

**Request for Information**  
**Submissions Due December 9, 2022, by 5:00 PM (PT)**

**California Health Care Foundation**  
**Strengthening Capacity of Safety-Net Providers to Care for an Aging Population**

**Purpose**

The purpose of this request for information (RFI) is to identify primary care safety-net providers that may be interested in participating in a California Health Care Foundation (CHCF) initiative in 2023–24 to help strengthen their capacity to serve older adults. **Submitting a response to this RFI is the required first step of the application process.**

**Background**

In the first quarter of 2023, CHCF plans to launch an 18-month initiative (pending project approval) called “Strengthening Capacity of Safety-Net Providers to Care for an Aging Population.” CHCF is considering ways to support California safety-net primary care provider organizations with some combination of technical assistance, funding, and peer learning activities with the goal of helping to increase their capacity to serve older adults. CHCF will use this RFI to gauge interest and assess needs.

This effort is motivated by the findings and opportunities described in the CHCF report, [\*Improving Care for California’s Older Adults: The Role of Community Health Centers and Public Hospital Systems\*](#). The report found that while older adults are the fastest-growing segment of California’s community health centers (CHCs), most of these organizations have not yet developed specific strategies or services aimed at supporting this population. However, CHCs are well positioned to provide coordinated, integrated, high-quality care to older adults, given their unique skill set and culture supporting comprehensive care for complex populations. While some CHCs are on the leading edge of developing specific programs and services for older adults, others are aware of the need to prepare and adapt but have not yet done so. CHCF is exploring opportunities to potentially help both types of organizations accelerate their progress through this initiative.

Pending project approval, CHCF plans to support five to eight Federally Qualified Health Centers (FQHCs), non-FQHC community health centers, or public health care system outpatient primary care clinics to plan and implement projects that advance the organizations’ readiness and ability to care for an aging population.

The program design is still being developed (and will be based in part on the responses to this RFI), but is anticipated to include some combination of elements such as:

1. Structured technical assistance, educational content, and resources on core topics of interest to a cohort of participating organizations, and funding to support participation.
  - For example, this could be structured as a learning community where participating organizations are provided with core educational content, centralized consulting support on key topics, one-on-one coaching to address unique planning and implementation needs, and periodic opportunities for peer-to-peer sharing and learning. CHCF funding could be used to offset some of the staff time needed for participation.
2. An opportunity to request funding for organization-specific technical assistance or consulting support arranged by the organization itself, or to request support from a pool of consultants / technical assistance providers arranged by CHCF.

- For example, if a CHC has a specific technical assistance need (such as financial analysis) and has a specific consultant in mind to support their work, they could request funding to offset that consultant's costs. Or, if CHCF determined that a "menu" of technical assistance topics would help one or more participating organizations, CHCF could contract with consultants to address those needs, and participating organizations could select from this menu and request assistance from these pre-selected consultants.
3. Periodic stand-alone peer-to-peer sharing and learning opportunities through virtual meetings and one to two in-person meetings.
    - For example, these could include topic-specific or peer learning meetings that participants could opt into or out of depending on the topic and their specific needs.

## Instructions

**This RFI is the required first step in the application process for this initiative.** If sufficient interest is demonstrated through responses to the RFI, we anticipate releasing a more detailed request for proposals (RFP) in early 2023 (pending project approval), that would outline the program design and participation requirements. Participants would be selected based on RFP responses.

**Any organization that may be interested in applying to participate in the initiative must complete the RFI.** We suggest that the responses be completed by people/teams with both clinical and operational roles at the applicant organization. Completing the RFI does not obligate the organization to complete the subsequent RFP.

To submit your response to the RFI, upload a PDF or Microsoft Word version through the [CHCF website](#) **no later than 5:00 PM (PT) on Friday, December 9**. Submissions should not exceed three pages (not including the question text). Be sure to name your file the name of your organization (i.e., Clinic\_Name.pdf).

If you have any questions about the RFI, please contact [Kate Meyers](#), senior program officer.

## About CHCF

The [California Health Care Foundation](#) is an independent philanthropy dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

## Request for Information: Strengthening Capacity of Safety-Net Providers to Care for an Aging Population

1. Name:  
Title:  
Organization:  
E-mail:  
Phone:
2. California health care safety-net organizations that provide comprehensive primary care are eligible for this RFI. Which best describes your organization? (Select one.)
  - a. Federally Qualified Health Center (FQHC) and FQHC Look-Alikes
  - b. Community clinics and free clinics
  - c. Ambulatory clinics owned and operated by county health systems or public hospitals
  - d. Indian Health Service (IHS) clinics
3. How many unique patients did your organization serve from January 1, 2021, through December 31, 2021, across how many sites? Please also break down your patient population by the following:
  - a. Ages 45–64, and ages 65+
  - b. Race and ethnicity
  - c. Language distribution (e.g., patients with a preferred language of English, patients with a preferred language other than English)
  - d. Payer mix
4. How would you describe your organization’s current state regarding program/service/strategy development specific to older adults? (Select one.) Please be honest, as this will help CHCF understand the needs of organizations like yours and can develop appropriate programs to meet your needs. We are open to including organizations at any of these stages.
  - a. **Pre-contemplation.** We have not focused on this population and have not begun thinking about how we might do so but are interested in beginning that process.
  - b. **Contemplation.** We know we need to be paying more attention to this population and we have begun thinking about potential opportunities but have not actively begun to plan and prepare.
  - c. **Preparation.** We have been planning for programs/services/strategies and are preparing for our next steps.
  - d. **Action.** We have programs/services/strategies specific to older adults up and running and are focused on sustaining and/or expanding beyond those to new strategies.
  - e. **Maintenance.** We believe we have most of the programs/services/strategies in place that we need to serve our aging population and are focused on the quality and sustainability of those services.
5. Please provide some detail on your response to question four — i.e., describe how your organization has been working on programs/services/strategies for older adults, including any specifics on existing programs/services/strategies (or the reasons you are considering these needs but have not yet been actively working on them).
6. Would programs targeting older adults align with your organization’s strategic priorities and goals? If so, how?

7. Please share a paragraph or list of ideas on where you think your organization should focus in the next one to two years to prepare to serve a growing older adult population. (This is not committing you to anything; this is intended just to capture your current ideas and aspirations for this work.) Examples might include, but are not limited to:
  - a. **Data analyses** to understand your organization's population trends, including trends for patients as they age into Medicare coverage.
  - b. **Financial analyses** to understand the potential impacts of increasing the proportion of Medicare enrollees and people enrolled in both Medi-Cal and Medicare (dually eligible enrollees). This would include but not be limited to understanding the impacts of contracting with Medicare Advantage plans (including the transition to [Medicare Medi-Cal Plans](#) under CalAIM [California Advancing and Innovating Medi-Cal]).
  - c. **Integrating geriatric skills and principles into primary care**, including support for clinical skill-building, workflow changes, operational changes (e.g., longer appointment times), and physical space changes (e.g., accessible exam rooms, designated waiting areas).
  - d. **Developing new partnerships or regional collaboration opportunities** to support the development of services for older adults (including community-based organizations/social service agencies; health plans/payers; long-term services and supports providers including skilled nursing facilities; counties; and specialty care providers).
  - e. **Building or expanding special programs**, such as Program of All-Inclusive Care for the Elderly (PACE) or Community-Based Adult Services (CBAS) centers (adult day health services).
  - f. **Other** — please describe.
  
8. Please include a paragraph on what types of support from CHCF you would find most valuable to strengthen your organization's capacity to serve a growing older adult population. (This is not committing you to anything; this is intended to help CHCF understand potential needs.) Examples might include but are not limited to the following; if any of these examples are a clear priority for you, please indicate that in your response.
  - a. Structured learning community, where participants are supported by a technical assistance team and given peer learning opportunities to identify, plan, and implement desired practice changes.
  - b. Funding to support health center-led / health center-directed planning and implementation activities (e.g., could be used for external consultants identified by the organization, staff time, etc.)
  - c. CHCF-funded technical assistance team to work with health centers/safety-net organizations on specific activities, e.g., analyzing population data to identify trends and needs; partnering with patients/families to elicit and understand needs, priorities, and practice improvement ideas of older adults; financial analysis to assess opportunities related to Medicare fee-for-service and Medicare Advantage/Dual Eligible Special Needs Plan members; geriatrics skills; collaborative/regional partnership development; PACE assessment.
  - d. Stand-alone, topic-specific educational webinars or meetings to learn from outside experts and peers and share best practices and resources with other safety-net organizations.
  - e. Other — please describe.
  
9. Is there anything else you would like to share with CHCF?