



## **Community Health Care Association of New York State**

### **Policy Regarding Requests for Letters of Support**

The Community Health Care Association of New York State (CHCANYS) is dedicated to ensuring that the medically underserved living in New York State have continuous access to high-quality community-based health care services. As New York State's Primary Care Association, CHCANYS strengthens the delivery of health care to the underserved and reinforces health centers' central role in New York's primary care safety net.

CHCANYS' strength and effectiveness as your PCA depends not only on our staying continuously apprised of regulatory and policy developments but also on our having access to up-to-date, detailed information about the state's health centers and the communities they serve. Information from our members and other stakeholders allows us to provide the highest quality technical assistance as well as to compellingly and successfully advocate for those measures that strengthen New York's community health care system.

In considering your request to CHCANYS for a letter of support, therefore, we will also ask that you commit to providing us with certain specific information about your project and your organization. Further, organizations requesting a letter of support will be required to meet certain criteria to demonstrate the strength of their projects. Please note that issues specific to certain grant programs may result in CHCANYS instituting additional criteria and/or requesting further information beyond what is enumerated below.

#### **Review Criteria**

While each request will be given individual consideration, CHCANYS will consider the following guidelines in determining whether it is appropriate to provide a letter of support:

- Does the applicant meet Bureau of Primary Health Care (BPHC) governance requirements?
- Will the applicant be open to all residents regardless of their ability to pay, race, religion, color, gender, age, sexual orientation, national origin or disability?
- Does the applicant demonstrate the ability to provide high-quality care to community residents in need?
- Is the application supported by the community, including existing safety net providers, most especially existing FQHCs and Look-Alikes?
- Does the applicant demonstrate the ability to meet BPHC expectations including financial integrity and sustainability?

- Does the applicant meet the assessed need of the community?
- Has the applicant secured a dated letter from each existing FQHC, FQHC Look-Alike, rural health clinic and critical access hospital (if applicable) operating within or contiguous to the proposed service area indicating its support of and commitment to the proposed application?
- Has the applicant's governing board approved a sliding fee schedule, does it update the fee and discount schedule on a regular basis, and has it posted signs announcing the availability of a sliding fee scale in a prominent and accessible location?

### **Deadlines**

To provide CHCANYS with sufficient time to evaluate each request, we ask applicants to submit their requests for letters of support **at least 14 days in advance of the deadline.**

### **Required Materials**

To enable CHCANYS to adequately review the above criteria, applicants must submit:

- Letter of Support Request Form: You must begin your request process by clicking here and filling out the LOS Request form. You will be asked for your health center/organization's current service area zip codes and expansion zip codes.
- Supplemental Materials: Within 2 days of submitting the online LOS Request form, you must provide:
  - Draft letter, to ensure we address areas important to the application.
  - An Executive Summary of the grant application for which the Letter of Support is being requested.
- For any New Access Point (NAP) or Look-Alike applications the following are also required:
  - Copies of the letters obtained from each existing FQHC and FQHC Look-Alike, operating within or contiguous to the proposed service area indicating its support of and commitment to the proposed application.
  - If applicable, list any rural health clinics and/or critical access hospitals in your service area and indicate whether they have provided a letter of support for your project.
  - For each existing FQHC, FQHC Look-Alike, rural health clinic, and/or critical access hospital in your service area that has not provided you with a letter of support, provide an explanation as to why you have been unable to obtain that letter.

### **Follow-Up**

By requesting a letter of support from CHCANYS, you agree to provide:

- A copy of the final complete application within one week after submission.
- A copy of the comments from the Objective Review Committee, including the score for the application, within one week of receipt.