Omaha Pathways HUB - Care Coordination Agency Request for Applications

Section 1. Applicant Information

Organization Name *

Project Contact Person *

First Name

Last Name

This should be the main point of contact for the project (may or may not be the same person submitting the application)

Organization Address *

Country

Select...

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Phone Number *

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Email *

email@example.com

The email address provided will be used for all application notifications.

Section 2. Requirements

To be considered as a CCA, you must meet all of the following requirements. Please check the box if your organization meets the requirement.

☐ We are a nonprofit organization serving Omaha, NE.

☐ We are willing to employ and supervise Community Health Workers that are trained to implement the PCHI® Model of care coordination through the Omaha Pathways Community HUB (HUB).

☐ We have experience in/interest in providing home-based and community-based services to help residents experiencing significant challenges accessing social and medical services get connected to available resources.

☐ We have experience in/interest in providing services focused on pregnant individuals and their families in order to improve birth outcomes.

☐ We have read the Summary Standards document and understand that the PCHI® Model requires certain standards to be met and that CCAs will partner with the HUB on ongoing development and quality improvement processes to meet the needs of those we serve and meet the PCHI® certification requirements.

☐ We confirm that we have professional liability insurance coverage of not less than $1,000,000 per occurrence. (see question below to provide additional info)

If you have questions on the requirements please review the Orientation Webinar posted on our website, attend a Technical Assistance session with the HUB (see website for details) and / or submit your question to kelly@omahafoundation.org

Additional Insurance Information:

Please include any additional details about your liability insurance. Or, if you do not have liability insurance please explain why and what your plans are to get the needed coverage in order to deliver this program.

If you did not check all boxes in the requirements section above please explain:

Section 3. Applicant knowledge, capacity, and relevant experience.

Please answer the following questions to help us better understand your organization and its interest and capacity to partner with the HUB as a Care Coordination Agency (CCA). You will answer these questions on a separate document and upload the document with your final responses. All questions should be answered in a single document not to exceed 4 pages, single-spaced, in 11 point font. You do not need to include the full question in your document but please number your responses accurately to correspond to the correct question number.

Core Application Questions *

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Choose File

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Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .pdf, .txt

1. Share your understanding of the Pathways Community HUB Institute® Model and the primary reason(s) your organization is interested in being a Care Coordinating Agency (CCA) for the Omaha Pathways Community HUB.

2. Share your organization's history and experience as it relates to navigation or care coordination services for social and medical needs for individuals and families in Omaha, NE. Include details on the following:
  - Experience specifically serving individuals east of 72nd st. or from communities that are historically under-resourced.
  - Examples of your success, outcomes achieved, and how your organization addressed any barriers.
  - Examples of how you've established trust with those you serve.
  - If you have specific populations you serve and / or limitations on who you are able to serve through your organization.

3. Explain your experience in working to improve birth outcomes, and/or address maternal and child health needs, including how this work fits within your Mission. Or, how you plan to grow your work and Mission related to this work.

4. Explain your experience serving the Black community including the nature of services, outcomes, and how you integrate the experiences and perspectives of members of the Black community in your ongoing work (i.e., planning, implementation, and evaluation). Or, how you plan to grow your work in this focus areas.

5. Community Health Workers (CHWs) are key to the success of the HUB model. In this model we define CHWs as trusted individuals with deep knowledge of the community, expertise in navigating resources, and strength in building relationships. CHWs should share identities with those they serve which may include race, ethnicity, language, lived experience or others. CHWs are often called by different titles such as Promotoras, peer navigators, outreach specialists, etc. There is an example job description in the RFA materials that can be modified with the HUB and selected agencies as needed.
Share your experience employing and supervising CHWs (or a similar role). Include:
  - How many CHWs you currently employ
  - A high-level description of where and how your CHWs practice and who they are serving
  - Your supervision model (including details on personnel providing supervision and how supervision is provided)
  - Training requirements for your CHWs and any ongoing training / development provided to CHWs

If you do not currently employ CHWs, describe your interest in employing CHWs and your plan for supervision, support and training of CHWs.

6. Describe how diversity, equity, inclusion and belonging are addressed within your organization. Share how this is addressed from a program/client experience perspective, as well as with leadership, board involvement, employees and overall operations.

7. This funding will support two (2) CHWs at an organization (or FTE equivalent). Indicate how many CHWs you plan to dedicate to providing community-based care coordination through the HUB, or if you anticipate hiring new positions (and if so, estimated length of time to hire).

8. The HUB and selected agencies will work together to finalize budgets and payment models. To help inform that work please indicate your resource / funding needs to support employment of two (2) CHWs (or FTE equivalent) to work through the HUB for one year. Please estimate costs including CHW annual salary, benefits, supervision costs, and associated operating expenses (i.e., mileage, supplies, mobile phone, etc.). Please share if you have existing funding to support CHWs in this work including any details you can share about funding level and period of funding available.

Section 4. Organizational Policies and Assurances

Provide a copy of your non-discrimination policy. *

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .pdf, .txt, .wpf, .gif, .jpg, .jpeg, .png

Please do not provide your entire operating manual or policies and procedures but only the select page(s) addressing your non-discrimination policy.

Leadership Agreement

☐ **By checking this box I certify that Senior leadership (e.g., CEO or equivalent) supports the organization's participation in this work.**

Include senior leadership contact information below.

Leader Name

First Name

Last Name

Leader Title

Leader email address

email@example.com

Follow-Up Applicant Discussions *

☐   Tuesday Sept 19th - 1:00 - 2:00 p.m.

☐   Tuesday Sept 19th - 2:00 - 3:00 p.m.

☐   Thursday Sept 21st - 9:00 - 10:00 a.m.

☐   Thursday Sept 21st - 10:00 - 11:00 a.m.

☐   Thursday Sept 21st - 11:00 a.m. - 12:00 p.m.

☐   We are unavailable at these times

Depending on the volume and types of applications we may ask for some applicants to have a follow-up discussion with our selection committee. We currently have the times above blocked for these discussions which we expect will be held for 45 minutes. Please indicate all of your availability if asked to have a follow up discussion and feel free to hold these times. If you are unavailable, that in no way affects the status of your application and if needed we will follow up for additional times as needed.