

CENTER OF
Excellence

to Align Health and Social Care



Applicant Planning Guide
for the
Community Care Hub (CCH)
Infrastructure Funding Opportunity
offered by the
Center of Excellence to Align Health and Social
Care (COE) at USAging

General Instructions

PLANNING GUIDE: This planning guide is designed to assist potential applicants in preparing their application to the Center of Excellence to Align Health and Social Care’s Request for [Proposals \(RFP\)](#) entitled: “Improve Access to Long-Term Services and Supports and Address Health-Related Social Needs through Aging and Disability Network Community Care Hubs.” For additional details regarding this funding opportunity, please refer to the [RFP](#).

All applications for this funding opportunity must be submitted through Submittable, our [online submission platform](#). Any submission received using any other method will not be accepted.

This guide is not intended to be an exact replica of the Submittable question format. The guide is provided solely for your convenience as you gather information and prepare your application and includes specific elements to help you understand the response types and question flow you will encounter with the Submittable online tool, including:

- **BRACKETS:** When you review the questions on the subsequent pages of this guide, please note that the information in [brackets] at the end of each question is intended to communicate the kind of response expected. For instance, if a question requires a “yes” or “no” answer, it will be indicated as [YES/NO]. A few require additional explanation:
 - **Short Answer:** Requires a short response of no more than 1,000 characters
 - **Long Answer:** Allows a longer response (up to a maximum of 10,000 characters)
 - **Single Response:** Offers a list of choices from which an applicant may choose only one of the answers provided
 - **Multiple Response:** Offers a list of choices from which an applicant may choose one or more of the answers provided
- **SKIP LOGIC:** The application also uses “skip logic” in several places. For example, if a “yes” answer requires additional information before moving to the next question and a “no” response does not, you will see this in the guide: [If NO, SKIP to QXX] where “XX” is the next question you will encounter based on your “No” answer. The skip logic is fully automated (and not visible to applicants) in Submittable. This information is included in the guide to help you better understand the question flow you will encounter in the online forms.
- **NUMBERING:** Questions in Submittable are not numbered. However, they are numbered in this guide to assist you as you prepare your responses and to help explain the skip logic.

SUBMITTABLE: To create a Submittable account, visit <https://usaging.submittable.com/> and click on the “COE Infrastructure Funding Opportunity” at the bottom of the page. You will be redirected to the Submittable sign-up page and asked to either—

- a) create a Submittable account (by entering your email, first and last name and creating a password); or
- b) sign-in using your existing Submittable account (by entering your email and password) if you are already registered on Submittable.

If, at any point you have questions about using Submittable, please refer to the [Submitter Resource Center](#) and the Submittable information and helpful links found in the RFP. You can also reach out to [Submittable’s Customer Support Team](#) for all of your Submittable technical assistance needs.

For more information, please see the “Application Submission Process and Platform” beginning on RFP page 26.

The Submittable application is divided into eight required segments (Submittable refers to these as “Forms”), an initial “Basic Information and Intent to Apply” form and seven additional forms. The seven additional forms are organized by topic area and covered in this guide in the suggested order of completion. However, while the initial form must be completed first, you are not required to complete the additional forms in any particular order. The eight forms are as follows:

- Basic Information and Intent to Apply: NOTE: This initial form is part of the COE RFP registration process for all applicants, including those who are new as well as those who are already registered with Submittable. The COE created a separate “[offline tool](#)” to assist prospective applicants with that form and, as such, this form is not addressed in this guide
- Project Abstract, Organizational Capacity, Project Relevance, and Current Need
- Proposed Approach
- Outcomes, Evaluation, and Dissemination
- Additional Information
- Uploads and Related Project Details and Explanations
- Care Transitions Program
- Acknowledgements

You will be asked to upload several files to Submittable as part of the application process. Submittable file upload size limits are as follows:

1. 400 mb for individual file uploads
2. 800 mb for all file uploads in your complete application

If you receive an error while saving your form or submitting your completed application, please contact [Submittable’s Customer Support Team](#). If Submittable indicates the error is the result of your file upload(s) exceeding these size limits, email us at COE@usaging.org for assistance.

NOTICE OF INTENT TO APPLY: A Notice of Intent to Apply is requested by **no later than March 8, 2024**. This notice is an integral part of the registration process and initial form, “COE Infrastructure Funding Opportunity Application: Basic Information and Intent to Apply” on Submittable. As noted above, this initial form has a separate “offline tool” to assist prospective applicants and, as such, is not addressed in this guide. All applicants must complete this initial form in Submittable to access the remainder of the application forms.

APPLICANT CALL: An Information Call was held for interested parties on February 26, 2024. For anyone who missed the call or wishes to replay the session, a [recording of the call is available here](#) and a link is available on the [COE’s RFP webpage](#).

APPLICATION DEADLINE: Applications must be submitted **by April 5, 2024 @ 5:00 pm Eastern**.

FOR MORE INFORMATION: Please refer to the [RFP](#).

Project Abstract, Organizational Capacity, Project Relevance, and Current Need

Please keep the following guidelines in mind as you answer the questions below about your CCH's proposed project:

- Ensure that your answers include context around the situational relevance and needs of your CCH as well as that of your CBO network.
- Include applicable information about the health care market environment and unique needs of the community(ies) you serve (or propose to serve).
- Where applicable, provide context around how your CCH aligns with the profile of successful CCHs found in the RFP (see page 8) and how this funding opportunity could assist your CCH in addressing one or more of the common challenges to CCH Success (see RFP page 9).

Note: This is the “what” of your proposal. The “how” should be reserved for the form, “COE Infrastructure Funding Opportunity: Proposed Approach”.

1. **Project Abstract:**

Provide a brief project abstract that addresses the work to be performed as well as clear and measurable project goals, objectives, and anticipated/desired outcomes.

All aspects of the project abstract should be clear and measurable and, where applicable, include expected outcomes for the CCH, its network CBOs, your contracted clients (e.g., health care organizations), and the individuals you serve.

Response type: [SHORT ANSWER]

2. **CCH and Hub Network Activities:**

Provide an overview of existing CCH and Hub Network activities within your state/region.

Your answer should:

- demonstrate a clear understanding of the CCH and Hub Network activities in your area
- include a brief, high-level scan of the state of health and social care alignment within your service area (state or region)

If other CCHs or Hub Networks exist in your area, please also address what your CCH and Hub Network will do to complement, avoid duplication, and manage overlap with those CCHs or Hub Networks' existing offerings (if any).

Response Type: [LONG ANSWER]

3. **Organization and Capabilities**

Describe your CCH's organization and governance, the nature and scope of your work, and the capabilities your CCH possesses.

Your answer should include:

- a description of your CCH’s organization and governance, including the board as well as executive and management functions, roles, and responsibilities
- the nature and scope of your current work
- a high-level overview of your technical capabilities, including any systems, technology infrastructure, and tools (e.g., client management systems, data and interoperability capabilities, apps, etc.) your CCH utilizes currently that will also be utilized for the proposed work, if funded.
- verified technology capabilities and certifications (e.g., HI-TECH certified, FHIR enabled, etc.) for relevant systems, infrastructure, and tools (if applicable).

Note: Do not identify individuals in this question. You will be asked to upload CVs/resumes of key personnel in the “Uploads and Related Project Details and Explanations” form.

Response type: [LONG ANSWER]

4. **Roles and Functions: Part I**

Outline the administrative and operational roles and functions (including service provision) of your CCH as well as those of the partners that currently comprise your CBO Network.

Your answer should also include the number and types of social care agencies in the network and a general description of the geographies covered as part of your service area.

Please ensure that you address the general nature of the roles, functions, and relationships of the AAAs, CILs, and/or other CBOs that are part of your hub network. Examples may include information to address the following types of questions:

- Are they members of the CCH with some form of governance powers? For example, member CBOs may pay dues and/or vote in CCH board elections.
- Are they contracted/participating social care providers with no governance powers?
- Are they simply interested parties that are not currently under an agreement with the CCH to provide social care services to the CCH’s clients?
- Are there specific CBOs in the network that are under contract to provide some of the CCH’s administrative services (e.g., billing, compliance, quality oversight, IT, etc.)?

Response type: [LONG ANSWER]

5. **Roles and Functions: Part II**

Does adequate capacity currently exist related to your CCH’s ability to perform the roles, functions, and service provision (internally or through the CBOs in your Network) discussed in the previous question and elsewhere in the RFP?

Response type: [SINGLE RESPONSE]

Response options: [YES, NO, or PARTIALLY] [IF YES, SKIP to Q6]

- a. Please describe briefly, including any associated risks, and indicate what you are proposing that will address these capacity issues and ensure your CCH is well-positioned for success in this role.

Response type: [SHORT ANSWER]

6. CCH Experience, Offerings, and Collaborations

Describe the experience your CCH (including your Hub Network agencies) has delivering and/or facilitating streamlined access to social care products, programs, and services that address Health Related Social Needs (HRSNs).

Please include the following in your response:

- instances where your CCH and Hub Network agencies have worked (or intend to work) as part of, or collaboratively with, No Wrong Door (NWD) systems and/or public health departments
- your CCH's social care product, program, and service offerings
- experience working with underserved populations and communities.

You should clearly identify whether these are current or proposed offerings. Where the offerings are not yet operational under the CCH structure, briefly describe what your proposed project will do to assist your CCH and network in realizing these expanded offerings.

This question is about experience and capabilities. Do not include details about any actual contracts with health care organizations. You will be asked to provide that information on the "Additional Information" form.

Response type: [LONG ANSWER]

7. Important Relationships

Describe your CCH's existing relationships (including contracts or partnerships) with state NWD system lead agencies, state and local public health departments, and related agencies (e.g., state or regional Health Information Exchanges (HIEs), Medicaid agencies, etc.).

Include information on ways this funding, if awarded, will help your CCH and its Hub Network's social care providers engage public health departments and NWD systems to reach—

- diverse populations
- geographic areas without current CCH capacity
- traditionally hard-to-reach and underserved populations

For additional details, see the [White House Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#)

Response type: [LONG ANSWER]

8. NWD System Access Functions

Explain the ways and degree to which your CCH is performing access functions (directly or

through support for your Hub Network participating agencies) as part of the broader NWD system in your state (see the RFP's Appendix A for a list of access functions).

Response type: [SHORT ANSWER]

9. Barriers and Challenges

Briefly describe any barriers or challenges that exist with respect to ensuring a fully operational and accessible CCH and Hub Network (or expansion of same if already fully operational) in your target geography and ways the proposed project would address these barriers, challenges, or expansion needs.

Examples are provided under “Common Challenges to CCH Success” (RFP page 9)

Include specific information regarding the initiatives you propose to undertake in this area, if awarded.

Response type: [SHORT ANSWER]

Proposed Approach

In this form, applicants should describe the approach you propose to use (or the “how” of your project proposal), if funded.

Answers should focus on specifics around how you will implement or address the work proposed in your abstract (see the “Project Abstract, Organizational Capacity, Project Relevance, and Current Need” form).

1. Overall Approach

State clearly the project’s overall approach and major objectives it will pursue, if funded.

Include information on how your CCH will maximize the opportunity to deliver a broad scope and range of social care products, programs, and services for older adults and people with disabilities, if funded.

Examples may include, but are not limited to, how you propose to use this funding to ensure the CCH and Hub Network social care providers have the expertise and capacity to fully coordinate and oversee social care service delivery, information technology, etc., if awarded, to:

- enhance your Network CBOs’ skills through training
- expand services to be delivered
- secure or improve critical infrastructure (e.g., secure new case management systems to meet health care industry data exchange requirements)
- refine business operational readiness and capabilities around quality and compliance (e.g., hire consultants to ensure your processes and systems are fully HIPAA compliant or perform IT system penetration testing)
- improve your products and processes
- expand your CCH’s geographic coverage area
- increase capacity to serve more diverse populations
- enhance staffing capacity across a variety of roles (e.g., access functions, care coordination, transitional care services, sales and marketing, community health/social care workers/navigators, etc.)

Response type: [LONG ANSWER]

2. Addressing Unmet Needs

Describe how your CCH’s proposed activities will address any unmet needs with respect to geographic coverage, diversity needs, populations served, staffing capacity, etc.).

Proposals should clearly describe how the CCH will engage health care organizations and other relevant parties to reach diverse consumers and traditionally hard-to-reach populations and underserved communities (as defined by Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government).

Response type: [SHORT ANSWER]

3. Pursuit of New/Expanded Contracts

Describe how your CCH will use this funding opportunity to pursue new or expanded contracts with health care organizations (if funded) to deliver social care programs and services for older adults and people with disabilities.

Include information on how your CCH has (or intends to) secure those contracts and grow the depth and breadth of those contracts. Blending and braiding concepts may be discussed here.

Response type: [SHORT ANSWER]

4. Business and Management Practices

Describe how your CCH's proposed activities (if funded) will enhance its capacity and/or performance in the following six domains:

- Leadership and Governance
- Strategic Business Development
- Network Recruitment, Engagement, and Support
- Contract Administration and Compliance
- Operations
- Information Technology and Security

More information on these domains can be found in the RFP on pages 8-9.

Response type: [LONG ANSWER]

Outcomes, Evaluation, and Dissemination

This form focuses on:

- the proposed outcomes that will result from your comprehensive strategy to implement this project
- your CCH's internal method(s), techniques, and tools for evaluation, and continuous process and quality improvement
- Your intended methods for dissemination

Please include information on how your proposed project's outcomes, evaluation, and dissemination plans will further the goals of the state NWD system and support cooperation with state/local public health departments.

Your CCH will be expected to identify its internal evaluation and process improvement initiatives (if your application is funded). These initiatives should include clear examples to demonstrate a thoughtful method, business processes, and a business culture through which you will critically measure the performance and outcomes of the programs and services included in this application and ensure continuous process improvement. The COE does not expect its grantees to hire a separate, independent evaluator.

1. **Outcomes: Part I**

List and describe the proposed outcomes that will result from the comprehensive strategy to implement the project.

Include information on how the proposed outcomes will further the goals of the state NWD system and support cooperation with state/local public health departments.

Ensure that your proposed outcomes align with the goals of the funding opportunity as provided in the RFP, as well as your project abstract and approach, work plan, and budget.

Response type: [LONG ANSWER]

2. **Outcomes: Part II**

Describe how you propose to incorporate operational quality and continuous performance improvement efforts within the CCH as well as across the CBOs in your hub network to achieve the outcomes described. Explain how you determined that your proposed outcomes are likely to be achieved during the project period.

Include examples of how your CCH identifies and incorporates best practices across your Hub Network as well as how you isolate and correct gaps and other vulnerabilities.

Response type: [LONG ANSWER]

3. Evaluation

Describe the method(s), techniques, and tools that you will use to document and evaluate:

- the project’s success in achieving its intended outcomes
- how you propose to utilize “lessons learned” – both positive and negative – to improve or refine future projects

Include information on how your evaluation may help other CCHs interested in replicating the intervention, if it proves successful, or avoid pitfalls in the program’s design.

This evaluation component does not replace and should not address the COE and ACL’s evaluation process. In this section, the applicant should address how the applicant’s organization evaluates the value and success of its programs and services to achieve positive outcomes for the individual’s served, its contractors, and the needs of the community. The applicant will also be expected to participate fully in the COE and ACL’s evaluation process as described elsewhere.

Response type: [SHORT ANSWER]

4. Dissemination: General Project Awareness

Provide a high-level overview of how your CCH plans to disseminate and amplify awareness of the project’s results and findings in a timely manner and in easily understandable formats to parties who might be interested in using the results to inform practice, service delivery, program development, and/or policymaking, including and especially for those parties in the CCH’s region or state who would be interested in replicating the project.

Your response may include connections to, and support for, the COE and ACL’s efforts to promote and disseminate the results and findings of the evaluation. However, it should primarily address your intended dissemination efforts outside of those led by the COE and/or ACL.

Response type: [SHORT ANSWER]

5. Dissemination: Presentations

Provide an overview of the conferences, webinars, and other presentation formats and venues you will use to share project-relevant information with interested parties.

Response type: [SHORT ANSWER]

Additional Information

Your answers to the questions in this form will help us better understand your CCH related to geographical service areas, experience with contracting, and contract volumes. We also seek to understand how your CCH promotes diversity and further explore how your proposed project enhances the goals of the NWD system (supplemental to the information regarding NWD in other application forms).

1. Service Area and Offerings (NOT including Care Transitions)

Provide a high-level overview of the geographic area(s) that your Hub Network serves across your primary social care program, product, and service offerings.

The Table allows applicants to enter data for their top 9 counties and top 5 service offerings. Any additional counties and service offerings should be aggregated in the “All other” row and/or column as applicable.

Response type: [TABLE] (See the Appendix for a sample)

- a) Where significant variation exists, we encourage applicants to outline those variations (e.g., your CCH offers a particular product, program, or service in only one county while your other offerings are available across your entire service area).

Response type: [SHORT ANSWER - OPTIONAL]

2. Existing Health Care Contracts

Does your CCH currently have contracts with health care organizations? Do not include information regarding contracts to provide CT Services. CT Services are addressed on the on the Care Transitions Form).

Response type: [SINGLE RESPONSE] [Y/N] [If NO, SKIP to Q3]

- a) List your CCH’s existing contracts with health care organizations to deliver social care products, programs, and services. Include a high-level overview of current operational experience and capacity to scale these products and services.

Response type: [LONG ANSWER]

- b) Complete the table below with current client volumes.

This information should be organized in the table by Health Care Organization/funder type (see left column). List the approximate numbers of individuals the CCH is serving. Organize these numbers in line with the appropriate columns to indicate whether these individuals are covered through Medicare only, Medicaid only, Medicare and Medicaid (dually eligible beneficiaries), health systems-based programs, or other program/coverage types.

Response type: [TABLE] (See the Appendix for a sample)

3. **Individuals Served (by service offering and year)**

How many individuals (across all CCH service offerings and all CCH service areas) did/will your CCH serve for your top social care product, program, or service offerings in 2023 and 2024 (projected). Exclude Care Transition programs as that service is covered on its own form.

List the top five offerings (by the number of individuals served) and aggregate all other service offerings in the far-right column.

Response type: [TABLE] (See the Appendix for a sample)

- a) Provide a high-level overview of the basis/assumptions underlying your 2024 projections.

Response type: [SHORT ANSWER]

- b) Identify the demographics of the populations served by your CCH and its Network CBOs and include information on ways the populations served reflect (or do not reflect) the characteristics of the communities in which they reside. The following question addresses diversity, so it is not necessary to specifically address diversity in this answer.

Response type: [SHORT ANSWER]

4. **Diversity**

In addition to your response related to unmet needs on the Proposed Approach Form, how does your CCH (and its Network CBOs) reflect and address diversity in the communities you serve?

Applicants should demonstrate an understanding of the unique diversity assets, challenges, and existing initiatives in your communities as well as how your CCH (including your Hub Network) addresses these issues internally (e.g., operationally and staffing characteristics and initiatives) and through the product, program, and service offerings your CCH provides within the communities you serve.

Response type: [LONG ANSWER]

5. **Additional Contract Experience**

Beyond answers provided in the previous questions, please provide any additional, relevant high-level details regarding your CCH's existing contracts. Do not repeat information provided elsewhere in this and other forms. This question is optional.

For example, if some of your contracts with health care organizations are currently held by one or more of your network CBOs but the CCH has a substantial role in execution of that contract, please describe. You may also wish to provide information about existing (non-contractual) partnerships with health plans, health systems, public health departments, etc.

Response type: [SHORT ANSWER – OPTIONAL]

Uploads and Related Project Details and Explanations

File Uploads and Other Information: On this form, please provide the information and documentation requested.

1. Letters of Commitment and Support:

CCHs are expected to work with multiple partners in the communities they serve. To demonstrate your community engagement and support for this work, please upload letters of commitment and support for your proposed project (should it be funded) from:

- Hub network participating CBOs
- Key collaborating organizations and agencies
- State and regional collaborators
- AAAs, CILS, and Public Health Departments within your service area

The quality of the letter content (i.e., specificity with respect to the role of that partner) is more important than the quantity of letters submitted with your application.

Signed letters of commitment and support must be uploaded to Submittable in the appropriate section as part of your application. Print submissions will not be accepted. However, electronic signatures (e.g., scanned or “DocuSign” signatures) are acceptable.

Letters of commitment and support should demonstrate the depth and breadth of your organization’s community relationships and capacity to execute your CCH’s proposed work plan.

- a) **Hub Network participating CBOs:** Include letters of commitment and support from the participating CBOs in your CCH Network. Ensure that the network is sufficiently broad and aligned with the programs and services the CCH intends to offer. Upload all letters of commitment and support from CBOs in your Hub Network as a single pdf.

Response type: [FILE UPLOAD]

- b) **Key collaborating organizations and agencies:** Include letters of commitment and support from the CCH and Hub Network CBOs’ existing and proposed contracting and related organizations providing significant support. Any organization that is specifically named to have a significant role in carrying out the project and not identified elsewhere should be considered an essential collaborator with a letter of commitment or support. Upload all key collaborating organization and agency letters of commitment and support as a single pdf.

Response type: [FILE UPLOAD]

- c) **State and Regional collaborators:** These could include state, territory, and tribal organizations, including public health departments, the state unit on aging (SUA), statewide independent living council (SILC), NWD systems, state Medicaid agency, and/or state intellectual/developmental (I/DD) disabilities agency. Include letters of commitment and

support from these state, territory, and tribal organizations affirming their support for your proposed project, as appropriate. Which agencies are appropriate depends upon the nature of your organization and the composition of the Hub Network. If an agency is supportive and declines to provide a letter because of a standing practice against doing so, please include documentation to address this (e.g., an email from the agency stating that it is a practice of the agency to not provide letters of commitment/support).

For information on locating particular resources in your region or state, please reference the “Letters of Commitment from Key Participating Organizations” on page 24 of the RFP. Upload all letters of commitment and support from State and regional collaborators as a single pdf.

Response type: [FILE UPLOAD]

- d) **AAAs, CILS, and Public Health Departments:** It is expected that relevant local Area Agencies on Aging (AAAs), Centers for Independent Living (CILs), and public health departments will also provide letters of commitment or support (if those organizations are not included in the Hub Network upload above) affirming their commitment to or support of the project. Include such letters from local organizations from across your targeted geographic area(s).

If your CCH is unable to secure support from these local organizations, please address the reasons why. NOTE: If you are an aging-specific applicant from a Single State Authority state (Alaska, Delaware, Nevada, New Hampshire, North Dakota, Rhode Island, South Dakota, Washington DC, and Wyoming) your application may satisfy this requirement by substituting letters of commitment and support from other leading aging and disability social care organizations in the community(ies) served by your CCH and/or your Network CBOs.

Upload all letters of commitment and support from these local organizations as a single pdf.

Response type: [FILE UPLOAD]

2. **Work Plan:** Your Work Plan should provide an action-oriented roadmap for your proposed project and reflect your project narrative and budget. It should also align with all elements, expectations and requirements of the RFP. However, the proposed Work Plan should address only your proposed work under the core COE Grant provisions and should not include work associated with the potential supplemental Care Transitions (CT) Evaluation opportunity. COE Grantees selected for participation in the CT Evaluation opportunity may be asked to develop Work Plan addenda associated with the CT Evaluation through an exploratory process with the Evaluation Team subsequent to the core COE Grant award announcements.

Please download the Work Plan Template [here](#).

- Ensure the uploaded Work Plan provides a logical, objective, well-designed, and measurable project layout and progression for Years 1 and 2. It should reflect and be consistent with the applicant’s project narrative answers as well as the project budget. Upload the project work plan as a PDF.

Response type: [FILE UPLOAD]

- Optionally, we invite applicants to provide additional details regarding the Work Plan.

Response type: [SHORT ANSWER - OPTIONAL]

3. **Budget:** The proposed budget should address only the applicant’s proposed work under the core COE Grant provisions and should not include costs associated with the potential supplemental CT Evaluation opportunity. COE Grantees selected for participation in the CT Evaluation opportunity may be asked to develop separate budgets for the costs associated with the CT Evaluation through an exploratory process with the Evaluation Team after the core COE Grant award announcements.

If funds from the award are intended to be used for CCH leadership travel and other related costs to attend the two required in-person meetings at USAging’s annual conferences in 2024 (Tampa) and 2025 (Chicago), please include these projected costs in your budget.

Please download the Budget Template [here](#).

Please upload the completed Budget Workbook, including separate worksheets for year 1, year 2, and a consolidated budget utilizing the format included with the RFP. The first tab in the template provided includes a sample for your convenience. Upload your project’s budget as a PDF.

Response type: [FILE UPLOAD]

4. **Key Personnel: Roles and Responsibilities**

Provide a list of key personnel titles/roles and specific responsibilities related to this project, if funded (e.g., Chief Executive Officer, Chief Financial Officer, Project Director assigned to this project, etc.). Do not duplicate what is provided in the CVs/Resumes you will upload below.

Response type: [SHORT ANSWER]

5. **Key Personnel: CVs/Resumes**

Upload individual CVs/Resumes to reflect the Key Personnel listed above. Upload all CVs/Resumes as a single pdf.

Response type: [FILE UPLOAD]

6. **CCH Organizational Chart** Upload as a PDF. This question is optional.

Response type: [FILE UPLOAD – OPTIONAL]

7. **Process Charts and Workflows**

Key CCH and Hub Network operational process charts and workflows. Upload relevant process charts and workflows as a single pdf. This question is preferred but optional.

Response type: [FILE UPLOADS – OPTIONAL]

8. **Unique Entity Identifier (UEI)**

This information is available through the [US Federal Contractor Registration's \(USFCR\) System of Awards Management \(SAM\) website](#). This number will be used to confirm the Applicant organization's registration and eligibility to participate in federally funded programs.

Response type: [UEI-specific field]

9. **Employer Identification Number (EIN):**

Response type: [EIN-specific field]

10. **Uniform Guidance Audit:**

Has the Applicant organization had a Uniform Guidance audit (Single or Yellow Book)?

Response type: [SINGLE RESPONSE]

Response options: [YES/NO] [If NO, SKIP to Q11]

- a) Please upload a copy of the Applicant's most recent audit as a PDF.

Response type: [FILE UPLOAD]

11. **Additional Information:**

As a final question, please provide any additional and critical information not provided elsewhere in your application that the applicant believes to be relevant and essential for reviewers to understand in order to evaluate your proposed project.

Response type: [SHORT ANSWER - OPTIONAL]

Care Transitions Program

This form is required regardless of whether your CCH wishes to be considered for the supplemental care transitions (CT) evaluation (CT Evaluation) opportunity. All questions on this form are focused on your CCH and Network CBOs' experience providing hospital-to-home CT programs and services (CT Services).

1. Experience and Expertise

What experience and expertise does your CCH (including your Network CBOs) have providing CT Services? This should be a brief and general overview of your historical experience and/or staff expertise with CT Services over the last few years, even if your CCH does not currently have contracts to provide CT Services.

Response type: [SHORT ANSWER]

2. Current Offerings

Does your CCH (including your Network CBOs) offer CT Services currently?

Response type: [SINGLE RESPONSE]

Response options: [YES/NO] [IF NO, SKIP TO Q13]

3. CT Model(s)

Does your CT Service program(s) follow a specific, evidence-based CT model(s)? Please select "Yes" if you generally follow a CT Service program model, even if you have made some modifications to the model(s).

Response type: [SINGLE RESPONSE]

Response options: [YES/NO] [If NO, SKIP to Q4]

- Please identify the model(s).

Response type: [SHORT ANSWER]

- Does your CT Service program(s) maintain strict fidelity to the model(s) identified in the prior question?

Response type: [SINGLE RESPONSE]

Response options: [YES/NO] [If YES, SKIP to Q4]

- i) Briefly describe the variations or additions your organization has adopted (related to the model(s) identified above) in your CT Service program(s). If any of these variations or additions are required by a health care organization/funder, please identify the health

care organization/funder and highlight the applicable modification(s) made for that organization/funder.

Response type: [SHORT ANSWER]

4. Program Components

Please describe the primary operational components, features, requirements, and timeframes associated with your CT Service program(s) (e.g., in-hospital planning, medication reconciliation, adherence to follow-up medical appointments and communications with providers, follow up home visit(s), phone check-in calls, etc.), making certain to address the three CT Service aspects and related details outlined in the RFP (see RFP page 13-14).

When describing your CT Service program(s), please do not simply list the model you are using in your response to this question. While our reviewers are familiar with CT models, please assume reviewers may not be intimately familiar with all components of the particular CT model(s) your agency may be using.

Response type: [LONG ANSWER]

5. Priority CT Service Features

Does your CT program provide each of the three CT Service features described in the RFP (see RFP pages 13-14)?

Response type: [SINGLE RESPONSE]

Response options: [YES/NO/PARTIALLY] [If APPLICANT ANSWERS YES, SKIP to Q6. If NO or PARTIALLY, continue]

- i) Please identify the CT Service features outlined in the RFP that are not a standard part of your CT program.

Response type: [SHORT ANSWER]

- ii) If selected to participate in the CT Evaluation, is your CCH willing to consider expanding your CT Service program to include these remaining CT Service features as a condition of participation in the CT Evaluation opportunity? Your organization, if selected, will have the opportunity to discuss and review the CT Evaluation program's terms and conditions before accepting any agreement to participate in the CT Evaluation.

Response type: [SINGLE RESPONSE]

Response options: [YES/NO] [If NO, SKIP to Q6]

- (1) Briefly describe how you propose to add any remaining CT Service features if your CCH is selected and agrees to participate in the CT Evaluation.

Response type: [SHORT ANSWER]

6. Processes and Workflows

Does your CCH (and its Network CBOs) have standard CT Service processes and workflows that are followed most or all of the time as part of your CT Service program(s)?

Response type: [SINGLE RESPONSE]

Response options: [YES/NO] [IF NO, SKIP to Q7]

- Briefly describe your primary CT Service processes and workflows.

Response type: [LONG ANSWER]

- Please upload your primary CT program process/workflow documentation, if available.

Response type: [FILE UPLOAD – OPTIONAL]

7. Efficiencies, Roles, and Data Sharing

Provide an overview of how your CT Service processes and workflows ensure efficient, ongoing coordination of transitions. Include clear designations regarding the roles and responsibilities of CCH/CBO and health care staff. Do not duplicate what was submitted in prior questions.

Please address current data sharing capabilities and arrangements as well as outcomes/performance evaluation metrics under your current CT Service program(s).

Response type: [LONG ANSWER]

8. CT Service Program Geography (by Funding Sources)

Please provide the following details about your CT Service program(s) in the table provided.

- identify the funding source for your existing CT Service programs by contracted organization (e.g., contracts with health plans or hospitals, foundations, government programs, etc.)
- organize your information for these organizations by county

List only the top five funding sources and top nine counties (aggregating all remaining funding sources and counties in the cells provided in the table). Your calculations should be based on total volume of individuals served through your CT Service program(s).

Response type: [TABLE] (See the Appendix for a sample)

9. Number of Individuals Served (by year)

In total, approximately how many individuals did your CT Service program(s) serve each year (including projections for the current and future years) from 2022-2026?

- Provide numbers of individuals served through your top 5 CT Service programs with current health care organizations and funders as well as projections for the future that may be

attributable to your proposed project, if funded, to illustrate the potential impact of this funding opportunity. If you have more than 5 CT Service programs, aggregate the additional programs in last column.

Response type: [TABLE 1] (See the Appendix for a sample)

- Additionally, please identify the numbers of individuals served by your CT Service program(s) during 2023 by medical coverage type (Medicare only, Medicaid only, dually eligible beneficiaries, etc.). For Medicare beneficiaries, aggregate those covered by original Medicare and Medicare Advantage plans (including Special Needs Plans).

Response type: [TABLE 2] (See the Appendix for a sample)

10. Contract Holder

As CCH’s develop and evolve, some legacy contracts may exist directly between health care organizations (or other contracting/funding organizations) and a CBO(s) in the CCH’s network.

For the CT Services identified in prior questions in this form, are those contracts held by your CCH or through separate agreements directly between health care organizations and one or more of the CBOs in your Hub Network?

Response type: [SINGLE RESPONSE]

- Response options:
- i} The CCH holds all CT Service contracts
 - ii} The CCH holds some, but not all, CT Service contracts. The rest are held directly by Network CBOs
 - iii} All CT Service contracts are held directly by Network CBOs
- [if “i” SKIP TO Q11]

- If a CT Service program contract(s) identified earlier in this form is held directly by a Network CBO(s), please name that CBO(s). Please also describe any formal role the CCH performs supporting the CBO’s CT Service program.

Response type: [SHORT ANSWER]

11. Eligibility Determinations

What criteria are used to determine if an individual is eligible for your primary CT Service program (coverage type, health system utilized, specific conditions, co-morbidities, age, medications, etc.)?

Response type: [SHORT ANSWER]

12. Eligibility Variations

Do the eligibility criteria in the previous question vary across your health care organization contracts, if any?

Response type: [SINGLE RESPONSE]

Response options: [YES/NO] [IF NO, SKIP TO QUESTION 13]

- i) Briefly describe the variations.

Response type: [SHORT ANSWER]

13. CT Evaluation Opportunity

Does the applicant wish to be considered for the supplemental CT Evaluation opportunity?

An affirmative response does not commit your CCH to participation. The Evaluation Team may contact you, following the notice of award under the core COE Grant program, to:

- discuss any additional questions the Evaluation Team may have
- discuss the CT Evaluation opportunity participation requirements
- confirm your selection for the CT Evaluation opportunity

Response type: [SINGLE RESPONSE]

Response options: [Yes/No]

Acknowledgements

I/we acknowledge the following conditions of this application process and funding. I/we understand and agree that these conditions will become grant requirements of all COE Grantees:

- a) If awarded, we will fully support and actively cooperate in all applicable program evaluation methods and tools outlined in the RFP and submit data as required to achieve the program goals and objectives except where submitting certain data elements may be prohibited by law or existing contracts with external entities (e.g., health care organizations, state agencies, and individual clients) that control the rights to those data elements after making our best efforts to secure approvals to release the data (in a compliant format and process, where applicable) as needed and outlined in the RFP and solely for evaluation purposes.
- b) If awarded, we will be required to share with the COE the COE Grantees' internal evaluation processes, results, and quality improvement initiatives that result from this funding opportunity during the project period and as part of an end of project reflections and lessons learned. Such information may be used and shared publicly through reports, webinars, resource guides, statistical evaluations, etc. and we agree to fully cooperate in such initiatives to enhance the public knowledge and objectives of this RFP.
- c) If awarded, I/we agree to actively participate in conferences, webinars, and other presentation formats to share project-relevant information with interested parties.
- d) If awarded, in person attendance and participation is required by at least one leadership representative of each funded organization at a COE Grantees' meeting to be held in-person at USAging's annual conferences in July 2024 (Tampa) and July 2025 (Chicago). No COE Grantee travel-related expenses for attendance at these meetings will be paid for by USAging or the COE except through use of awarded grant funds included in the Applicant's proposed and approved budget.
- e) COE Grantee selection is the sole responsibility of the COE in consultation with assigned reviewers and ACL and all decisions are final.
- f) To the best of the Applicant's knowledge, all answers and information submitted as part of this application, including information contained in uploaded files, are true and correct at the time of submission.

I/we acknowledge that I/we have read, understand, and agree to the Grant Agreement Terms and COE Grantee Responsibilities outlined in the RFP as well as the Applicant Terms and expectations outlined above.

Response type: [CHECKBOX]

Appendix: Submittable Tables

The Tables below provide the general layout of online tables in the COE Grant application for the Additional Information and Care Transitions Forms. We have organized these to correspond to the form and questions found in this Applicant Guide.

On Submittable, the individual tables below will immediately follow the applicable question (versus the appendix format we used here). The tables below include fictitious or “sample” data so applicants understand the types of information required. In the online application, you will be completing only the fields highlighted in these sample tables. Please follow each sample as your guide for completing the respective table in Submittable.

Also, not to be confused with the tables below, there are excel worksheets for your application’s budget and work plan submissions. Those require use of excel workbook templates, found on the COE RFP webpage. Once those worksheets are completed, there is a file upload feature for each on the “Uploads and Related Project Details and Explanations” form in Submittable.

Additional Information Form:

Question 1: Service Area and Offerings (NOT including Care Transitions)

Note: In this table, an “X” in any cell indicates that your CCH is providing the “Service Offering” you listed (column) in the county you listed (corresponding row). If you do not provide that Service Offering in a particular county, leave that cell blank.

	Service Offering 1	Service Offering 2	Service Offering 3	Service Offering 4	Service Offering 5	Service Offerings (Other)
County Name	Service Coordination	Meal Delivery	Home Mods	Social Care Assessments	Caregiver Supports	All Other Services
Andrews	X	X	X		X	X
Beaver	X		X	X		X
Crane	X	X	X	X	X	X
Dover						X
Edwards	X			X		
Feldman				X		X
Garrett						X
Harris		X		X		X
Iona		X				X
All other	X					X

Continued on the next page to keep whole tables on the same page

Question 2.b.: Individuals Served (by health care organization and coverage types)

Note: In this table, a “#” in any cell indicates the number of individuals your CCH served who have the designated health coverage type (column headings) for the “Health Care Org/Funder Type” you listed (left most cell of that row). If you do not provide services through that particular Health Care Org/Funder and Coverage Type, insert a zero in that cell. For example, in the second row, this Sample CCH has a contract with at least one health system and has served 120 dual eligible beneficiaries and zero individuals with other coverage types.

Health Care Org/funder type	Medicare only (incl. Med Adv)	Medicaid only	Medicare and Medicaid (dual eligibles)	Health Systems, ACOs, etc.	Other
Health Plan	52	75	175	0	0
Health System	0	0	120	0	0
ACO/REACH	0	0	732	0	0
Public Health Dept	0	15	9	0	0
Other HC Provider Type	0	9	1	0	0
State Medicaid Agency	0	732	1,070	0	0
All Other	0	24	74	0	0

Question 3: Individuals Served (by service offering and year)

Note: In this table, a “#” inserted in any cell indicates that your CCH provided/provides that many individuals the “Service Offering” listed during the designated calendar year. If you did not/do not provide “Service Offering” in the listed years, insert a zero in the appropriate cell.

Year	Service Offering 1	Service Offering 2	Service Offering 3	Service Offering 4	Service Offering 5	All Other
	Service Coordination	Meal Delivery	Home Mods	Social Care Assessments	Caregiver Supports	All Other Services
2023	500	175	50	475	48	273
2024 projected	575	150	60	525	50	305

NOTE: Exclude Care Transitions on this form

Continued on the next page to keep whole tables on the same page

Care Transitions Program Form

Question 8: CT Service Program Geography (by Funding Source)

Note: In this table, an “X” in any cell indicates that your CCH is providing CT services for the “Funding Source” you listed (column) in the county you listed (corresponding row). If you do not provide CT services for the listed funding source in a particular county, leave that cell blank.

		Funding Source 1	Funding Source 2	Funding Source 3	Funding Source 4	Funding Source 5	Funding Sources other
	Counties Covered	Sample Health Plan	Acme Hospital	Plains ACO	Rivers Health System	State Medicaid agency	Aggregate Remaining Sources
1	Andrews	X	X	X		X	X
2	Beaver	X		X	X		X
3	Crane	X	X	X	X	X	X
4	Dover						X
5	Edwards	X			X		
6	Feldman				X		X
7	Garrett						X
8	Harris		X		X		X
9	Iona		X				X
10	All other	X					X

Continued on the next page to keep whole tables on the same page

Question 9: Number of Individuals Served (by year)

Table 1

Note: In this table, a “#” in any cell indicates the number of individuals for whom your CCH provided CT Services through the designated “CT Service Program” (column headings) during the calendar year listed (left most cell of that row). If you do not provide CT Services through that particular “CT Service Program”, insert a zero in the appropriate cell. For example, in the “2022” row, this Sample CCH provided CT Services for 24 beneficiaries through their contract with Sample Health Plan during 2022.

Year	CT Service Program 1	CT Service Program 2	CT Service Program 3	CT Service Program 4	CT Service Program 5	CT Service Programs
	Sample Health Plan	Acme Hospital	Plains ACO	Rivers Health System	State Medicaid agency	Aggregate Remaining Sources
2022	24	0	0	120	300	5
2023	12	0	0	150	325	5
2024 projected (without this funding)	25	5	10	250	350	5
2024 projected (with this funding)	25	5	15	275	350	100
2025 projected (without this funding)	25	25	100	250	375	5
2025 projected (with this funding)	50	50	100	350	375	250
2026 projected (without this funding)	25	25	100	250	400	10
2026 projected (with this funding)	275	100	200	500	400	350

Note the distinction between *with* and *without* funding through this award.

Table 2

Note: In this table, a “#” in any cell indicates the total number of individuals for whom your CCH provided CT Services under the designated coverage type (column headings) in 2023.

Medicare only	Medicaid only	Medicare and Medicaid (dual eligibles)	Health Systems, ACOs, etc.	Other
82	278	441	72	21