

Long-Term Care Data Cooperative Application Process

Preliminary Approval Application for Researchers without Funding

Principal Investigator will submit all materials to LTCDataCooperative@ahca.org:

- √ 1-Page Synopsis written in plain-language that summarizes the goals, and data analysis processes.
- √ Completed Application using Standard Long-Term Care Data Cooperative Preliminary Approval Application

The decision of this application is preliminary only. Official access to the LTC Data Cooperative is contingent upon a full review process. The full review process will entail a community comment period with providers and a Review Committee assessment, both of which will take place after your project is funded. All LTC Data Cooperative participants will be provided a summary of each funded researcher application to assure proposals are consistent with the DUA permissions, and mission of the cooperative.

Steps for review:

1. Application will be reviewed administratively to ensure that all required application materials have been submitted and that all necessary components within the application were provided.

NOTE: All applications must include a 1-page synopsis written in plain-language that summarizes project objectives and analytic plans. This synopsis will be reviewed by providers participating in the Long-Term Care (LTC) Data Cooperative and the review committee. It is imperative that the synopsis be written for members of the long-term care community and not in formal academic language. Summaries will be returned if not readable.

2. The LTC Data Cooperative Review Committee will determine the final recommendation. The review committee is comprised of 6 Long-Term Care Industry Experts including AHCA/NCAL Board Members, and the LTC Data Cooperative leadership committee. Further information on the application process can be found [here](#).
3. **Final decision will be shared with Project Investigator within 4-6 weeks from date of submission.**

If Application is recommended:

- Principal Investigator must follow-up via email with notice of grant funding to LTCDataCooperative@ahca.org. Once notification has been received, AHCA Solutions will share a list of all additional materials (*e.g., IRB Approval, PB approval, proof of funding*). These materials must be submitted within 15 calendar days of notification.
- Upon submission of funding notice, Applicants will participate in the LTC Data Cooperative full review process. The full review process entails an open public comment period from enrolled providers who will assure the information presented is consistent with the DUA permissions, and mission of the cooperative.
- A final review will be conducted by the Long-Term Care Data Cooperative Review Committee, who will then determine the final recommendation.

*If Application is **NOT** recommended **or** more information is required:*

- AHCA Solutions will notify Principal Investigator of recommendation, providing a feedback report and rationale within 3-4 weeks from date of submission.

Long-Term Care Data Cooperative for Research

Preliminary Approval Application for Researchers without funding

Type of Application for data use (check the appropriate research category)

- Type 1: De-identified Data, Exempt from IRB approval
- Type 2: Research Conducted under a Waiver of Patient Consent for Use of Protected Health Information
- Type 3: Research Requiring Facility Consent Only (e.g., cluster randomized trial with waiver of patient consent)
- Type 4: Research Requiring Patient/Proxy Consent – and, therefore, facility consent

PROJECT TITLE	
SECTION I: Contact information for Principal Investigator	
NAME:	
ORGANIZATION:	
ADDRESS:	
CITY, STATE, ZIP:	
EMAIL:	
PHONE:	
NOTE: Graduate students may not be listed as the Principal Investigator.	
SECTION II: Contact information for an Alternate (e.g., project analyst; faculty supervisor/mentor of postdoctoral fellow)	
NAME:	
ORGANIZATION:	
CITY, STATE, ZIP:	

EMAIL:	
PHONE:	

SECTION III. Funding Source:

Note: Funding must be available to support research services provided by AHCA Solutions/Exponent.

Does this protocol currently have funding?

- No
- Yes

STOP: If Yes, please utilize “Application for Use of Long-Term Care Data Cooperative Data for Research” [here](#)

Does this protocol or any part of this study require approval by a regulator, or do you plan to submit the results of this study to a regulatory agency?

- No
- Yes

If Yes, please indicate any relevant timeline or other relevant information that should be taken into consideration.

SECTION IV. Project Description:

Does this request require a Letter of Support (LOS)?

- a. No
- b. Yes

A. A grant application may be submitted in lieu of Sections C-F below. Please indicate if a grant application is being submitted:

- Completed Sections C-F below
- Attached a grant application

B. Executive Summary or AIMS Statement (**1-page plain language synopsis, must be included for all applications**)

1-page Synopsis Attached

C. Plain-Language Brief Overview (3-4 sentences):

In attached Grant Application: Page Number _____ Section _____

(Insert text if grant application has not been attached)

D. Research Objectives

In attached Grant Application: Page Number _____ Section _____

(Insert text if grant application has not been attached)

E. Study Population: Describe your cohort selection criteria including the sampling frame and time period. (For example, “residents with a diagnosis of dementia between 1/1/2021 and 1/2/2022” or “residents 85 years or older in facilities in Texas during 2021.) **Note: Please do not specify variables or codes of interest.**

In attached Grant Application: Page Number _____ Section _____

(Insert text if grant application has not been attached)

F. Outcome Measures: Describe all primary and secondary outcomes that will be ascertained from EHR data

In attached Grant Application: Page Number_____ Section_____

(Insert text if grant application has not been attached)

G. Are you requesting linkage to data sources outside of this data cooperative including CMS data?

No

Yes (**Note:** If approved, Project Investigator will receive a link to complete additional MedRIC documents **PRIOR** to start of data analysis.)

H. Facility Consent [only applicable for Type 3 and Type 4 studies]

Not applicable

Attached

I. Patient Consent Documents [only applicable for Type 4 studies]

Not applicable

Attached