AGING AND DISABILITY BUSINESS INSTITUTE: FINAL EVALUATION REPORT

March 2019

Suzanne R. Kunkel
Traci L. Wilson
Abbe E. Lackmeyer
Jane K. Straker

SCRIPPS GERONTOLOGY CENTER
An Ohio Center of Excellence

MIAMI UNIVERSITY
OXFORD, OH • EST. 1809

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Suzanne R. Kunkel, PhD
Traci L. Wilson, DPhil
Abbe E. Lackmeyer, MGS
Jane K. Straker, MGS, PhD

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EXECUTIVE SUMMARY

The Aging and Disability Business Institute (Business Institute), led by the National Association for Area Agencies on Aging (n4a), was established in 2016 with a mission to build and strengthen partnerships between aging and disability community-based organizations and the health care system. Partnerships between CBOs and health care entities have clear potential to improve health care outcomes while also reducing expenditures.

The Business Institute's overarching project objective was to increase contracting between community-based organizations (CBOs) and health care entities. To accomplish this goal, they established five project objectives:

1. Build a national resource center that will serve as the go-to place for aging and disability CBOs interested in acquiring skills for sustainability and business planning.
2. Develop an assessment tool for determining the capacity for and a gap analysis of CBOs' ability to contract with hospitals and other health care entities to provide a range of social services and supports that are critical to promote the health and well-being of older adults and people with disabilities.
3. Provide training and technical assistance to enhance the business capacity of CBOs positioning them to negotiate, secure, and successfully implement contracts with health care entities and health plans.
4. Conduct an outreach and educational campaign targeting the health care sector, including hospitals and health plans, to provide critical information on the return on investment in contracting with CBOs in order to address the social determinants of their patients' health and their cost savings.
5. Develop and implement a strategy building on the momentum and increasing financial support for this national initiative that will establish a new norm of business partnerships and contracts between CBOs and health care systems and health plans which will result in better care for older adults and people with disabilities.

Based on the project goal and objectives, Scripps Gerontology Center developed five questions to evaluate the Business Institute. The data collected for this evaluation came from three main sources: 1) Request for Information (RFI) surveys conducted at two time points (referred to as T1 and T2); 2) web-based data (Google Analytics about website use overall, and web-based tracking of Readiness Assessment use specifically); and 3) agency-reported data from the Business Institute team, n4a, and other partners.

Question #1: *Was the project successful in reaching its overarching objective of increasing the number of executed contracts between health care entities and community-based organizations?*

The Aging and Disability Business Institute has been successful in its overarching objective of increasing the number of contracts between CBOs and health care entities. The cross-sectional proportion of organizations reporting contracts increased by 8% from 2017 to 2018. Among organizations for which there was longitudinal data, there is a similar increase – 10% – in the number that had contracts with health care entities. Forward progress was seen in organizations that did not have any contract with health care entities at T1. For those CBOs that, at T1, did not have a contract in place but were pursuing one, nearly one-third secured a contract by T2. Of the CBOs that did not have a contract nor were they pursuing any, 14% had secured a contract by T2, and an additional 13% had begun pursuing a contract with a health care entity. Finally, CBOs that had contracts were more likely to have used Business Institute resources than CBOs that did not have contracts.

Question #2: *Is there evidence that the Aging and Disability Business Institute serves as the go-to place for CBOs interested in acquiring skills for sustainability and business planning?*

The Business Institute has built a repository of knowledge in the form of on-line and in-person resources. Twenty-five thousand people have used the Business Institute website since its launch, and 4800 people have attended Business Institute webinars. The volume of resources and utilization data about the website, webinars and conference sessions suggest that the Business Institute has indeed established itself as a preferred and reliable site – a go-to place – for CBOs seeking guidance in building business acumen and establishing partnerships with health care entities.

Question #3: *How was the Readiness Assessment Tool used by CBOs? How did CBOs score within the different areas (modules)? Were there changes to contracting status among CBOs that completed the Readiness Assessment, RFI T1, and RFI T2?*

Ninety-two unique organizations completed at least one module of the Readiness Assessment, and nearly two-thirds of them completed all seven modules of the Readiness Assessment. Organizations had the highest readiness scores in Change and Strategic Direction readiness, and were least proficient in Operational, External Market, and Partnership Development readiness.

The Readiness Assessment participants who responded to the RFI at T1 and T2 provided further insight about the impact of the Business Institute. Among that group, the proportion with contracts increased from 50% at T1 to 61% at T2. Of those who did not have contracts but were *pursuing* them at T1, one-third had gained a contract by T2.

Of those who were *not pursuing* contracts at T1, 50% had a contract in place or were pursuing one at T2. These data suggest significant forward motion for Readiness Assessment participants.

Question #4: *What progress did the Business Institute make on an outreach and educational campaign targeting the health care sector?*

The Business Institute is clearly building bridges between CBOs and health care entities. Health care professionals are attending Administration for Community Living (ACL) and Business Institute sponsored webinars, CBO representatives and Business Institute partners are being asked to speak to physician groups and health care systems, and the work of CBOs is being recognized by potential health care partners.

Question #5: *How have the strategies developed and implemented by the Aging and Disability Business Institute increased momentum and support for establishing a new norm of business partnerships and contracts between CBOs and health care systems?*

There are many examples of Business Institute staff, partners, and products contributing to increased momentum toward a new norm of partnerships between CBOs and health care entities. These include policy analysis and advice, increase in conference tracks related to business acumen and integrated care at national and regional meetings, and state-level integration of business acumen into their trainings. An empirical causal impact of Business Institute activities would be difficult to establish; however, it is clear that the Business Institute is a visible and respected player in driving this culture change.

BACKGROUND

Evidence for the logic and beneficial impacts of partnerships between community-based organizations (CBOs) (such as Area Agencies on Aging (AAAs) and Centers for Independent Living (CILs)) and health care entities (such as hospitals and managed care organizations) is expanding. Empirical studies have established that nutrition services, supportive housing, and AAA partnerships with health care entities are associated with improved individual and community-level health care outcomes and expenditures.[i, ii]

Unmet social needs affect individual and population health. For example, when someone is discharged from the hospital but has unmet social needs - such as transportation, meals, or home care – they are less able to follow their discharge instructions and more likely to experience a recurrence of illness or a readmission to the hospital. Health care cost savings are accomplished by reducing avoidable hospital readmissions, managing chronic conditions, diverting individuals from long-term care facilities, and providing critical supportive services. AAAs, CILs, and other CBOs, as providers and coordinators of social services, are well-positioned within their communities to coordinate care and provide for unmet social needs. Partnerships between CBOs and health care entities have clear potential to improve health care outcomes while also reducing expenditures.

Indeed, better integration of community-based supports and health systems across the continuum of care is a priority of the Age-Friendly Health System (AFHS) initiative.[iii] An AFHS is one in which every older adult gets the best care possible, is satisfied with the care they receive, and results in improved outcomes with lower costs. There is clearly a strong need and demand for the types of services provided by aging and disability CBOs, but the funding streams are changing. "Medicaid, Medicare, Accountable Care Organizations (ACOs), private insurers, and other private pay models offer opportunities for CBOs to tap into new revenue streams outside of government grants. However, securing contracts with such payers – and performing effectively under them – requires thinking and operating differently."[iv]

AGING AND DISABILITY BUSINESS INSTITUTE

To meet this need, the Aging and Disability Business Institute (Business Institute), led by the National Association for Area Agencies on Aging (n4a), was established in 2016. It is funded by The John A. Hartford Foundation, The Administration for Community Living (ACL), The SCAN Foundation, The Gary and Mary West Foundation, The Colorado Health Foundation, and The Buck Family Fund of the Marin Community Foundation. Business Institute partners include the American Society on Aging (ASA), Evidence-Based Leadership Council, Independent Living Research Utilization, National

Council on Aging, Meals on Wheels America, Elder Services of the Merrimack Valley, and Partners in Care Foundation.

The **mission** of the Aging and Disability Business Institute is to build and strengthen partnerships between aging and disability community-based organizations and the health care system.

The Business Institute's overarching project objective was to increase contracting between CBOs and health care entities. To accomplish this goal, they established five **project objectives**:

1. Build a national resource center that will serve as the go-to place for aging and disability community-based organizations (CBOs) interested in acquiring skills for sustainability and business planning.
2. Develop an assessment tool for determining the capacity for and a gap analysis of CBOs' ability to contract with hospitals and other health care entities to provide a range of social services and supports that are critical to promote the health and well-being of older adults and people with disabilities.
3. Provide training and technical assistance to enhance the business capacity of CBOs positioning them to negotiate, secure, and successfully implement contracts with health care entities and health plans.
4. Conduct an outreach and educational campaign targeting the health care sector, including hospitals and health plans, to provide critical information on the return on investment in contracting with CBOs in order to address the social determinants of their patients' health and their cost savings.
5. Develop and implement a strategy building on the momentum and increasing financial support for this national initiative that will establish a new norm of business partnerships and contracts between CBOs and health care systems and health plans which will result in better care for older adults and people with disabilities.

The Business Institute has developed into a national resource center providing community-based organizations with the tools and resources to: successfully adapt to a changing health care environment, enhance their organizational capacity, and capitalize on emerging opportunities to diversify funding. It provides business acumen tools and resources for CBOs to understand the contracting landscape, develop value propositions and networks, manage finances, evaluate contracts, and deliver measurable results.

ROLE OF SCRIPPS GERONTOLOGY CENTER

The Scripps Gerontology Center (Scripps) at Miami University in Oxford, Ohio, served as the evaluator for the Aging and Disability Business Institute's three-year project funded by The John A. Hartford Foundation.

Scripps and n4a have worked together for more than a decade on several major projects related to the evolution of the aging network. These project include: the AAA and Title VI national surveys (2007, 2008, 2010, 2013, 2016, and 2019) and various topical surveys; the National Center for Long-Term Care Business and Strategy Planning & Strategy Workshops in the Aging Network, co-delivered from 2007 - 2009; and the Aging and Business Academy from 2009 - 2011. Scripps is knowledgeable about the changing environment and needs of the Aging Network, and is well-situated to analyze the current Business Institute project.

PROGRAM LOGIC MODEL

The logic model situates the Business Institute within the health care environment, specifies the problem it is trying to solve, and illustrates how the planned activities and outputs lead to the desired outcome of increased contracting between CBOs and health care entities.

SITUATION

Older adults and people of all ages with disabilities receive health and long-term services and supports from a fragmented system. Improving the integration between community-based social supports and health care services will create more positive experiences and outcomes for consumers, will improve population health, and will create a more efficient system.

SOLUTION

To improve system-level efficiencies and downstream effectiveness of health care for older adults and people of all ages with disabilities, the Aging and Disability Business Institute fosters successful partnerships and contracting among Area Agencies on Aging (AAAs) and other community-based organizations with health care providers to integrate social and health care services. The Business Institute provides trainings, resources, consultancies, and readiness enhancements to support these contracts, which are an essential component of an integrated health and long-term services system.

THEORY OF CHANGE

This logic model links the activities of the Aging and Disability Business Institute to the expected outputs and impacts for individual participants and for the network as a whole. The model describes the theory of change on which the programmatic elements are built: as outreach efforts grow and the number of Business Institute resources increase, participation in Business Institute activities and uptake of resources will increase among AAAs and other community-based organizations, and among health care providers. Those increases will result in the formation of more collaboratives and formal networks, and more contracts between CBOs and health care partners. In turn, these improvements are expected to result in increased number of contracts, increased revenue from contracts, and increased number of consumers who receive services from an integrated CBO/health care partnership. These successful contracts are assumed to be a key element in a more efficient and effective health care system.

This logic model (shown in Table 1) provides the framework for reporting project activities, deliverables, and outcomes, up to but not including long-term impacts of improved system integration, which is beyond the scope of this project. Details of the evaluation design for monitoring project activities and generating output and outcome reports are provided in the evaluation matrix (Appendix A).

Table 1. Aging and Disability Institute Program Logic Model					
Activities	**Outputs** Deliverables and participation	**Outcomes**			
		Rapid changes	**Will produce near-term changes**	**Contributing to project objectives**	**Which support long-term impact**
Creation and deployment of: • Dedicated website and resources, including Readiness Assessment and toolkits • Webinars and podcasts • Conference sessions and workshops • In-depth local or regional trainings • Site-specific consultancies and technical assistance • Outreach and engagement of health care sector	**Website:** • # of web resources created and/or posted, unique and return visits, page views, downloads **Webinars, podcasts, conference sessions:** • # of presentations, participants, participant satisfaction, diversity of sectors participating **Trainings:** • # of unique trainings and locations, by topic, participants, evaluations **Consultancies and Technical Assistance:** • # of consultancies and TA, by topic, location, network and partnership status • # of webinars, podcasts, and conference presentations with health care partners as primary target audience	(Trends over time--continuous) **Increase in:** • # of resources available • uptake of resources • breadth of sector uptake of resources • webinar and conference session participation • depth of health care sector engagement (uptake of resources and participation in webinars and conference sessions) • #, topic, and geographic scope of CBO deeper engagements (consultancies, trainings)	(Trends over time—baseline through year 2) **Increase in:** • # of contracts between CBOs and health care partners • # of local and regional networks/ collaboratives and in number of partners involved	(Trends over time—baseline through year 3) **Increase in:** • # of CBOs with revenue from contracts • # of networks with contracts • # of consumers who are receiving services from an integrated CBO/health care partnership	(Not measured in this project) • Improved integration of health care and long-term services and supports • Better population health, consumer experience, and cost efficiency (Triple Aim)

METHODS

EVOLUTION OF RESEARCH QUESTIONS & DATA COLLECTION

Throughout the course of the project, Scripps maintained close communication with n4a and stakeholders to identify the most effective ways to evaluate the activities of the Aging and Disability Business Institute. An evaluation workgroup was tasked with identifying best practices and processes related to what kinds of questions the evaluation would be built around, and how best to capture that information efficiently and in a timely manner. Scripps and n4a facilitated meetings with the evaluation workgroup to discuss plans, gather input, and provide updates on evaluation efforts. The original proposal included over 50 measures related to the project objectives; ongoing communication with n4a and the evaluation workgroup resulted in a streamlined set of measures that were feasible and important to collect.

The final set of project measures were categorized into three main evaluation components, as shown in Table 2 below. A full description of the measures within each component can be found in the evaluation matrix (Appendix A).

Table 2. Evaluation Components		
Component 1 Trends in contracting	**Component 2** Event-Based Analysis	**Component 3** Analysis of the Business Institute's Readiness Assessment
Survey of CBOs to track trends in number and nature of contracts; compare the number of executed contracts between health care entities and social service agencies or networks/CBOs at two points in time.	Analysis of all output and process-based measures related to website use, webinars, training and technical assistance, outreach and educational campaign, and activities of the project advisory committee.	Process analysis of agencies completing the Readiness Assessment and a subset evaluation of agencies completing the RFI at Time 1(T1) and Time 2 (T2) as well as the Readiness Assessment.

Project objectives and evaluation questions

Based on Business Institute objectives, Scripps formulated five evaluation questions. Table 3 links the project objectives with the evaluation questions and related evaluation components. The methods and results for each question are provided in the following sections.

Table 3. Project Objectives Matched to Evaluation Questions and Components		
Project Objectives	**Evaluation Question**	**Evaluation Component**
Overarching project objective: Increased contracting between CBOs and health care entities	**#1:** Was the project successful in reaching its overarching objective of increasing the number of executed contracts between health care entities and CBOs?	**Component 1** Trends in contracting
Objective 1: Build a national resource center **Objective 3:** Provide training and technical assistance	**#2:** Is there evidence that the Aging and Disability Business Institute serves as the go-to place for CBOs interested in acquiring skills for sustainability and business planning?	**Component 2** Event-Based Analysis
Objective 2: Develop an assessment tool	**#3:** How was the Readiness Assessment Tool used by CBOs? How did CBOs score within the different areas (modules)? Were there changes to contracting status among CBOs that completed the Readiness Assessment, RFI T1, and RFI T2?	**Component 3** Analysis of the Business Institute's Readiness Assessment
Objective 4: Conduct an outreach and educational campaign targeting the health care sector	**#4:** What progress did the Business Institute make on an outreach and educational campaign targeting the health care sector?	**Component 2** Event-Based Analysis
Objective 5: Develop and implement a strategy to gain momentum and increase support for this national initiative	**#5:** How have the strategies developed and implemented by the Aging and Disability Business Institute increased momentum and support for establishing a new norm of business partnerships and contracts between CBOs and health care systems?	**Component 2** Event-Based Analysis

DATA SOURCES AND MEASURES

The data collected for this evaluation came from three main sources: 1) Request for Information (RFI) surveys; 2) web-based data (Google Analytics about website use overall, and web-based tracking of Readiness Assessment use specifically); and 3) agency-reported data from the Business Institute team, n4a, and other partners.

Request for Information surveys

As the overarching objective of the Business Institute was to increase the number of contracts between CBOs and health care entities, Scripps identified a need to gather baseline data on the current landscape of these contracting relationships, and incorporated a Request for Information (RFI) survey at two time points (referred to as T1 and T2) during the project. The aim was to reach as many community-based organizations as possible, including the population of Area Agencies on Aging (AAA) and Centers for Independent Living (CIL), as well as CBOs more broadly. Scripps invited all AAAs, and all CILs in the database provided by the ILRU (Independent Living Research Utilization) program, to take the online RFI survey. In addition, national and government agencies disseminated the RFI survey link to reach other community-based organizations. The first RFI was launched in the summer of 2017 (T1), and the second RFI launched nine months later in late spring 2018 (T2). The second RFI built upon the information gathered in the first RFI and explored additional details of contracting relationships and the perceived benefits and challenges associated with contracting. Table 4 provides details of the two RFI surveys including the length of time in the field, response rates, total respondents, and information collected. Several questions were added to RFI T2 based on feedback from the evaluation workgroup. This report describes selected findings from the two RFI surveys; complete survey findings are available in Appendices B and C.

Table 4. Summary of Request for Information Surveys			
		RFI T1	**RFI T2**
Length of Time in Field		5 weeks: July - August 2017	9 weeks: May - July 2018
Response Rates by CBO Type	**AAA**	56.3% (351/623)	66.3% (409/617)
	CIL	119/313 38.0%	174/623 27.9%
	Other CBO	106	143
	Unknown	17	0
Total # of Respondents		593	726
Information Collected		**Agency type** **Contracting status** ○ Yes, currently have one or more contracts ○ No contracts, but pursuing one ○ No contracts, and not pursuing any	**Agency type** **Contracting status** ○ Yes, currently have one or more contracts ○ No contracts, but pursuing one ○ No contracts, and not pursuing any
		Details of CBOs with existing contracts ○ Contracting structure ○ Health care partners ○ Services ○ People served ○ Payment & payment models	**Details of CBOs with existing contracts** ○ Contracting structure ○ Health care partners ○ Services ○ People served ○ People targeted ○ Payment & payment models ○ Data collection ○ Access to data ○ Challenges to contracting ○ Perceived benefits
		CBOs pursuing contracts with health care entities ○ Progress made (along continuum)	**CBOs pursuing contracts with health care entities** ○ Progress made (along continuum) ○ Challenges
		CBOs NOT pursuing contracts with health care entities Interest in contracting	**CBOs NOT pursuing contracts with health care entities** ○ Interest in contracting ○ Challenges

Website data

Since its launch in February 2017, the Business Institute website has been publicly available to individuals and organizations within the aging and disability communities and houses the Readiness Assessment as well as an extensive collection of valuable resources including blogs, success stories, webinar recordings, presentations, and access to request consulting services or expert advice.

Event-based data

Data was extracted from the Business Institute website using Google Analytics which provided information about the overall use of the website and the page views of blogs, success stories, and other website resources (presentations, toolkits, field guides, and sample documents). In addition, the website includes a "pop-up" evaluation form requesting feedback from visitors on the following questions:

- On a scale of 1 to 5, with 1 being not useful at all, and 5 being very useful, overall, how would you rate the usefulness of the resources on this website?
- On a scale of 1 to 5, with 1 being definitely won't recommend, and 5 being definitely will recommend, how likely are you to recommend this website to colleagues?
- On a scale of 1 to 5, with 1 being definitely won't return, and 5 being definitely will return, how likely are you to visit this website again?
- If you could give our website a grade, with "A" being the highest, and "F" being the lowest, what grade would you assign our website?
- On a scale of 1 to 5, with 1 being very difficult to navigate, and 5 being very easy to navigate, how easy was it to navigate our website to find what you were looking for?

Readiness Assessment

The Readiness Assessment tool was created to guide organizations "through the process of successfully preparing for, securing and maintaining partnerships with the health care sector, allowing [the] organization to assess [their] current readiness… while also providing a framework and resources for navigating the process successfully."[v]

The Readiness Assessment includes seven modules covering both internal and external aspects of an organization's current capacity to partner with health care entities.

Internal aspects:

1. Change readiness
2. Strategic direction readiness

3. Operational readiness
4. Management readiness
5. Leadership readiness

External aspects:

6. External market readiness
7. Partnership development readiness

The assessment is organized as an online survey. Participants create a username and password, complete modules after logging in through the website, and can return at any time to review progress, see their results, and access module-related resources.

Participants answer each question by selecting from a five-point Likert scale, with 1 indicating the lowest level of readiness, and 5 the most advanced. The scale is defined as follows:

1 = Not aware; No progress made
2 = Aware; No progress made
3 = Aware; Little progress made
4 = Aware; Significant progress made
5 = Complete

Each module has a different number of questions. Within each module, questions are weighted and the weighted score ranges from 0 to 100. The following were considered when determining the weight for each question:

- Importance for success in partnership readiness process
- Potential impact on efforts for partnership readiness process
- Amount of work involved to achieve

The Readiness Assessment tool was developed by Collaborative Consulting, an agency specializing in medical-social integration with experience in developing assessments and other tools aimed at both the health and social sectors. The Readiness Assessment work group provided critical feedback to Collaborative Consulting throughout the process on question profiles, weighting methodology, language edits, and more.

Agency-reported information

Additional information was collected by the Business Institute team, n4a staff, partners, and hired consultants. n4a staff and partners tracked and maintained an extensive amount of information about training and technical assistance efforts, conference sessions, learning collaboratives, and outreach efforts. Business Institute consultants provided reports of all activities and processes for assisting community-based organizations with contracting efforts. In addition, n4a worked closely with their partners

at ASA to gather information about webinar attendance including overall numbers in attendance and sectors represented on each call.

Timing and limitations

The three-year grant period of the Business Institute is April 2016 - March 2019. However, a cutoff data collection date of December 31, 2018 was required to allow sufficient time for analysis. Therefore, this evaluation does not include the Business Institute's activities launched during January 1 – March 30, 2019, a quarter during which the Business Institute was actively creating and disseminating new resources; launched a new learning collaborative; continued to provide training, consulting, and technical assistance; and participated in policy discussions.

Summary of project milestones

- April 1, 2016: Establishment of the Aging and Disability Business Institute
- October 1, 2016: n4a contracted with Scripps to serve as the project evaluator
- January 31, 2017: Launch of Business Institute website
- July – August 2017: RFI T1
- August 2017: Launch of Readiness Assessment
- May – July 2018: RFI T2
- December 31, 2018: Last day to count activities in project evaluation

FINDINGS

The findings are organized by evaluation question. Each section below analyzes the collected evidence to answer each evaluation question.

CONTRACTS BETWEEN CBOS AND HEALTH CARE ENTITIES

Evaluation question #1*: Was the project successful in reaching its overarching objective of increasing the number of executed contracts between health care entities and community-based organizations (CBOs)?*

Contracting status at T1 and T2

To answer this question, data from the RFI surveys were analyzed both cross-sectionally and longitudinally. Cross-sectional data utilizes all organizations who responded to the RFI each time, providing a picture of CBO network-level trends at each point in time. In 2017 (T1), 593 CBOs completed the RFI. In 2018 (T2), there were 726 responding organizations. To look at organizational-level change over time, we separately analyzed responses from the 374 CBOs that completed both RFIs.

Cross-sectional results from the two RFI surveys indicate that the proportion of CBOs reporting one or more contracts between their organization and health care entities **increased** during the project period, from 38% to 41% (Figure 1). While three percentage points might seem to be a small amount of change, we know from the challenges these organizations reported that obtaining contracts takes time. To see an increase in less than one year between surveys is a positive finding. In addition, the RFI T1 is not a true baseline as the Business Institute activities were already underway at the time of the survey.

Figure 1. Overall Contracting Status by Year
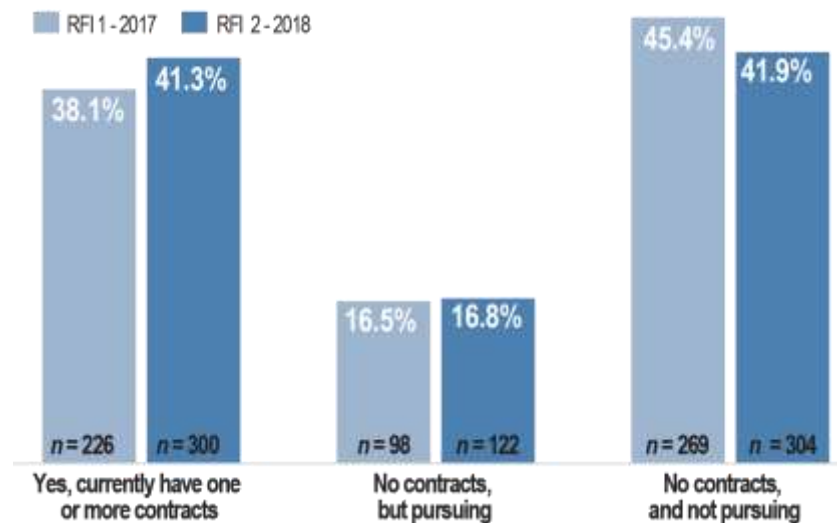
From 2017 to 2018, results from the RFI showed the following changes in contracting status:

- 8% increase in the proportion of organizations reporting a current contract with health care entities,[1]
- 2% increase in proportion of organizations in the process of pursuing a contract
- 8% decrease in the proportion of organizations that do not have a contract and are not pursuing one
- 53% increase in the proportion of organizations reporting they entered into a contract as part of a network (Increase of 10 percentage points, from 20% to 30% of CBOs). This is important because networks of CBOs can target a broader geographic area, facilitate a smoother contracting experience for health care partners by providing a one-stop shop for contracting, and/or provide administrative efficiencies for CBOs.

The longitudinal data, which examine changes in contracting status at the organizational level, tell a stronger story, with a 10% increase in the number of organizations reporting a current contract. A more nuanced story emerges when looking within the different contracting statuses at T1. Of the organizations who did not have any contracts at T1 but were in the process of pursuing one, 31% had succeeded in securing a contract with a health care entity by T2. What about those CBOs who, at T1, reported that they had no contracts and were not pursuing any? By T2, over a quarter of them had made

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[1] There were 133 more organizations responding at RFI T2 (726) compared to RFI T1 (593), an increase of 22%; due to this large increase, we compare T1 and T2 proportions, rather than numbers.

forward progress in contracting: 14% had secured a contract, and an additional 13% were in the process of pursuing one.

Contracting status and use of Business Institute resources

In the second RFI, organizations were asked if they used any Business Institute business acumen resources. Of the organizations that **did** use business acumen resources: 47% had a current contract, 20% were pursuing one, and 33% did not have a contract and were not pursuing. Of the CBOs that **did not** use business acumen resources: 34% had a current contract, 16% were pursuing one, and 50% did not have a contract and were not pursuing.

While we cannot ascertain the directionality of the relationship, there is a correlation between having used Business Institute resources and having a current contract.

Supporting the importance of the role of the Business Institute, 39% of the organizations who did not have a contract are interested in pursuing contracts but feel they need more information or guidance. This highlights the essential role of the Business Institute in educating CBOs about business acumen skills and supporting them in their efforts.

Detailed findings from the RFI surveys

The RFI surveys have added considerable breadth and depth to our knowledge of contracting between CBOs and health care entities. For example, in the 2018 RFI, **organizations reported serving nearly 250,000 individuals through contracts with health care entities during the past year**. The 2017 and 2018 CBO and Health Care Contracting research briefs provide detailed findings from each RFI survey, including most common health care partners, services provided through contracting, challenges perceived by CBOs who have contracts and those who do not, and changes reported as a result of contracting.[vi,vii] From RFI T1 to T2, the percentage of CBOs reporting a partnership with Medicare Advantage increased, as did the percentage billing for Medicare Fee for Service (FFS). The full research briefs are available online and in Appendix B (RFI T1) and Appendix C (RFI T2).

The knowledge gained through the RFI surveys has informed not only this evaluation, but also the Business Institute's understanding of CBO positions and needs. Results of the RFI surveys provide guidance to the Business Institute, inform its efforts, and allow it to better address identified CBO needs.

Summary of evaluation question #1

The Aging and Disability Business Institute has been successful in its overarching objective of increasing the number of contracts between CBOs and health care entities.

The proportion of organizations reporting contracts increased by 8% from 2017 to 2018, and there was an increase across all organization types. In the 2018 RFI survey, 41% of CBOs reported one or more contracts with health care entities, and an additional 17% were pursuing contracts. Those CBOs who had contracts were more likely to have used Business Institute resources than CBOs who did not have contracts.

It is important to keep in mind that the period between T1 and T2 was less than one year; while the 8% increase shown by the two cross-sectional surveys is relatively small, it is noteworthy given the very short time period. Pursuing and obtaining contracts is generally a lengthy endeavor. Also, CBO structures vary greatly, and some CBOs are unlikely to be in a position to secure contracts with health care entities due to their regulatory environment. The longitudinal findings are stronger, showing that nearly one-third of those who were working on contracts had achieved that goal by the time of the second survey, and 14% had gone from ground zero (not even pursuing a contract at T1) to having a contract.

USE OF THE AGING AND DISABILITY BUSINESS INSTITUTE

Evaluation question #2: *Is there evidence that the Aging and Disability Business Institute serves as the go-to place for CBOs interested in acquiring skills for sustainability and business planning?*

The Aging and Disability Business Institute was created with the goal of becoming a national resource center that will serve as "the go-to place for comprehensive, interactive, user-friendly, and cutting-edge information and resources on building business acumen within the aging and disability networks."[viii] Together with their partners, the Business Institute has created, compiled, and made accessible a significant collection of business acumen resources including web-based resources (e.g., blogs, success stories), webinars, training and technical assistance, consulting arrangements, and conference sessions at a variety of national and local venues. This section will report on the use of specific Business Institute tools and resources as evidence of the ways in which it has become a popular and dependable repository of knowledge for community-based organizations.

Aging and Disability Business Institute website

The Business Institute website, launched in February 2017, is an essential component of the overall project and is the hub for maintaining key information to help CBOs build organizational capacity and business acumen. The Business Institute website houses information to help guide organizations regardless of where they are along the continuum of contracting with the health care community, from developing partnerships

to measuring results. The most recent RFI survey (2018) shows that 38% of respondents had used business acumen resources provided by n4a or the Business Institute. Of those who had, 44% had used Business Institute website resources.

Website resource categories include:

- Get Started
- Understand the Landscape
- Define Your Value
- Build Your Network
- Manage Finances
- Evaluate Contracts
- Deliver Measurable Results.

Resources within these categories are also designated as appropriate for different levels including basic, intermediate, and advanced.

Following are data about overall use of the website, use of blogs, success stories, and other website resources as well as website satisfaction data based upon a pop-up survey.

Overall use

Since February 2017, nearly 25,000 individuals have visited the Business Institute website to access blogs, success stories, and webinar recordings and to request technical assistance or consulting arrangements. Based on Google Analytics reports, between February 1, 2017 and December 31, 2018, there were 24,796 new users and 3,909 returning visitors to the Business Institute website (visitors are counted "new" their first time to the site, then subsequently counted as "returning", therefore the same individuals may be counted in both categories). The visitor return rate was 15%. While attracting new visitors to a website is a priority, returning visitors illustrate that users found the website valuable enough to return for additional activity.

On average, the number of unique individuals visiting the website per month was 1,223 (median: 1,338; range: 603 (December 2017) to 1,872 (August 2018)). For the past 10 consecutive months, over 1,000 visitors have browsed the site each month, as illustrated in Figure 2. (Detailed data available in Appendix D.)

Figure 2. Number of Unique Visitors to the Business Institute Website, per Month
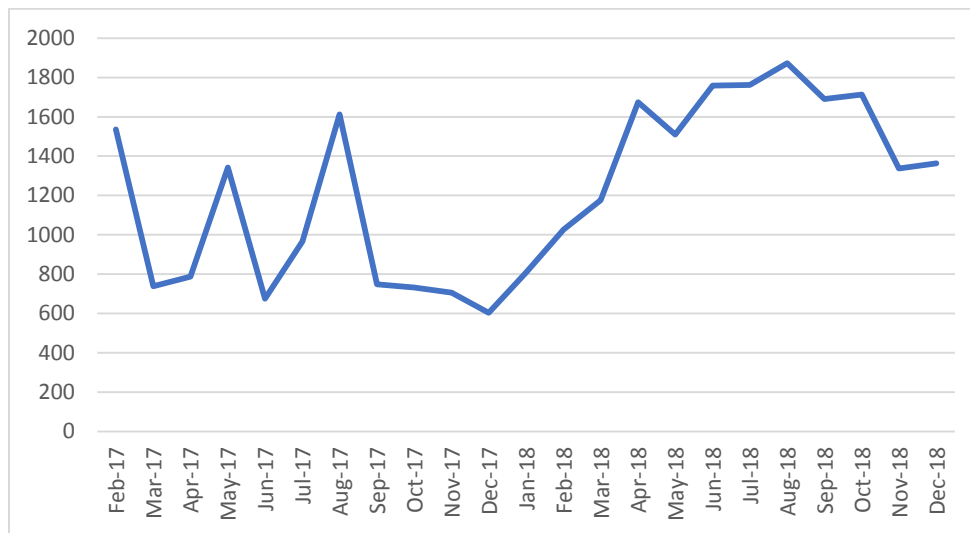
Website resources

Resource downloads have been tracked since April 2017. On average, 854 resources per month (median: 760) were downloaded, including PDF documents, toolkits, webinars, Excel files, and videos. The most frequently downloaded items were the sample memoranda of understanding (MOUs), including a sample MOU between CBOs and a hospital, and a sample MOU between a lead CBO and its subcontractors. These resources were among the top 10 downloaded resources every quarter since the website launched. Other resources that made the top 10 list for two or more quarters include:

- ACL Business Institute Case Study: Winning the Contract: New Revenue Stream for Community Organizations (ARTICLE)
- Crosswalk of the 4Ms and Evidence-Based Programs (REPORT)
- Environmental Scanning for CBOs (WEBINAR)
- Four Ways to Know Whether You are Ready for Change (ARTICLE Link)
- How to Build the Business Case for CBO Services (ARTICLE)
- Quantifying the Value Proposition: How to Calculate Return on Investment (ROI) (WEBINAR)
- We Know We Do Good Work, Now What? How to Package Your CBO Services to Attract Interest from Payers (WEBINAR)
- WNY Integrated Care Collaborative Community-Based Integrated Care Networks Phase 2 Final Report 2015 (REPORT)

This list shows a variety of resources in the top 10 – articles, reports, webinars, and sample documents, demonstrating that visitors are finding useful information throughout

the different areas of the website. While we do not know how many resources were downloaded per person, the monthly average number of resources downloaded is high compared with the monthly number of visitors to the site. This suggests that visitors are engaging with the site and finding information that is useful.

Blogs

Thirty-eight blog posts have been posted by the Business Institute team, n4a staff, and key partners since January 2017, addressing topics ranging from serving Veterans to key factors of successful partnerships. The full list of all 38 blogs can be found in Appendix E, or at www.aginganddisabilitybusinessinstitute.org/blog/. The following is a list of popular blogs that made the top 10 list for three or more quarters:

- Transportation Undergirds Health Care
- Medicare Advantage Policy Spotlight
- Health Care and Community-Based Organizations Have Finally Begun Partnering to Integrate Health and Long-Term Care
- GWEPS & Community Based Programs: Improving the Quality of Care for Older Adults
- Five Key Factors for Successful Health Care CBO Partnerships
- Constructing a Value Propositions for Your Evidence-Based Programs
- Build on Your "Wins": The Eastern Virginia Care Transitions Partnership & VAAACares. Bringing Value to Health Care in Virginia
- Boosting the Sustainability of Community-Based Organizations

Success stories

"Success stories" are blog posts that highlight the efforts of organizations who have been successful in establishing and maintaining partnerships with the health care community. Since December 2016, 17 success stories have been posted and were viewed by users an average of 228 times per quarter (median: 219.5). A full list of success story blogs can be found in Appendix F.

Website evaluation

The Business Institute website included a pop-up evaluation form requesting feedback from users regarding their impressions of the website and its resources.

There were 255 Business Institute website users who completed the pop-up evaluation.[2] Eighty-four percent of respondents graded the website with an "A" or "B" and found the website to not only be useful, but indicated they would recommend the website, would return to the website, and found the website easy to navigate. As shown in Table 5, all four evaluation measures had high scores.

Table 5. Summary of Website User Evaluations	
Evaluation Measure	**Average Score (out of 5)**
Likeliness of visiting the website again	4.2
Likeliness of recommending the website to colleagues	4.1
Ease of navigating the website	4.1
Usefulness of the website resources	3.9

Webinar activity and attendance

Webinars are a well-used Business Institute resource. The American Society on Aging (ASA) was a valued partner in hosting and managing the Business Institute webinars. Among the 38% of RFI T2 survey participants who said they had used Business Institute and other n4a business acumen resources, almost three-quarters had participated in a webinar. A total of 33 webinars have been conducted since June 2016 with over 7,000 attendees (nearly 4,800 unduplicated) across all webinars. Each webinar was attended by an average of 219 participants (median: 181, Range: 79 - 954). A full list is available in Appendix G.

In a review of the attendance rates by webinar topic, it is evident that highly attended webinars included discussions of much broader topics while the less attended webinars included specific or technical topics.

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[2] There were an additional 35 pop-up evaluations submitted through the website. During the data cleaning process, these cases were removed after identifying that the responses were not valid.

Webinar sessions with the highest attendance rates (300 or more attendees) include:

- Times of Transformation: The Changing LTSS Environment for the Aging and Disability Networks (954)
- The BRIDGE/AIMS Transitional Care Model for Older Adults (385)
- Preparing Community-Based Organizations for Successful Health Care Partnerships: How to Make the Business Case (376)
- CHRONIC Care Act: New Opportunities to Advance Complex Care Through Community-Clinical Partnerships (322)
- Finding Champions and Building Partnerships (309)
- Sustainability for All: A Multi-Partner Approach to Growing Evidence-Based Programs (305)

The webinars with the fewest attendees (less than 100 in attendance) include:

- Breaking Down Barriers in Care Coordination: Partnering with MCOs to Provide Language Services for Beneficiaries (98)
- MACRA and CBOs: New Opportunities for Engagement Abound (96)
- Building Sustainable CBO and Health System Partnerships under Medicaid Delivery System Reform (93)
- Addressing CBO Technology Troubles: Using HITECH Act Matching Funds to Support Adoption of Electronic Health Records by Non-Clinical Medicaid Providers (79)

Following each webinar, a recording of the presentation is posted as a resource on the Business Institute website. It should be noted that three webinar recordings made the top 10 list of the most downloaded resources for two or more quarters.

Additional information about the individuals attending the webinars was collected from those claiming CEU credit hours. The proportion of attendees claiming CEUs varied from one webinar to another and ranged from 19% to 54%, with an average of 35%. Attendees claiming CEUs were asked to identify the type of sector they or their organization represented. Individuals or organizations identifying as being from the health care or social service sector made up the majority of webinar attendees with anywhere from 58% to 84% (average of 73%) of the group representing one of these two organization types. On average, 35% (range: 19% - 54%) of attendees were from the health care sector while 38% (range: 24% - 59%) were from the social service sector. Nineteen of the 33 webinars had higher attendance by the social service sector than the health care sector. While this information is based upon self-reporting and is limited to individuals who claimed CEUs, it is clear that the Business Institute has been successful in capturing an audience from both the CBO and health care communities.

Consulting engagements

The Business Institute, building upon the success of the n4a consulting program, expanded the reach of consulting services to support a variety of additional CBOs, including state associations and CBO-created regional contracting organizations, throughout the course of this project. During this time, the size, scope, and sophistication of the consulting projects has grown. For example, recent projects involved state associations and one state unit on aging, and cover topics that include accreditation, marketing, and pricing. Through the expertise offered by seven consulting firms, two partner organizations, and two individual consultants, the Business Institute provided CBOs with individualized resources to support contracting efforts at all levels. As shown in Table 6, there have been 24 consulting engagements across 19 states.

Table 6. Summary of Consulting Engagements				
	Year 1	Year 2	Year 3	Total
# of consulting engagements	9	5	10	24
# of states impacted	7	5	7	19

Technical assistance

Together with their partners, the Business Institute team created an environment in which organizations could receive technical assistance from experts in the field who are well versed in CBO contracting, capacity building, and business acumen efforts. Over 180 different requests for technical assistance were received and over 580 hours were devoted to addressing the questions and needs of organizations in the aging and disability networks by phone, email, in-person meetings, or presentations. Over 40% of the technical assistance requests came from Area Agencies on Aging with another 15% from CBOs or networks of CBOs. The remaining 45% of requests came from a variety of organization types, including state units on aging, departments of health or public health networks, consultants, universities, home health agencies, health care, and other organizations or coalitions (each making up 5% or less of the requestors). Technical assistance covered a breadth of topics such as network development, sustainability, pricing, and accreditation. The most commonly identified needs were contract and network development, evidence-based program implementation, pricing, advocacy, and sustainability. During 2016, the Business Institute received 37 requests for technical assistance, followed by 58 in 2017, and 84 in 2018 (other requests have been ongoing over the time period). The Business Institute exceeded their goal of having 25 new

CBOs receive technical assistance each year. They had 47 new CBOs receiving technical assistance in 2017 and another 50 new CBOs in 2018.

Conference sessions and invited presentations

A total of 69 conference sessions related to business acumen or contracting relationships have taken place since July 2016 at a variety of national and local conferences. A full list of conferences attended as well as a list of conferences presentations can be found in Appendix H and Appendix I. Conference sessions are a valuable method of increasing the visibility of the Business Institute and its resources: Of the RFI T2 respondents indicating they had used business acumen resources from the Business Institute or n4a, 65% said that their involvement occurred through attending a conference sessions.

In addition to conferences, Business Institute and n4a staff delivered over a dozen targeted training events across the country. These events allowed staff to provide specialized training that catered to the specific needs of the organizations in attendance. Many of these training events were attended by organizations within a state association of Area Agencies on Aging or attendees at ACL's regional meetings. Examples include the Iowa Governor's Conference on Aging and Disability, Oregon Association of Area Agencies on Aging and Disabilities Quarterly Business Meeting, and the Pennsylvania Association of Area Agencies on Aging Leadership Development Institute.

Business Institute staff have been proactive in submitting abstracts and finding opportunities to share their expertise, and responsive to requests for individualized training.

Learning collaboratives

The Business Institute has been successful in bringing together leaders in the aging and disability networks to form two learning collaboratives: The Trailblazers Learning Collaborative (TLC) and the Health Information Technology Learning Collaborative (HITLC). Participants of the learning collaboratives experience very hands on and applied training not only to build the capacity of their own organizations but to be leaders and share their experience and knowledge with other organizations who are building partnerships with health care entities. Each collaborative was charged with specific goals and anticipated deliverables. A summary of the goals, participants and deliverables of each collaborative is found in Table 7 below. A full listing of participating agencies can be found in Appendix J.

Table 7. Summary of Learning Collaboratives		
	Trailblazers Learning Collaborative	**Health Information Technology Learning Collaborative**
Year established	2017	2018
# of participants	9	10
Participants	3 AAAs, 2 disability organizations, and one each of: state association of AAAs, CBO, integrated care organization, and university.	3 AAAs, 2 aging and disability organizations, and one each of: state association of AAAs, CBO, network of faith-based CBOs, integrated care organization, and university.
Goals	• Develop comprehensive strategies for approaching and engaging different health care payers and providers that they – and others within the aging and disability networks – can use to secure future contracts/agreements. • Test and use these road maps to approach contracting organizations, and secure new or expanded contracts.	• Gain a deep understanding of how to make strategic decisions around investing in health information technology systems to collect, manage, and analyze data while enhancing program quality, client satisfaction, and service reimbursement.
Deliverables	• 4 Expert Insight Videos • Care management client experience survey • Cross-Sector Partnerships: Incentives for Hospitals and Health Systems	In progress
Funding	The TLC was convened by n4a and funded by ACL.	The HITLC is funded in part by ACL and is in partnership with the Illinois Public Health Institute.

One potential impact of participation in a learning collaborative is the ability to secure external funding. Table 8 gives examples of the funding secured by participants of the Trailblazer Learning Collaborative, which they credit, in part, to the knowledge sharing that occurred in the TLC.

Table 8. Examples of External Funding Secured by Learning Collaborative Participants		
Organization	New Opportunities, Inc.	Direction Home Akron Canton Area Agency on Aging & Disabilities
Grant Name:	Hospital to Home Program	H2H (Hospital to Home)
Funding Amount	$300,000	
Goal	Work with two area hospitals to provide qualified patients with services with the goal of reducing or eliminating re-hospitalization.	Create a Management Information System aiming to reduce short-term nursing facility use and total cost of care while maintaining or improving quality of care and quality of life.

While the work of the Health Information Technology Learning Collaborative is just beginning, the Trailblazers Learning Collaborative, under the guidance of the Business Institute, n4a, and ACL, has taken the knowledge, expertise, and experiences of leaders in the field and turned it into resources and products to be shared with others in the network. It is through these efforts that the Business Institute and its partners are paving the way for aging and disability organizations to be well positioned to contract with health care entities.

Summary of evaluation question #2

Within three years, the Business Institute has successfully developed and delivered 33 webinars; written 38 blogs and 17 success stories; delivered 580 hours of technical assistance (through 180 requests); presented 69 conference sessions; provided consultation to 24 organizations, and coordinated two learning collaboratives all while attracting nearly 25,000 individuals to their website.

Through the support of funders and partners, the Business Institute has built, from the ground up, a repository of knowledge in the form of tangible resources that users can learn from and in turn share with others. It is evident from the volume of resources and the utilization of their website, webinars, and conference sessions that the Business Institute has established itself as a preferred and reliable site for CBOs seeking guidance in building business acumen and establishing partnerships with health care entities. In addition, through trainings and consulting efforts, the Business Institute is being sought after as having expertise in guiding organizations within the aging and disability networks as they look for opportunities to contract with health care partners.

READINESS ASSESSMENT PROCESS EVALUATION

Evaluation question #3a: *How was the Readiness Assessment tool used by CBOs?*

The Readiness Assessment tool, described above in the Methodology section, was launched in August 2017. It was envisioned that this tool would serve as an ongoing resource to CBOs; for example, an AAA would take the Readiness Assessment when thinking about partnering with health care entities, become aware of the areas where improvement was needed, be directed to Business Institute resources to help improve its competency in that area, and return to retake modules as needed, thus providing over-time snapshots of their level of business acumen.

Between August 2017-December 2018, **92 unique organizations** completed at least one module of the Readiness Assessment. Four of these organizations (two AAAs and two non-profit agencies) were "repeat customers" - having completed one or more modules twice. While CBOs may have returned countless times to review the modules and related resources, they were not returning to re-take the modules. Once an organization has its baseline score and knows its areas of strength and growth opportunity, it can focus on increasing competency in the relevant areas. There is no need to re-take the module and receive a new score. Selected key facts related to the Readiness Assessment are presented below; for a full breakdown of these key facts, see Appendix K.

Key facts:

- Over half (53%) of the organizations that completed one or more modules were AAAs. The remaining categories with 5% or more of respondents included "other" (10%), "other non-profit aging and/or disability organization" (9%), and CIL (5%).
- Most organizations that began the Readiness Assessment completed it: nearly two-thirds of organizations completed all seven modules of the Readiness Assessment, but about one-third stopped after one or two modules. This is a notable bimodal distribution.
- 85% of Readiness Assessment users began the assessment between August 2017 and April 2018, which was **before** the second RFI was disseminated.

Figure 3. New Organizations Completing at Least One Readiness Assessment Module, by Month
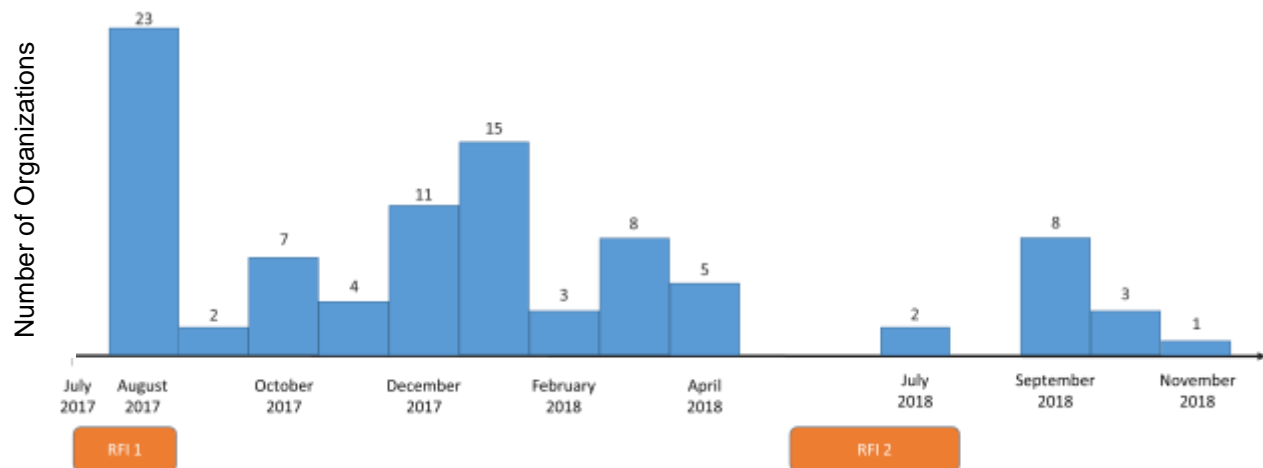
Evaluation question #3b: *How did CBOs score within the different areas (modules)?*

- Organizations, on average, scored highest on the Change Readiness and Strategic Direction readiness modules. They scored lowest on the Partnership Development and Operational readiness modules.
- With the exception of Change and Strategic Direction, most modules have 25 - 35% of respondents at the beginning level, over half at the intermediate, and the smallest groups at the advanced level, as shown in Table 9 below.
- In summary, organizations were most proficient in Change and Strategic Direction readiness, and least proficient in Operational, External Market, and Partnership Development readiness.

Table 9. Readiness Score for each Module, by Level					
Module	**Beginning %**	**Intermediate %**	**Advanced %**	**Total %**	***n***
Overall (all modules)	24.1	62.1	13.8	100	58
Change	8.7	63.0	28.3	100	92
Strategic Direction	12.0	54.7	33.3	100	75
Operational	35.5	51.6	12.9	100	62
Management	26.2	55.7	18.0	100	61
Leadership	22.6	56.5	21.0	100	62
External Market	26.7	61.7	11.7	100	60
Partnership Development	38.7	53.2	8.1	100	62

Evaluation question #3c: *Were there changes to contracting status among CBOs that completed the Readiness Assessment, RFI T1, and RFI T2?*

Of the 92 organizations that completed at least one module of the Readiness Assessment, 36 organizations, or 39% (34 AAAs, 1 CIL, and 1 "Other") also responded to both of the Request for Information surveys.

- Of these 36 organizations, 18 (50%) had contracts with health care entities at the first RFI. This increased to 22 organizations (61%) at T2.
- Of those who did not have a contracts but were *pursuing* one at T1, by T2 33% had contracts in place
- Of those who did not have a contract and were *not pursuing* one at T1, by T2 50% had a contract or were pursuing one.

For comparison, trends overall for respondents who completed the RFI survey at T1 and T2 (*n* = 374) are:

- 39% had contracts at T1, 43% had contracts at T2.
- Of those who did not have contracts but were *pursuing* them at T1, 33% had contracts at T2, 43% were still pursuing, and 25% were no longer pursuing contracts.
- Of those who did not have a contract and were *not pursuing* one at T1, by T2 27% had a contract or were pursuing one.

The proportion of agencies who participated in the Readiness Assessment had higher levels of contracting at T1 and T2 than the total group of survey respondents. There is a very noticeable difference for those who were not pursuing contracts at T1: 50% of Readiness Assessment participants had in place or were pursuing contracts at T2, compared to 27% of the total group of RFI respondents.

Limitations and summary of evaluation question #3

The number of organizations that participated in all three activities – Readiness Assessment, RFI T1, and RFI T2 – is too small to draw definitive conclusions about the effectiveness of the Readiness Assessment on improving an organization's capacity to partner with a health care entity. Still, participation in the Readiness Assessment is correlated with positive contracting status. Compared with the population of CBOs that took the RFI at both T1 and T2, those who also took the Readiness Assessment had a higher baseline rate of contracting and were less likely to have stopped pursuing contracts. Furthermore, the timing of these activities supports a narrative that the Readiness Assessment tool can help an organization increase its partnership readiness.

OUTREACH TO HEALTH CARE

Evaluation Question #4: *What progress did the Business Institute make on an outreach and educational campaign targeting the health care sector?*

Through the efforts of the Business Institute, their partners, and the health care outreach workgroup, meaningful connections were made with the health care sector. These outreach and educational activities focused on the value of working with CBOs to address social needs for their patients.

The health care outreach workgroup was charged with identifying opportunities to advance collaborations between the health care sector and disability and aging network providers through strategic outreach and education. The work group developed strategies to capitalize on individual and organizational connections with the health care sector, including key stakeholder outreach, submission of proposals, conducting presentations and in-person attendance at health care conferences, joining health-related industry and professional organizations, sharing marketing materials, and co-writing articles and blogs with high-profile health care professionals.

The Business Institute also looked to its partners (Partners in Care Foundation and the Healthy Living Center of Excellence) to help lead the efforts in connecting with the health care sector through outreach and presentations to hospitals, physicians, and health systems. Since June 2016, partners, n4a, or Business Institute staff have

presented to or engaged in dialogue with representatives of health care on 26 different occasions. Through these presentations, meetings, and additional electronic communications, health care audiences (which included insurance companies, physician groups, quality innovation networks, pharmacists, advisory boards, nurses, and geriatric associations) received the message about the importance of building partnerships with CBOs.

Other Business Institute resources attracted the attention of health care professionals. As discussed earlier, an average of 35% of attendees at each webinar came from the health care sector (based upon those receiving CEUs).

In addition to participating in meetings and presentations with health care organizations, the Business Institute published three articles, reaching a broad audience of health care professionals:

Table 10. Publications			
	America's Health Insurance Plans (AHIP)[3]	**Health Affairs[4]**	**Aging Today[5]**
Article Title	Virginia Finds Better Ways to Transition Patients from the Hospital to Their Homes	Health Care And Community-Based Organizations Have Finally Begun Partnering To Integrate Health	New Data and Report Provide Insight into CBO Experiences with Contracting
Authors	Nora Super	Nora Super, Mary Kaschak, Elizabeth Blair	Elizabeth Blair, Suzanne Kunkel
Publication Date	February 7, 2017	February 2, 2018	March - April 2019
Link	www.ahip.org/virginia-finds-better-ways-to-transition-patients-from-the-hospital-to-their-homes/	www.healthaffairs.org/do/10.1377/hblog20180130.620899/full/	https://www.asaging.org/blog/how-are-cbos-faring-healthcare-contracts-new-report-reveals-insights-data

Summary of evaluation question #4

Where there was once little to no engagement between CBOs and health care entities, it is clear that those gaps are being addressed and bridges are being built between these two sectors. Health care professionals are attending ACL and Business Institute

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[3] America's Health Insurance Plans (AHIP) is the national association whose members provide coverage for health care and related services. www.ahip.org/about-us/

[4] Health Affairs is the "leading journal of health policy thought and research. The journal reaches a broad audience that includes: government and health industry leaders; health care advocates; scholars of health, health care and health policy; and others concerned with the health and health care issues in the United States and worldwide." www.healthaffairs.org/about

[5] Aging Today, the bimonthly newspaper of the American Society on Aging, features stories that highlight ongoing work, trends, innovation and advancements in the field of aging.

sponsored webinars; indeed, 35% of webinar participants claiming CEUs were from the health care sector. CBO representatives and Business Institute partners are being asked to speak to physician groups and health care systems, and the work of CBOs is being recognized by potential health care partners.

SYSTEMS CHANGE

Evaluation question #5: How have the strategies developed and implemented by the Aging and Disability Business Institute increased momentum and support for establishing a new norm of business partnerships and contracts between CBOs and health care systems?

There are several pieces of evidence supporting the assertion that the Business Institute has and continues to play an important role in developing a new norm of CBO and health care partnerships.

Policy analysis and advice

Business Institute staff are regularly sought out to comment and provide advice on current and proposed policy. In addition, they proactively seek opportunities to advocate for the role of CBOs in meeting social needs, such as responding to calls for comment. Some examples include:

- *MACRA & CBOs: New Opportunities for Engagement Abound:* A factsheet that analyzes new opportunities available under the Medicare Access and CHIP Reauthorization (MACRA). This is available on the Business Institute website and was distributed at the Business Institute's n4a 2017 Aging Policy Briefing Pre-Conference: *CBO Opportunities in Health Care Payment and Delivery Systems.*
- Response to Center for Medicare and Medicaid Innovation (CMMI) Request for Information seeking feedback on a new direction for the Center (November 2017).
- Response to the CMS Medicare Advantage Call Letter. CMS has proposed, and the recently enacted Bipartisan Budget of 2018 includes, the expansion of primarily health-related services in Medicare Advantage, to include social services such as home-delivered meals and transportation. These changes were enacted in part due to Business Institute staff participation in the development of the Bipartisan Policy Center's (BPC) *A Policy Roadmap for Individuals with Complex Care Needs*.
- Invited participation of Business Institute Director on a new BPC Advisory Committee on "Improving Care Delivery for Individuals with Serious Illness."
- Invited participation in "Regulatory Sprint to Coordinated Care", work session led by Deputy Secretary of Health and Human Services Eric Hargan (January 2019).

n4a Business Institute staff and partners are also represented on numerous advisory committees and boards to further advance partnerships between health care and CBOs. A selection of these are provided in Appendix L.

Culture change

A cultural shift can be seen across the landscape of health care and social service integration. Anecdotal reports suggest that before the Business Institute was created, many CBOs were reluctant to learn about or pursue contracting with health care entities, whereas now it is more common to hear acceptance of this initiative and a desire for further information about how to be successful in contracting. There are several examples suggesting that a culture change is underway, with CBOs and health care entities both more attuned to the opportunities of contracting partnerships to provide services for unmet social needs.

These selected examples illustrate the changing landscape, and, where possible, n4a/Business Institute's role in advancing this change.

One example of culture change is found in practitioner and academic conferences:

- Business Institute staff report they are increasingly sought out to present at health care conferences
- More conference sessions and tracks are devoted to integrated care, business acumen, and health care contracting:
    - n4a has, for the past several years, offered related sessions at its annual conferences; however, this is not limited to n4a conferences
    - ASA's 2019 Aging in America Conference has an "Integrated Care Networks/Business Acumen" track, with 18 sessions.
    - The 2019 National Council on Independent Living conference (NCIL) has for the first time a "Healthcare Track" for workshops related to healthcare, including healthcare policy and advocacy, along with the healthcare landscape and contracting with Managed Care Organizations and other healthcare providers.[ix] The inclusion of a specific track indicates that this is an important theme for organizers, presenters, and attendees.

Another example is that more states are incorporating business acumen into their state-wide training. The Business Institute met its target for a minimum of one state to do so per year, with the State Units on Aging in Michigan, Wisconsin, and New York incorporating business acumen into their training within the project period. This is separate from, and in addition to, the state-level trainings and presentations conducted by n4a and Business Institute staff throughout the grant period.

A third example is the importance that other non-profit and government organizations now place on CBOs gaining business acumen skills. The Business Institute holds biweekly phone calls with its partners including the Scripps evaluation staff. As the grant period neared its end, Business Institute staff asked partners for feedback on these calls – did they find them useful? Do they want the calls to cease or continue? Overwhelmingly, partners responded that the calls were invaluable and should absolutely continue, regardless of funding status. The calls serve as the only opportunity to regularly share information and resources, learn about what others are doing, and forge stronger partnerships with other organizations interested in improving the business acumen of CBOs. The Business Institute thus acts as a change agent and as a clearinghouse for cooperation and partnerships.

Finally, The John A. Hartford Foundation Business Innovation Award was established to identify and celebrate innovative community-based organizations (CBOs) that are leading the way forward in integrating their services with the health care sector. The Business Institute invites nominations to be submitted annually. The Business Innovation work group processes nominations, scores, and selects award winners. The diversity of organizations applying has increased each year: in 2016, AAAs represented 83% of applicants, with just 17% representing other CBO types. In 2018, 35% of award applicants were non-AAAs, including CILS, faith-based organizations, and government departments. This suggests more CBOs are becoming familiar with the work of the Business Institute and have developed innovations worthy of sharing with others.

Leveraged funding and sustainability

n4a has been successful in leveraging the funding received from The John A. Hartford Foundation for the Aging and Disability Business Institute to obtain additional grants. The largest of these are outlined in Table 11.

Table 11. Additional Funding Secured by n4a Related to the Aging and Disability Business Institute		
Funding Source	**Amount**	**Purpose**
ACL (2016-2019)	$1,500,000	To advance the readiness and business acumen of aging and disability CBOs
Association on Aging in New York (2019-2020)	$290,000	To provide business acumen training to AAAs in New York state
National Council on Aging (NCOA) (2018-2019)	$205,240	To establish a pilot program with two AAAs to work collaboratively with health plan partners to enroll participants in MSP and LIS programs.

In October 2018, n4a entered year three of its three-year grant from ACL, "Learning Collaboratives for Advanced Business Acumen Skills." The objectives for this grant were to: capture lessons learned from trailblazers in the aging and disability networks; partner with health care system leaders; address common challenges in business and partnership by sharing breakthrough strategies; and develop a multi-pronged dissemination strategy to spread the learnings from the Advanced Learning Collaboratives to a broad network of CBOs and other key stakeholders.[x]

In 2018, n4a was awarded a two-year sub-grant in the amount of $205,240 from the NCOA on its efforts to provide technical assistance to states, AAAs, and other community service providers to provide outreach and benefits enrollment assistance, particularly to older individuals with greatest economic need, for federal and state programs, as part of the National Center for Benefits Outreach and Enrollment. This sub-grant will utilize the expertise and resources of the Business Institute to establish a pilot program in up to three geographically diverse AAA sites to work collaboratively with health plan partners to enroll participants in Medicare Savings Programs (MSP) and Low-Income Subsidy (LIS) programs.

The Business Institute has also seen considerable interest from State Units on Aging and AAA associations in the development of Business Competencies Training Programs, which could prove to be an additional revenue source for the Business Institute. In December 2018, the New York State Office for Aging (NYSOFA) contracted with n4a to provide a robust two-year training curriculum to increase the business acumen of CBO leaders across New York State. This curriculum will include online self-study, webinar, and in person components with competency-based testing to ensure learning and provide the Business Institute with ongoing feedback that will be used for quality improvement throughout the training program. It will serve as a model to replicate in other states where funding is available.

Summary of evaluation question #5

There are many examples of increasing momentum to support a new norm of partnerships between CBOs and health care entities. While we cannot ascertain which have occurred as a result of an increased awareness that CBOs bring value to addressing social needs, and which are a direct result of the Business Institute, it is clear that the Business Institute plays a role in driving this culture change.

CONCLUSION

The Aging and Disability Business Institute was developed in response to both a need and an opportunity to increase partnerships among CBOs and health care organizations. Our changing knowledge about health care and the importance of social determinants of health in effective service to older adults and persons with disability created a need for CBOs and the health care sector to work together on new initiatives in new ways. Its creation was timely, and is both a result of a changing landscape as well as a catalyst for changing the landscape further. It has become an integral part of the integrated care movement and a champion—if not THE champion—to further change in the way health and social services can be integrated to effectively serve older adults and persons with disabilities. There is good evidence that the Aging and Disability Business Institute has met each of its project objectives. The Business Institute has developed and collected resources, provided extensive educational opportunities, met with individuals, groups, and professional organizations, and generally made an effective case for formalized partnerships between CBOs and health care entities while focusing on the skills of CBOs to fully take advantage of these opportunities.

This first phase of the Business Institute targeted both CBOs and health care entities, with a focus on providing community-based organizations with the tools and resources to successfully adapt to a changing health care environment, enhance their organizational capacity, and capitalize on emerging opportunities to diversify funding. The Business Institute has built a solid repository of well-used resources and consistently adds new content to its site.

In addition to these foundational resources, the Business Institute itself has proven to be a valuable organizational entity with a presence at the table in many forums, from professional meetings to policy planning and development. The Business Institute has developed into a go-to organization for expertise and skill building regarding partnerships between health and social services, and has facilitated successful contracting between CBOs and health care. The current shifts in the design and delivery of health care marked by a focus on social and behavioral determinants of health, and by Age-Friendly Health System models, underscore the importance of a national resource center to support and build cross-sectoral partnerships. The Aging and Disability Business Institute is well-positioned to sustain and extend the progress that has been made. The first three years of its operation have resulted in a strong track record of timely, effective, and well-utilized resources; deep ties across CBO networks; essential inroads with health care partners; and a clear association between Business Institute activities and increased contracting.

APPENDIX A. EVALUATION MATRIX/GUIDE

Three main areas of focus have been identified for the overall evaluation of the Business Institute project. This includes:

1. **Component 1: Trends in Contracting** – this is designed to address the overall objective of the project, which is to increase the number of executed contracts between health care entities and social service agencies or networks/CBOs.
2. **Component 2: Event Based Analysis** – this includes an analysis of all output and process based measures related to website use, webinars, online courses, training and technical assistance, outreach and educational campaign, and activities of the project advisory committee.
3. **Component 3: Analysis of the Business Institute's Readiness Assessment** – this includes a process analysis of agencies completing the Readiness Assessment and a subset evaluation of agencies completing the RFI T1, T2, and the Readiness Assessment.

Component 1: Trends in Contracting	Component 2: Event-Based Analysis	Component 3: Analysis of Business Institute's Readiness Assessment

CBO and Health Care Contracting – based upon findings of a Request For Information (RFI) survey (Time 1 & Time 2)
• # of CBOs contracting with a health care entity (or entities)
• # and description of existing contracts
• # and description of contract structure (individual organization vs. network)
• Type and description of health care entities
	Business Institute Website
	• # of new resources, blogs and success stories developed and published
	• # of users visiting the website
	• # of new visitors
	• # of returning visitors
	• # of clicks on resources
	• # of blog post page views
	• # of success story page views
	• Top 10 Resources, by clicks (reported quarterly)
	• Top 10 Blogs, by page views (reported quarterly)
	• Individuals provide positive reviews/evaluations of website and resources
	• Pop Up Evaluation Questions
		Readiness Assessment Process Analysis
		• # of users and type of agencies they are from completing at least one module of RA
		  ○ Overall # of users completing at least one module of RA since launch
		  ○ Overall # of users completing all modules of RA since launch
		• Module Analysis
		  ○ Average # of modules completed

- # and description of services available as a result of existing contracts
- # and description of individuals receiving services as a result of existing contracts
- # of CBOs that received payment as a result of existing contracts and description of payment models
- Information from a subset of Trailblazer participants regarding the changes in the proportion of their budgets coming from the health care sector
- # of agencies contracting that have experienced increased net revenue
- # of networks that are contracting (RFI) and other known networks anecdotally from n4a
- # of CBOs in the process of pursuing contracts with health care entities and description of status
- # of CBOs NOT pursuing contracts with health care entities and description of current interest in contracting

Webinar
- # of webinars
- # of webinar participants
- # of participants claiming CEUs
    - o Evaluation results of those claiming CEUs
    - o Sector types of those claiming CEUs

Consulting
- # of consulting arrangements initiated through the Business Center, description & outcome
- Increase usage of consulting services by CBOs

Technical Assistance
- # and description of technical assistance
- A minimum of 25 additional CBOs receive technical assistance each year

Conferences
- Total # of conference sessions (# health care sessions)

Learning Collaboratives
- # of agencies/networks participating in learning collaboratives
    - o Measure of impact of the learning collaboratives

- ▪ Describe most commonly completed modules and modules skipped
    - o Average scores of each module
    - o Individual questions within modules
        - ▪ Areas (questions) with lowest scores
        - ▪ Areas (questions) with highest scores
- Readiness Assessment & RFI Subset Analysis
- # and types of agencies completing both RA & RFI
- If there is a sufficient number of agencies who completed RA and RFI T1 & T2:
    - o Change in contracting status between T1 and T2

Increased Contracting	**Outreach & Educational Campaign**	

• Increase in overall #s of CBOs entering into or pursuing contracts with health care entities (follow up RFI)
• Increase in regional and statewide networks formed by social service agencies that can serve health care entities efficiently with high quality standards
	• # of presentations to health care representatives
	• Health care outreach workgroup
	• Other kinds of health care engagement (board participation, key meetings, etc.)
	• # of articles published in health care publications
	
	Systems Change
	• # of additional funders that support this work at the local or national level each year
	• The Administration for Community Living (ACL) will advance its plan to infuse business acumen into all aspects of the agency by making a financial investment each year.
	• A minimum of one state incorporates business acumen into training each year
	• # of Project advisory committee meetings & description of committee efforts
	• Policy impact and alliances (long-term result)
	• Other
	    o Information about capacity and change in number of networks (from RFI)
	    o Qualitative data on the number of CBO networks established	

APPENDIX B. RFI 2017 RESEARCH BRIEF

Community-Based Organizations and Health Care Contracting

Community-Based Organizations and Health Care Contracting

SUZANNE R. KUNKEL, JANE K. STRAKER, ERIN M. KELLY, ABBE E. LACKMEYER

Research Brief | December 2017

Background

The Aging and Disability Business Institute (Business Institute) was established in 2016 with funding from The John A. Hartford Foundation, The Administration for Community Living (ACL), The SCAN Foundation, The Gary and Mary West Foundation, The Colorado Health Foundation, and The Buck Family Fund of the Marin Community Foundation. It is led by The National Association of Area Agencies on Aging (n4a) in partnership with the most experienced and respected organizations in the aging and disability networks. Through the Business Institute, n4a and their partners provide tools and resources to support the capacity of community-based organizations (CBOs) to enter into successful contracts with health care entities. To assess the products, processes, and outcomes of the Business Institute, n4a partnered with Scripps Gerontology Center to serve as the overall project evaluator. To better understand the current landscape of contracting between community-based organizations and health care entities, Scripps Gerontology Center developed a short "request for information" (RFI) survey. This survey was disseminated via email directly to 623 Area Agencies on Aging (AAAs) and 313 Centers for Independent Living (CILs); the response rates for these two networks were 56.3% and 38.0% respectively. The survey was also disseminated to other CBOs via sharing of the RFI announcement by a network of key national agencies including not-for-profit and government agencies. The survey was in the field for five weeks between July and August 2017. A total of 593 respondents participated in the survey.

Results

The majority (60.9%) of responding organizations were AAAs; an additional 20.7% were CILs and 18.4% identified themselves as an 'other' CBO. The most common 'other' CBOs were supportive service providers, other not-for-profit aging and/or disability organizations, and government departments of health, aging, disability, mental/behavioral health, or human services.

KEY FINDINGS

Over 1/3
of organizations have at least one contract with a health care entity

· · · · · · · · ·

The most common health care partners were

Medicaid MCOs
(managed care organizations)

· · · · · · · · ·

Among organizations not pursuing contracts,

4 in 10
say they need more information and guidance

Respondents were asked to indicate if they have a contract to provide services or programs with or on behalf of a health care entity. A contract was defined in the survey as a "legally binding or valid agreement between two or more entities in which one or more parties are receiving payment for services or programs." Over one-third (38.1%) of respondents indicated that they currently have one or more contracts with a health care entity; 16.5% indicated they currently do not have a contract but were in the process of pursuing one. Fewer than half of the respondents (45.4%) indicated that they do not currently have a contract and are not in the process of pursuing one (Figure 1).

Contracting status varied by type of organization (Figure 2). Among AAAs, there was an equal distribution between those with one or more contracts (41.0%) and those with no contracts and no plans to pursue them (41.0%). The majority of CIL respondents do not have contracts and are not pursing any (54.6%); almost one-third do have contracts. Among 'other' CBOs, 42.5% do not have contracts and are not pursuing any; 38.7% indicated that they do have one or more contracts.

Organizations Contracting with Health Care Entities

Among the 226 organizations with contracts, the number of contracts with health care partners ranged from 1 to 32, with a median of two. Three-quarters (75.3%) of organizations have three or fewer contracts.

Respondents were asked whether they entered their contracts as an individual organization or as a network which was defined as "a group of community-based organizations that pursues a regional or statewide contract with a payer as joint venture." The vast majority of organizations (80.3%), entered into their contracts as an individual organization; 19.7% entered as part of a network.

Figure 1. Contracting Status

No current contracts and NOT pursuing — 45.4%

Currently have one or more contracts — 38.1%

No current contracts, but in process of pursuing — 16.5%

Figure 2. Contracting Status by Organization Type

Area Agency on Aging (AAA) (n = 351)	Center for Independent Living (CIL) (n = 119)	Other CBO (n = 106)
41.0%	54.6%	42.5%
17.9%	12.6%	18.9%
41.0%	32.8%	38.7%

Legend: No, not pursuing / No, but pursuing / Yes

To better understand what these contracts look like, CBOs were asked about the type of health care entities they contract with, services and programs provided, number and description of those being served, and payment models. Organizations were able to provide detailed information for up to three of their contracts. The following information is based on 456 contracts held by 226 organizations.
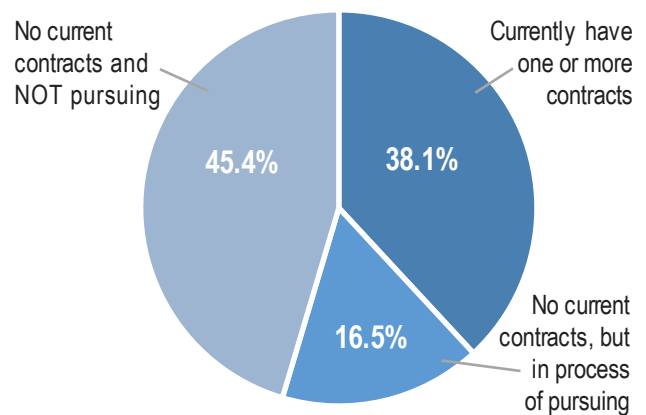
Who are CBOs contracting with?

The majority of CBOs with contracts were working with organizations representing health plans including Medicaid managed care organizations (MCOs) (35.0%) and hospitals or hospital systems (27.8%). These were followed by federal programs including Medicare and Medicaid duals plans and the Veterans Administration as well as state Medicaid and commercial health plans (Figure 3). The average length of the reported contracts is five years.

Figure 3. Most Common Health Care Partners

Partner	Percentage
Medicaid managed care organization	35.0%
Hospital or hospital system	27.8%
Veterans Administration Medical Center	19.1%
Medicare/Medicaid duals plan	16.1%
Commercial health insurance plan	13.9%
State Medicaid	12.6%
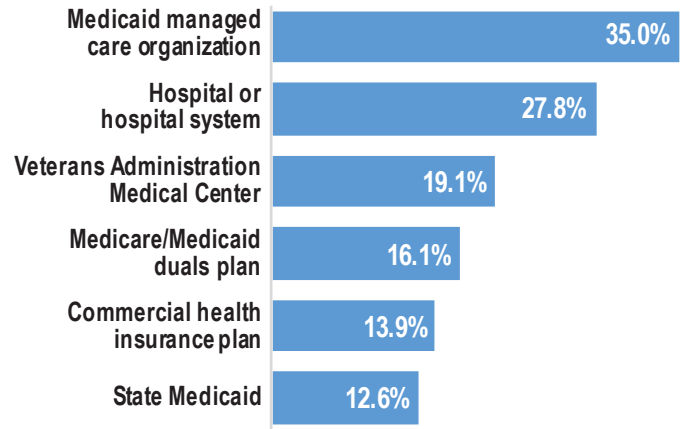
Who is being served through these contracts?

The majority of these contracting organizations serve older adults (79.8%) and/or individuals with a disability, impairment, or chronic illness (74.0%). In addition, 43.9% of organizations serve veterans and 30.9% serve caregivers.

What services are being provided through these contracts?

A variety of services have been delivered through these contracts including case management, caregiver support, and housing assistance. In keeping with one of the unique strengths of CBOs, the most common service provided (by nearly half of the organizations) is case management/care coordination/ service coordination (Figure 4). On average, organizations provide three services per contract.

Figure 4. Most Common Services Provided Through Contracts

Service	Percentage
Case management/care coordination/service coordination	49.3%
Care transitions/discharge planning	29.1%
Home care	26.5%
Nutrition program	26.0%
Person-centered planning	22.0%
Participant-directed care	20.6%
Transportation (medical or non-medical)	20.6%
Evidence-based programs	19.7%
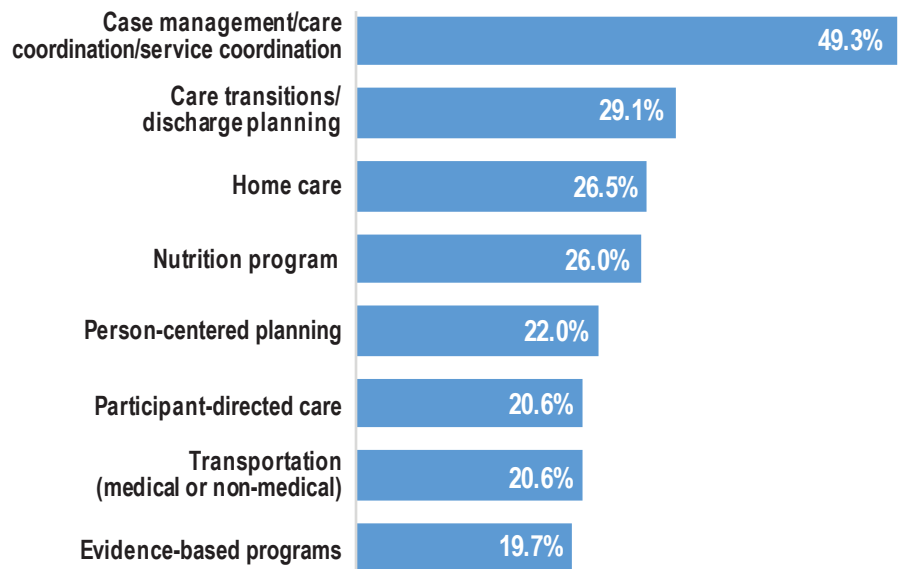
How are CBOs receiving payment?

Ninety-percent of organizations with a contract with a health care entity have received a payment for at least one of their contracts. The most common type of payment model is fee-for-service (34.5%) followed by per service unit (20.0%), per member per month (16.8%) and per participant (13.6%).

Organizations Pursuing Contracts

A small proportion of respondents (16.5%) indicated that they do not currently have a contract with a health care entity but are in the process of pursuing a contract. Respondents were asked to identify where they would place their organization along a continuum of progress toward contracting. Only 10.2% considered themselves very close to finalizing a contract while the majority (82.6%) are in the early stages of exploration and preliminary conversations with potential partners (Figure 5).

Figure 5. Progress of Organizations Pursuing Contracts

1	2	3	4	5
Taking the steps to explore the idea of contracting with health care entities		Engaging one or more health care entities in contract discussions		Very close to finalizing at least one contract
34.7%	**22.4%**	**25.5%**	**7.1%**	**10.2%**

Organizations with No Contracts & Not Pursuing Contracts

The majority of respondents (45.4%) indicated that they do not currently have a contract with a health care entity and are **not** in the process of pursuing one. Of those organizations, 36.9% have not considered or do not have plans to pursue contracts at this time. The remaining 63.1% are interested but not at this time, they need more information or guidance, or they have actively pursued contracts but those pursuits were unsuccessful (Table 1).

Some CBOs offered additional information about why they are not pursuing contracts saying that entering into a contracting relationship with a health care entity "would be a conflict of interest" or it is not possible given how their organization is positioned within county government. For some organizations that have been unsuccessful in pursuing contracts, they remain hopeful. One CBO stated, "We look forward to contracting with health care entities and feel this will be in our future."

Table 1. Interest in Contracting Among Organizations Without Contracts

Yes, but not at this time	14.9%
Yes, but we need more information or guidance before pursuing	39.9%
Yes, and we have actively pursued contracts but have not been successful	8.2%
No, this is not something we plan to pursue	17.5%
No, we have not thought about pursuing a contract with a health care entity	19.4%

To download the full report, scan the QR code with your mobile device or go to: http://bit.ly/2iW6mQL

MIAMI UNIVERSITY
SCRIPPS GERONTOLOGY CENTER
An Ohio Center of Excellence

100 Bishop Circle, Upham Hall 396
Oxford, OH 45056

ScrippsAging.org | Scripps@MiamiOH edu
513.529.2914 | Fax 513.529.1476

APPENDIX C. RFI 2018 RESEARCH BRIEF

Community-Based Organizations and Health Care Contracting:

Building & Strengthening Partnerships

Community-Based Organizations and Health Care Contracting:
Building & Strengthening Partnerships

SUZANNE R. KUNKEL, ABBE E. LACKMEYER, JANE K. STRAKER, TRACI L. WILSON

Research Brief | November 2018

Background

Social determinants of health – including housing, nutrition, social and community engagement, and access to health care, services, and supports – impact individual health outcomes, population health, and health care spending. Community-based organizations (CBOs) such as Area Agencies on Aging (AAAs) and Centers for Independent Living (CILs) are well-positioned within their communities to improve social determinants of health. Therefore, partnerships between CBOs and health care entities are potentially an important factor in improving health outcomes while reducing health care expenditures.

The Aging and Disability Business Institute (Business Institute) was established in 2016 to provide tools and resources to support the capacity of CBOs to enter into successful contracts with health care entities. For more information on the Business Institute, see the back page of this report. Since the establishment of the Business Institute, two "Request for Information" (RFI) surveys have been administered by Scripps Gerontology Center in partnership with the National Association of Area Agencies on Aging (n4a). The first RFI was launched in July 2017 to understand the landscape of contracting between CBOs and health care entities. Findings from the first RFI can be found in the Research Brief *Community-Based Organizations and Health Care Contracting.*[1]

To build upon these findings, the second RFI was launched in May 2018. The second RFI included some of the same key questions as the first about the nature and number of contracts with health care partners in addition to new questions about the logistics of contracting, perceived organizational changes, and challenges of contracting. The survey was disseminated via email directly to 617 AAAs and 623 CILs; the response rates for these two networks were 66.3% and 27.9%, respectively. The survey was also disseminated to other CBOs through announcements from a network of key national agencies including non-profits and government agencies involved in aging and disability services, policy, and advocacy. The survey was in the field for nine weeks between May and July 2018. A total of 726 respondents completed the survey.

Key Findings

The proportion of CBOs contracting with health care entities

increased

from 2017 to 2018

. . . .

Nearly

250,000 individuals

were served through contracts with health care entities last year

. . . .

The most common partnership continues to be with

Medicaid MCOs

(managed care organizations)

Results

Area Agencies on Aging were 56.3% of the respondents. An additional 24.0% of respondents were CILs and 19.7% identified themselves as an 'other' CBO. The most common 'other' CBOs were supportive service providers; other non-profit organizations; and government departments of health, aging, disability, mental/behavioral health, and human services.

Respondents were asked to indicate if they currently have a contract to provide services or programs with or on behalf of a health care entity. A contract was defined in the survey as a "legally binding or valid agreement between two or more entities with the intent to exchange payment for services or programs." As shown in Figure 1, the proportion in 2018 that currently have one or more contracts with a health care entity is nearly identical to the proportion who are not currently pursuing contracts (41.3% and 41.9%, respectively). The remaining organizations (16.8%) indicated they currently do not have a contract but are in the process of pursuing one.

Comparing contract status by year, these findings represent an 8% increase in the proportion of organizations that have a contract, and a 2% increase of those in the process of pursuing a contract. There was an 8% decrease in the

Figure 1. Overall Contracting Status, by Year

RFI 1-2017 RFI 2-2018

	Yes, currently have one or more contracts	No contracts, but pursuing	No contracts, and not pursuing
RFI 1-2017	38.1% (n=226)	16.5% (n=98)	45.4% (n=269)
RFI 2-2018	41.3% (n=300)	16.8% (n=122)	41.9% (n=304)

Figure 2. Contracting Status:
Comparing RFI 1 to RFI 2 for Each Agency Type

	AAA 2017	AAA 2018	CIL* 2017	CIL* 2018	Other CBO 2017	Other CBO 2018
No, not pursuing	41.0%	40.1%	54.6%	46.0%	42.5%	42.0%
No, but pursuing	17.9%	16.1%	12.6%	19.0%	18.9%	16.1%
Yes	41.0%	43.8%	32.8%	35.0%	38.7%	41.9%

*Please note that the overall number of CILs reached directly doubled from 2017 due to database access

proportion of organizations that do not have a contract and are not pursuing contracts. These changes (depicted in Figure 1) show positive movement in a relatively short period of time - less than one year - in the involvement of CBOs with health care entities. Another perspective on the progress among CBOs comes from the results for agencies that participated in both RFIs: nearly one-third (31.0%) of the agencies that were pursuing contracts in 2017 had at least one contract in place in 2018.

Each agency type showed the same positive trend between 2017 and 2018. As shown in Figure 2, AAAs, CILs and Other CBOs all experienced a slight increase in the proportion who are contracting with a health care entity and a decrease in the proportion that do not have a contract and are not pursuing one.
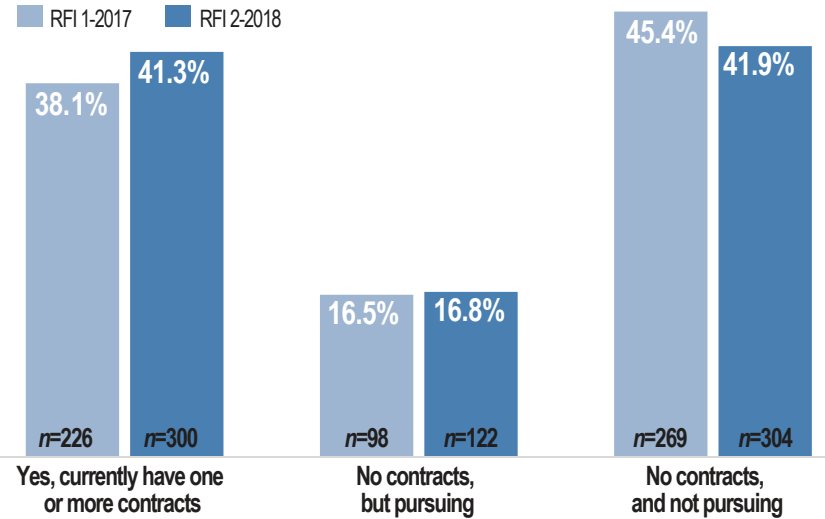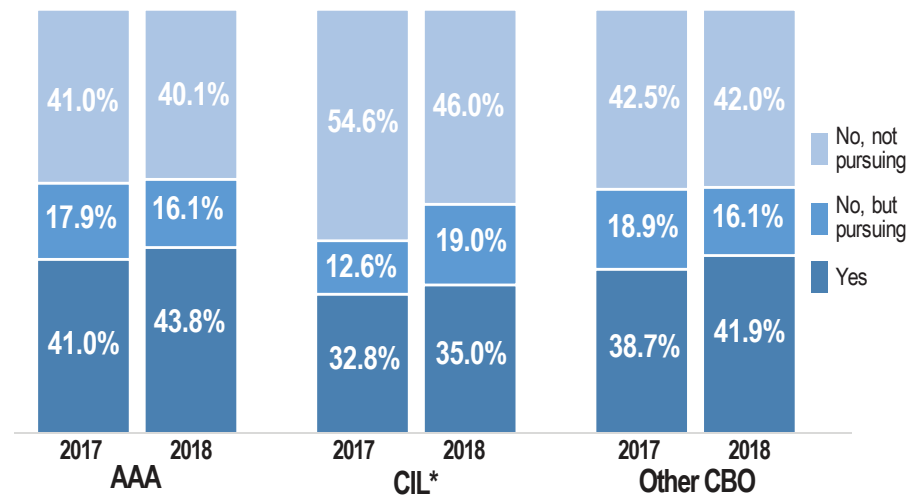
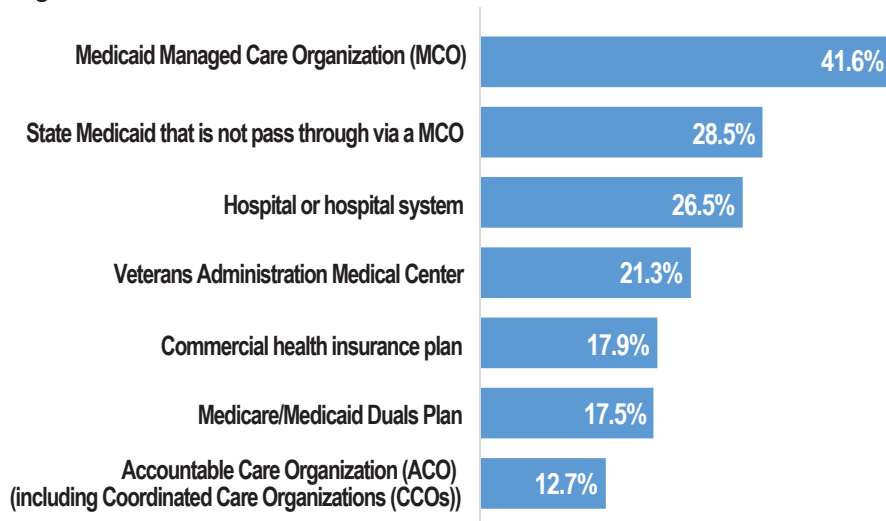# Organizations Contracting with Health Care Entities

Among the 300 organizations that indicated that they currently have one or more contracts with health care entities, the number of contracts ranged from 1 to 100, with a median of 3. Nearly eighty percent (77.9%) of organizations signed their first contract with a health care entity within the last 10 years; the median is five years.

To create synergy and be more competitive for contracts, many organizations are entering into contracts with health care entities as part of a network. Being part of a network allows organizations to achieve economies of scale in pricing, marketing, and negotiating contracts. In addition, it appeals to health care payers seeking regional or statewide reach. For the purposes of this survey, a network was defined as a "coordinated group of community-based organizations that pursues a regional or statewide contract with a health care entity." In 2018, nearly one-third (30.2%) of organizations with contracts entered into a contract as part of a network. This is an increase of 10.5 percentage points over the proportion of organizations that entered contracts as part of a network in 2017.

Who are CBOs contracting with?

The most common health care partners for the 300 organizations with contracts are Medicaid managed care organizations (MCOs) (41.6%). In addition, State Medicaid (that is not a pass through via an MCO), hospital or hospital systems, and Veterans Administration are other commonly identified partners, as shown in Figure 3.

Figure 3. Most Common Health Care Partners

Partner	Percent
Medicaid Managed Care Organization (MCO)	41.6%
State Medicaid that is not pass through via a MCO	28.5%
Hospital or hospital system	26.5%
Veterans Administration Medical Center	21.3%
Commercial health insurance plan	17.9%
Medicare/Medicaid Duals Plan	17.5%
Accountable Care Organization (ACO) (including Coordinated Care Organizations (CCOs))	12.7%

Who is being served through these contracts?

Organizations were asked to identify all of the target populations they serve through their contracts with health care entities. The majority of organizations serve older adults (age 65+) (78.0%) and/or individuals with a disability, impairment, or chronic illness (63.8%). In addition, 34.8% serve Veterans; 29.6% serve adults (age 18-65) without a disability, impairment, or chronic illness; 23.0% serve caregivers of any age; and 12.9% serve children (up to age 18).

Many contracts target high-risk or high-need groups, such as individuals with a specific diagnosis or financial needs. Most organizations (85.5%) said that their contracts do target high-risk and/or high-need groups. The groups most typically targeted are those at risk for nursing home placement (58.0%), and individuals at high risk for emergency room use, hospitalization, and hospital readmission (54.8%). In addition, 38.9% of the contracting organizations target individuals who are dually eligible for Medicare and Medicaid, 29.0% serve individuals with a specific diagnosis, and 23.0% serve individuals who have an intellectual and/or developmental disability and/or traumatic brain injury.
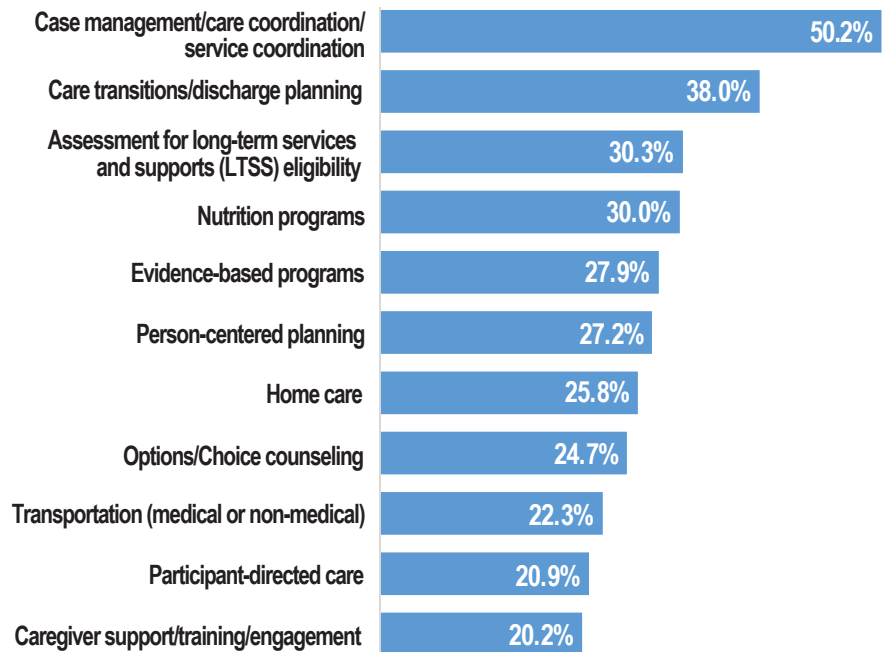
How many people have been served by these contacts?

Within the past year, 278 contracting organizations reported serving an average of 896 individuals each through all their contracts. Based upon self-reported estimates from respondents, 249,095 individuals were served through contracts over the past year.

What services and programs are being provided through these contracts?

Half of the contracting organizations offer case management/care coordination/service coordination through their health care contracts. Figure 4 shows that the other commonly provided services and programs include care transitions and discharge planning, assessment for long-term services and supports (LTSS) eligibility (including level of care/functional assessment), nutrition programming (e.g., counseling, meal provision), and evidence-based programs (e.g., fall prevention programs, Chronic Disease Self-Management, medication reconciliation programs).

Figure 4. Most Common Services & Programs Provided Through Contracting

Service/Program	Percentage
Case management/care coordination/service coordination	50.2%
Care transitions/discharge planning	38.0%
Assessment for long-term services and supports (LTSS) eligibility	30.3%
Nutrition programs	30.0%
Evidence-based programs	27.9%
Person-centered planning	27.2%
Home care	25.8%
Options/Choice counseling	24.7%
Transportation (medical or non-medical)	22.3%
Participant-directed care	20.9%
Caregiver support/training/engagement	20.2%

How are CBOs receiving payment?

Most (82.4%) contracting organizations currently receive payment for all of their contracts with health care entities. For the 17.6% that do not receive payment for all of their contracts, the most cited reasons include not yet providing a service for which they can bill, and issues with the payer's internal process.

The most common type of payment model is fee-for-service (FFS) (63.1%). This includes FFS tiered rate, per service unit, and per service unit plus administration fee. The FFS payment model is followed by per member per month (PMPM) and other capitation (e.g., partial capitation, full-risk capitation) (29.8%) and case rate (e.g., per participant, per discharge) (27.7%). Respondents were asked how many of their contracts have a pay-for-performance criteria; only 21.3% of contracting organizations indicated they had one or more contracts with pay-for-performance criteria.

What data is being collected and accessed by CBOs?

Data collection and data sharing are often part of contractual arrangements between CBOs and their health care partners, yet little is known about how common this is and what types of data are being shared. Respondents were asked to report what types of data their organization collects and what types of data they have access to as a result of the contract. Table 1 shows the percentage of organizations that collect and/or have access to particular types of data.

Table 1. CBO Collection of and Access to Data						
	Data Collection			**Data Access**		
	Collects for any contract	Does not collect	Don't know	Access for any contract	Does not have access	Don't know
CBO organizational performance data	48.2%	33.8%	18.0%	47.5%	30.9%	21.6%
CBO program or service performance data	62.9%	22.4%	14.8%	58.7%	23.9%	17.4%
Client/patient health outcome data	51.4%	35.3%	13.3%	50.8%	32.2%	17.0%
Client/patient quality of life outcome data	47.1%	34.1%	18.8%	43.9%	33.3%	22.8%

Examples of the above data types include: **CBO organizational performance data** (ROI, staff performance, organizational reach); **CBO program or service performance data** (time from enrollment to service, client uptake, source of referrals, cause of disenrollment, care plan costs); **Client/patient health outcome data** (functional changes, length of stay in program, diagnoses, hospital re/admissions); **Client/patient quality of life outcome data** (service satisfaction, individual goals, individual preferences). *N*= 278

About half of responding CBOs collect some form of data. Across all types of data, the proportion of respondents having access to data is smaller than the proportion reporting that they collect that type of data. Overall, client data is less often collected than CBO performance or program data, with client quality of life being least likely to be collected and shared. A large proportion of CBOs "don't know" if a particular type of data is collected and/or accessible to them.

When asked to provide open-ended comments about their data collection and sharing efforts, several CBOs highlighted the challenge and inefficiency of working across multiple platforms. Shared data platforms and integration into workflow provide opportunities to streamline work for CBOs and their partners.

> *"Data collection is very difficult. Each of our MCO partners requires we document and track client activity in their respective platforms. There is not one universal system to capture all the data…"*

> *"The biggest issue we face is access to good, actionable data. We have very limited access to any information and most of that is not in actionable, reportable, manageable formats. It's nothing more than general information, most often on hitting timeframes. This is one of the most critical problems facing CBOs related to contracting with MCOs and health systems."*

What Changes Have CBOs Experienced as a Result of Contracting?

The process of establishing and maintaining a contractual relationship often requires CBOs to make strategic changes within their organizations to ensure that their partnerships will be successful. As a result, CBOs involved in contracts report a number of changes that were significant to their organization. Respondents were asked to identify up to five of the most significant changes from a list of 16 positive or neutral changes which ranged from expanding the services they provide to cultural changes within their organization. The most common change was obtaining funding from new sources (55.6%) followed by positioning their agency as a valuable health care partner (47.0%). Interestingly, only one-quarter indicated that contracting had increased their net revenue. (Figure 5.)

Figure 5. Most Common Changes Experienced by Contracting CBOs

Change	Percentage
Obtained funding from new sources	55.6%
Positioned the agency as a valuable health care partner	47.0%
Expanded or enhanced the types of services offered	34.8%
Expanded visibility of our organization in the community	33.3%
Increased number of people served	29.6%
Expanded the type of populations served	26.7%
Enhanced our organization's sustainability	25.6%
Increased agency net revenue	24.8%

*"There was a local health system that had declined to participate with us and other local hospitals in the Community-based Care Transitions (CCTP) project. After the CCTP project ended, this health system has become our strongest ally and we continue to build our contract relationship. This has been due to several factors: our performance outcomes from the CCTP project; both sides continuing to foster a non-financial relationship; identification of a key champion within the health system and further development of additional champions; our ability to provide a network of other providers outside of our geographic service area that will provide the same service to their other hospitals."*

"Our biggest success was being able to secure approval for use of funds akin to 'start-up' dollars from our governing board. Without the ability to spend front end monies for the hiring, training and technologies necessary for the work we are doing with clients, we would not be the success we are today. Those monies are now able to be paid back to the fund sources where they originated... [thanks to] the great work that is accomplished every day by our professional care coordinators. [We] help clients achieve better health outcomes and experiences, reducing costs to the Medicare and Medicaid systems."

Organizations Pursuing Contracts

Almost 17% of respondents indicated that they do not currently have a contract with a health care entity but are in the process of pursuing a contract. These respondents were then asked to identify where they would place their organization along a continuum of progress towards contracting. The largest proportion of those pursuing contracts (41.0%) are at the early stages of exploring the idea of contracting; 27.0% are engaging one or more health care entities in contract discussions. Less than 10% said they were very close to finalizing a contract. (Figure 6.)

Figure 6. Progress of Organizations Pursuing Contracts

1	2	3	4	5
Taking the steps to explore the idea of contracting with health care entities		Engaging one or more health care entities in contract discussions		Very close to finalizing at least one contract
41.0%	**18.0%**	**27.0%**	**5.7%**	**8.2%**
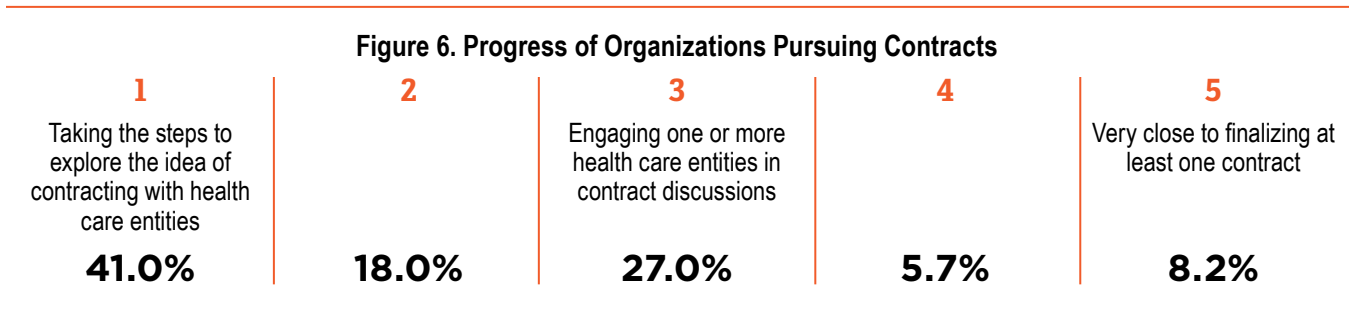
Organizations With No Contracts & Not Pursuing Contracts

Nearly 42% of respondents indicated that they do not currently have a contract with a health care entity and are not in the process of pursuing one. Of these agencies, 39.1% are interested in developing a contract with a health care entity but need more information or guidance before pursuing. Another 34.8% of these agencies have not thought about pursuing a contract or have no plans to do so at this time. The smallest proportion (9.3%) said that they have actively pursued contracts but have not been successful. (Table 2.)

Table 2. Interest in Contracting Among Organizations without Contracts

Yes, but not at this time	16.9%
Yes, but we need more information or guidance before pursuing	39.1%
Yes, and we have actively pursued contacts but have not been successful	9.3%
No, this is not something we plan to pursue	16.9%
No, we have not thought about pursuing a contract with a health care entity	17.9%

Organizations that are not currently contracting stated in open-ended responses that they are struggling with how to begin the contracting process, and that they need additional training.

"It seems too big to bite off. I don't know how to even begin. It doesn't feel like we have the capacity, time, resources, or structure to pull it off."

"[AAAs] need more training to move into this direction. We need training on how we package our program to entice health care entities to contract with us."

Contracting Challenges

Whether an organization has contracts, is pursuing contracts or may have been unsuccessful in trying to establish a contract, there are challenges to their contracting efforts. Respondents were asked to identify up to five of their biggest challenges from a list of 24 options ranging from internal culture challenges to system or IT issues. For those who have one or more contracts, the most commonly reported challenge was the time it took to establish a contract (33.9%). For organizations that are pursuing a contract, having a common understanding of proposed programs/services is the top obstacle (39.3%). For organizations that are not involved in contracting, but had once tried and were unsuccessful, the most common challenge was the attitudes of health care professionals towards their organization (42.9%). Interestingly, the following three challenges were identified by each group as one of their top challenges: common understanding of proposed programs/services, integration of the organizations' services into health care system workflow, and attitudes of health care professionals towards the organization. The blue font in Table 3 highlights the challenges that were shared by all three groups.

Table 3. Top 5 Challenges by Contracting Status

	Organizations with one or more contracts (*n*=274)		Organizations with no contracts but pursuing (*n*=122)		Organizations with no contracts and not pursuing (but tried and were unsuccessful) (*n*=28)	
1	Time it takes to establish a contract	33.9%	Common understanding of proposed programs/services	39.3%	Attitudes of health care professionals toward your organization	42.9%
2	Common understanding of proposed programs/services	33.6%	Integration of your organization's services into health care system workflow	38.5%	Competing priorities within the health care community	35.7%
3	Referrals and volume	27.4%	Attitudes of health care professionals toward your organization	34.4%	Leadership changes within health care entities	32.1%
4	Attitudes of health care professionals toward your organization	25.9%	Willingness of your organization to take financial risk	27.9%	Integration of your organization's services into health care system workflow	32.1%
5	Integration of your organization's services into health care system workflow	24.8%	Time it takes to establish a contract	27.0%	Common understanding of proposed programs/services	28.6%

[1]Kunkel, S. R., Straker, J. K., Kelly, E. M., & Lackmeyer, A. E. (2017). Community-Based Organizations and Health Care Contracting. Scripps Gerontology Center, Oxford, Ohio. Available at: http://bit.ly/2iW6mQL

To download this report, scan the QR code with your mobile device or go to: **http://bit.ly/CBOandHCC**

MIAMI UNIVERSITY
Scripps Gerontology Center
An Ohio Center of Excellence

100 Bishop Circle, Upham Hall 396
Oxford, OH 45056

ScrippsAging.org | Scripps@MiamiOH edu
513.529.2914 | Fax 513.529.1476

APPENDIX D. NUMBER OF UNIQUE VISITORS TO THE BUSINESS INSTITUTE WEBSITE, PER MONTH

Number of Unique Visitors to the Business Institute Website, per Month		
Report Month	Report Year	*n*
February	2017	1,535
March	2017	739
April	2017	788
May	2017	1,343
June	2017	676
July	2017	966
August	2017	1,612
September	2017	748
October	2017	732
November	2017	706
December	2017	603
January	2018	809
February	2018	1,026
March	2018	1,176
April	2018	1,674
May	2018	1,510
June	2018	1,759
July	2018	1,762
August	2018	1,872
September	2018	1,691
October	2018	1,713
November	2018	1,338
December	2018	1,363

Source: Google Analytics and n4a

APPENDIX E. LIST OF WEBSITE BLOGS BY YEAR AND MONTH

2017

January

- Aging and Disability Business Institute Website Launches (Nora Super)

February

- Getting the Contract: Reimbursement for Evidence-Based Programs (Jennifer Raymond, ESMV)
- Boosting the Sustainability of Community-Based Organizations (Lauren Solkowski)
- Culture Change in Aging and Disability CBOs (Rosanne Distefano, ESMV)
- Virginia Finds Better Ways to Transition Patients from the Hospital to Their Homes (Nora Super)

March

- Systems Change: Engaging Partners and Stakeholders to Grow and Sustain Evidence-Based Programs (Don Smith, Tarrant County AAA and Alexandra Cisneros, Evidence-Based Leadership Council)
- Finding Champions: Five Key Steps to Advance Your Cause (June Simmons, Partners in Care Foundation)

April

- GWEPs & Community-Based Programs: Improving the Quality of Care for Older Adults (Terry Fulmer, The John A. Hartford Foundation)
- The John A. Hartford Foundation Business Innovation Award: Recognizing Powerful Partnerships Between Community-Based Organization and the Health Care Sector (Rani Snyder, The John A. Hartford Foundation)

May

- To Measure or Not to Measure: Tracking Evidence-Based Program Outcomes: You Do Not Need to Reinvent the Wheel (Katie Lorig, Stanford Patient Education Research Center)

June

- Getting Ready for the Second Wave of the Baby Boom: How CBOs can work with Medicare Advantage plans to serve Trailing-Edge Boomers (Claire Cruse, Deloitte Center for Health Solutions)
- Constructing a Value Proposition for Your Evidence-Based Programs (Serena Weisner, Consultant and Jennifer Raymond, EBLC)

July

- Aging and Disability Business Institute Launches Survey to Take the Pulse of CBO-Health Care Partnerships (Nora Super)

August

- VAAACares Receives 2017 The John A. Hartford Foundation Business Innovation Award (Business Institute)
- Oklahoma Collaborators Point to Strategic Positioning (Richard Petty, ILRU)

September
- Three Questions to Ask Yourself to Drive Improvement (Orion Bell, CICOA)
- Business Institute and Collaborative Consulting Launch New Readiness Assessment Tool for CBOs Lori Peterson, Collaborative Consulting

October
- Five Key Factors for Successful Health Care & CBO Partnerships (Brent Feorene, Health Care Consultant)

November
- Transportation Undergirds Health Care (Virginia Dize, NADTC)

2018

January
- NCOA's Roadmap to Community Integrated Health Care (Marissa Whitehouse, NCOA)

February
- Health Care And Community-Based Organizations Have Finally Begun Partnering To Integrate Health And Long-Term Care (Business Institute)

March
- Returns Worth the Investment (Serena Weisner, Evidence-Based Leadership Council)

April
- National Academy of Medicine Explores Integration of Social and Health Services (June Simmons, Partners in Care Foundation, Marisa Scala-Foley, Administration for Community Living)
- Colorado Springs: The Independence Center's Veteran in Charge Program (Jennifer Morgan & Richard Petty, Independent Living Research Utilization)
- Medicare Advantage Policy Spotlight (Business Institute)

May
- Nominations for The John A. Hartford Foundation 2018 Business Innovation Award Open until June 11 (Business Institute)
- Aging and Disability Business Institute Launches New Request for Information Survey on CBO-Health Care Partnerships (Business Institute)

June
- Virginia AAA Enables Veterans to Thrive Independently within Own Homes (Melissa Blake, Bay Aging)
- Building Partnerships with Primary Care to Become a Hub for Service Delivery for Older Adults in Our Community (Dana Schrage, Aging Care Connections)

July
- Minnesota/South Dakota Veteran Directed Home and Community Based Services Program – A long standing partnership (Jennifer Morgan & Richard Petty, Independent Living Research Utilization)
- Ensuring Health Systems Become Age-Friendly (Terry Fulmer, The John A. Hartford Foundation)

August
- Paving the Way Towards Sustainable Healthy Communities (Marissa Whitehouse & Kathy Cameron, National Council on Aging)

September
- Preparing Community-Based Organization Leadership Teams to Tackle Health Information Technology (HIT) Challenges (Business Institute)

October
- Aging and Disability Business Institute Selects Participants for Health Information Technology Learning Collaborative (Business Institute)
- Making the Case for Health- Related Services as a Key Component of Health Care (Sue Lachenmyer, MAC Inc.)

November
- The Base Case: An HIT Funding Opportunity for Area Agencies on Aging (Anne Montgomery, Altarum Institute, and Kathy Weber, consultant)

December
- New Resource Helps Centers for Independent Living Prepare for Contracting with Health Care Entities (Jennifer Morgan, ILRU)
- What Can a CBO Do to Enhance a Hospital's Performance? (Lori Peterson, Collaborative Consulting)

APPENDIX F. LIST OF SUCCESS STORIES BY YEAR AND MONTH

2016

December
- The Marin Center for Independent Living: Serving Beyond the Safety Net (Aging Today Article)

2017

January
- Bridging Disability and Aging to Maximize Capacity: The Oklahoma Aging and Disability Alliance, LLC (Business Institute Success Story)
- Build on Your "Wins": The Eastern Virginia Care Transitions Partnership & VAAACares. Bringing Value to Health Care in Virginia (Business Institute Success Story)
- The Southern Maine Agency on Aging: A Patient Approach Nets Multiple Contracts (Aging Today Article)
- St. Barnabas Senior Services: Finding Value in Social Service (Aging Today Article)

September
- A Meals Program in Connecticut Keeps Cardiac Patients at Home and Out of the Hospital (Aging Today Article)
- Ability360: Fostering Growth, While Preserving a Service Culture of Dignity and Respect (Aging Today Article)
- University Group Fosters Integrated Care Collaborations in New Hampshire (Aging Today Article)
- Ohio AAA Reveals Lessons Learned From Decades of Managed Care (Aging Today Article)

October
- Post-Hospital Respite Program Gives Frail Homeless Elders a Safe Place to Recover (Aging Today Article)

2018

January
- A Right-Minded Partnership Focuses on Healing in Community (Aging Today Article)
- Local CBO Learns to Balance its Mission with Business Acumen (Aging Today Article)

February
- The Power of Three: Collaboration Can Help Stroke Survivors Return to Independence (Aging Today Article)

- Caring, Cost-Savings and Credibility in the Commonwealth (Aging Today Article)

April
- A Partnership of the Independence Center, Colorado Springs and the Denver Veterans Administration Medical Center (Business Institute Success Story)
- Building Relationships that Blossom into Contracts: The Multi-Payer Approach (Business Institute Success Story)

July
- Serving Veterans through Collaboration: A Veteran-Directed Home & Community-Based Services Program (Business Institute Success Story)

APPENDIX G. LIST OF WEBINARS BY YEAR AND MONTH

2016

June
- Times of Transformation

July
- Finding Champions and Building Partnerships

August
- Preparing Community Based Organizations

September
- A Promising Collaboration
- Tapping into Net Payment and Delivery Models

October
- It Takes a Community
- AAAs and Hospitals

November
- Leadership and Change Management for CBOs

December
- Is My Organization Ready?

2017

January
- Expand Your Vision and Grow your Mission!

February
- We Know We Do Good Work, Now What? How to Package your CBO Services to Attract Interest from Payers

March
- Addressing CBO Technology Troubles: Using HITECH Act Matching Funds to Support Adoption of Electronic Health Records by Non-Clinical Medicaid Providers

April
- Conducting a Market Analysis for Strategic Decision-Making

May
- New Medicare Enrollees: Opportunities for MA Plans and CBO Partnerships

June
- Cost-Modeling CBO Services for Healthcare Partnership Success

July
- MACRA and CBOs: New Opportunities for Engagement Abound

August
- HIPPA and HITECH Compliance for CBO−Healthcare Partnerships

September
- Taking Integrated Care Success to the Next Level: Statewide Innovation in Virginia

October
- The Social Determinants of Health: Key Factors in Creating Value Through CBO-Health Care Partnerships

November
- Working Together To Build A Network: MCP and CBO Collaboration in Arizona

December
- More Than Just a Partnership: Why a Hospital and a Community-Based Organization Joined Together to Provide Population Health

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2018

January
- The Flourish Care Model: Utilizing the Geriatric Workforce Enhancement Program (GWEP) to Implement A Shared-Care Approach to Health Care for Older Adults

February
- Diversified Business Planning for AAA Success: Healthcare Partnerships and Beyond

March
- The Age Friendly Health Systems Initiative: Building Community-Clinical Collaboration to Improve Care and Outcomes for Older Adults and Their Families

April
- The BRIDGE/AIMS Transitional Care Model for Older Adults

May
- CHRONIC Care Act: New Opportunities to Advance Complex Care Through Community-Clinical Partnerships

July
- Gauging the Value of AAA Services: Results from a New Poll & AAA Perspectives

August
- Sustainability for All: A Multi-Partner Approach to Growing Evidence-Based Programs

September
- Understanding the Incentives and Strategies for Health Systems to Engage in Cross-Sector Partnerships

October
- Breaking Down Barriers in Care Coordination: Partnering with MCOs to Provide Language Services for Beneficiaries
- Building Sustainable CBO and Health System Partnerships under Medicaid Delivery System Reform

November
- The Evolution of CBO Contracts with Health Care Organizations: 2018 RFI Survey Results

December
- Introducing the How to Guide for Marketing CIL Services to Health Plans and Payers

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APPENDIX H. LIST OF CONFERENCES WITH PRESENTATIONS BY N4A, BUSINESS INSTITUTE, OR PARTNERS

- Aging Policy Briefing Pre-Conference
- Altarum Roundtable
- American Case Management Association
- American Geriatrics Society
- American Society on Aging - Aging in America Conference
- Community-Integrated Health Conference
- Gerontological Society of America (GSA) Preconference
- Grantmakers in Aging. Annual Conference: Forward Motion
- International Association of Gerontology and Geriatrics World Congress of Gerontology and Geriatrics
- Maine Aging Summit
- Meals on Wheels America Nutrition Program Business Acumen Learning Collaborative
- n4a Annual Conference and Tradeshow
- NASUAD HCBS Conference
- National Aging and Law Conference
- National Association of Social Workers 2017 Virtual Conference
- National Council on Aging (NCOA) National Chronic Disease Self-Management Education (CDSME) and Falls Prevention Resource Centers' Meeting
- National Council on Aging. Administration for Community Living National Grantee Meeting.
- NCOA Center for Healthy Aging
- Network for Social Work Management
- New Hampshire Business Acumen Learning Collaborative
- SE4A
- World Congress on Social Determinants of Health

APPENDIX I. LIST OF CONFERENCE SESSIONS BY YEAR AND MONTH

2016

July

n4a Annual Conference and Tradeshow

- Pre-Conference: Looking Ahead to Integrated Care Opportunities and Strategies for Community-Based Organizations
- Integrated Care Bootcamp: Business Development for County & COG-Based AAAs
- Managed and Integrated Care Boot Camp, Session II: Training Needs and Expectations for Success in the Business World
- Managed and Integrated Care Boot Camp, Session III: Revenue Models & Payers—Strategies for AAAs

October

National Aging and Law Conference

- Building Capacity and Expertise to Ensure High Quality Managed Long-Term Services and Supports (MLTSS)

November

Gerontological Society of America (GSA) Preconference

- Preconference: Geriatrics Workforce Enhancement Program (GWEP): Integrating Geriatrics in Primary Care.

2017

March

Meals on Wheels America Nutrition Program Business Acumen Learning Collaborative
American Society on Aging - Aging in America Conference

- Successful Contracting Built around Evidence-based Programs: Home Meds & CDSMP
- Quality Improvement for Long-term Success
- Increasing Delivery and Access to Programs that Work
- Healthcare and Aging Organizations Partner to Improve Dementia Care
- Building Volume through Evidence-Based Programs
- Geriatrics Workforce Enhancement Program and Area Agencies on Aging
- Patient Centered Medical Homes and Community-Based Programs
- It Takes a Community: Population Health Management for Members With Chronic Conditions
- Managed Care Academy Summit

April

Aging Policy Briefing Pre-Conference

- Partnering with Primary Care to Improve Access and Care Coordination
- What You Need to Know About Medicare Payment Reform
- CBO Opportunities in Health Care Payment and Delivery Systems
- American Case Management Association
- Partners At Home...Where Health Happens

May

American Geriatrics Society

- Partnering for Success: QIOs and Community-based Organizations
- National Council on Aging (NCOA) National Chronic Disease Self-Management Education (CDSME) and Falls Prevention Resource Centers' Meeting
- Developing a Network Hub for Evidence-Based Programs
- Resources to Support Business Acumen
- National Council on Aging. Administration for Community Living National Grantee Meeting.
- Developing a Network Hub for Evidence-Based Programs

June

National Association of Social Workers 2017 Virtual Conference

- The Aging Network: What Does the Future Hold?
- Network for Social Work Management
- Social Work Leadership: A Critical Component to Health Care Transformation

July

International Association of Gerontology and Geriatrics World Congress of Gerontology and Geriatrics

- Community-based Organization Integration into the US Health Care System (poster session)
  - n4a Annual Conference and Tradeshow
- New Directions and Opportunities in Evidence-Based Programing, Part I
- New Directions and Opportunities in Evidence-Based Programing, Part II
- Tapping into the Business Acumen Brain Trust: Q&A with Experts
- Primary Care Liaisons: Expanding Clinical-Community Partners for Older Adults
- Aging and Disability Business Institute Integrated Care Boot Camp Part I: Are You Positioned to Succeed in Health Care Partnerships? Identify Your Readiness Factor!
- Aging and Disability Business Institute Integrated Care Boot Camp Part II: Get the Integrated Care Game Plan & Learn How to Diversify Payer Partnerships
- Patient-Centered Medical Homes and Community-Based Organizations: Partnerships to Improve Population Health
- Being "Health Friendly": Integrating Healthy Aging Programs with Age Friendly Communities.
- Better Together: Expanding AAA and YMCA partnerships to contract with health care payers
- The Holy Grail: Integrating Care through Regional & Statewide CBO Networks for Contracting with Health Care

August
NASUAD HCBS Conference
- Building Business Capacity and Financial Sustainability in Times of Transition

September
SE4A
- Is Your Organization Ready? Preparing for Successful Business Relationships with Health Care Partners

October
Grantmakers in Aging. Annual Conference: Forward Motion
- Eating Well is The Best Revenge: Embedding Healthy Eating for Successful Living
- American Case Management Association--KY/TN Chapter
- Partnering with Community-Based Organizations to Reduce Readmissions

December
Altarum Roundtable
- It Takes Your Community

2018

January
World Congress on SDOH
- Incorporate Data on Social Determinants of Health into Population Management: The Community-Based Organization Perspective

March
American Society on Aging - Aging in America Conference
- Embracing a Culture of Accountability: How We Measure Success in Achieving Our Mission
- To Infinity and Beyond: Building Sustainable Evidence-Based Program Delivery Systems
- Sustaining Evidence-Based Programs: Lessons from the Field.
- Results From the Field: Findings From CBO/Healthcare Partnerships
- Managed Care Academy Boot Camp: Creating and Sustaining CBO Business Partnerships: Community-Based Organizations Early Success Profiles
- Managed Care Academy Boot Camp: The National Diabetes Prevention Program: Expanding Reach and Coverage Across the U.S.
- Managed Care Academy Boot Camp: Partnership for Healthy Outcomes: Bridging Community-Based Human Services and Health Care
- Statewide Delivery Networks: Where We Are and Where We're Headed

April
Aging Policy Briefing Pre-Conference
- New Opportunities and Benefits Under Medicare Advantage
- The Ins and Outs of Medicare Reimbursement for CBOs
- The Role of Quality Assurance in CBO/Health Care Partnerships

May
NCOA Center for Healthy Aging
- Community Based Organization and Health Care Partnerships: Findings from the Aging & Disability Business Institute National Survey

July
n4a Annual Conference and Tradeshow
- Integrated Care Bootcamp
- IT Pre-conference Part I
- IT Pre-conference Part II
- Tapping into the Business Acumen Brain Trust
- Embracing a Culture of Accountability: How we Measure Success
- Professional Training that Drives Better Quality and Outcomes
- Thinking Beyond Health Care: Sustainability of Programs through Housing Partnerships
- Paths to Success: Lessons from Two Learning Collaboratives
- Evolving CBO Partnerships: The Role of Value Measurement

August
NASUAD HCBS Conference
- Successful Partnerships Between Community-Based Organizations & Health Care Partners

September
Maine Aging Summit
- Integrating Long Term Supports into Systems of Care
SE4A Conference
- The Role of Quality Assurance in AAA Contracts with Health Care Entities
- Innovative Business Practices for Rural AAAs: Healthcare Partnerships and Beyond

December
Community-Integrated Health Conference
- Building Capacity Among Community-Based Aging and Disability Organizations for Health Care Partnerships and Contracting: Where Have We Been and Where Are We Going?
- It's All about the Benjamins: Exploring Funding Resources to Support CBO Business Development and Sustainability
NH Business Acumen Initiative
- Taking Credit for Our Work: The CBO role in improving quality measures

APPENDIX J. PARTICIPANTS IN LEARNING COLLABORATIVES

	Trailblazers Learning Collaborative	Health Information Technology Learning Collaborative
Year established	2017	2018
# of participants	9	10
Participants	- Ability360 - Bay Aging d/b/a VAAACares - Direction Home Akron/Canton AAA - Elder Services of the Merrimack Valley - IndependenceFirst - Indiana Aging Alliance - New Opportunities, Inc. - Partners in Care Foundation - University of New Hampshire Center for Aging and Community Living/ Institute on Disability	- AgeOptions - Area Agency on Aging & Disabilities of Southwest Washington (AAADSW) - LifeStream Services, Inc. - Lutheran Services in America - Maryland Living Well Center of Excellence – MAC, Inc. Maintaining Active Citizens Area Agency on Aging - Michigan State University Extension - Oregon Wellness Network - Pima Council on Aging - Sound Generations - Western New York Integrated Care Collaborative

APPENDIX K. ADDITIONAL READINESS ASSESSMENT ANALYSIS

Table K1. Readiness Assessment Participant Organization Type		
Organization Type	**Frequency**	**Percent**
AAA	49	53.3
Other	9	9.8
Other non-profit aging and/or disability organization	8	8.7
CIL	5	5.4
Educational or research organization	5	5.4
Government department	5	5.4
Supportive service provider	3	3.3
Mental health/behavioral health organization	2	2.2
Unknown	2	2.2
Faith-based organization	1	1.1
Housing program	1	1.1
Intellectual/developmental disability organization	1	1.1
Supportive Service Provider	1	1.1
Total	92	100.0

Table K2. Number of Modules Organization Completed		
Number of modules	**Frequency**	**Percent**
1	16	17.4
2	13	14.1
3	1	1.1
4	0	0
5	1	1.1
6	3	3.3
7	58	63.0
Total	92	100.0

Table K3 below shows the average (mean) and median scores for each module, as well as the overall mean and median score. Organizations scored highest on Change Readiness and Strategic Direction. They scored lowest on Partnership Development and Operational.

Table K3. Readiness Scores: Summary								
	Overall	**Change Readiness**	**Strategic Direction**	**Operational**	**Management**	**Leadership**	**External Market**	**Partnership Development**
Completed Module (n)	58	92	75	62	61	62	60	62
Mean	0.49	0.58	0.60	0.41	0.48	0.51	0.45	0.39
Median	0.52	0.60	0.61	0.45	0.54	0.54	0.48	0.39
Minimum	0.07	0.05	0.09	0.00	0.00	0.00	0.00	0.00
Maximum	0.97	1.00	1.00	0.93	0.94	1.00	1.00	1.00

APPENDIX L. SELECTION OF BOARD AND ADVISORY GROUP SERVICE

The list below is a selection of boards in which Aging and Disability Business Institute staff, n4a staff, and representative partners participated during the project.

- America's Health Insurance Plans Aging and Disability Work Group
- Anthem National Aging and Disability Board
- Board of the Directors of the Long-Term Quality Alliance
- Centers for Disease Control and Alzheimer's Association Healthy Brain Initiative Leadership Committee
- National Institutes of Health National Research Summit on Care Services and Support Planning Committee
- YMCA National Community Integrated Health Collaboration
- California Quality Collaborative Steering Committee
- Providence Health and Services' Institute for Human Caring
- National Coalition on Care Coordination (N3C) Steering Committee
- National Committee for Quality Assurance Long-Term Services and Supports Accreditation Advisory Panel

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