Community Incentive Program Application

CY 2023

## Information requested from applicant:

Please complete the form below. All fields are mandatory. Please limit the application length to no more than 15 pages total. If you have questions about the application, please contact PIAC@CCHAcares.com.

**Date of Application:** <insert date here>

**Organization Name:** <insert name here>

**Organization Address:** <insert address here>

**Organization Phone Number:** <insert phone number here>

**Organization Website:** <insert website here>

**Primary Point of Contact Name:** <insert name here>

**Primary Point of Contact Email Address:** <insert email here>

**Primary Point of Contact Phone Number:** <insert phone number here>

**Funding Amount Requested:** <insert amount here>

**Legal Status of Organization:** <insert status here>

**Region:** Choose an item.

**Counties to be Served:** *Only select counties within your region.*

**[ ]** Boulder [ ]  Broomfield [ ]  Clear Creek [ ]  Gilpin [ ]  Jefferson

[ ]  El Paso [ ]  Park [ ]  Teller

**Have you previously been awarded funds through the Community Incentive Program?**

[ ]  Yes [ ] No

If yes, provide dates: <insert dates here>

## Organization Overview

**Organization’s mission and goals**

<insert text here>

## Program Proposal

*In 4 to 6 sentences, please answer each of the following questions.*

1. What is the specific community gap that you have identified as the reason for this project?

<insert text here>
2. What are the specific components of this project that will address the needs identified?

<insert text here>
3. What is your one-year goal for this project?

<insert text here>

## Program Details

**Scope of Work**

*List the specific activities to be funded, using the tables below. If your program has more than four activities to be funded, please use the Activities to be Funded form located on the application form page* [*here.*](https://www.cchacares.com/for-providers/community-incentive-program/)

***Requirements:*** *Activities must align with the attached budget; activities must have quarterly milestones, annual baselines and year-end goals (quantitative and qualitative)*

***Definitions:***

*Qualitative – measuring the quality versus the quantity of an activity/program.*

*Quantitative – measuring the quantity versus the quality of an activity/program.*

**Activity #1**

|  |  |
| --- | --- |
| **Activity to be Funded** |  |
| **Approach/Method**  |  |
| **Q1 Milestone** |  |
| **Q2 Milestone** |  |
| **Q3 Milestone** |  |
| **Q4 Milestone** |  |
| **Budget Allocated** |  |
| **Quantitative Baseline** |  |
| **Quantitative Year-end Goal** |  |
| **Qualitative Baseline** |  |
| **Qualitative Year-end Goal** |  |

**Activity #2**

|  |  |
| --- | --- |
| **Activity to be Funded** |  |
| **Approach/Method**  |  |
| **Q1 Milestone** |  |
| **Q2 Milestone** |  |
| **Q3 Milestone** |  |
| **Q4 Milestone** |  |
| **Budget Allocated** |  |
| **Quantitative Baseline** |  |
| **Quantitative Year-end Goal** |  |
| **Qualitative Baseline** |  |
| **Qualitative Year-end Goal** |  |

**Activity #3**

|  |  |
| --- | --- |
| **Activity to be Funded** |  |
| **Approach/Method**  |  |
| **Q1 Milestone** |  |
| **Q2 Milestone** |  |
| **Q3 Milestone** |  |
| **Q4 Milestone** |  |
| **Budget Allocated** |  |
| **Quantitative Baseline** |  |
| **Quantitative Year-end Goal** |  |
| **Qualitative Baseline** |  |
| **Qualitative Year-end Goal** |  |

**Activity #4**

|  |  |
| --- | --- |
| **Activity to be Funded** |  |
| **Approach/Method**  |  |
| **Q1 Milestone** |  |
| **Q2 Milestone** |  |
| **Q3 Milestone** |  |
| **Q4 Milestone** |  |
| **Budget Allocated** |  |
| **Quantitative Baseline** |  |
| **Quantitative Year-end Goal** |  |
| **Qualitative Baseline** |  |
| **Qualitative Year-end Goal** |  |

**Project Timeline**

*Describe the timeline for implementation and execution of the project broken down by quarter.*

<insert text here>

**Population Focus**

*List the specific populations you plan to serve and provide an estimated number of Health First Colorado members.*

***Requirements:*** *Please indicate how many Health First Colorado Members your organization serves. Of your entire population served, please indicate what percent is Health First Colorado Members; if requesting more than $50,000, of your total Health First Colorado Members served, what percent will be impacted by the program you are proposing with this application?*

<insert text here>

## Key Priority Areas

*Identify the Community Incentive Program key priority area(s) that your project directly aligns with and indicate how your activities to be funded meet the needs of the key priority area. Select all that apply; a minimum of one selection is required.*

**Maternity**

[ ]  Increase the number of pregnant and post-partum members who engage in timely prenatal and post -partum care with an OBGYN specialist

[ ]  Increase the number of pregnant and post-partum members who receive a depression screening

Focusing on one or more of the following populations\*:

* Black Indigenous People of Color (BIPOC)
* Members in rural communities
* Members under 21 and over 35 years of age

**How do your activities to be funded align with this key priority area?**

<insert text here>

**Preventive Care**

Increase the number of members who engage in preventive care

[ ]  Well-Visits

* Increase the number of children who receive at least six well-child visits with a primary care physician during the first 15 months of life
* Increase the number of children who turned 30 months old during the measurement year and had at least two well-child visits with a primary care physician in the last 15 months
* Increase the number of children and adolescents ages 3-21 with at least one annual well-visit during the measurement year

[ ]  Vaccinations

* Increase member engagement and vaccination rates for the standard schedule of vaccinations, including COVID-19 and influenza.

Focusing on one or more of the following populations\*:

* BIPOC members
* Latinx members
* Members in rural communities
* Members in the LGBTQ+ communities

**How do your activities to be funded align with this key priority area?**

<insert text here>

**Oral Care**

[ ]  Increase the number of members under 21 years of age who complete an annual oral evaluation

Focusing on one or both of the following populations\*:

* BIPOC members
* Members in rural communities

**How do your activities to be funded align with this key priority area?**

<insert text here>

**Behavioral Health**

[ ]  Funding to support the integration of physical and behavioral health in practices

* *Program suggestion: Funding to help hire a bilingual/multicultural behavioral health provider to improve access for minority populations*

[ ]  Increase the number of members who have received a depression screening and appropriate follow-up with accurate billing

* *Program suggestion: One-time infrastructure funding to apply G-codes for depression screenings*

**How do your activities to be funded align with this key priority area?**

<insert text here>

*\*These focus areas and priority populations are based on reviewed data; however, we value your perspective and knowledge and are open to feedback and suggestions on marginalized groups that are not listed. Please reach out to discuss additional areas of opportunity.*

## Priority Support Areas

*The following priority areas can only be added to an application when supporting one of the above key priority areas.*

**[ ]** End of Continuous Enrollment

* Increase overall engagement by obtaining updated member contact information

**How do your activities to be funded align with this key priority area?**

<insert text here>

**[ ]** Social Determinates of Health (SDoH)

* Increase overall member engagement by addressing SDoH through documented closed-loop referrals and/or member demographic tracking by service provided.

**How do your activities to be funded align with this key priority area?**

<insert text here>

## Health Equity

*Describe how your project will implement processes that can measurably narrow the health equity gap and allow every member to achieve the opportunity to attain their full health potential without disadvantages due to social circumstances. Please ensure to list all references for data that inform your response. (The five health disparities include: race and ethnicity, gender, sexual identity and orientation, disability status or special health care needs and geographic location (rural and urban).*

<insert text here>

## Project Sustainability

*If your organization is awarded, how will you continue the project after the 1-year term has been completed and CCHA provides no additional funding?*

<insert text here>

## Project Referral Process

Does your proposed program allow for referrals from CCHA’s Care Coordination team and vice versa?

[ ]  Yes (further information will be requested if awarded)

[ ]  No

If no, please provide a reason:

<insert text here>

## Collaboration

What other organizations, if any, are participating in the project? Describe the collaboration.

<insert text here>

## Application Requirements

The following information must be submitted with this application. All files must be in unencrypted (no password required) PDF format.

* Required
	+ Non-discrimination policy
	+ Current W-9
	+ Most recent annual statements (audited if available, without passwords)
	+ Current operating budgets
	+ Detailed budget of this project (template found on [Community Incentive Program webpage](https://www.cchacares.com/for-providers/community-incentive-program/))
	+ A list of other sources of actual and expected funding, including amounts
* Helpful
	+ Copy of IRS determination letter indicating exempt status, if applicable
	+ Letters of support
	+ Any additional supporting documentation