

REQUEST FOR APPLICATIONS
North Carolina Department of Health and Human Services
Division on Aging and Adult Services

NC Project C.A.R.E.

(Caregiver Alternatives to Running on Empty)

Host Agency – Family Consultant Model

RFA Posted	Monday, April 1, 2024		
Questions Due	Wednesday, April 10, 2024 by 4:00pm		
Applications Due	Wednesday, May 1, 2024 by 4:00pm		
Anticipated Notice of Award	Friday, May 10, 2024		
Fiscal Year	July 1, 2024 through June 30, 2025 State funding is recurring; grant award may be renewed for up to two additional years for high performing contractors.		
Issuing Agency	NC DHHS DAAS		
Purpose	The purpose of this RFA is to select regional host agencies employing one FTE Family Consultant with dementia and caregiving expertise covering the assigned counties in North Carolina. The assigned counties (cited in the application) may be subject to change based upon the organizations awarded a grant.		
Who Should Apply	North Carolina regional and local government or human service organizations experienced with care consultation and/or providing community-based services and supports serving caregivers of persons with dementia or older adults are encouraged to apply.		
Expected contract range	\$100,000-120,000; 6 awards available		
E-mail Applications and Questions to	Laura Jane Ward-Strunin	Email	laura.j.ward@dhhs.nc.gov
	Project CARE Director	Phone	(984)365-6992

REQUEST FOR APPLICATIONS

NC Project C.A.R.E. Host Agency – Family Consultant (Caregiver Alternatives to Running

Purpose

NC Division of Aging and Adult Services (DAAS) is seeking applications to execute the delivery of the state-funded Project C.A.R.E. (Caregiver Alternatives to Running on Empty) program to family caregivers and care partners of individuals living with Alzheimer's and related dementia (ARD) serving all 100 North Carolina counties. Project C.A.R.E. utilizes the family consultant model to provide 1) information and referral services, 2) individualized care consultation, 3) respite care, and 4) education, training and community awareness. Partnerships with the North Carolina Area Agencies on Aging and similar community-based organizations enhances the delivery of services and supports to family caregivers.

Background

By 2025, the Alzheimer's Association projects an estimated 210,000 North Carolinians will have Alzheimer's disease. In North Carolina, there are approximately 369,000 caregivers providing \$8.1 billion of unpaid care. The main reason caregivers provide care is the desire to keep a family member or friend at home.

Recognizing how important it is to support families caring for an individual living with Alzheimer's disease and/or related dementias, the State of North Carolina through the Division of Aging and Adult Services offers Project CARE in all 100 counties. North Carolina is served by regional Project CARE sites, *each with one full-time equivalent Family Consultant*. The Family Consultants collaborate with Family Caregiver Support Program which provides supports to family caregivers of adults age 60 and older or a person with dementia or grandparents raising grandchildren. For more information on Project CARE go to <https://www.ncdhhs.gov/assistance/adult-services/project-care>.

Description

Project CARE draws on a family consultant model to provide comprehensive support to caregivers of individuals with ARD. The goals of the program are (1) to educate and empower caregivers, increasing their awareness and usage of community-based supportive services and resources, and (2) to improve the quality, choice, and use of respite care as well as improving access to it. Caregivers receive family-centered assessments and individualized care plans, guidance, counseling and limited respite care if financially needed. The latest recurring appropriation, effective October 1, 2016, has enabled Project CARE to offer eligible caregivers up to three \$500 respite care vouchers annually as funds are available. Respite care gives caregivers time to practice self-care enabling them to provide better care. Family Consultants also link caregivers to existing home- and community-based services, entitlement programs, local dementia organizations, support groups, and other caregiver focused initiatives. The program targets underserved populations, those with lower incomes (non-Medicaid), rural and/or minority individuals who are caring for a person with dementia at home.

Project CARE Services

Family Consultants provide support directly to caregivers or care partners as follows:

- Care consultation services: dementia-specific information, caregiver assessments, individualized care plans, and caregiver and dementia education and training
- Connects families with available community resources to address unmet needs including local support groups, supportive services, entitlement programs and other community resources
- Partnering with the 16 area agencies on aging through the Family Caregiver Support Program to provide outreach, training and education
- Providing caregivers consumer-directed respite care vouchers (\$500 each) whereby the caregiver decides who, when and where to hire help
- Providing training and assistance to AAA and the community-at-large to increase capacity to assist persons with dementia and their families
- Enhancing partnerships with and among the various entities serving persons living with Alzheimer's disease and assisting their caregivers.

For a full job description of a Project CARE Family Consultant, see Appendix A.

Scope of Work: Host Agency Role

The role of a Project CARE host agency is to:

1. Employ a Family Consultant (one FTE) within the agency's existing personnel structure. Normally the family consultant is field-based conducting home visits. Remote-work flexibility is encouraged.
2. Provide travel reimbursement and a mobile phone for the Family Consultant.
3. Provide office space, equipment, IT support, supplies, email, and administrative infrastructure to administer Project CARE (not including respite care funding) within the defined multi-county territory. See the current Project CARE Map – Appendix B which is subject to change.
4. Fulfill the performance requirements as defined by the Division of Aging and Adult Services.

Performance requirements:

The contractor will adhere to the program guidelines as administered by DAAS and perform the following:

1. Provide general information and referral assistance to the public, professionals and caregivers of persons with ADRD. Inquiries may include information on memory loss, challenging behaviors, home safety concerns, self-care, support groups, training opportunities, and community-based services and support. The Family Consultant will maintain a contact log of duplicated contacts and record the monthly total in ARMS by the monthly ARMS deadline.
2. Family Consultants will provide care consultation services to unpaid family caregivers who need and wish to receive individualized support. A caregiver assessment (preferably face-to-face) or annual reassessment will be conducted using the program's standardized assessment tool. The assessment tool will provide the basis for the development of a family-centered and dementia-specific action/care plan targeting the caregiver's priority need(s). The care plan is updated or revised as needed but at a minimum annually in congruence with the reassessment.

3. Family Consultants will use recommended caregiving and dementia education and training tools including the NC Caregiver Portal as designated by the Division. Additional reporting requirements may be required.
4. Manage the distribution of respite vouchers to those care consultation clients who need financial assistance to pay for a break from caregiving. Vouchers are awarded in increments of \$500 and a family caregiver may receive up to 3 vouchers within the state fiscal year. Caregivers will have 3 months or 90 days to use their voucher. The contractor is responsible for managing the respite vouchers allotted for the region, tracking the award process and monitoring caregivers' utilization of the voucher. If a caregiver reports a voucher will not be used, the Family Consultant will recycle the funds to another caregiver to fully expend the available respite voucher funds. NC DAAS Administrative Letter No. 11-11 will be followed for the coordination of FCSP Respite Funds for Project CARE clients. The Family Consultant will maintain a wait list for services when all vouchers have been awarded regionally and/or statewide. The wait list will capture recommended factors as designated by the Division on Aging and Adult Services and be maintained as needed but at least quarterly.
4. Serve as a resource to the Area Agencies on Aging (AAA) in collaboration with the Older Americans Act funded programs and services including the Family Caregiver Support Program (FCSP); speak on Alzheimer's disease and related topics, and serve as a resource to caregivers, professionals, and the public as appropriate. Outreach activities are recorded and tracked designating date, type of audience, and total attendance and reported periodically to the Project CARE Director.
5. Conduct dementia specific training to support the goals of Project CARE in the region as requested or needed. Training activities are recorded and tracked by date, type of audience, and approximate attendance and report per request.
6. Support the work of the Division of Aging and Adult Services and stakeholders in the implementation of the Dementia Capable - North Carolina: A Strategic Plan for Addressing Alzheimer's Disease and Related Dementias (March 2016, November 2022).
7. Professional development specific to the dementias and human services is vital in performing and maintaining quality services. Family Consultants will participate in DAAS required training events during the SFY 2024-2025. Dementia-specific and options counseling training are recommended. The Family Consultant will track their professional development.
8. Family consultants will target care partners and caregivers who may be underserved, low-income, rural, and/or a minority.

Performance Standards:

The following performance measures will be captured and reported to the Division of Aging and Adult Services for Project CARE:

1. Annually, a minimum of 500 duplicated annual contacts will be made with family consultants to provide information and referral services (code 720) to caregivers of persons with Alzheimer's disease and related dementias (ADRD). The total number of number of contacts will be reported in ARMS as a regional total by the monthly ARMS deadline.
2. Annually, a minimum of 75 caregivers of persons living with ADRD will receive care consultation service (code 718) and respite (code 715) from a Family Consultant. Caregivers are registered in ARMS and service units will be recorded in the months service was provided by the ARMS deadline. The care consultation client file will contain the following completed components: standard caregiver assessment/reassessment form, action plan/care plan, current DAAS 101, and client-specific contact documentation detailing care consultation activity and follow up.
3. Care consultation clients who need financial assistance to pay for respite may be issued a respite voucher (up to 3 vouchers during the SFY) with a 90-day expiration deadline. A copy of the voucher award letter will be documented in the client file as well as monthly follow-up on the utilization of respite. Respite voucher data will be recorded and updated in the SharePoint voucher management workbook within 3 business days and respite units (service code 715) in ARMS by the ARMS monthly deadline. Utilization of the awarded respite vouchers will be monitored at least monthly to ensure allotted respite funds are expended in the Project CARE region. No less than 95% percent of the respite voucher budget should be awarded by April 15th.
4. While it is optimum to complete the caregiver assessment and individualized care plan face-to face, it is not reasonable under momentous circumstances. The Family Consultant will undertake various means to conduct these activities in a professional, personalized, and confidential manner either in-person, by telephone or other virtual means. At least 50% of caregivers served will receive a face-to-face consultation. The method of contact will be notated on the DAAS101 and Caregiver Assessment Tool.

Monitoring/Quality Assurance:

The Division will perform the following monitoring activities to ensure the terms of this contract are met:

1. Risk-based programmatic monitoring that will occur at least once every three years, depending upon evaluated risk level.
2. Desk reviews of monthly reimbursement requests and supporting documentation. DAAS will provide as needed telephone technical assistance to family consultants.
3. DAAS will provide professional training at least 2 times during the fiscal year.
4. DAAS will facilitate monthly conference calls with the Family Consultants.

Request for Application (RFA)

The NC Division of Aging and Adult Services is requesting that community-based human service entities interested in becoming a Project C.A.R.E. host agency complete and submit the NC Project CARE Host Agency – Family Consultant Application with the required documents listed below. Because of the unique nature of Project CARE, organizations with prior experience with services for caregivers, dementia-caregivers, multi-county organizations should apply.

Evaluation and Award Notification

All completed applications submitted prior to the deadline will be reviewed by an evaluation panel. Scoring will be based on a 10-point scale on each application question and budget proposal. Applicants will be notified of the decision on their application by Friday, May 10, 2024.

Required RFA Documents:

- NC DAAS FY2025 Project C.A.R.E. Host Agency Application
- Project C.A.R.E. Host Agency Budget Proposal SFY2025
- State of North Carolina Sub W-9
- State Certification
- 990 (for non-profit agencies)

Appendix A: NC Project CARE Family Consultant

Primary Responsibilities: The Family Consultant is responsible for the implementation and administration of Project CARE (Caregiver Alternatives to Running on Empty) at the local level within a designated multi-county service area. The Consultant accepts referrals from other agencies and/or concerned individuals within the community identifying local families struggling with the demands of dementia care. Project CARE partners with the Family Caregiver Support Program (FCSP) administered by each Area Agency on Aging. Prior to an initial home visit, the Family Consultant contacts the referred or self-referred family to determine eligibility, interest and need and to schedule an appointment. During the initial in-home visit, the Family Consultant meets with the caregiver and the person with dementia to conduct a thorough assessment on the primary family caregiver's physical and mental health, financial situation, functional capabilities, social support, and environmental and cultural concerns. Family strengths, needs, and preferences are discussed, as well as all available options for respite and other support services. The caregiver chooses the provider(s), type of service(s) and schedule that best meet his or her existing needs. The Family Consultant, based on these choices, may assist with the arrangement of respite care with the provider agency for the type of service selected by the caregiver or the caregiver can choose to hire an in-home aide privately. The level of assistance provided by the Family Consultant varies and is dependent upon what the caregiver needs and prefers.

Through the in-home assessment process, the Family Consultant screens for eligibility for other federal and state funding sources. If the family fits into an existing service and funding source, this funding is utilized (e.g., Medicaid). Project CARE funding assists persons who need services but do not qualify for existing services, would be placed on a waiting list due to lack of sufficient funding, or face other barriers to service. Families are also referred to other available resources within the community such as Family Caregiver Support services, support groups, Home and Community Care Block Grant services, memory assessment clinics, legal services, Hospice and/or supplemental services available in the community.

The Family Consultant follows up with enrolled caregivers at least monthly for the first three months after enrollment to assure that services are appropriate and satisfactory. Follow-up visits or phone calls could occur as often as weekly or daily, especially during a time of crises. Thereafter, the Family Consultant continues to follow-up as needed and is available to work with families to arrange new or additional services as needs change.

Monitoring of and accounting for each caregiver's level of available respite funding is an ongoing responsibility. This regular monitoring is part of the larger program goal to use all available direct respite funds for the benefit of families. This is accomplished in part by enrolling additional families in Project CARE throughout the fiscal year (either families on the waiting list or new referrals) to fully utilize any unspent funds of families leaving the program.

It is important for the Family Consultant to keep abreast of current information and research on Alzheimer's disease and other types of dementia, including dementia care techniques and caregiver intervention strategies. The Family Consultant should also be knowledgeable about available resources and proactively explore funding opportunities within local communities. This allows the Family Consultant to effectively provide ongoing support and guidance to families and respite care providers and to potentially secure additional respite funds to expand the capacity of the program to serve more caregivers.

Secondary Responsibilities: In addition to working directly with client families, the Family Consultant is responsible for implementing annual work plans, in compliance with state, federal and/or other funding source requirements, when applicable. In the case of state and federal funding, compliance involves preparation of necessary reports, ongoing documentation of program activities, and tracking client and provider demographic and service use data. Advocacy, education and public awareness also play significant roles within the Family Consultant's secondary responsibilities in concert with the FCSP. Activities may include, but are not limited to, presenting Project CARE at appropriate public forums, conferences, workshops and media events. The Family Consultant may also participate in the planning and coordination of community education and training initiatives such as support groups, information sessions, health fairs and caregiver skill-building classes. This is not only important for community education purposes, it also helps develop linkages and partnerships with other community agencies, organizations and educational institutions to build and support dementia-capable community service systems.

Required Skills: The Family Consultant role is multi-dimensional in scope. A variety of skills could enhance the effectiveness of this position such as strong verbal and written communication skills; experience in counseling, problem-solving and crisis intervention; public speaking, and organizational and computer skills. Multiple deadlines compete when the Family Consultant must, for example, respond to an immediate family crisis, provide detailed case documentation, mediate differences among family members or between families and provider agencies, and maintain involvement in advocacy efforts and community events. The work of the Family Consultant benefits from a clear understanding of the importance of these varied job roles and requirements; the ability to prioritize tasks; and a commitment to fulfill program responsibilities in a timely and competent manner. By definition, this program reaches out to families with diverse cultural, ethnic, economic and social characteristics. The Family Consultant must be able to communicate effectively and compassionately with caregivers, providers and community groups.

Educational Requirement: A minimum of a master's degree with 1 year of experience or a bachelor's degree with a minimum of four years of experience in social work, counseling or gerontology and demonstrated expert-level knowledge of Alzheimer's disease and related dementias.

Salary and Benefits: Dependent on the host agency's fringe benefit package.

Appendix B: Current NC Project CARE Offices FY2024 Map

