**GENERAL INSTRUCTIONS**

This application form should be used by organizations interested in the Long Term Care Workforce Investment Organization (LTC WIO) designation, seeking consideration to participate in the Managed Long Term Care Workforce Investment Program. Participation is open to all eligible applicants statewide.

**Managed Long Term Care Workforce Investment Program Reference Material**

The following reference materials may be of assistance when completing this application:

* New York State Department of Health, Managed Long Term Care Workforce Investment Program: <https://www.health.ny.gov/health_care/medicaid/redesign/2017/mltc_invest.htm>
* New York State Department of Health, Managed Long Term Care Workforce Investment Program Webinar Slides:

<https://www.health.ny.gov/health_care/medicaid/redesign/2017/docs/2017-05-25_workforce_investment_program.pdf>

**Submission Requirements**

Submit the application to:

[MLTCWorkforce@health.ny.gov](mailto:MLTCWorkforce@health.ny.gov)

Subject line: LTC WIO Application

The application must contain either an electronic signature authorizing the application by the Director or other responsible signatory of the organization, or designated lead organization if application includes partnership of multiple entities.

**Acknowledgement/Completeness Review**

The Office of Health Insurance Programs will electronically acknowledge receipt of the application. If the application is determined to be incomplete, it will be returned for revision and resubmission. If an application is deemed incomplete by the Department of Health, applicants will have five business days from the notice for revision and resubmission. All applications to be considered must be fully completed and submitted by 3:00 PM, August 28, 2017.

As part of the review process, applicants should be aware that additional information may be requested.

**Whom to Contact for Assistance**

Any questions concerning the application process should be directed to the Office of Health Insurance Programs, Division of Long Term Care by e-mail at [MLTCWorkforce@health.ny.gov](mailto:MLTCWorkforce@health.ny.gov).

**IDENTIFYING DATA**

**THE INDIVIDUAL DELEGATED AUTHORITY BY THE APPLICANT TO SUBMIT THE APPLICATION MUST SIGN THIS PAGE.**

Name of Organization

If applicant is a partnership between multiple organizations, please provide information for the designated lead organization.

Address: Street, City, State, Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone

Name of Person to Contact for Additional Information

Address: Street, City, State, Zip

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Telephone E-mail

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Fax

**Authorizing Signature**

I, the undersigned, hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto, is accurate, true and complete in all material aspects.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM PARTICIPATION QUALIFICATIONS**

The MLTC Workforce Investment Program will be broken into six regions: Central, Hudson Valley, Long Island, North East, New York City, and Western. Please be advised that organizations are permitted to submit applications in more than one region.

The following must be clearly answered for the application to be complete.

1. Is the organization a not-for-profit corporation established under the Not-For-Profit Corporation Law and incorporated within New York State? Provide identification number(s). If there is more than one entity in the proposed LTC WIO, include information for all organizations involved in the proposed partnership.
   1. Note that the Department will consider the following:
      1. Not-for-Profit entities formed by For-Profit entities for the purpose of this program.
      2. Educational institutions.
2. Provide any unique identifiers for the organization, as well as any partner organizations, if applicable. Examples include but are not limited to: Medicaid ID(s); Licensing Number(s), and Operator Certification(s).
3. What is the proposed LTC WIOs experience with development and implementation of healthcare workforce training initiatives?
   1. Describe the ability to reach a diverse population of workers.
   2. Describe the ability to enlist the largest geographical reach.
4. Describe the proposed LTC WIO’s current infrastructure to conduct training, whether current infrastructure is sufficient to accommodate additional training initiatives, and how it will expand infrastructure if necessary.
   1. Describe recruitment relationship with potential employers.
   2. Describe the proposed LTC WIO’s capacity to continue to engage employers and maintain liaison throughout the program.
   3. Include capacity to create customized curricula for long-term care workers.
5. Describe the proposed LTC WIO’s incorporation of cultural competency into current training initiatives.
6. Describe the proposed LTC WIO’s current capacity to evaluate outcomes.
   1. Describe metrics used to evaluate current training programs.
   2. Describe methods for data collection.
   3. Describe capacity to report outcomes.
7. Attach the proposed Workforce Development Initiative(s) for our review. Describe the proposed LTC WIO’s ability to accomplish the following:
   1. Incorporate adult-learner center training techniques into proposed training programs.
   2. Facilitate training programs that go beyond the current minimum requirements without supplanting existing training programs.
   3. Exhibit or develop trainings in a broad range of long term care topics.
   4. Align training with the goals of DSRIP.
   5. Obtain reportable data, include details of proposed metrics.
   6. Capacity to develop effective contractual relationships.
   7. Ability to recruit new entrants to the healthcare workforce.
   8. Plan of sustainability for training solutions.
8. Special consideration will be given to applications that contain one or more of the following:

* 1. Ability to train multiple types of direct care skillsets and job titles.
  2. Diversity in the structure of entity and proposed partnerships.
  3. Established academic programs and models of training.
  4. Broad range of employer and provider group participation.
  5. Expertise in a variety of training areas.
  6. Indication of broad knowledge of the needs of the long-term care delivery system.
  7. Ability to incorporate technology to extend the reach of training.
  8. Target date and timeline, including deliverables where applicable.