NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

REQUEST FOR APPLICATION

Statewide Hub Information Packet

NC Project C.A.R.E. (Caregiver Alternatives to Running on Empty)

North Carolina Department of Health and Human Services
Division on Aging

RFA Posted	Monday, August 31st, 2026
Questions Due	Friday, September 4th, 2026
Q&A Session:	Thursday, September 10th, 2026 at 1:00 p.m. **Link:** https://teams.microsoft.com/meet/225173865175940?p=rchAGdnjae4Rq3LXhL Meeting ID: 225 173 865 175 940 Passcode: MS3Tc6qD
Applications Due	Friday, October 30th, 2026
Anticipated Notice of Award	Friday, November 20th, 2026
Fiscal Year	July 1, 2027, through June 30, 2028 State funding is recurring; grant award may be renewed for up to two additional years for high performing grantees
Estimated Funding Available	$665,000
Purpose	NC Project C.A.R.E. (Caregiver Alternatives to Running on Empty) Statewide Hub Agency (“Hub”) Refer to the RFA Scope Work for further detail.
Issue Agency	NC DHHS Division of Aging
Email Applications and Questions to:	Kasie Odham Email: Kasie.Odham@dhhs.nc.gov

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Section A -- Funding Opportunity

Purpose

NC Division of Aging (the "Division") 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 (ADRD) serving all 100 North Carolina counties. Project C.A.R.E. offers 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 enhance the delivery of services and support to family caregivers. Project C.A.R.E will operate through a single centralized hub agency that manages six Family Consultants.

Description

Project C.A.R.E draws on a family consultant model to provide comprehensive support to caregivers of individuals with ADRD. 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.

Since October 1, 2016, this recurring appropriation, has enabled Project C.A.R.E. to offer eligible caregivers up to three $500 respite care vouchers annually. In SFY 25-26, The Division of Aging changed the voucher distribution policy to ensure the program could support as many caregivers as possible. Caregivers receive one voucher per year, rather than the previous amount of up to three. The respite distribution policy may change based on funding availability.

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.

Hub Agency Role

The role of a Project C.A.R.E. hub agency is to:

1. Employ six Family Consultants (one FTE **per** consultant) within the agency's existing personnel structure. The family consultant positions can be field-based and remote-work flexibility is encouraged.
2. Provide travel reimbursement and a mobile phone for the Family Consultants.
3. Provide office space or remote ability, equipment, IT support, supplies, email, and administrative infrastructure to administer Project C.A.R.E. services (not including respite care funding).
4. Fulfill the performance requirements as defined by the Division.

Project C.A.R.E. Services

The role of a Family Consultant is to:

- Conduct care consultations with caregivers that include dementia-specific information, caregiver assessments, individualized care plans, and caregiver and dementia education and training.
- Connect families with available community resources to address unmet needs including local

support groups, supportive services, entitlement programs and other community resources.

- Partner with the 16 area agencies on aging through the Family Caregiver Support Program to provide outreach, training and education.
- Provide caregivers consumer-directed respite care vouchers ($500 each) whereby the caregiver decides who, when and where to hire help.
- Provide training and assistance to AAA and the community-at-large to increase capacity to assist people with dementia and their families.
- Enhance 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 C.A.R.E. Family Consultant, see Appendix A.

Performance Requirements

The grantee will adhere to the program guidelines 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.
    a. Family Consultants will maintain a contact log of duplicated contacts and record the monthly total in ARMS by the monthly ARMS deadline.
2. Provide care consultation services to unpaid family caregivers who need and wish to receive individualized support. A caregiver assessment (preferably face-to- face) 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. Family Consultants will use the recommended caregiving and dementia education and training tools including the NC Caregiver Portal as designated by the Division.
    a. Family Consultants will maintain a log of caregivers that they onboard into the NC Caregiver Portal.
3. Manage the distribution of respite vouchers to those care consultation clients who need financial assistance to pay for a break from caregiving. The grantee is responsible for managing the respite vouchers allotted for each county, 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 reallocate 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 C.A.R.E. clients.
    a. Family Consultants will maintain a wait list for services when all vouchers have been awarded by county. The wait list will capture recommended factors as designated by the Division 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 efforts will target care partners and caregivers who may be underserved, low- income, rural, and/or a minority.
    a. Family Consultants will maintain a list of outreach activities designating date, type of audience, and total attendance and reported periodically to the Project C.A.R.E Specialist.

5. Conduct dementia specific training to support the goals of Project C.A.R.E. in the region as requested or needed.
    a. Family Consultants will maintain a list of training activities by date, type of audience, and approximate attendance and report per request.
6. Participate in Division required training events during the SFY 2027-2029 RFA cycle. Professional development, especially related to dementia and human services, are vital in performing and maintaining quality services. Dementia-specific and Options Counseling training are recommended.
    a. Family Consultants will track their professional development.
7. Support the work of the Division and their 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, January 2026).

Performance Standards

The following performance measures will be captured and reported to the Division:

1. Annually, a minimum of 500 duplicated annual contacts will be made by 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 contacts will be reported in ARMS 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). Caregivers will be 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. A copy of the voucher award letter will be attached to 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 C.A.R.E 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, Family Consultants will have the flexibility to meet virtually with caregivers if that is preferred. 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 25% of new caregivers served will receive a face-to-face consultation. The method of contact will be notated on the DAAS101 and Caregiver Assessment Tool.
5. Each Family Consultant will maintain a log of the clients that they refer to the NC Caregiver Portal. This will be tracked monthly using code 722 Caregiver Portal. 75% of new caregivers served will receive an invitation to the NC Caregiver Portal.

Monitoring/Quality Assurance

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

1. Monitor the program based on the Division's Monitoring plan. Risk-based programmatic monitoring will occur at least once every three years, depending upon evaluated risk level.
2. Desk reviews of monthly reimbursement requests and supporting documentation for the following expenses, but not limited to the following: salary, travel, outreach, equipment, and staff development. The Division will provide telephone technical assistance as needed.
3. The Division will provide professional training at least 2 times during the fiscal year.
4. The Division will facilitate monthly conference calls with the Project C.A.R.E Hub agency.

Division of Aging reserves the right to:

1. Modify the application and budget after consulting with the applicant. Items that may be modified include, but are not limited to goals, costs, performance, and reporting requirements.
2. Allow or disallow budget amendments during the performance period of the project.
3. Implement any change or requirement mandated by State or Federal government during the life of the project.

Section B-- Application and Submission Specifications

Request for Application (RFA)

The Division is requesting that community-based human service agencies programs interested in becoming the Project C.A.R.E. statewide hub complete and submit the Project C.A.R.E. Hub Agency Application with the required documents listed below. Because of the unique nature of Project C.A.R.E, organizations with prior experience serving caregivers, dementia-caregivers, should apply. Prior statewide coverage is preferred.

Required RFA Documents:

- NC Division of Aging FY2027 Project C.A.R.E. Hub Agency Application (Appendix B)
- Project C.A.R.E. Statewide Hub Agency Budget Proposal FY2027 (Appendix C)
- State of North Carolina Sub W-9
- 990 (for non-profit agencies)

Evaluation and Award Notification

Division of Aging will select one entity to serve as the statewide hub agency. 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. An evaluation/selection committee will review and score all applications. Applicants will be notified of the decision on their application by Friday, November 20th, 2026.

Upon approval of the application, the following documents will be required:

A. Conflict of Interest Policy
B. Signed State and /or Federal Certifications
C. Certification of No Overdue Taxes (NOTARIZED)
D. Registration as a Service Provider in eProcurement
E. Indirect Cost Rate Letter from Cognizant Agency (if applicable)

Appendix A: NC Project C.A.R.E. Family Consultant Position Description

Primary Responsibilities: 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 C.A.R.E. 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 meets 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 C.A.R.E. 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 crisis. 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 CA.R.E. 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 C.A.R.E. 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. Any additional dementia specific and or related caregiver outreach, marketing, education must be reported and tracked under Project C.A.R.E. (i.e. Dementia Friends, support groups, etc.).

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. Prior Project C.A.R.E. experience preferred.

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

Appendix B: Hub Agency Application

The purpose of this RFA is to select one Project C.A.R.E Hub Agency that will employ six FTE Family Consultants to assist caregivers and care partners experiencing issues with Alzheimer's disease or related dementias (ADRD).

The NC Division of Aging is requesting that community-based human service agencies, government entities or university-based programs interested in becoming the Project C.A.R.E. Hub Agency complete and submit the NC Project C.A.R.E. Hub Agency Application with the required documents listed below. Because of the unique nature of Project C.A.R.E, organizations with prior experience serving caregivers, dementia-caregivers, and working with persons living with dementia should apply. Prior statewide coverage is preferred.

1. Please describe your agency's ability to implement a centralized Hub that supports six family consultants. Include details on infrastructure, resources, and any prior experience managing similar operations:

2. Describe your organization's experience providing direct services to caregivers of persons with Alzheimer's disease or related dementia:

3. Please describe how your agency will address staffing needs, scheduling, and on-site management.

4. What technology and systems will you use to ensure secure and efficient operations at the Hub?

5. What training curriculum or educational materials will your agency provide to support consultants in delivering high-quality services?

6. Does your agency provide any specialized services/programs that support caregivers and or care partners that have Alzheimer's disease or ADRD?

7. Describe your organization's previous engagement with the Project C.A.R.E Program and/or a Project C.A.R.E Family Consultant that currently services your county/region:

8. Does your organization have a policy requiring employees to reside within a specific county, region, or territory? ☐Yes ☐ No If yes, please explain:

9. Does your organization have the option of working remotely whether as a normal schedule or periodically? ☐Yes ☐ No If yes, please explain:

10. Identify any potential barriers to provide Project C.A.R.E services statewide?

11. Describe the major tasks or activities with a timeline that your organization will implement to hire and onboard 6 FTE Project C.A.R.E Family Consultants, if awarded the Hub Agency effective July 1, 2027.

12. Please describe how your agency will allocate and manage the program budget to maximize impact. Specifically, how will you ensure that resources are used efficiently so the greatest possible number of caregivers can benefit from the program?

13. Please provide the name, title, contact information, and bio of the person(s) that would be involved with Project C.A.R.E if identified thus far.

Appendix C: Hub Agency Proposed Budget

	Estimated Budget
Salary-Family Consultants	
Salary-Site Supervisor	
Fringe Benefits	
Staff Travel	
Other	
Staff Development	
Supplies/Materials	
Telephone	
Marketing/Outreach	
Indirect	
Total Budget Requested	