

If a BEC already uses an internal platform that is configured for BEC (i.e., not spreadsheets) and wishes to explore accommodation, NCOA is open to discussing alternatives after grantee selections are decided. These could include submitting data exports in a fixed template format or leveraging Cumulus APIs to push structured data directly into the unified system. Please note there may be additional costs for API integration which would be the responsibility of the BEC should they pursue that option.

Note: Cumulus utilization for this grant is meant to be an easy-to-use, streamlined platform preconfigured specifically for BEC workflows and forms.

## What's the value of this change for BECs?

Experience has shown that using Cumulus for BEC can reduce level of effort for Centers by as much as 40%. It's believed that most Centers have traditionally manually tracked each interaction in siloed spreadsheets or systems, only to then manually aggregate data for their reporting to NCOA. The centralized Cumulus platform addresses this by:

- Providing a simple, secure interface designed specifically for BEC workflows
- Enabling counselors to track client interactions and eligibility with minimal effort
- Streamlining management of follow-up activities
- Automatically aligning data collection with reporting requirements
- Reducing or eliminating the need for BECs to separately aggregate their

data

 Giving each BEC a clearer picture of their own work and impact via real-time dashboards

#### Is the Cumulus platform HIPAA compliant?

Yes. Cumulus is HIPAA-compliant, HITRUST certified, and meets all relevant federal security and privacy standards. Data is encrypted in transit and at rest, access is permission-controlled, and full audit trails are maintained. The platform has been used successfully across a wide range of federally funded and other healthcare programs and meets the technical and legal requirements for HIPAA data

### Why are we being asked to share PII (personally identifiable information)?

Cumulus will help streamline work for BECs with secure pre-configured BEC forms and workflows to record interactions with each person. Minimal basic client information will be used and each BECs work will not be visible to other BECs. The dashboards and reports accessed by NCOA on a day-to-day basis will not include PII.

Having each record tied to a unique client ID will help track metrics like:

- Total number of new applications
- Number of recertifications
- Participants by demographic characteristics like veteran and rural status

Metrics like these are critical for understanding the reach and effectiveness of the program. That said, we will work with each funded organization to ensure appropriate privacy and compliance safeguards are in place.

This publication was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$13,504,196.00 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government.