

The Network Development Learning Collaborative (NDLC), hosted by the National Council on Aging is focused on providing community-based organizations (CBOs) with the knowledge and skills to create, enhance, and/or successfully manage community integrated health networks.

Key dates:

- **Application released:** September 29, 2021
- **Application deadline:** November 12, 2021 (By midnight, local time)
- **Selected participants notified:** December 17, 2021
- **Monthly webinars:** To be announced
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Learning collaborative eligibility:

- Applicants have carefully read the NDLC Charter, describing the purpose, expectations, and benefits of participating in the learning collaborative.
- Applicants agree to participate in the entire 10-month learning collaborative curriculum and dedicate 4-5 hours per month to prepare for monthly lectures and homework assignments.
- Applicant organizations or networks are interested in forming community integrated health networks and/or establishing a Network Lead Entity.
- Applicants are nonprofit, university, or governmental organizations (state, county, or municipal level) focused on aging and/or disability services and supports.
- Applicants are not participating in another business acumen learning collaborative with an overlapping timeframe.
- Applicants may have participated in the NCOA Network Development Learning Collaborative in the past. Preference will be given to first-time applicants.
- Applicants must submit a letter of support from their organization's leadership and key partners, if identified.

Submission guidelines:

- Proofread all submissions and carefully avoid errors.
- Answer all questions according to the specified word limit.
- Define all acronyms in parentheses after the first use of the word or phrase.

Supplemental materials:

View application questions in PDF format [here](#).

Contact Kathleen Zuke (kathleen.zuke@ncoa.org) with any questions regarding this application.

*** 1. Lead Organization**

Organization Name

Address Line 1

Address Line 2

State

City

Zip Code

*** 2. Lead Contact**

Name

E-mail Address

Phone Number

*** 3. Co-Lead Contact**

Name

E-mail Address

Phone Number

Key Partners

The development of community-integrated health networks requires commitment from multiple partners to deliver high-quality services across a state or region. Please identify at least 2 key partners that will be engaged in the learning collaborative with the lead organization. The application allows up to 5 key partners. If you would like to include more, please contact Kathleen Zuke (kathleen.zuke@ncoa.org).

Key partners should be formally engaged with the lead organization in taking steps to form a community integrated health network, with the intent of pursuing contracting opportunities for the delivery of home and community-based services. This should be an existing partnership that is defined by a memorandum of understanding, contract, or other formal agreement.

Submit a letter of support from each organization outlining their commitment to collaborate with the lead organization during the learning collaborative and their role in working with you to form a community integrated health network.

* 4. Key Partner 1

Organization Name	<input type="text"/>
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Contact Email Address	<input type="text"/>

5. Upload a letter of support

The letter of support should outline their commitment to collaborate with the lead organization during the learning collaborative and their role in forming a community-integrated health network.

<input type="button" value="Choose File"/>	<input type="button" value="Choose File"/>	No file chosen
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*** 6. Key Partner 2**

Organization Name

Address Line 1

Address Line 2

City

State

Zip Code

Contact Email Address

7. Upload a letter of support

The letter of support should outline their commitment to collaborate with the lead organization during the learning collaborative and their role in forming a community-integrated health network.

Choose File

Choose File

No file chosen

*** 8. Key Partner 3**

Organization Name

Address Line 1

Address Line 2

City

State

Zip Code

Contact Email Address

9. Upload a letter of support

The letter of support should outline their commitment to collaborate with the lead organization during the learning collaborative and their role in forming a community-integrated health network.

Choose File

Choose File

No file chosen

*** 10. Key Partner 4**

Organization Name

Address Line 1

Address Line 2

City

State

Zip Code

Contact Email Address

11. Upload a letter of support

The letter of support should outline their commitment to collaborate with the lead organization during the learning collaborative and their role in forming a community-integrated health network.

Choose File

Choose File

No file chosen

*** 12. Key Partner 5**

Organization Name

Address Line 1

Address Line 2

City

State

Zip Code

Contact Email Address

13. Upload a letter of support

The letter of support should outline their commitment to collaborate with the lead organization during the learning collaborative and their role in forming a community-integrated health network.

Choose File

Choose File

No file chosen

Eligibility

14. Our organization and key partners agree to fulfill the participant expectations outlined in the Network Development Learning Collaborative Charter, including participation in the entire 10-month learning collaborative curriculum and dedicating 4-5 hours per month to prepare for lectures and homework assignments.

We agree to fulfill these requirements.

We cannot fulfill these requirements.

15. The lead and key partner organizations are interesting in forming a community integrated health network and/or establishing a Network Lead Entity.

Yes

No

16. The lead and key partner organizations are all nonprofit, university, or governmental organizations (state, county, or municipal) focused on aging and/or disability services and supports.

Yes

No

17. Are you committed to participating in another business acumen learning collaborative that overlaps with the time period of the Network Development Learning Collaborative (January-October 2022)?

Yes

No

Readiness

* 18. Do the lead organization and key partners aim to contract with health care payors through the community integrated health network?

- Yes
- No

* 19. What services have you considered providing as part of your community-integrated network? Check all that apply.

- Nutrition (congregate, home-delivered, Meals on Wheels, etc.)
- Behavioral Health Services
- Transportation
- Care Coordination
- Physical Activity
- Falls Prevention Programs
- Chronic Disease Self-Management Education
- Caregiver Support
- Housing
- Benefits Access
- Homemaker Personal Care Services
- Alzheimer's or Dementia Care
- Legal Services
- Respite Care
- Services have not been determined.
- Consumer technology support (provision of devices/education on use)
- COVID-19 Contact tracing
- Vaccine outreach
- Other (please specify)

* 20. Are you receiving payment as individual organizations or a community-integrated health network from any of the following health care entities for home and community-based services? Check all that apply.

- Accountable care organizations
- Commercial or employer-sponsored health plan
- Medicare-Medicaid (duals) plan
- Hospitals or health systems
- Medicaid managed long-term services and supports plans
- Medicare Advantage plans (including Special Needs Plans)
- Medicare benefits (e.g. Diabetes Self-Management Training, Chronic Care Management, etc)
- Medicaid Home and Community-Based Services waiver program
- Physician group/federally qualified health center
- Public health departments
- Veterans Administration Medical Center
- We are not receiving payment from any health care entities.
- Other (please specify)

* 21. Have the lead organization and key partners evaluated infrastructure readiness for forming a community integrated health network and expanding the scope of your business? Check all that apply.

- Staffing
- Technology
- Policies and procedures
- Funding to expand infrastructure
- We have not evaluated infrastructure readiness yet.
- Other (please specify)

* 22. **Participation:** Why does your organization and key partners want to participate in the Network Development Learning Collaborative? Identify your primary goal for participating. (Min: 200 characters, Max: 700 characters)

* 23. **Progress:** Describe current progress toward forming a community integrated health network and/or establishing a Network Lead Entity, including any steps taken to coordinate with potential partners, established policies, and procedures, and outreach to potential payors. (Min: 200 characters, Max: 700 characters)

* 24. **Needs and challenges:** Describe your two most significant challenges in forming a community-integrated health network. This may include challenges related to organizational readiness, aligning partners, determining services, formalizing processes, etc. (Min: 200 characters, Max: 700 characters)

25. Upload a Letter of Support

Upload a letter of support from the lead organization affirming commitment to collaborating with key partners to form a community-integrated health network.

No file chosen