



Centers for Medicare & Medicaid Services

(<http://www.cms.gov/>)

[Innovation Center Home \(/index.html\)](/index.html) > [Innovation Models \(/initiatives/index.html\)](/initiatives/index.html) > Accountable Health Communities Model

Accountable Health Communities Model - Frequently Asked Questions

[Share](#)

Funding Opportunity Descriptions

What is the Accountable Health Communities Model?

The Accountable Health Communities (AHC) Model is a new model under the U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) Innovation Center that examines whether systematically identifying and attempting to address health-related social needs of Medicare and Medicaid beneficiaries through referral and community navigation services can impact health care costs, reduce inpatient and outpatient health care utilization, and improve health care quality and delivery.

What is the purpose of the model?

The AHC Model is a five-year test to learn whether systematically identifying and addressing beneficiaries' health-related social needs through referral and community navigation services can improve care delivery; enhance quality of care; and reduce their total cost of care and inpatient and outpatient health care utilization. The AHC Model aims to identify and address beneficiaries' health-related social needs in the following core areas:

- Housing instability and quality,
- Food insecurity,
- Utility needs,
- Interpersonal violence, and
- Transportation needs beyond medical transportation.

Under what authority will the AHC Model operate?

The AHC Model is authorized under Section 1115A of the Social Security Act (added by section 3021 of the Affordable Care Act), which established the Center for Medicare and Medicaid Innovation (the CMS Innovation Center) to test innovative payment and service delivery models that have the potential to reduce Medicare, Medicaid, and Children's Health Insurance Program expenditures while maintaining or enhancing the quality of beneficiaries' care.

Program Requirements

What will the AHC Model test?

The AHC Model test is an evaluation of the effectiveness of addressing high-risk beneficiaries' health-related social needs through referral and community navigation services and the resulting impact on health care costs, health care utilization, and quality of care. The model includes three tracks with interventions of varying intensity that link beneficiaries with community services. Each track has a specific question which the interventions seeks to answer:

Track 1: Will increasing beneficiary *awareness* of available community services through information dissemination and referral impact total health care costs, inpatient and outpatient health care utilization, and health and quality of care?

Track 2: Will providing community service navigation to *assist* high-risk beneficiaries with accessing community services to address identified health-related social needs impact their total health care costs, inpatient and outpatient health care utilization, and health and quality of care?

Track 3: Will a combination of community service navigation (at the individual beneficiary level) and partner *alignment* at the community level impact total health care costs, inpatient and outpatient health care utilization, and health and quality of care?

How is this model different from existing CMS Innovation Center models?

The AHC Model is the first Innovation Center model designed specifically to test building community capacity to address the health-related social needs of beneficiaries at the local level. Key innovations in the AHC Model include:

Testing the impact of building community capacity to address the health-related social needs of a local, geographically-defined population of beneficiaries

Systematically screening Medicare and Medicaid beneficiaries to identify unmet health-related social needs;

Testing the impact of using targeted community service referrals to increase beneficiary awareness and utilization of community services; and

Testing the impact of community service navigation to provide assistance to beneficiaries in accessing community services.

What is the responsibility of the bridge organization?

Bridge organizations are responsible for coordinating community efforts to:

Identify and partner with clinical delivery sites (e.g., clinics, hospitals, behavioral health providers) and community service providers;

Conduct systematic health-related social needs screenings;

Connect beneficiaries to community resources via referrals for identified unmet health-related social needs;

Assist beneficiaries with accessing community resources through community service navigation (Tracks 2 and 3 only); and

Partner with and align community service partners to optimize community capacity to address health-related social needs (Track 3 only).

Who are the expected model partners for a bridge organization?

Bridge organizations are expected to partner with:

At least one state Medicaid agency

Clinical delivery sites including at least one of each of the following types:

Hospital

Provider or practice that furnishes primary care services

Provider of behavioral health services



Community service providers that can address the health-related social needs identified through a screening

Should applicants engage prospective model partners during or after the application process?

Applicants are expected to describe existing and new relationships with model partners in their application. It is expected that applicants will engage with model partners during the application process. Moreover, each applicant must include with its application a memorandum of understanding with at least one state Medicaid agency and each clinical delivery site.

Does the clinical delivery site or community service provider need to be physically based in the geographic target area that the bridge organization serves?

The clinical delivery sites or community service providers that are partnering with the bridge organization must serve beneficiaries who reside in the geographic target area specified in the application.

Are payments for screening and navigation for each beneficiary paid out one-time or every year?

Payments to support the screening and navigation services will occur at predetermined intervals (annually), and are dependent on the number of beneficiaries who received screening and navigation services in the previous 12 months at the clinical delivery sites. Amounts will be re-established each year.

Can the award money be applied to build the availability of community services in a geographic area if those services are weak or resource-constrained (for example, using award money to provide housing to beneficiaries)?

CMS funds may **not** be used to pay directly or indirectly for any community services (e.g., housing, food, violence intervention programs, utility assistance, and transportation) received by beneficiaries as a result of their participation in any of the three Tracks. Rather, successful applicants will receive funds to develop a community referral inventory, implement health-related social needs screening and referral in all tracks, and offer community navigation services in Tracks 2 and 3.

Can I apply to multiple tracks?

Applicants may apply to up to two tracks, but successful applicants will be selected to participate in only a single track.

Technical Assistance

Does CMS have any resources the bridge organizations can consult?

Throughout the implementation of the model, CMS will provide opportunities for training and/or networking, including conference calls and other vehicles. Please check the [Accountable Health Communities Model web page \(/initiatives/ahcm/index.html\)](https://innovation.cms.gov/initiatives/ahcm/index.html) for updates.



Award Information

How much funding is available for each track?

- Up to \$1 million to each bridge organization in Track 1 – Awareness
- Up to \$2.57 million to each bridge organization in Track 2 – Assistance
- Up to \$4.51 million to each bridge organization in Track 3 – Alignment

When will awards be made and the AHC Model begin?

CMS anticipates that awards will be made in the fall of 2016 and the period of performance for the model test will begin shortly thereafter.

What is the performance period for the AHC Model?

The budget and project period of each cooperative agreement is five years – January 1, 2017 through December 31, 2021. 12-month project and budget periods are anticipated:

- Year One: January 1, 2017 to December 31, 2017
- Year Two: January 1, 2018 to December 31, 2018
- Year Three: January 1, 2019 to December 31, 2019
- Year Four: January 1, 2020 to December 31, 2020
- Year Five: January 1, 2021 to December 31, 2021

How many award sites will be supported/funded under this model?

CMS will support and fund up to 44 award sites:

- 12 cooperative agreements for Track 1 – Awareness
- 12 cooperative agreements for Track 2 – Assistance
- 20 cooperative agreements for Track 3 – Alignment

Eligibility Information

Which beneficiaries are eligible for participation under the model?

All Medicare and/or Medicaid beneficiaries, regardless of age, functional status, and cultural or linguistic diversity, who do not reside in a correctional facility or long-term care institution (e.g., nursing facility), and who seeks health care at a participating clinical delivery site and who lives within the geographic target area specified by the bridge organization are eligible to participate in this model. Beneficiaries include children and adults covered under Medicaid through presumptive eligibility, and all community-dwelling beneficiaries that are dually eligible.

Who is eligible to apply for funding through this cooperative agreement?

Eligible applicants are community-based organizations, healthcare provider practices, hospitals and health systems, institutions of higher education, local government entities, tribal organizations, and for-profit and non-profit local and national entities with the capacity to develop and maintain a referral network with clinical delivery sites and community service providers. Applicants from all 50 states, U.S. Territories, and the District of Columbia may apply. Foreign and international organizations are prohibited from applying. Medicare



Advantage and Program of All-inclusive Care for the Elderly (PACE) organizations cannot serve as bridge organizations, but may otherwise partner with bridge organizations to participate in the model.

What is a community-based organization?

The term community-based organization refers to a nonprofit organization that demonstrates effectiveness in: (A) representing a community or significant segment of a community; and (B) providing educational or related services to individuals in the community.

What is a community service provider?

The term community service provider is defined for purposes of the model as any independent, non-profit, state, territorial, or local agency capable of addressing core or supplemental health-related social needs identified through a screening tool.

Can a Quality Innovation Network - Quality Improvement Organization apply to become an Accountable Health Communities award recipient?

If a Quality Innovation Network - Quality Improvement Organizations (QIN-QIOs) meets the criteria of an eligible organization, then they are eligible to apply. CMS contracted QIN-QIO services may not duplicate services provided through the AHC model intervention.

How do I apply for the model?

Applicants must submit both a letter of intent and an application by the dates listed below.

How do I submit a letter of intent (LOI)?

Applicants must submit a non-binding letter of intent to <http://innovationgov.force.com/ahc> (<http://innovationgov.force.com/ahc>) <http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/External-Link-Disclaimer.html>) by **February 8, 2016**. Applicants will receive a confirmation email after the submission of their LOI. Applicants must include their LOI confirmation number on the cover page of their application. If a letter of intent has not been submitted by the required due date, any subsequent application submitted by the applicant will be ineligible.

What is the deadline for applications?

Applications must be submitted electronically through www.grants.gov by the application deadline of **1:00 p.m. EST on March 31, 2016**. Applications will require a confirmation number from the submission of the letter of intent. Applications will only be considered for funding if they are submitted by the deadline and the application meets the requirements as outlined in the Funding Opportunity Announcement (FOA).

Whom do I contact for questions regarding the model?

Information about the AHC Model is available at [Accountable Health Communities Model web page \(/initia/ahcm/index.html\)](http://innovationgov.force.com/ahcm/index.html). Specific questions that are not answered in the fact sheet or funding opportunity



announcements should be directed to AccountableHealthCommunities@cms.hhs.gov (<mailto:AccountableHealthCommunities@cms.hhs.gov>).

An asterisk (*) indicates a required field.

WAS THIS PAGE HELPFUL? * Yes No

Next

Create your own free [online surveys](#) now!

Powered by [PollDaddy](#)

Where Health Care Innovation is Happening

[\(/initiatives/map/index.html\)](/initiatives/map/index.html)
See who's working with CMS to implement new payment and service delivery models.

Get the Widget
(/CMMIMapWidget
/index.html)

Last updated on: 01/05/2016



CMS.gov

A federal government website managed by the Centers for Medicare & Medicaid Services

7500 Security Boulevard, Baltimore, MD 21244

<http://www.hhs.g>

CMS & HHS Websites

[Medicare.gov](http://www.medicare.gov)
(<http://www.medicare.gov>)

Helpful Links

[Web Policies & Important Links](http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/index.html) (<http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/index.html>)



MyMedicare.gov
(<http://MyMedicare.gov>)

[StopMedicareFraud.gov](http://www.stopmedicarefraud.gov)
(<http://www.stopmedicarefraud.gov>)

Medicaid.gov
(<http://Medicaid.gov>)

[InsureKidsNow.gov](http://www.insurekidsnow.gov)
(<http://www.insurekidsnow.gov>)

[HealthCare.gov](http://www.HealthCare.gov)
(<http://www.HealthCare.gov>)

[HHS.gov/Open](http://www.hhs.gov/open/)
(<http://www.hhs.gov/open/>)

Tools

[Acronyms](http://www.cms.gov/apps/acronyms) (<http://www.cms.gov/apps/acronyms>)

[Contacts](http://www.cms.gov/apps/contacts) (<http://www.cms.gov/apps/contacts>)

[FAQs](https://questions.cms.gov/)
(<https://questions.cms.gov/>)

[Glossary](http://www.cms.gov/apps/glossary/) (<http://www.cms.gov/apps/glossary/>)

[Archive](http://archive-it.org/collections/2744) (<http://archive-it.org/collections/2744>)

[Privacy Policy](http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Privacy-Policy.html) (<http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Privacy-Policy.html>)

[Plain Language](http://www.medicare.gov/about-us/plain-writing/plain-writing.html) (<http://www.medicare.gov/about-us/plain-writing/plain-writing.html>)

[Freedom of Information Act](http://www.cms.gov/center/freedom-of-information-act-center.html) (<http://www.cms.gov/center/freedom-of-information-act-center.html>)

[No Fear Act](http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/NoFearAct.html) (<http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/NoFearAct.html>)

[Nondiscrimination/Accessibility](http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice.html) (<http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice.html>)

[HHS.gov](http://www.hhs.gov) (<http://www.hhs.gov>)

[Inspector General](http://oig.hhs.gov) (<http://oig.hhs.gov>)

[USA.gov](http://www.usa.gov) (<http://www.usa.gov>)

[Help with file formats & plug-ins](http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Help.html) (<http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Help.html>)

Receive Email Updates

