CENTER OF Excellence
to Align Health and Social Care

USAging | **Aging and Disability BUSINESS INSTITUTE**

COE Request for Proposals Informational Webinar
February 26, 2024

Transcript

Live captioning by Ai-Media

PAUL CANTRELL:
Well, good afternoon. This is Paul Cantrell, I'm the director of the Center of Excellence to Align Health and Social Care…

And want to welcome all of you to this information session. From USAging I have with me Marisa Scala-Foley Director of the Aging and Disability Business Institute, Maya Op de Beke and Carol Bennett, both Senior Program Managers. We also have with us the various leaders from the Administration for Community Living and want to thank them for being with us here today, they will also be available during the Q&A later in the call.

So, we are going to cover a few housekeeping items, first one is that this call is being recorded and it will be posted on the COE webpage approximately 48 hours after the end of this call.

Now, general housekeeping, if you participate in many calls like this on zoom, you've seen something like this before on accessing the audio controls for the call. You can specifically access it through your computer speakers or through dial in to listen to the audio portion. You'll see Marisa has also put information into the chat regarding closed captioning.

One thing I often see on calls like this is a little confusion about the Q&A portion versus the chat. If you have questions for us, we are really eager to hear what those are, we want you to put them in the Q&A box with the link across the bottom of your screen. The chat feature is just that, it's for chat, but not questions you want us to address. We will also be trying to answer those questions in the last 15 minutes of this call but then we will also put them in a FAQ document. I'll talk about that in a little while.

So, pose your questions in the Q&A as we go through the call today, Marissa and Carol are monitoring those, and will answer some of those in the Q&A function, so you might want to monitor that as we go through, but also we will try and make sure they are answered at the end of the call and are included in the FAQ document.

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I also want to just recognize and thank ACL and the Center for Disease Control, the CDC, for funding this program. We work with ACL under a cooperative agreement, that means we work really closely with them as partners and want to thank them for that. It's been a great partnership so far; we look forward to a great few years working with them in this project.

I also want to point out the last thing here, the contents of the RFP and this information call 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.

So, what are we going to talk about today? Well, we've already talked about the general housekeeping and acknowledgments, we are going to turn to an overview of the funding opportunity itself, some of the funding details, and information on the online application Submittable platform and the applicant's guide because we are doing this a little bit differently than how you would normally respond to an RFP, and then we will turn to questions.

But first Maya has a few polling questions to ask. Alright, the first one is on the screen now, what type of organization do you represent in your capacity, the reason you're on the call today?

Maya let us know as we go through these. When a reasonable number have completed it.

Alright it looks like most are social care nonprofits, but we have a lot of others as well. If you checked other on that question, enter in the chat what type of organization you represent, we would love to know that.

Alright. Next question.

Does your organization currently run or participate in a Community Care Hub? Yes or no? Or you don't know? Or you don't represent a social care organization.

I see people loading the organization type in the chat, I appreciate that very much.

Alright! It looks like 37% are representing current CCHs. 37% are not. A few of you don't know, so hopefully we will be able to help answer some of that, and we

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welcome and appreciate those organizations represented here today that are not CCHs but are interested in that work.

This is the final polling question: organizations that are eligible to apply, do you intend to apply for this funding opportunity? Yes, no, undecided?

Alright, it looks like 44% of you intend to apply. We are going to need a robust review panel, I'm excited about that. For those of you who have not decided hopefully this call will help you with that.

So now we are going to talk about at a high-level, or give you a high level overview of the funding opportunity.

The whole idea of this funding opportunity is to improve access to long-term services and support and address health related social needs for aging and disability Community Care Hubs.

This is just an overview, I want to emphasize, please read the RFP.

Now there are three overarching goals I want to highlight. All of this is in the RFP, but I want to pull these out and highlight these three goals.

The first is to help develop, expand, and connect, committed Community Care Hubs by providing support via infrastructure funding, technical assistance and additional capacity building.

The second is really more of a purpose, but it is about supporting contracting efforts for coordinating access to and delivering of social care programs and services. To assess and address health related social needs, but also to improve health equity and inclusion.

Or the third goal is to enhance the state No Wrong Door systems and coordinate with local public health authorities.

So, I said we talk a little bit about what a CCH is. So, this slide does this, you'll also find this in the RFP. Essentially, it's the community focused organization that is an

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umbrella administration services organization. A CCH will ideally coordinate across traditionally siloed CBOs on a regional, statewide or multistate basis. For example, within a state, Area Agencies on Aging and CILs have geographies they serve, and they tend to work cooperatively with each other, but if you're going to do contracting with, let's say, a health plan, or hospital system, having one organization that holds that contract for all the AAA's and or the CILs in that state can be very advantageous from an administrative standpoint but can also help the organization funding the contracts, like the health plan or the health system, because they are dealing with one contract holder, and a standardized set of programs, products, and services, across that entire geography they are contracting for.

So that's essentially what a Community Care Hub is. Think of it as an umbrella administrative services organization.

More simply, a CCH centralizes and scales administrative functions and operational infrastructure to enhance efficiencies, standardization, compliance, performance, and quality on behalf of its hub networks of social care providers, those providing the social care services.

So that begs the question, we should talk about hub networks, right? So, what is a hub network?

It's a formally organized network of social care providers with the capacity to provide social care products, programs, and services, through that Community Care Hub, and its contracts with healthcare organizations and other funders. Let me stop there to say, a Community Care Hub could have a contract with the state agency. It could have some type of arrangement with a foundation or other more traditional type of community-based organization funding source that wants to provide funding for serving a broader geography. The hub can also do those kinds of things, so, it's not just for healthcare contracting.

To be effective, the social care products, programs and services that are offered through this hub network need to have some standards so that whoever the care hub is contracting with, they are sure they're getting the standard view of the program. So, we are going to talk about Care Transitions in a few minutes, but if a

health plan came to a Community Care Hub and wanted Care Transitions for their members across an entire state for example, being able to offer that in a standard format to that health plan, helps to meet that health plans goals and objectives and their requirements with the programs they are contracting with, such as Medicare, Medicaid, or commercial payers.

So, what kinds of organizations are typically in hub networks? Area Agencies on Aging, Centers for Independent Living, food pantries, transportation providers, faith-based organizations, public health departments, and other community-based organizations can all be part of a hub network.

This of course is just a partial list, but these are some of the typical providers you see in hub network.

So now, who can apply to be a Community Care Hub and apply for this funding opportunity? Basically, committed care hubs, with the type of hub and network structure we've been talking about, are eligible to apply.

Some nonprofits, state and local governments, including US territories, Councils of Governments, and related NGOs, Tribal organizations, faith-based organizations, colleges, and universities can also apply.

Now we are going to turn to a particular feature within the RFP that we are anticipating there's going to be some questions about. Specifically, one part of the funding opportunity is referred to as the CT evaluation opportunity, and its focus on a site-specific evaluation of Care Transition programs. So, let's look at that.

So, what is the CT evaluation? While the main opportunity within this funding opportunity is referred to in the RFP as COE grants, there is a second part, and that will be made available to a small group of the COE grantees with experience providing hospital to home Care Transitions. To be eligible for the CT evaluation opportunity applicants must apply and be awarded as COE grantees. Then from those COE grantees, the evaluation team will select a small group with experience in Care Transitions for this site-specific evaluation in the future. Note in the application, which we will talk about in a moment, there will be a particular section on Care Transitions, we are asking everyone to complete that section of the

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application, and you will find more information also in the RFP about the Care Transition element.

The funding will be a two-part process, we will announce grantees and then a subgroup of the COE grantees will be invited to participate in the CT evaluation. Hope that helps.

So, what types of CT or Care Transition programs are eligible? There's a section in the application that talks specifically about Care Transition programs, this is also highlighted in the RFP that you already have, which highlights three features. We expect all CT evaluating participating organizations to include these features in their Care Transition program.

If they do not have all three at the time the program launches, they will need to commit to incorporating these elements if they are invited into the Care Transition evaluation component. But I want to stress, organizations may be considered, even if you have only two of these elements in your current Care Transition program. As long as you are committed to expanding your program to include all three elements.

Now, probably what is near and dear to most people's hearts, the funding. The number of awards, the types, the amount of awards we use. The key numbers are up to 20 grants. The CT evaluation, again, these CT grantees will be selected from the core COE grants, so there are approximately three of the 20 that will also be invited to participate in a CT evaluation.

The maximum funding for the COE grant awards is $468,800 over the two-year period, divided into a first-year grant period, and a second-year grant portion, all this is outlined in the RFP. For the CT evaluation, an additional $60,000, split equally over the two years, is also available.

Here are some examples of ways we would anticipate applicants to propose projects and categories of types of activities applicants would propose in your application. For example, if you are a current CCH, expanding your geographic areas that you're covering, or, a CCH is

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going into underserved or rural areas. Also, improving your CCH capabilities, addressing staffing, leadership, or governance needs or performing financial modeling. Another aspect would be increasing the CCH capacity. That might be supporting workforce development needs across your hub network.

Supporting CCH infrastructure cost is another opportunity, one we hear a lot about, especially when it comes to addressing information technology infrastructure needs. The last example is to address business requirements. For example, enhancing the quality assurance for the care hub network. Again, these are just examples. We look forward to your creativity and hearing what proposals you put before us.

Now, I want to talk a little bit about the Submittable application platform that USAging is using for the application process, this will not be a typical RFP response, where you write a long document that takes elements of the RFP and puts it into a single document and send it to us with a number of attachments. Instead, it's an online platform where we have taken the RFP and broken it out into its component parts and we are asking you to respond to them individually.

Hopefully, that will make this process more straightforward, it might not be easier, but we believe it will be more straightforward because there are very specific questions that we are asking you to address. You get asked that question and then move on to address the next one. We will go through some of the pieces of the Submittable platform.

The first thing to know about the platform is that this application comes out in forms. The first one, which became available at the same time the RFP came out, is the basic information and Intent to Apply form. I want to stress, you need to fill out that form before anything else happens. Please, if you haven't already done it and you have an interest in applying, go ahead and complete that basic information form. You will find it on the COE webpage and there will be a link to that webpage later on.

You also see seven additional forms here. They cover the same categories or topic areas that are in the RFP. We have organized them more for convenience and translated them on to the forms, so I wouldn't spend a lot of time wondering why we organize it that way. It's really more for convenience and for how to lay out

those forms.

You will see, there will be a form on the abstract in the organizational capacity project relevance, that will be one form. Then there's a form, it goes through these different elements in each of the forms, you do have to complete every one of the forms. What you see on the screen is our suggested order in which you complete them.

Other than the very first one, the basic Intent to Apply, you can complete any of the other seven in any order you choose. We are going to take a look at a couple of screenshots of what's out in Submittable now.

This first one, it's from the basic information form. For those of you that have not submitted it,
we want to show you a little bit about what that looks like. It's very simple, you will come in here and name your application. You will see there are some instructions here, it also shows there is a limit of 300 characters.

You fill out that form, very similar to a survey, very straightforward in that regard. Again, showing you a variety of different types of questions you'll see. This particular one is a checkbox, you need to check that box. This is at the end of that basic information form, and you will check that box after you've answered all the other questions. Check that box and click submit form.

You must hit submit form in order for that form to be completed and submitted to us. Also, we want to point out the save draft. With Submittable, you can start a form, get part way through, maybe you have something else you need to do, hit save draft and your progress or work so far will be saved and you'll be able to come back to that later.

I also want to point out, with online forms, this is fairly standard, see the asterisk, that means it is a required field, you must enter that field. To be clear, checking this box and saying you intend to apply is not a guarantee that it will be submitted upon application. We are looking for organizations that are serious about this and think seriously about applying because that helps us think about with how many reviewers we need and how prepared we need to be to review the applications. Submitting that is very important to us to better understand that.

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Any question that you bypass and then try to hit submit form, if you have bypassed a require form or required question, you will get an error message like this and you will need to go back and complete that required question.

This question is an example of a question with a text response. The majority of questions have text responses as the response type. Either a short answer, which is up to 1000 characters, or long answer, up to 10,000 characters. I want to talk about it a little bit more later but there will be an applicant guide that we are going to publish as well, it will tell you in the applicant guide what type of response field that is.

If it says short answer, it means you have a thousand characters to answer in that field.

Then, as you might imagine, there will be a number of file uploads that we will need you to submit to us. Note the instructions below the choose file field. Pay close attention to these instructions.

In this example, we expect your file to be in a PDF format. Additionally, we expect all letters, because this is uploading letters from your participating community-based organizations in your network, we expect all the letters to be uploaded in a single PDF to this question. There are other questions that have PDFs, so upload your pdf for each question that requires that as part of your answer.

If you have 150 CBOs internetwork, you're a really robust network, you will put all of those in a single PDF. Let me also say, we will not set a count of exactly how many CEOs you have in your network. You could get 150 letters from all of them. We are making sure that you have a very strong representation to demonstrate that your network is behind you in doing this work and you are able to deliver the programs, products, and services you are promising as part of your application. That's what we're looking for there.

If you have additional questions or need additional help with Submittable, there are links that show up in this presentation here. When you get the PDF version of this presentation, the links will be clickable and will take you out to a variety of different elements on Submittable, with the big ones being accessing the application on the

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website. That will take you to where you would register and submit that basic information.

I also want to point out, next-to-last one here, the resource center, that is kind of a hub on Submittable, if one of these other links don't answer your question, go to that Submittable resource center. That is where you can look around and find different ways to learn more about Submittable. Hopefully, the last one is the ability to contact the customer support team at Submittable and reach out to them if you have another technical question that you don't find information about.

I mentioned an applicant guide. As we were putting this together, we thought it would be really helpful, and hopefully you will agree, to have all of these questions in an off-line format. We've been building this off-line, and then beginning to put it in the online system, I will also tell you that as we've done that, it has informed how we did the off-line piece, too.

Carol and I have gone back and forth and how to put this together, but we will publish an applicant guide later this week that will take you through every question that's gone on here,

exactly how it's laid out, and exactly the information you'll find online so that you have good examples to understand what we are requiring online, it's also set up in the same form structure

as the online system and you'll be able to sit down with your team and divide up the questions and have different people put together and go in and plug in that information once logged into the online system.

We hope that's going to be helpful. We spent a lot of time putting this together and hope to publish that later this week. We've got a number of reminders that we want to make sure that we let everybody know about. The first is that all applicants must register, complete and submit the basic information in an Intent to Apply form on Submittable to get started. You heard me mention that a couple of times, so it's probably fairly important.

We prefer and request that you do that by March 8, because that's when we will

start dividing up with our reviewers and building up those panels and setting up the schedules. A link to fill out that form is found on the RFP webpage, you will also see a link to that page here on this slide.

And then individuals who complete this before the remaining application forms are available, meaning later this week, you will receive an email from Submittable notifying you of the availability of each of the additional forms once they become available. We will also post a notice on the webpage when the remaining application forms are available, and we will send a notice via email to those who have signed up for this information call.

However, it is important to note, I know Carol is having a heart attack wanting me to be clear on this, that to view and complete any of those remaining forms, you must complete that first form, the basic information and Intent to Apply form. And then, after you do that, and the forms are there and they been assigned to you, then you'll be able to see them in your main page where you registered. Hopefully, Carol, that was correct. If not, correct me.

We encourage potential applicants to review that guideline I mentioned as well as the recording of this call. Both of these will be posted to the webpage later this week. Additionally, we have begun to compile an FAQ document to include your posts in the Q&A today, as we publish question and answers to make sure everyone has the same access to information.

This will be made available on the webpage hopefully later this week, it will depend on the length and the complexity of the questions that you're asking. I will also say that it should be a living document throughout the application process, so if we do get additional questions, we will post them there. We encourage you to check that routinely. If you still have questions after this call and after reviewing the FAQs, please email those to: coe@usaging.org. Relevant questions

and answers will be shared with everyone via FAQs, and that's how we will respond to your question.

And remember, applications, or the application process, will close promptly at 5 PM Eastern time on April 5. I want to stress that "promptly". It is set up in the Submittable platform to shut off at 5 PM that day. So 5:01 PM it will be shut off.

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With that, let's turn to your questions, a little bit early actually. I've been seeing a lot of activity over there. What types of questions do we have Marisa and Carol?

MARISA SCALA-FOLEY:
Hi Paul, so we have a lot of questions! I'm going try and sort through these from the standpoint of the ones that we want to answer live, I have answered a lot of them in the Q&A section of zoom, but we do have some questions we want to answer live, and we've tried to go with groups of questions because many have common themes.

First question, someone asked, we got this a couple of different ways, what if we don't yet have a hub established? Could this opportunity support the development of a Community Care Hub?

PAUL CANTRELL:
So if you look at the RFP, or go back and look at ACL's RFP that we answered, for which we're awarded the funding for this program, it's a great question. You will see that one emphasis, from ACL and from the Center, is to look at ways we can expand into areas that CCHs don't exist today, so expanding that capacity.

If that sounds like your organization, I think you need to do a fair amount of work to put together a good solid proposal, but yes. An application like that would be considered.

We're going to be looking pretty closely at the viability of your success in that program, to be realistic with what you can get done, and within the grant period, but yes, we would welcome and encourage, especially in areas that are underserved today, applications from aspiring CCHs.

MARISA SCALA-FOLEY:
I would also add, for those organizations that are emerging Community Care Hubs, or new Community Care Hubs, we would also want to see solid letters of commitment from your potential network members.

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PAUL CANTRELL:
Absolutely.

MARISA SCALA-FOLEY:
So we are able to see there's a good foundation there for your organization as an emerging Community Care Hub.

PAUL CANTRELL:
Absolutely, great point Marissa.

MARISA SCALA-FOLEY:

Alright, next question says, "am I correct that a Community Care Hub does not have to be an Area Agency on Aging or Center for Independent Living in order to apply.

PAUL CANTRELL:
Absolutely! As we talked about that earlier, for example, a Center of Excellence that's housed at a university, for example, if social care is their focus, then that would absolutely be a great place to put one of these. They can also be a different type of CBO, a transportation provider, a meal provider, or it could be a number of community-based organizations that come together and create a separate nonprofit for this kind of work. So yes.

If you go back through, there's a list of types of organizations we are thinking about for this, being the most logical places, on one of the slides here. Very good question.

MARISA SCALA-FOLEY:
Next question, I know you talked about this, but I think it bears repeating just because of the additional support available for Care Transition evaluation. The question asks, "if you apply for the COE Care Transition evaluation grant, and you apply for additional CT funding, is there an opportunity to just be a COE grantee if you don't meet the qualifications for the Care Transition evaluation?"

PAUL CANTRELL:
Grade point Marisa, absolutely. You're required to select the Care Transition form that's on Submittable. There is a question that will be in there, "do you want to, or

would you like to be considered?" If you say no to that, that in and of itself will not prejudice you against getting the COE grant funding. We still want to know, though, among all the grantees, what kind of Care Transition work is being done out there, because I think from the evaluation team, and Raphael or someone from the evaluation team may want to speak to this, but I think we want to see broadly what's happening in Care Transitions out there, as this is a really important area were community-based organizations, particularly Community Care Hubs, can really make a difference for the people they serve.

MARISA SCALA-FOLEY:
Alright, I am scrolling through these questions because they keep coming!

MARISA SCALA-FOLEY:
We actually just got a question related to letters of support or intent, we've got a couple of them, going to pose those together.

First is, is there specific information that you would like to see included in community care hub network member's letters of support?

And I'm happy to start this one off Paul, and then you can certainly chime in. I would say that we are looking for evidence of real commitment from your network members. Specifically, what role

are they going to play within your network? Are they going to be a service provider? Or are they going to do something else?

We want to see not just a sort of template members saying, "Gee, wow! We think is Community Care Hub is fantastic!" We want to see there are roles there for them, and what specific role they're going to be playing.

PAUL CANTRELL:
That's a great point, and also, in the application you will find, there's a couple places where we ask questions about the role of the CCH versus the role of the CBOs in the network. If you've been watching the materials, and the wealth of information that the Aging and Disability Business Institute has published over the years, there is a resource guide that was published a few years ago which talks

about various roles and ways CCHs can be structured. One of those, for example, while I'm going to give you two. One of them is where the CCH is the lead, and they basically do all the administered functions themselves. Another example would be where the CCH is a coordinating entity, but it contracts back into the network for a lot of the roles and responsibilities. So, the CCH may contract with a CIL for example which might have a really strong fiscal office, and to do those types of functions for everybody in the CCH network.

So that would be a role that they would be providing, and we'd like to see that kind of information if that's the case. Looking closely at what are the roles and responsibilities. If the CBOs in your network are also part of your governance structure for the CCH, maybe they elected the board of the CCH, there's questions in the application where we are looking to probe and learn more about these types of things, and we would expect your letters of commitment to reflect that information back. As Marisa talked about, showing that real commitment to the applicant CCH being the vehicle for contracts, but also that they are committed and have the capacity to do this work.

Great question.

MARISA SCALA-FOLEY:
I want to get to this one because there seems to be some confusion about "intent to apply" and whether or not it's required. Can you go over that information again, Paul? In the RFP it says it's not required, but the information in the form for Submittable is required.

PAUL CANTRELL:
So the basic information form includes at the bottom of the Intent to Apply, a checkbox, and it probably should've been a yes or no question, it's not, the form is already live, so can't really pull that back and fix that. So, consider it just that you are considering applying if you check that box, but we are looking for you to, and you need to, complete that basic form to see the rest of the forms. If you're going to complete the form, check that box. We were thinking about that box in terms of giving that information before March 8, but that form still needs to be completed even if you do so after March 8. So that's why it's there. I wouldn't put a lot of

weight behind checking that box to complete the basic information form because you're not sure yet, if you think it's a possibility you're going to apply go ahead and check the box.

MARISA SCALA-FOLEY:
I will also say, the intent to apply is nonbinding, so if you submit it and say, "yes I think we are going to apply," and ultimately decide for a variety of other reasons you don't wish to complete the full application, that's absolutely fine. It's nonbinding. You're not losing anything by submitting that form, and we will certainly use it for sending out the additional information and the additional forms for the application through Submittable, but also it does help us, at the Center of Excellence, for planning purposes, for knowing how many reviewers that we will need for grant review. So that is why we are requesting it.

PAUL CANTRELL:
Absolutely, I was sitting here thinking why someone would complete that form and not have at least the idea that they might apply. The only reason I can think of would be wanting to see the rest of the forms and get access to the rest of the questions. Well, the good news is, you don't have to complete the form to do that, because we're going to post the applicant guide, which will have the questions in it, on the website this week. So, you'll be able to view all those questions without completing the basic form.

MARISA SCALA-FOLEY:
We got another great question that asks, "can funds be used for software or platforms that enables communication and transfer of health information or information between a hub and healthcare entities?"

PAUL CANTRELL:
Absolutely! One of the core uses of this funding is for infrastructure. That type of IT is absolutely the type of thing we would want to support with these funds.

We got a question from someone who asks, "how is this effort different from building accountable care communities or age friendly communities?" And asked if this CCH opportunity is more focused on medical to social soft handoffs? And

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there's another question, included with this person's set of questions, but maybe you want to start with these, Paul?

PAUL CANTRELL:
The idea of a Community Care Hub, to come back to the things we talked about earlier, is to try and bring health and social care sides together. So that you're really looking at whole person's care. This is really trying to make that happen. Right? Where you're working alongside and in conjunction with the healthcare system, and sharing data where that's necessary, to really work together to do what's necessary to help this person be able to live at home and in their communities and live their best life possible.

This is how you can work with and contract with, as a social provider, healthcare system for your clients and future clients. In some regards, it is about expanding the number of people that you can serve because of that additional funding.

MARISA SCALA-FOLEY:
The next question is, "Is there a deadline or cutoff date for applicants in terms of asking clarifying questions regarding the RFP?"

PAUL CANTRELL:
I kind of toyed around with that, we haven't officially made decisions on that. I would say that my intent would be to be as open and honest in answering your questions as possible.

I don't want to answer individual questions, that's one of the reasons we are asking that after this call, you submit them to coe@usaging.org, and we will put them in the FAQ. Everyone will get them at the same time.

No, we don't want to cut off your asking of questions, but I will say, we don't want to give anybody favoritism, we want everyone to get the same information. We will add them to the FAQs and we will give the answers to your questions to everyone.

MARISA SCALA-FOLEY:
I will add it, as we mentioned in the RFP, we very strongly encourage people to

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submit their applications in Submittable 3 to 5 days before the deadline. You never know when there's going to be technology issues, this is the same advice that ACL gives in terms of submitting applications through grants.gov, you want to make sure you get this in ahead of time.

We don't anticipate any issues, but usually want to give yourself time and not be running up against the deadline wherever possible. We know that folks tend to take, us included, as much time as you can to get your grant application just right but do give yourselves enough time to make sure you're getting everything in, you've checked all the boxes within Submittable and all the information is included in there.

We have a question in the chat that asks, "What is the average grant amount?" If you don't mind going out over that again, Paul, that would be great.

PAUL CANTRELL:
We can do that, Maya, can you backup in the presentation to that slide? The grant amount for the COE grant has a max total of $468,800. That's the total amount you can ask for on that.

We have not done this grant before so I can't tell you the track record on these. We will look at each application and identify the ones we would like to fund, look at the funding available to provide those funds, and then we will come back to those we believe we can fund with either, "Here's how much we can fund for that," if it's not the same as you are asking for, we may have to ask for budget adjustments, and we will do that as part of the process.

Hopefully that's helpful, and then the additional $60,000 for the CT evaluation. Hope that answers your question.

MARISA SCALA-FOLEY:
We've gotten this question number of times, Paul, so I think it's worth asking on here. Folks

asked if "funding can be used for service delivery?" I'm paraphrasing because we gotten this question a number of different ways in the Q&A.

PAUL CANTRELL:
If you're asking, can the CCH use the funding to start a new program to provide, I'm making this up, for example, meals in a community without any other funding source, that's not really the aim of this. It's really to build infrastructure.

I don't think we would look on that favorably. If it were a piece of what you're doing towards bringing additional funding in to do some kind of blending and braiding, that is something we mentioned, blending and braiding, in the RFP as a potential, but we are really looking at funding infrastructure types of needs and strengthening your organization as a CCH, as opposed to delivering services.

We are expecting CCHs to go after contracts to do that kind of work.

MARISA SCALA-FOLEY:
We have a question that asks if there's a preference for larger hubs like state or multi-county or even across multistate versus a single county.

PAUL CANTRELL:
If you are going to be a single county, we need you to talk about why it's needed for that single county. There are single organizations today, like AAA's, that serve a particular geography, and they may already have a hub network underneath them. What need are you solving with your CCH?

If you can answer that and there's a good answer for that, I will say that there are advantages, especially when you are contracting with healthcare or health plans, there is real advantage of being able to meet their service area or catchment area.

Generally, hospitals don't serve a single county, they serve a larger area than that. Health plans almost always serve a larger area than a single county, so talking about in your application how it makes sense to be a single county CCH would be really important to describe. I am not saying it wouldn't be funded, but it would need to be a strong vision for why that makes sense as a CCH.

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MARISA SCALA-FOLEY:
Can for-profit organizations performs as a Community Care Hub under this opportunity?

PAUL CANTRELL:
You cannot.

MARISA SCALA-FOLEY:
Alright, we got this question from a few different people, in a variety of different ways, I will try to paraphrase here. The question seems to be, "can Community Care Hubs focus on a specific service? Such as dementia care or the provision of nutrition or services addressing food insecurity. Can it have a singular focus?"

PAUL CANTRELL:
I think it could. I think it's similar to the single county question. You would want to address why that makes the most sense for your application. It's not that we would rule it out, but why would that make the most sense?

Talk about that and why you're proposing to do it that way.

MARISA SCALA-FOLEY:
I will add on a little bit there, Paul, that these Community Care Hubs are focused on the alignment of health and social care within their communities. Certainly, in part, are meant to be vehicles for social care organizations to contract with healthcare entities within the communities they serve within their states.

In part, it's going to depend on what the needs are or the pain points of the healthcare organizations with which your hub would potentially be contracting with. I would be open to thinking, even if your hub focuses on addressing a particular population, having network members that can provide different kinds of social care services or behavioral health services, etc., can certainly be useful in terms of attracting and securing healthcare contracts within the communities that you serve.

PAUL CANTRELL:
Absolutely. This brings up one of the earlier questions, which is if we would consider funding an organization that is just beginning to build, they want to use this funding to build a Community Care Hub. One way to do that, and a lot of the ways that

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current CCHs have gotten started is that they start with a single service.

If that's your approach, "We believe the community needs X, here's why it makes sense to build a hub around the service and once we do that, we would consider expanding into other services based on the other needs in the community," That would be an approach to think about.

MARISA SCALA-FOLEY:
I know we are getting to the end of our time. We've gotten a number of questions with regard to where there are already identified Community Care Hubs. I know that there is an ACL map that they are putting together, I don't know if someone can share that within the chat, we would appreciate that.

We will try to put this in the chat as well, I would encourage you to visit the Center of Excellence webpage and the Aging and Disability Business Institute website.

A couple of people have asked, especially for entities that are emerging or new CCH's, what resources are there that can help them to think about what it entails to be a Community Care Hub? I see that Maya has put the COE webpage in the chat, where we have a catalog of CCH resources, and a CCH 101 webinar series that we did in partnership with the Administration for Community Living and Mission Analytics last year. I would encourage you to look at that.

We also have a catalog of resources available on network development and operations that is available on the Aging and Disability Business Institute website.

PAUL CANTRELL:
I would also add that this is asked in the application, are there other CCH is in your geography? If there are, what makes yours a compelling argument? Why do we need yours in that area? Are there ways in which you will look to work together? I would encourage you to think about that because you're going to have a question about that in the application process.

MARISA SCALA-FOLEY:
That took care of a lot of questions. We have one minute but I have a question that will be easy to answer that just came in. This person said, "I didn't see any

requirement for match funds in the RFP but noted its category on the budget template. Is there a dollar amount or percentage?"

I would say, please chime in on this, Paul, no, match is not required for this grant. We did put the column in their because certainly, you may be matching funding that are available or having in-kind in terms of a portion of a person's time, so we did put that match fund column in there for those who might wish to put that in there, it is not a requirement for the RFP.

PAUL CANTRELL:
Thank you. I was going through and saw one for physical location and whether you can do this virtually. Your organization can be virtual, but your services have to be defined in local. There's a really important element of this, which is the community level understanding and being able to deliver those social care services in that community.

Certainly, let's say a group of community-based organizations came to form their CCH, and they will do it entirely virtually. They are lending staff to this and running it out of different agencies. As long as you can show how you're doing that, how you will accomplish that are on the online platform, that's absolutely not an issue.

And with that, we are at the top of the hour. I want to thank everyone for being here, I hope this has been informative. I encourage you to look at, once we post this presentation and all the details there, the links that are there, looking at the RFP and then once we post the guide and

the actual links to the rest of the forms on Submittable, we really encourage you to consider this and make a thoughtful application and we look forward to reviewing this application. Have a great afternoon.

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