

Request for Proposal
DHHS Communications and Coordination Initiative to Strengthen LTC Services
Lead Agent(s) Statement of Commitment

I/we commit to serving as lead agent(s) to guide and support the work of the local planning team for at least one year. The responsibilities of serving as lead agent(s) may include the following:

- Providing adequate staff time to lead the local planning efforts;
- Convening the planning team at regular intervals;
- Assuring an adequate orientation for the local team about the *Communications and Coordination Initiative to Strengthen LTC Services* and other relevant information.
- Managing the administrative tasks involved in the local planning process, which may include documenting the steps taken/best practices/barriers/etc. in developing the community initiative, researching issues, taking minutes, mailing meeting announcements, etc;
- Helping keep the planning team energized and working towards established outcomes (established by the DHHS Long-Term Care Cabinet) and goals;
- Working with local organizations, leaders, and government officials to ensure that all groups required by IOM Recommendation #16, as well as any other groups that should be involved in evaluating LTC services and developing a comprehensive community LTC system, are included in the planning team;
- Mediating any conflicts that arise during the planning process;
- Attending meetings and teleconferences related to the project. Participating on any list-serves, web-sites, etc. that are created to help communities interact with each other and with State Team;
- If needed, researching local, state, and national funders for possible grants to help fund any local initiatives that result from the planning process and assuming a major role in applying for potential funds;
- Providing or arranging for needed training for the planning team on special population issues, the IOM recommendations, planning processes, data utilization, etc.;
- Assisting with evaluating the usefulness of LTC data available under the Initiative;
- If determined necessary, ensuring that local data collection is completed according to guidelines;
- Sharing information with the State Team and the LTC Community Interest Group (meetings of all participating communities, State Team members, and others interested in local planning for LTC) regarding the planning process;
- Ensuring that the interests of all affected populations are adequately represented in the planning team; and
- Assisting with evaluating the usefulness of the Initiative.

Printed Name and Signature	Date
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Printed Name and Signature if more than one lead agent	Date
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<p><i>Statement of Interest</i> The Communications and Coordination Initiative to Strengthen LTC Services</p>

Area to Be Served by Planning Efforts: _____

Lead Agent(s): _____

Contact Person(s): _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Please briefly answer the following questions in the space provided:

1. Why is your community interested in participating in the Communications and Coordination Initiative to Strengthen LTC Services?

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5. What other agencies and individuals are committed to participate in the planning process?

Representatives from:	Name(s) and Title(s)	Agency (if applicable)
Department of Social Services		
Health Department		
Area Mental Health Program		
Aging Councils or Departments		
HCCBG Lead Agency		
CAP-DA Lead Agency		
Hospitals and Medical Centers		
Home Health and Home Care Agencies		
Nursing Homes		
Assisted Living Facilities		
Adult Day Care/Adult Day Health Agencies		
Group Homes		
Independent Living Programs (e.g., VR and DSB IL)		
Area Agencies on Aging		
Long-Term Care Ombudsman Programs		
Community Advisory Committees		
County Government		
Older Adults		
Persons with Disabilities		
Family Caregivers		
Advocates, including		

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individuals and groups		
Other		

6. In what ways will consumers be involved in your community's coordination and planning efforts? What strategies will your community use to ensure strong consumer participation?

7. What will your community do to ensure that cultural differences are observed and appreciated during all phases of this Initiative?

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8. Has your community had any experience in the past five years in conducting large local planning efforts or community development activities? If so, please briefly explain the efforts/activities, the process used, and the major outcomes.

9. Is your community currently participating in any of the other DHHS Initiatives listed below?

The Special Assistance In-Home Demonstration Project	Yes	No
The Nursing Home Transition Grant	Yes	No
The Real Choice Consumer Directed Care Grant	Yes - Selected as a pilot site No - Applied but was not accepted as a pilot site No - did not apply	
Other:		

6. Briefly describe the lead agent(s) capacity to serve in the lead agent role for this Initiative. Please specifically address the lead agent(s) experience with the responsibilities listed on the Lead Agent Statement of Commitment (first page) as well as any other relevant information.

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Fax: (919) 733-0443
Steve.Freedman@ncmail.net