

This is a draft for public comment as required by the 1115 waiver language, an updated document will be posted by August 4, 2017. Please send comments to MLTCWorkforce@health.ny.gov.

GENERAL INSTRUCTIONS

This application form should be used by Long Term Care Workforce Investment Organizations (LTC WIOs) 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

Subject line: LTC WIO Application

The application must contain either an electronic signature authorizing the application by the LTC WIO's Director or other responsible signatory.

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. All applications to be considered must be fully completed and submitted by 3:00 PM, August 21, 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.

IDENTIFYING DATA

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

Name of Long Term Care Workforce Investment Organization

Address: Street, City, State, Zip

Telephone

Name of Person to Contact for Additional Information

Address: Street, City, State, Zip

Telephone

E-mail

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 Long Term Care Workforce Investment 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 proposed LTC WIO a not-for-profit corporation established under the Not-For-Profit Corporation Law and incorporated within New York State? Please provide identification number.
2. Please provide any unique identifiers for the proposed entity or entities involved, if applicable. Examples include but are not limited to: Medicaid ID; Licensing Number(s), and Operator Certification(s).
3. What is the proposed LTC WIOs experience with development and implementation of healthcare workforce training initiatives?
 - a. Describe the ability to reach a diverse population of workers.
 - b. Describe the ability to enlist the largest geographical reach.
4. Please describe any infrastructure in place to conduct training.
5. Describe the incorporation and awareness of cultural competency.
6. Please describe capacity to evaluate outcomes and collect measurable data.
 - a. Describe how the outcomes have been evaluated.
 - b. Describe the metrics collected and how they were used.
7. Please attach the proposed Workforce Development Initiative(s) for our review. Please describe your ability to accomplish the following:
 - a. Incorporate adult-learner center training techniques into proposed training programs.
 - b. Facilitate training programs that go beyond the current minimum requirements without supplanting existing training programs.
 - c. Align training with the goals of DSRIP.
 - d. Obtain reportable data, please include details of proposed metrics.
 - e. Ability to recruit new entrants to the healthcare workforce.
 - f. Plan of sustainability for training solutions.
8. Special consideration will be given to applications containing the following:
 - a. Ability to train multiple types of direct care skillsets and job titles.
 - b. Diversity in the structure of entity and proposed partnerships.
 - c. Established academic programs and models of training.
 - d. Broad range of employer and provider group participation.
 - e. Expertise in and variety of training areas.

- f. Indication of broad knowledge of the needs of the long-term care delivery system.
- g. Ability to incorporate technology to extend the reach of training.
- h. Include target date and timeline for deliverables where applicable.
- i. Demonstrate the capacity to develop effective contractual relationships. For example, with Managed Care Organizations or other entities.

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