

# 2024\_Phase 2 Connected Communities Pilot

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*LeadingAge MN Foundation*

## *Background Information*

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### **Project Name\***

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### **Organization Name\***

*Character Limit: 150*

### **Communities, counties, or portions of counties Included in pilot area\***

*Character Limit: 250*

### **Estimated number of 65+ year old people in pilot area\***

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## *Narrative Section*

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### Vision

#### **Your vision for a local Connected Community\***

Share your "big picture" vision of how the local aging ecosystem will change as a result of your Connected Communities project.

- What is the current experience of seniors in getting care and services for healthy aging in your area?
- How do you see their future experience after implementing your Connected Communities model?
- How will operational partnerships with healthcare providers, social service organizations, and community groups change during the project?

*Recommended answer length is 750-1,500 words.*

*Character Limit: 10000*

### Community Impact

#### **How will this project change the experience of aging for local people?**

In your answer address the following three questions from the perspective of the community or pilot area to be served:

- What would a Connected Communities pilot with a successful integrated care model mean to seniors in your area and their families?
- How might their experiences look different than in the current health care delivery system?
- What are some community gaps, challenges or barriers you think you may encounter during this project?

*Recommended answer length is 250-750 words.*

*Character Limit: 5000*

### Organizational Capabilities

To effectively lead a Connected Communities pilot requires a spirit of innovation, a curiosity about how aging can be different in your community, and the energy to persist when situations get complicated. Use the questions below to describe why your organization would be well suited to this effort.

### Proposed project leader for Connected Communities\*

- Who in your organization would lead this project including community coalition building and visioning? This person would coordinate the internal team and engage critical external partners.
- Provide examples of the person's background and abilities in working on other innovative initiatives, including the roles that they played.
- Describe how your organization intends to build or secure the capacity to execute the deliverables on this grant.

*Recommended answer length is 500-750 words.*

*Character Limit: 5000*

### Describe how your organizational culture will support this project.\*

- Describe your senior leadership team's commitment to this initiative and how they will be involved.
- What is your organization's experience in working with health plans to create better solutions or address challenges? E.g., value-based care, managed care contracts, and/or Medicare Advantage risk-based plans, etc.
- Explain your process of data collection and analysis related to demonstrating value and measuring outcomes. Describe the systems you use to track, report and analyze data.

*Recommended answer length is 500-1000 words.*

*Character Limit: 10000*

## Approach to workforce challenges

Describe organizational workforce initiatives that have improved the quantity and quality of care provided to your community's seniors.

*Recommended answer length is 500-750 words.*

*Character Limit: 5000*

## Community Readiness

Describe the collaborative relationships already existing among community or pilot area organizations that care for seniors that will be deepened in a Connected Communities pilot.

## Describe collaborative relationships.\*

Describe the collaborative relationships already existing among community or pilot area organizations that care for seniors that will be deepened in a Connected Communities pilot. Please provide a short answer to these questions:

- Describe the community partners who have submitted letters of intent for project partnership and your organization's history in collaborating with them. Also include a vision for the cross-organizational structure and governance you envision to support this work including the role that your organizational leader(s) will have in that.
- Are there any additional organizations that are not existing partners, but that would be valuable to include in this work?
- Describe how organizations serving seniors in your area currently collaborate with each other, if applicable. What previous projects has your community or pilot area initiated to improve care of seniors and what was your organization's role? How will you apply these lessons to this project?
- What approaches and processes would you use to engage and recruit community residents to help co-create the design of a Connected Community?

*Recommended answer length is 500-750 words.*

*Character Limit: 5000*

## *Community Letters of Intent for Project Partnership*

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Please provide five letters from community partners that have agreed to participate in the project upon grant award. Each letter should address the following questions:

- Why does their organization want to be involved in the Connected Communities pilot?
- What role do they expect to play in the project?

- Why do they support you as an applicant?

Click [here](#) for sample letter and components of a strong letter. If you have trouble with this link, please email [gdimaggio@leadinagemn.org](mailto:gdimaggio@leadinagemn.org) for a copy.

### **Letter #1: From local healthcare system and/or hospital leader\***

Leader should have authority to commit the organization to participate in this project.

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### **Letter #2: From local primary care clinic leader\***

Leader should have authority to commit the organization to participate in this project. He or she can be from the health system as long as they address the primary care aspect of the project.

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### **Letter #3: From local HCBS organization leader\***

Should be external to your organization. Leader should have authority to commit the organization to participate in this project.

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### **Letter #4: From leader of local public health agency and/or area agency on aging\***

Leader should have authority to commit the organization to participate in this project.

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### **Letter #5: From a local key stakeholder not represented in other letters\***

Examples include local government official, older adult or family caregiver in the community, or other community representative.

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### **Optional additional letter**

You may include additional letters of support.

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### **Optional: additional Letter**

*File Size Limit: 1 MB*

### **Optional: additional Letter**

*File Size Limit: 2 MB*

## *Executive Leader Signature*

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### **Executive Commitment Statement\***

I hereby affirm that all of the information provided above is true and correct to the best of my knowledge. I understand that this is the first step in the Connected Communities pilot selection process. I agree that our team will participate in interviews and site visits as requested, if our application is selected for further review. Our organization is aware that we will be asked to fundraise locally to provide additional support, as necessary during the grant period.

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### **Authorized Signature (CEO, President, or Executive Director)\***

Entering your name into the following field constitutes an electronic signature.

*Character Limit: 100*

### **Date of Signature**

*Character Limit: 100*