



2025 Community Care Hub (CCH) National Learning Community (NLC) Participation Application

* Required

To apply for the National Learning Community please:

- Review the National Learning Community Charter
- Review National Learning Community Frequently Asked Questions
- Complete the application questions

1. ORG NAME: *

2. NAME OF CCH (IF DIFFERENT THAN ORGANIZATION NAME): *

3. ADDRESS1: *

4. ADDRESS2: *

5. CITY: *

6. ST: *

7. ZIP CODE: *

8. ORG TYPE: *

- AAA
- ADRC
- CIL
- Local Public Health Department
- OTHER CBO
- OTHER NON-PROFIT

9. ORG EXEC DIRECTOR/CEO FIRST NAME: *

10. ORG EXEC DIRECTOR/CEO LAST NAME: *

11. ORG EXEC DIRECTOR/CEO EMAIL ADDRESS: *

12. ORG EXEC DIRECTOR/CEO PHONE NUMBER: *

13. INDIVIDUAL COMPLETING THE APPLICATION FIRST NAME: *

14. INDIVIDUAL COMPLETING THE APPLICATION LAST NAME: *

15. INDIVIDUAL COMPLETING THE APPLICATION EMAIL ADDRESS: *

16. INDIVIDUAL COMPLETING THE APPLICATION PHONE NUMBER: *

TEMPLATE - DO NOT SUBMIT

APPLICANT CCH's SOCIAL MEDIA CONTACTS:

If none, respond with "N/A"

17. FACEBOOK URL: *

18. WEBSITE: *

19. TWITTER/X HANDLE: *

TEMPLATE - DO NOT SUBMIT

20. WHAT IS YOUR CCH'S CURRENT CCH OPERATIONAL LEVEL?: *

- Considering starting a CCH (alone or with other partner CBOs)
- Actively working on starting a CCH, but it is not yet operational
- Our CCH has been established (e.g., 501c3 created, staff assigned, network CBOs contracted, etc.), but we do not yet have any contracts
- Our CCH has one or more active contracts at this time.
- Other

TEMPLATE - DO NOT SUBMIT

CCH CONTRACTS

21. How many total contracts does your CCH currently hold directly with health care organizations, governmental health programs, and similar payer organizations (e.g., health plans, health systems, ACOs, government-based health programs, like Medicaid; and employers)? Where a contract has multiple scopes of work (SOWs) for different projects, count each SOW as a "contract" for purposes of this question. Please do not include contracts held by one or more of the CBOs in your provider network. *

- 1-2
- 3-5
- 6-10
- More than 10

22. Thinking about your CCH's active contract(s) with health care organizations, approximately how long have you held the longest-running contract? *

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

23. What general categories or types of product or service packages does your CCH offer now, want to offer, or intend to offer? *

- Assessment or Screening for Health-Related Social Needs
- Behavioral Health
- Caregiver
- Care Management/Service Coordination
- Care Transitions
- Evidence-based Programs/Classes
- Housing Assistance
- Nutrition
- Person-centered Planning
- Social Isolation
- Transportation
- Other

TEMPLATE - DO NOT SUBMIT

24. In which state(s) does your CCH operate? *

- AL
- AK
- AZ
- AR
- CA
- CO
- CT
- DE
- DC
- FL
- GA
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE

TEMPLATE - DO NOT SUBMIT

25. Does your CCH serve the entire state or a region within the state? If your CCH is multistate, please use "Other" and describe in the field provided. *

Statewide

Regional

Other

26. Is your organization currently participating in any other learning collaborative or similar type of initiative at this time? *

Yes

No

PA

PR

RI

SC

SD

TN

TX

UT

VT

VA

WA

WV

WI

WY

27. If yes, please identify the learning collaborative or similar type of initiative: *

TEMPLATE - DO NOT SUBMIT

28. Has your organization participated in any of the previous NLCs for CCHs? *

29. Please rank the following SIX FUNCTIONAL AREAS for potential Training and Technical Assistance (T&TA) during the NLC based on your CCH's primary goals for participation. *

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

TEMPLATE - DO NOT SUBMIT

Please identify 1-3 goals, including milestones of achievement, of your CCH you would like to develop or strengthen as part of participation in the National Learning Community.

30. GOAL 1: *

31. GOAL 2: *

32. GOAL 3 (optional):

TEMPLATE - DO NOT SUBMIT

Please acknowledge your agreement with the following:

33. I agree that a learning community is only as strong and valuable as the commitment of its participants. *

Yes

No

34. On behalf of our organization, we agree to devote the time necessary to actively participate in the NLC and the learning opportunities made available through participation for the benefit of our organization and the overall benefit of the learning community. *

Yes

No

35. On behalf of our organization, we agree to actively participate in the online learning community that will be made available to organizations participating in the NLC and to share/contribute our knowledge, tools, best practices, materials, and overall expertise to enrich and support other participants in the learning community. *

Yes

No

36. Do you consent to publicly sharing contact information for your network with the purpose of highlighting community care hub capacity for interested parties, including health care payers? *

Yes

No

37. The Aging and Disability Business Institute (Business Institute) at USAging offers periodic e-communications of interest to CCHs and CBOs interested in enhancing their business practices. By submitting this application, you will be added to the email distribution list. However, if you prefer not to receive future communications from the Business Institute, please opt out here.

I PREFER TO OPT OUT

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