REQUEST FOR APPLICATIONS

Building Capacity *for* Home & Community Based Services *through* Collective Impact

Cares ... Facilitating systems change
WITH AND FOR ADULTS OF ALL AGES

NCDHHS
NC Medicaid
Division of Health Benefits

MFP
MONEY FOLLOWS THE PERSON
DEMONSTRATION PROJECT

UNC | SCHOOL OF SOCIAL WORK

Building Capacity for Home & Community Based Services through Collective Impact

Request for Applications

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I. Background and Context

The Cares Program at the UNC-Chapel Hill School of Social Work (Cares)

Cares is dedicated to improving the lives of older adults, adults with disabilities, and their families in North Carolina. Cares provides education, community engagement, and policy analysis across the state to empower individuals and families to experience choice and dignity in their lives. Cares believes that people have the right to govern their own lives and make choices about how to live, and to have those choices honored whether they can communicate them in conventional ways or not. Cares does this by involving individuals with lived experience and their families in partnership with other stakeholders. Cares utilizes collective impact as a framework for long term, positive social change.

Cares has been contracted by [North Carolina Money Follows the Person](#) (MFP) to oversee an initiative titled, ***Building Capacity for Home & Community Based Services through Collective Impact.*** Funding for this project comes from the Centers for Medicare and Medicaid Services (CMS) and covers four years with a possible fifth year renewal. This initiative will address areas of concern in building communities that are inclusive of older adults and adults with disabilities, including affordable, accessible **housing**; **transportation**; **direct support workers**; and **natural supports** using a collective impact approach.

Cares is requesting applications for a four-year project (plus an optional fifth year, contingent on continued federal funding and contract performance), for up to one-hundred and fifty thousand dollars ($150,000) per contract year. Four (4) organizations will receive awards to develop and implement initiatives, using the collective impact framework, to address areas of concern in building communities that are inclusive of people with Intellectual and Developmental Disabilities (I/DD), Traumatic Brain Injury (TBI), physical disabilities, and older adults with support needs.

Proposed initiatives must include one of the following as their primary focus area.

1. **Housing:** Increasing the supply of affordable and accessible housing beyond the use of subsidized housing programs (e.g., Targeted/Key, Section 8 vouchers, etc.).
2. **Transportation:** Reducing transportation barriers to accessing the community.
3. **Direct Support Workers:** Increasing the supply of and access to direct support professionals (DSPs), direct care workers, or nursing assistants, depending on the population served, for individuals.
4. **Natural Supports:** Assisting individuals to develop a network of natural supports.

Cares will assist grantees in using the collective impact process to address complex systems and policy barriers related to housing and supports throughout the term of each grant by:

- Providing initial and ongoing training about the implementation of collective impact.
- Scheduling technical assistance meetings with grantee(s) at least once a month to offer ideas, guidance, and problem-solving support.
- Assisting with the design and implementation of methods for grantees to evaluate the progress and success of their programs.
- Facilitating ongoing contract monitoring and oversight to ensure completion of contract requirements.

Money Follows the Person (MFP)

Money Follows the Person is a federally funded, state demonstration project that assists Medicaid-eligible participants to transition from qualified long-term care facilities (e.g., developmental centers, skilled nursing facilities, psychiatric hospitals) into their homes and communities with appropriate support. For more than a decade, the MFP demonstration has played a key role in many states' long-term services and supports. Established by Congress through section 6071 of the 2005 Deficit Reduction Act, MFP provides state Medicaid programs the opportunity to help Medicaid beneficiaries who live in institutions to transition into the community. This gives people with disabilities and older adults more choice in deciding where to live and provides access to Long Term Services and Supports (LTSS). A portion of the funds MFP saves the State through successful transitions is available to MFP for initiatives which develop and result in increased future successful transitions.

MFP was designed with four goals:

- Increase the use of Medicaid waiver-funded Home and Community Based Services (HCBS) and reduce the use of institutionally based services,
- Eliminate barriers in state law, state Medicaid plans, and state budgets that restrict the use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary LTSS in the settings of their choice,
- Strengthen the ability of Medicaid programs to provide HCBS to people who choose to transition out of institutions, and
- Put procedures in place to provide quality assurance and improve HCBS.

Money Follows the Person (MFP) supports state efforts for rebalancing their long-term services and supports system so that individuals with disabilities have a choice of where they live and receive services. From the start of the program in 2008 through the end of 2019, states have transitioned 101,540 people to community living under MFP. ([Money Follows the Person | Medicaid](#))

North Carolina MFP, through NC Medicaid, has received capacity building funds to address system barriers and potential solutions, in partnership with MFP's stakeholders. These funds will provide resources to build capacity to support transition from institutional or congregate settings for individuals with high support needs as well as those at risk of institutionalization. Funds will be used by the successful grantee to address individuals' unique needs in the areas of housing, access to the community, direct support services, and natural supports. North Carolina is seeking innovative solutions to remove barriers and build capacity to help beneficiaries in these areas.

NC MFP is partnering with Cares to support administration of these capacity building funds. Cares will provide strategic consultation, management, and evaluation for up to four grantees across North Carolina over the next five years. The project will support NC MFP identified beneficiaries with Intellectual and Developmental Disabilities (I/DD), Traumatic Brain Injury (TBI), physical disabilities, and older adults with support needs. The work in each of these areas supports the goal of the MFP Demonstration Project to promote systems change, increase Home and Community Based Services (HCBS), eliminate barriers to community living, continue provision of services, and support quality improvement.

Olmstead

Olmstead v. L.C., 527 U.S. 581 (1999), is a U.S. Supreme Court case that laid the groundwork for people with disabilities to live their lives as fully included members of the community. The case addressed the Americans with Disabilities Act's (ADA) "integration mandate." The integration mandate requires that all public entities, including the State of North Carolina, "administer services, programs, and activities" for people with disabilities in the most integrated setting appropriate to the person's needs. "Most integrated setting" has been defined as one that enables people with disabilities to interact "to the fullest extent possible" with individuals that don't have a disability. Specifically, the case requires states to provide services in the community for eligible persons with a disability when (a) such services are appropriate; (b) the affected persons do not oppose community-based treatment; and (c) community-based services can be "reasonably accommodated." The North Carolina Olmstead Plan will guide NC in providing services and supports for people with disabilities who seek to transition from a congregate, public setting to the community.

On April 30th, 2021, the Technical Assistance Collaborative (TAC) submitted a report called *"An Assessment of the North Carolina Department of Health and Human Services' System of Services and Support for Individuals with Disabilities"*. This report outlines the state's strengths and weaknesses, along with gaps in and barriers to care. Potential applicants should be familiar with this report and its findings should be reflected in proposed initiatives. Applicants should also be familiar with the 2022 – 2023 Olmstead Plan.

Collective Impact Framework

MFP and Cares have identified **collective impact** as the model to be used to develop, implement, and evaluate initiatives to produce systems change. Collective impact is "the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem," according to John Kania and Mark Kramer (2011). The applicant selected for the initiative will be expected to incorporate the five essential elements to a collective impact project, including:

1. **Common Agenda –** All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed upon actions.

2. **Shared Measurement** – All participating organizations agree on the way success will be measured and reported, with a short list of common indicators identified and used for learning and improvement.

3. **Mutually Reinforcing Activities** – A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action.

4. **Continuous Communication** – All players engage in frequent and structured open communication, build trust, assure mutual objectives, and create common motivation.

5. **Backbone Support** – A designated, funded staff dedicated to the initiative provides ongoing support by guiding the initiative's vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.

Collaboration among stakeholders is not new to either the aging or disability communities in North Carolina. However, the collective impact approach is not just a new idea, it differs in several important

ways from other methods of collaboration. "Important actors" are essential. The people who participate in collective impact initiatives must include directors or high-level administrators who can make or strongly influence changes in the policy and direction of their agencies, boards, businesses, or advocacy groups.

Stakeholders must represent different "sectors," not simply different organizations in the same sector. Depending on the issue involved, sectors might include government, human services agencies, businesses, local foundations, non-profits, people served/consumers/clients/patients, advocacy organizations, education, health (physical, mental, behavioral), faith communities, and others.

Participants must agree on a common agenda—exactly what they are trying to accomplish in the community—and, from this, decide on a set of activities that are undertaken by the different sectors, but which are all "mutually re-enforcing"—aligned to bring about the same result. There must be a "backbone" structure that does not "run" or "direct" the initiative in terms of making its decisions but does support it and keep it moving by scheduling meetings, setting up communications to facilitate work between meetings, producing materials, arranging for facilitation and technical support. It is highly unlikely that this can be done, long term, as an add-on to a few people's jobs.

Additional information on collective impact:

- [Collective Impact by Kania & Kramer (2011)](#)
- [Collective Impact Forum](#)
- [Tamarack Institute](#)

II. Application

Overview

Cares is requesting applications for a four-year project (plus an optional fifth year contingent on continued federal funding and contract performance) for up to four (4) organizations to create initiatives, using the collective impact framework.

These initiatives should address one of four focus areas in building communities that target one or more of the following groups: People with Intellectual and Developmental Disabilities (I/DD), Traumatic Brain Injury (TBI), physical disabilities, and older adults with support needs. Awarded funds will be up to one hundred and fifty thousand dollars ($150,000) per contract year.

Eligibility

Applications are welcomed from any university, non-profit, for-profit, or government agency that demonstrates that their agency is qualified, responsible, and capable of conducting the activities described. Eligible entities include any organizations, agencies, or businesses demonstrating an expertise in the focus area of this initiative. Cares will not consider applications submitted by agencies that do not meet eligibility to apply for funding.

Application Requirements

Note: Applications should be submitted online using the link on the Cares RFA webpage. An application preview in PDF form is also available on the Cares RFA webpage.

Inclusivity of People with Lived Experience

Proposed projects must meaningfully involve individuals and families with lived experience who have the most to gain from the initiative. Applicants must demonstrate in their application how they will engage and recognize (in some cases, through compensation for time) the contributions of the target audience, end user, and people with lived experience in interviews, surveys, and work groups.

Collective Impact Criteria

Applicants must describe how they will incorporate the five essential elements of a collective impact project (see section I of this RFA for explanations of these), including:

1. Common Agenda
2. Shared Measurement
3. Mutually Reinforcing Activities
4. Continuous Communication
5. Backbone Support

Applicants must describe organizational and community readiness for collective impact. Priority will be given to organizations and communities that show the following:

Organizational readiness as demonstrated by:

- Evidence of the agency's ability to carry out the proposed initiative including but not limited to management, operations, and financial administrative capacity.
- If needed, additional funding or potential funding that may support this effort.

- Demonstration of a clear understanding of the collective impact model of systems change.
- Previous history of using collective impact or a similar model in collaborative initiatives.
- Documentation of experience working with the aging and/or disability Long-Term Services and Supports (LTSS) system in NC.

Community readiness as demonstrated by:

- A "champion" (i.e., influential individuals and organizations) for the cause who has the ability to engage and encourage multiple sectors in the community and is willing to use that ability to help the community solve the identified problem.
- If needed, local funding or in-kind resources to support this effort
- A history of other kinds of successful collaboration in the community among at least some of the relevant stakeholders.
- Those who are affected know about this problem or can be readily made aware of it.
- Commitment to sustain this effort after the Building Capacity funds are no longer available.

Focus Areas

Proposed initiatives must include one of the following as their primary focus area.

1. **Housing:** Increasing the supply of affordable and accessible housing beyond the use of subsidized housing programs (e.g., Targeted/Key, Section 8 vouchers, etc.).
2. **Transportation:** Reducing transportation barriers to accessing the community.
3. **Direct Support Workers:** Increasing the supply of and access to direct support professionals (DSPs), direct care workers, or nursing assistants, depending on the population served, for individuals.
4. **Natural Supports:** Assisting individuals to develop a network of natural supports.

Expanded Description of Focus Areas

Housing

North Carolina has been involved in a Department of Justice settlement agreement to transition individuals with serious mental illness in adult care homes to the community. As a result of this settlement agreement, the State has invested heavily in increasing affordable and accessible units for individuals impacted by this settlement. MFP beneficiaries also have access to these units, but the demand for these units is greater than the supply. Additionally, many of these individuals have background and support needs that create unique challenges to finding appropriate housing choices. With a booming real estate market in North Carolina, there is need of a partnership with developers, landlords, and service agencies to address these barriers to housing for individuals with disabilities.

Example Activities

Please consider the following activities as a framework in your application. These are not all inclusive. Other ideas will be considered as well.

- *Work with the DHHS Strategic Housing Leadership team to perform an environmental scan of the state and identify the need for housing options beyond currently available units (Section 8 and Targeted/Key units).*

- *Identify geographic regions where housing options are most scarce and work with local property owners and developers to increase choice and increase access to safe, affordable, accessible, and fully integrated units.*
- *Identify opportunities to partner with private property owners to increase available units in locations where targeted/key units are scarce or not available and explore shared living and co-housing options.*
- *Explore opportunities for increasing access to assistive and smart home technologies.*
- *Participate in the state housing advisory committee meetings and support participation on local Public Housing Authority advisory committees.*
- *Address additional barriers to sustained housing and provide training and support to property owners and to tenants in the form of education and training curriculum and marketing and outreach materials.*

Transportation

People with disabilities who have spent much of their adult life in an institution and have transitioned to the community may encounter barriers to participating fully in all aspects of community life. These barriers may be especially challenging in rural areas where programs and transportation options are limited. Reducing barriers to community living ultimately leads to more options for individuals with disabilities of all ages (e.g., more recreation, employment, volunteer options). Having access to transportation opens the door to reducing barriers to community living.

Example Activities

Please consider the following activities as a framework in your application. These are not all inclusive. Other ideas will be considered as well.

- *Foster partnerships with municipal and regional authorities that are responsible for long-range plans in transportation, recreation, and urban and rural planning to increase stakeholder engagement. Educate planners about the needs of this population and the best ways to build accessibility into systems that will benefit all citizens.*
- *Increase innovation in transportation options including demonstration projects involving on-demand, ride sharing and ride hailing services.*
- *Create programs that support self-advocate involvement.*

Direct Support Workers

The Covid-19 pandemic has exacerbated the shortage of direct support professionals for individuals with disabilities and older adults. Due to low wages, lack of benefits and inadequate training for many HCBS frontline workers and supervisors, the turnover rate is high; positions are seen as part-time, temporary, and offering limited to no career paths. With the shortage of direct support workers, individuals may stay longer in institutional settings or be at risk of institutionalization when paid workers are unavailable or lack the necessary competencies to support an individual in the community. MFP has a goal to increase the supply of qualified direct support professionals through improved practice standards while addressing recruitment, low pay, disparities in access to workers, limited career development and advancement opportunities, and high turnover/retention.

Example Activities

Please consider the following activities as a framework in your application. These are not all inclusive. Other ideas will be considered as well.

- *Support an increase in the supply of direct support professionals, by creating partnerships with organizations such as community colleges, providers, and state agencies to adopt evidence- and competency-based training curricula, targeted towards specific skill development.*
- *Market competency-based direct support training programs to statewide and local service providers so that individuals completing the training will be presented with immediate job offers or moved to higher pay grades in jobs they already hold.*
- *Foster initiatives that allow individuals to have greater choice in their selection of support workers.*

Natural Supports

Developing informal support networks is essential to transitioning from institutions to the community. In some cases, natural supports will allow individuals with disabilities to rely less on paid services and can bolster the support provided by families. However, the greatest outcome of a robust informal support network is a greater sense of belonging and satisfaction with one's life. The foundation of informal support networks are relationships that are reciprocal in nature and not based on the person's disability. A goal of this project is to expand the capacity of communities to build relationships among people with and without disabilities.

Example Activities

Please consider the following activities as a framework in your application. These are not all inclusive. Other ideas will be considered as well.

- *Support individuals with disabilities in creating or expanding their informal support networks and discovering how they can contribute within their communities.*
- *Train the Managed Care Organizations (MCOs) on the* [Asset Based Community Development (ABCD) model](#) *or a comparable evidence-based model. ABCD's premise is that communities can drive the development process themselves by identifying and mobilizing existing, but often unrecognized assets. Residents of the community have assets which need to be identified.*
- *Use an asset-based model for new beneficiaries using community networking services. Train beneficiaries on the program to replicate it. Measure growth and satisfaction in use of this program/waiver service.*
- *Develop outreach materials, host online and in-person meetings, and create a training guide for organizations that are focused on volunteer and faith-based activities to foster opportunities for natural support to develop, grow and be sustained.*
- *Provide training to individuals in a "Train the Trainer" model to create growth and sustainability to the program.*

Online Application and Required Documents

Applicants must submit applications online using the form which is linked on the [Cares RFA webpage](#). An application checklist (Addendum 2) and summary scoring rubric (Addendum 3) are provided as a resource to applicants.

Applying Organization

Applicant will need to submit contact information for the organization director, project manager (if different from director), and financial officer. **Resumes for each organization contact should be uploaded in the application form.**

Key Partner Organizations and Letters of Support

Applicant should identify at least three partner organizations that represent at least two different sectors (e.g., nonprofit, public, for-profit business). Applicants must briefly summarize the expected contribution of each organization to the project. **Letters of support from collaborating organizations should be submitted within the application form.**

Focus Areas

Proposed initiatives must include one of the following as their primary focus area. Applications should also reflect on how the proposed project will intersect with the other focus areas key to community living.

- Increasing the supply of affordable and accessible housing beyond the use of subsidized housing programs (e.g., Targeted/Key, Section 8 vouchers, etc.).
- Reducing transportation barriers to accessing the community.
- Increasing the supply of and access to direct support professionals (DSPs), direct care workers, or nursing assistants, depending on the population served, for individuals.
- Assisting individuals to develop a network of natural supports.

Project Narrative (included in online application form)

The components of the Project Narrative include:

1. Executive Summary
2. Problem Statement and Adults Affected
3. Goal(s) and Objective(s)
4. Proposed Intervention using Collective Impact
5. Outcomes
6. Evaluation
7. Organizational Readiness
8. Community Readiness

Project Timeline

Applicants must upload an estimated 5-year project timeline, identifying objectives and key activities to take place over the course of the project. A project timeline template is provided in the application form and online at the Cares RFA webpage.

Budget

Applicants must submit project budgets for years one through five. A budget template is provided in the application form and online at the Cares RFA webpage. Completed budgets should be uploaded in the application form. Detailed instructions for completing project budgets are included in the budget template. Budget categories include:

- Personnel
- Fringe Benefits

- Supplies
- Travel (Conference travel requires prior approval)
- Other (costs that do not fall into the prior categories)
- F&A Rate (also known as indirect costs)

Prohibited Uses of Grant Funds. The following list contains costs that are prohibited for all CMS programs. Applicants should consult Cares staff with questions about allowable costs at cares@unc.edu.

- To match any other Federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under Federal, State, or Tribal law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- To provide goods or services not allocable to the approved project.
- To supplant existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries, etc.
- To be used by local entities to satisfy State matching requirements.
- To pay for construction.
- To pay for capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life as a direct cost except with the prior written approval of the Federal awarding agency.
- In accordance with 45 CFR §75.476, the cost of independent research and development, including their proportionate share of indirect costs, are unallowable.
- In accordance with 45 CFR §75.216(b), except for grants awarded under the Small Business Innovative Research (SBIR) and Small Business Technology Transfer Research (STTR) programs (15 U.S.C. 638), no HHS funds may be paid as profit to any recipient even if the recipient is a commercial (for-profit) organization. Profit is any amount in excess of allowable direct and indirect costs.
- To expend funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body.

Budget Justification

Applicants must submit a separate budget justification for each year's budget. The budget and the budget justification must show a clear relationship to the proposed activities described in the Project Narrative. A budget justification template is provided in the application form and online at the Cares RFA webpage. Completed budget justifications should be uploaded in the application form. Budget justifications should include a narrative explaining the budget categories following the guidelines below:

- All categories should have information on how amounts were determined.
- Personnel should include named individuals (or job titles if the person is to be hired after the award) providing time or effort to project.

- Travel should detail how the figures were determined for each type of travel expense (i.e., meals/per diem, lodging, transportation, and other charges). Current North Carolina state travel allowances apply and can be found at: https://www.osbm.nc.gov/budget/budget-manual#Sect52. For budgeting purposes please use current meal and milage rates for in-state travel, listed below.
    - Breakfast $9.00, Lunch $11.80, Dinner $20.50, Lodging: $78.90 per night
    - Mileage: $.585 per mile
- F&A/indirect: As the recipient of this CMS-supported Money Follows the Person grant, the University has agreed to a de-minimus indirect cost rate of 10%. We request that applicant organizations strongly consider utilizing the same rate (if any) in their budgets. For more information, refer to budget template instructions.

Application Procurement Process and Timeline

The following is a general description of the process by which applicants will be selected for funding for this initiative. **All application materials can be found on the Cares RFA webpage**.

1. **RFA announcements** are sent to prospective agencies and organizations, via email, applicable listservs, posted on the Cares RFA webpage.
2. **Letter of Intent to Apply form** is optional but strongly encouraged.
3. **Questions about the RFA** should be submitted via the Questions for Funder form. A summary of all questions and answers will be reviewed in an Applicants' Workshop. The summary will also be posted on the Cares RFA webpage and e-mailed to all agencies and organizations completing the Letter of Intent to Apply and/or Questions for Funder forms.
4. **The Applicants' Workshop** for potential applicants will be held via Zoom. The workshop will be recorded, and information will be posted on the Cares RFA webpage. Potential applicants are strongly encouraged to attend.
3. **Applications and all required attachments** will be submitted online using the link on the Cares RFA webpage. An application preview in PDF form is available on the Cares RFA webpage. Required documents are outlined in the Application Checklist (Addendum 2).
4. **Interviews with finalists** may be scheduled as part of the application review process.
5. **Awards Announced:** Applications will be evaluated by the Building Capacity for HCBS Steering Committee with intent to announce selected grantees by May 2, 2022.

RFA and Application Timeline	
Important Dates	**Milestone**
February 1, 2022	Request for Applications disseminated
February 21, 2022	- Letter of Intent to Apply - Questions for Funder Form Due by close of business, 5:00 PM Eastern Time.
February 23rd, 2022 10:00 AM-12:00 PM	Applicants' Workshop
March 23, 2022	Full application and required attachments due by close of business, 5:00 PM Eastern Time.
May 2, 2022	Awards Announced

III. Contracting

Required Documents

Upon award, awardees will work with the UNC Chapel Hill's Office of Sponsored Research (OSR) to complete required contracting documents. Failure to provide these documents in a timely manner may result in disqualification for funding. Examples of these forms are linked on the Cares RFA webpage but *are not due at the time of application.*

- Federal Demonstration Partnership template
- Compliance Check Form (completed by OSR)
- Sub Monitoring Checklist (completed by OSR)
- Subrecipient Commitment Form (completed by awardee)

OSR may request additional documentation prior to contracting at their discretion.

Performance Monitoring/Quality Assurance

Continuation of funding after each funded year depends on contractor's performance, Cares' approval, and continued funding from MFP and CMS.

To meet the requirements of the initiative, the contractor must collaborate with Cares staff to:

- participate in contractor orientation workshop,
- participate in training and meetings,
- participate in initiative evaluation; and,
- participate in other activities identified by Cares.

Performance and quality assurance of this contract will be conducted as follows:

- Cares will conduct monitoring activities during each contract period and will utilize the contractor's objectives as its assurance criteria for meeting outcomes.
- The contractor must submit a quarterly progress report to Cares.
- The contractor must submit monthly invoices for project expenses to UNC for reimbursement.
- The contractor must submit an End of Year Progress Report prior to the end of each contract period.
- The contractor must be available to present (virtually) at quarterly Building Capacity for HCBS Steering Committee meetings.
- The contractor must participate (virtually) in MFP annual meeting with UNC Cares.
- Other relevant reports deemed necessary may be required.

Contractors may be subject to additional reporting and performance requirements based on CMS guidelines. Cares will host a contractor orientation workshop with all grantees to clarify requirements once awards are made.

Addendum 1: Definitions

1. **Applicants' Workshop**: Training workshop to assist prospective grant applicants in understanding the guidelines and technical requirements in the Request for Applications (RFA).
2. **Building Capacity for HCBS Steering Committee:** A representative group of stakeholders responsible for setting goals, selecting grantees, and monitoring the progress of grant initiatives supported through MFP Rebalancing and Capacity Building Funds.
3. **Collective Impact**: Collective impact initiatives are long-term commitments of a group of important actors from different sectors to a common agenda for solving a specific social problem. Their actions are supported by a shared measurement system, mutually reinforcing activities, and ongoing communication, and are staffed by an independent backbone organization." (Kania and Kramer, 2011)
4. **Direct Support Workers**: Paid individuals who provide support to people with disabilities in the home and community.
5. **Home and Community Based Services (HCBS)**: HCBS provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted population groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.
6. **Letter of Intent to Apply**: Notifications sent by prospective applicants that are used by the funder to gauge interest in grant initiatives and estimate potential resources required to manage the grant selection process.
7. **Long-Term Services and Supports (LTSS):** The broad range of paid and unpaid medical and personal care assistance that people may need – for several weeks, months, or years – when they experience difficulty completing self-care tasks as a result of aging, chronic illness, or disability.
8. **Natural Supports**: Unpaid individuals who provide support to people with disabilities in the home and community.
9. **Questions for Funder Form:** Form completed by potential applicants for funder to address at Applicants' Workshop.
10. **Rebalancing and Capacity Building Initiative:** Activities described in this RFA in which UNC Cares assists the NC MFP Demonstration Project in building Home & Community Based Services (HCBS) capacity in North Carolina.
11. **Rebalancing/Rebalancing Funds:** State dollars accrued based on savings the state achieves through an enhanced federal match applied to services used by MFP participants.
12. **Roundtable Meetings**: Quarterly meetings, either virtual or in-person, to convene community members, stakeholders, and interested parties around a specific topic for the purpose of planning, education, and information exchange about MFP. The MFP Roundtable serves as a learning community and provides guidance and insight on every aspect of the MFP design.
13. **State Business Day**: Traditional workdays, Monday through Friday, from 8:00AM ET through 5:00PM ET excluding State holidays. A list of North Carolina State Holidays is located online.
14. **State**: The State of North Carolina, including any of its sub-units recognized under North Carolina law.
15. **Transition**: The process of an individual with long-term services and support needs moving from an institutional setting to homes and communities where they can live independently with assistance. This process encompasses planning, coordination, case management, and other support involved in the move.

Addendum 2: Application Checklist

Building Capacity for Home & Community Based Services through Collective Impact
Application Checklist

Applicant	
Applying Organization Name	
Project Title (working title)	
Entities Involved in the Initiative	
Director of Applying Organization Name and Contact Information	
Resume of Director of Applying Organization (upload)	
Project Manager Name and Contact Information	
Resume of Project Manager (upload)	
Financial Officer Name and Contact Information	
Resume of Financial Officer (upload)	
Key Partner Organizations	
Key Partner Organization #1 Contact Person and Letter of Support (upload)	
Key Partner Organization #2 Contact Person and Letter of Support (upload)	
Key Partner Organization #3 Contact Person and Letter of Support (upload)	
Proposed Initiative	
Identify primary focus area of your proposed initiative.	
Project Narrative	
Executive Summary	
Problem Statement and Adults Affected	
Goal(s) and Objective(s)	
Proposed Intervention using Collective Impact	
Outcomes	
Evaluation	
Organizational Readiness	
Community Readiness	
Required Documents to Upload	
Project Timeline (use provided template)	
Budget (use provided template)	
Budget Justification (use provided template)	
Other uploads to support application (optional)	

Addendum 3: Summary Scoring Rubric

Summary Application Criteria	Possible Points
Applying Organization, Partner Information & Focus Area	**13**
Applying Organization Information	3
Key Partner Organizations and Letters of Support	6
Focus Area	4
Project Narrative	**89**
Executive Summary	5
Problem Statement and Adults Affected	15
Goal(s) and Objectives	6
Proposed Intervention using Collective Impact	24
Outcomes	6
Evaluation Plan	6
Organizational Readiness	12
Community Readiness	15
Attached Application Documents	**13**
Project Timeline	4
Budget and Budget Justification	9
TOTAL POINTS	**115**