Application: *New York* *Community Health Worker Reimbursement and Sustainability Learning Collaborative*

# How to Apply

To apply for the *New York* *Community Health Worker Reimbursement and Sustainability Learning Collaborative,* please review the [**request for applications**](https://www.chcs.org/media/NY-CHW-Reimbursement-Sustainability-LC-RFA.pdf) (RFA), then complete and submit the following materials:

**This application**; and

[**Letter of support**](#_Letter_of_Support) from organization’s senior leadership.

Applications should not exceed **8 pages**. Submit all materials in PDF format and title them, inserting the name of the applicant organization, as follows:

Application\_Name of Organization

Letter of Support\_ Name of Organization

Submit application and letter of support to Vanessa Finisse (vfinisse@chcs.org) by **June 5, 2025, 11:59 pm ET**, with the following subject line: “[Name of Organization] Application for NY CHW Learning Collaborative”.

The CHCS team will be hosting an optional office hours session for potential applicants on May 21, 11:00 am – 12:00 pm. The link to register for event is <https://chcs.zoom.us/meeting/register/92ryFKbsRK-OCKIaN_01FQ>. Please email Vanessa Finisse, vfinisse@chcs.org, to request the webinar recording if you would like to listen and are unable to attend.

# Organization and Team Contact Information

The *New York Community Health Worker Reimbursement and Sustainability Learning Collaborative* will support up to six competitively selected teams to participate in a 12-month collaborative on sustainable financing for CHW services. Each team will consist of three team members as described in the RFA. Please provide the following organizational and team member information.

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| Name of Organization |  |
| Mailing Address and Website |  |
| Type of Organization *(health system, hospital, federally qualified health center, community-based organization, Social Care Network lead entity)*  |  |
| Senior Leader *(signatory for letter of support)* |  |
| First Learning Collaborative Group Session *(We are tentatively planning for the first learning collaborative session to be held on Thurs. July 17, 11:30 am – 1 pm. Please indicate if this time works for all team members.)* |   |

# Team Members

Please complete the table below with information about the three participating team members from your organization. As detailed in the RFA, each team should consist of a **core group of three individuals** who are able to join all sessions, including: (1) individual with significant experience supervising CHW staff and/or administering CHW programs; (2) individual with responsibility for organizational financing of CHW services, specifically as related to Medicaid and/or Medicare; and (3) individual who would supplement the above two team members, as determined by the participating organization’s discretion.

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| *Team Member #1* |
| Name |  |
| Job Title |  |
| Email Address |  |
| Phone Number |  |
| *Team Member #2* |
| Name |  |
| Job Title |  |
| Email Address |  |
| Phone Number |  |
| *Team Member #3* |
| Name |  |
| Job Title |  |
| Email Address |  |
| Phone Number |  |

# Application Narrative

**1. Organizational Background and Intent:** Briefly describe the applicant organization, services provided, populations served, and what you are hoping to gain from participation in the learning collaborative.

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**2. Organization’s Project Team:** Describe the individuals who will participate in the learning collaborative, including team members’ areas of expertise related to supervising or financing CHW services, as well as their role in the learning collaborative.

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**3. Current and Planned Activity Related to CHW Services:** Describe the current work of CHWs (number and program areas in which they work), how they are employed (either direct hire or contracted through an external organization), and the organization’s overall experience/approach to engaging CHWs in its work. Please share any recent or anticipated changes to CHW services, such as related to the number of CHWs employed, areas of focus, or program funding.

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**4. Interest in Medicaid and Medicare Financing for CHW Services:** Please describe your organization’s level of interest and current activity in the three financing opportunities that will be of focus in this learning collaborative: Medicaid CHW Benefit, Medicaid Social Care Networks, Medicare Community Health Integration. Applicants are expected to be pursuing at least two of these three funding pathways to ensure that the learning collaborative is relevant and valuable. Organizations may be actively receiving reimbursement through these funding mechanisms or may be in the planning stages for future implementation of these services. For each area, please describe if your organization is actively billing (including for direct service provision or through contracting), actively planning for future implementation, or not interested/not eligible for reimbursement.

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**5. Readiness and Work to Date:** Describe the work that your organization has done to date to prepare for future implementation of Medicaid and/or Medicare financing of CHW services. This may include, establishing workflows, developing financial projections, establishing or refining IT infrastructure, developing coding infrastructure, developing contractual partnerships, or identifying CHW training, among other activities.

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**6. Challenges:** What are your most substantial challenges with accessing or developing the infrastructure for Medicaid and/or Medicare reimbursement for CHW services? (CHCS will use this information and insights shared in kickoff calls to determine topics for learning collaborative sessions).

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**7. Additional Information:** Is there anything else you would like us to know about your organization. Are there priority areas of interest that you would like to focus on if selected to participate in the learning collaborative?

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# Letter of Support

Each organization must obtain a letter of support for participation in the learning collaborative from their organization’s senior leadership. The letter should indicate the willingness of the applicant organization’s leadership to support the staff members to participate in collaborative activities. The letter should also indicate the commitment of the leadership to implement organizational changes related to CHW billing and to incorporate learnings from this learning collaborative into the organization’s work, as feasible. Please see the RFA for expectations and estimated time commitment. Per the instructions on page 1, letters of support should be clearly labeled and submitted in PDF format.