

Accountable Health Communities Model

OVERVIEW

On January 5, 2016 the Centers for Medicare and Medicaid Services (CMS) announced \$157 million in funding for a new Center for Medicare and Medicaid Innovation (CMMI) initiative, the Accountable Health Communities (AHC) Model. The five-year grant program will allow up to 44 award recipients to test approaches for identifying and addressing the unmet health-related social needs of Medicare and Medicaid beneficiaries through enhanced access to clinical care and community services. The AHC will target the following unmet health-related social needs: housing instability; food insecurity; utility needs; interpersonal violence; and transportation needs.

Award recipients will partner with state Medicaid programs, clinical delivery sites, and community service providers to connect beneficiaries with community services following one of three approaches:

- Track 1 – Increase beneficiary awareness of community services;
- Track 2 – Assist high-risk beneficiaries with accessing community services; and
- Track 3 – Encourage alignment between clinical care and community services to ensure that beneficiaries have access to appropriate community care.

Organizations interested in applying for AHC Model funding must submit a non-binding Letter of Intent (LOI) by February 8, 2016 and an application by March 31, 2016. CMS anticipates announcing awards in the fall 2016 and that funding will begin January 1, 2017.

ELIGIBILITY

Awards will be made to “bridge organizations” that will be responsible for ensuring that all program requirements are met, even if some requirements are undertaken by other community organizations and clinical sites through sub-grants, contracts, or memoranda of understanding. An applicant can either be an existing consortium of collaborators led by a bridge organization, or a bridge organization that intends to form a consortium.

Applicants eligible to be a bridge organization include: community-based organizations; health care practices; hospitals and health systems; institutions of higher education; local government entities; tribal organizations; and for-profit and not-for-profit local and national entities.

Applicants must have the written support of their State Medicaid agency in order to be eligible for the AHC model. Applicants must also include written agreements with at least one hospital, primary care provider or practice, and behavioral health service provider but must include as many clinical partners as is necessary to provide screenings to at least 75,000 Medicare or Medicaid beneficiaries per year.

MODEL REQUIREMENTS

Each of the three intervention tracks has unique design elements, but the following program requirements apply to all tracks:

- *Partner with Clinical Delivery Sites:* Bridge organizations must work with clinical delivery sites to provide screenings for health-related social needs at the point of care.
- *Screening Tool:* Bridge organizations must use a standardized screening tool composed of questions developed by CMS.
- *Community Resource Inventory:* Bridge organizations must develop and maintain an inventory of available community resources to support beneficiaries with the health-related social needs targeted by the bridge organization's intervention.
- *Standard Operating Procedures:* Bridge organizations must develop and adhere to specific operating procedures regarding beneficiary screening, randomizations (if applicable), intervention, and data collection.

Other requirements relate to evaluation, data-sharing, financial integrity, and assessment of program duplication.

FUNDING & AWARDS

CMS anticipates that funding will be allocated as follows:

- Up to \$1 million to each of 12 Track 1 awardees;
- Up to \$2.57 million to each of 12 Track 2 awardees; and
- Up to \$4.51 million to each of 20 Track 3 awardees.

CMS will not make more than one award per geographic target area across all three tracks. If more than one application comes in for the same or overlapping target areas only one award will be made.

Funding will be distributed to each awardee in the form of five, single-year cooperative agreements, with ongoing funding contingent upon meeting program milestones. Funds may be used to support efforts to connect beneficiaries to community services, but cannot be used to directly or indirectly pay for community services.

APPLICATION PROCESS

Organizations interested in applying for AHC Model funding must submit a non-binding Letter of Intent (LOI) by February 8, 2016. LOI submission instructions are available [here](#). Organizations must submit an application [here](#) by March 31, 2016.

Applicants may submit applications for up to two tracks, but will only be approved to participate in one track.

ADDITIONAL INFORMATION

CMS will host a webinar for interested parties on January 21, 2016 at 1pm and January 27, 2016 at 3pm. Webinar registration is available [here](#).

Additional information on the AHC program is available [here](#).