ACCOUNTABLE HEALTH COMMUNITIES MODEL

NEW CENTER FOR MEDICARE & MEDICAID INNOVATION OPPORTUNITY

Accountable Health Communities Model (AHCM) is a **five-year** opportunity to test whether systematically identifying and attempting to address the **health-related social needs** through referral and community navigation **can reduce healthcare costs**, inpatient and outpatient utilization, **and improve healthcare quality and delivery**. The Western Slope proposal will address:

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

For more information:

innovation.cms.gov/initiatives/AHCM

To discuss a Western Slope Proposal email or call Kathryn Jantz at

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WHAT IS INVOLVED?

	Social Needs Screening: Seventy -five thousand Medicare and Medicaid clients will be screened for social needs at clinical sites (primary care, behavioral health, and hospital emergency rooms, psychiatric units and labor & delivery units).
	Tailored Referral Summary: Clients with identified needs will be given tailored list of community resources for identified needs based on the 211 database.
	Community Navigation: Clients with more than two ER visits in the last twelve months and an identified need will be given an in-depth assessment, person-centered action plan and follow-up
	Community Infrastructure Building: Advisory committee, community gap assessment & quality improvement

WHY SUBMIT A PROPOSAL?

Addressing the social determinants of health is key to reforming our healthcare system and producing healthier communities. This is **aligned with the vision we have already created and the work we are already doing together** and may demonstrate the need for greater support for these activities at the federal, state and community level.

WHAT ARE THE BENEFITS FOR COMMUNITY BASED ORGANIZATIONS?

- Meaningful partnership with clinical sites that serve the same population
- Access to a robust care coordination platform (not required)
- Support of the clinical community in identifying and addressing gaps in social needs
- Opportunity to demonstrate at a national scale the financial impact on healthcare costs of non-medical activities.

WHAT DO WE WANT FROM COMMUNITY BASED ORGANIZATIONS?

- Input on proposal and program design
- A completed MOU committing to:
  - Accepting Referrals
  - Tracking data on clients who receive your services and working to share that data for the purposes of the AHCM project (to the extent allowable and feasible)
  - Participation in an advisory group in your region to discuss gaps in community services and identify possibilities for addressing those gaps.