Community Care Hubs and the Networks They Lead

Introduction

Contracting with health care entities through networks led by community care hubs (CCHs) is one way that Area Agencies on Aging (AAAs), Centers for Independent Living (CILs) and other community-based organizations (CBOs) can effectively align health and community care. A CCH serves as a community-focused regional, statewide or multistate umbrella organization that coordinates, centralizes and scales administrative functions and operational infrastructure on behalf of a network of community support providers— e.g., AAAs, CILs and other CBOs.

The goal is to enhance efficiency, standardization, compliance, performance and quality on behalf of the network. The local providers that comprise the network provide community services to address whole-person health and close care gaps through the CCH's funding arrangements with health plans, health care providers, public health departments, Medicare and Medicaid programs, Veterans Administration Medical Centers and more.

A CCH may also offer programs and services directly to consumers through a variety of payment arrangements and may hold contracts with other government agencies to coordinate administration of programs and services across a region or state.[i]

Functions of CCHs

Examples of administrative and management functions typically performed by CCHs include:

- Leadership and governance (structure, culture and practices).
- Strategic business development (strategic planning, relationship development and management).
- Network recruitment, engagement and support (engage and recruit members, quality assessment and control activities).
- Contract administration and compliance (risk and relationship management with health care partners, including compliance).
- Operations (maintains workflows, fiscal management, billing and program evaluation).
- Information technology and security (maintains IT systems, policies, practices and procedures).[ii]

This brief provides an overview of data on CCHs and networks gathered through several sources: USAging's 2023 CBO–Health Care Contracting Survey, [1] data from the Center of Excellence to Align Health and Social Care (COE) 2025 CCH Map Survey and the COE's grantee reporting.[2]

1 The CBO-Health Care Contracting survey was conducted by USAging in partnership with Scripps Gerontology Center at Miami University. The survey is disseminated to AAAs, CILs, CCHs, social care providers and other types of aging and disability CBOs. The survey was launched in October 2023 and remained in the field for nine weeks, closing in December 2023. The online survey was disseminated by email to the population of 614 AAAs, 403 CILs and another 173 CBOs that had completed a survey in the past. Read the full data brief at **bit.ly/Nexus-of-Social-Care**.

2 This brief includes data from the COE: data from the 75 respondents to the CCH map survey and from 20 COE grantees. The COE, part of the Aging and Disability Business Institute at USAging, is supported by the U.S. Administration for Community Living. The purpose of the COE is to develop, expand, connect and support sustainable, high-functioning aging and disability CCHs—and the networks of downstream providers that they lead—across the country through infrastructure funding and technical assistance. Grantee data is from the 20 CCHs selected for new infrastructure and innovation grants. Read more about **the grantees** and review the **services and service areas of map survey respondents**.

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CCH Networks

CBOs, such as AAAs and CILs, are increasingly contracting through networks led by CCHs. In 2023, 36 percent of contracting CBOs were doing so through a network, an increase from 20 percent in 2017.[iii]

CCHs vary in their structure. Some are free-standing entities established for the purpose of serving as an administrative services hub for a network of AAAs and/or other CBOs, while for others, the CCH is a separate division or department within a larger organization. Overall:

- 31 percent of CCHs are free-standing entities.
- 48 percent are a CCH and a AAA.
- 21 percent are a CCH and another type of CBO.

Additionally, 57 percent of CCHs have a separate legal structure, such as an LLC or 501(c)(3).[iv]

The networks that CCHs lead vary in size, composition and geographic reach. Table 1 shows the average, median and range of the age of the CCH, the number of contracts held by the CCH and the number of participating CBOs in the network.

CCH EXAMPLES

Western New York Integrated Care Collaborative (WNYICC)[v] is the CCH for a network of more than 60 CBOs, including AAAs, CILs and other social services providers. It is organized as a 501(c)(3) and offers social services, including post-discharge meals, care coordination, medical nutrition therapy and evidence-based programs through its network of service providers across western New York. WNYICC contracts with a variety of payers and provides Medicare Part B services. Their programs have a variety of positive outcomes. For example, in 2023, 70 percent of those that received Medical Nutrition Therapy that were "at risk for malnutrition" improved to a "normal nutrition status."[vi] WYNICC was also selected as one of nine Social Care Network Lead Entities facilitating the delivery of services to address community care needs under one of New York State's Medicaid 1115 waivers.[vii]

Virginia Community Care Hub (VCCH)[viii] is a CCH led by Bay Aging, a AAA in eastern Virginia. VCCH provides administrative and operational infrastructure for a network of Virginia-based AAAs to support contracting with health care entities for social care services, such as care coordination, care transitions and evidence-based programs, across the state. In 2024, VCCH received 8,159 eligible referrals for their Transitional Care Support program, of which 4,284 were enrolled and received a completed post-hospital assessment, primary care physician notification of admission, meal delivery and medication review. The 30-day readmission rate of enrollees in the Transitional Care Support program was nine percent.[ix]

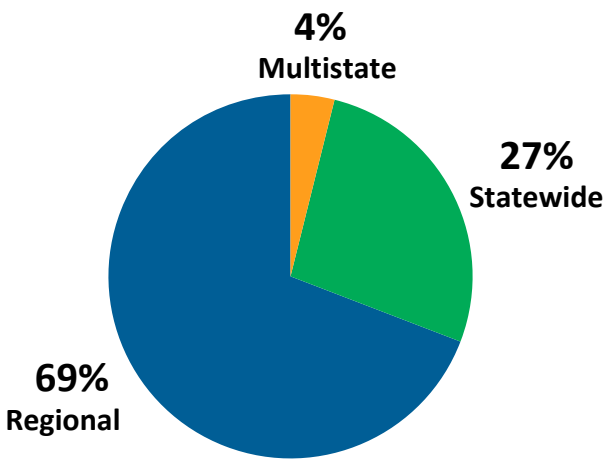
Table 1: CCH Details

	Average	Median	Range
Years the CCH has been in operation (n=25)	6.5	7	0–12
Number of contracts held by the CCH (n=26)	5.9	2	0–50
Number of CBOs in CCH's network (n=25)	26.8	21	0–75

Suzanne Kunkel and Abbe Lackmeyer, At the Nexus of Social Care: Successful Contracting Between CBOs and Health Care Entities, ***www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2024/08/At-the-Nexus-of-Social-Care-Research-Brief.pdf***

Most CCH networks, 69 percent, serve a regional geographic area, while the remainder serve a statewide or a multistate area. Figure 1 shows the types of geographic areas served by CCH networks and the percentage that serve each.[x]

Figure 1: Geographic Area Served (n=75)



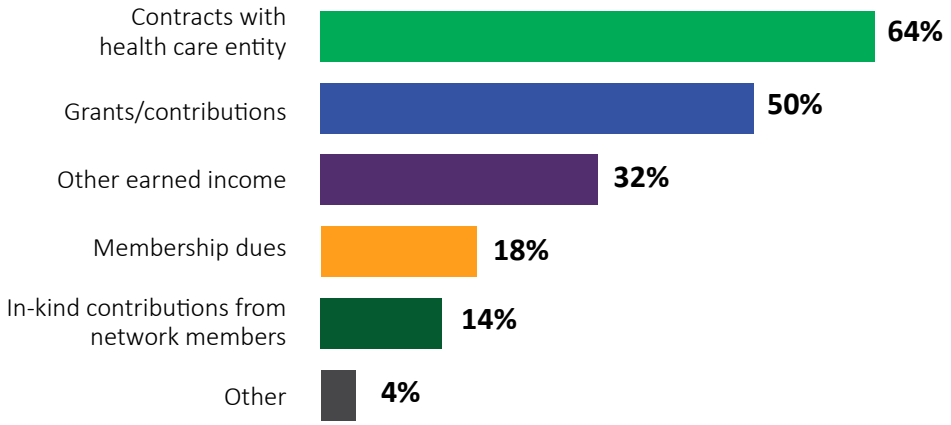
COE Map Survey

On average, CCHs have about 27 participating AAAs and other CBOs in their service provider network.[xi] Eighty-six percent of these CCH-led networks include AAAs. In some cases, AAAs are managing downstream network providers on behalf of a CCH. Other common service provider types are:

- Supportive service providers (e.g., service providers that focus on a particular service, like food/nutrition, home care, transportation, housing, information services).
- Public health departments or organizations.
- Aging and Disability Resource Centers.
- Faith-based organizations (e.g., Jewish Family Services).
- Mental health/behavioral health organizations (including government agencies).
- CILs.
- Educational or research organizations (e.g., higher education institutions, research centers, University Centers for Excellence in Developmental Disabilities).
- Government departments of aging or human services (but not a AAA).
- Veteran service organizations.
- Other nonprofit organizations (e.g., Easterseals, Red Cross, United Way).

Funding

Figure 2: Funding Sources (n=28)



Suzanne Kunkel and Abbe Lackmeyer, At the Nexus of Social Care: Successful Contracting Between CBOs and Health Care Entities, ***www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2024/08/At-the-Nexus-of-Social-Care-Research-Brief.pdf***

As shown in Figure 2, CCHs use various types of funding to support their administrative operations. The most common source of funding is contracts with a health care entity, followed by grants and contributions. Most CCHs report more than one source of funding.

Contracting

The COE's CCH grantees are most commonly contracting with:

- Medicaid health plans and Medicaid managed care organizations.
- Health systems and Accountable Care Organizations.
- Medicare Advantage plans (some are also billing Original Medicare).
- Primary care practices.
- State Medicaid Agencies.
- Commercial payers.[xii]

CCHs offer a variety of services through their networks. The COE's survey of CCHs found that most—99 percent—were offering or planning to offer assessment and enrollment services. Ninety-three percent were offering or planning to offer case or care management and planning services. Other common services are shown in the table below.[xiii]

Table 2: CCH Services

Service Category	Percent (n=75)
Assessment and enrollment services	99%
Case management/care coordination and planning	93%
CBO network management services	88%
Engaging hard-to-reach populations	81%
Evidence-based programs for prevention and healthy behaviors	80%
Housing assistance programs	77%
Food/nutrition programs	73%
Care transitions	69%
Social connection services	69%
Transportation	65%

COE Map Survey

Data Exchange

Exchange of data—between the CCH, the CBOs participating in the CCH's network and health care entities—is important for providing services, improving quality and showing outcomes.[xiv] However, too often CCHs have to enter data into multiple systems because of grant or contract requirements, which adds significantly to staff burden.

CCHs use many forms of health information technology (e.g., their own systems, their contracting payers'/providers' systems, health information exchanges, and social health access referral platforms) to exchange and access data, with most having their own systems. Seventy-five percent of CCHs have formal data-sharing agreements with their network's participating agencies.

Network agencies share data on clients, programs and referrals with the CCH in a variety of ways, including through a CCH-managed system or portal and by emailing (de-identified or secure encryption). Most CCHs reported using more than one method of sharing data.

The most common ways in which the CCH shares data with network members include developing reports for network agencies and giving agencies access to a CCH-managed system or portal to submit their reports. Most CCHs used more than one method of sharing data with these agencies. In some cases, CCH network agencies received data through a data-sharing platform, and some received data directly from the contracted health care entity. [xv]

Conclusion

CCHs represent a growing innovation in health and community care delivery systems that facilitate contracting between CBOs and health care entities. Though there is great variety in the structure of community care provider networks and the CCHs that lead them, all are working to address the whole-person health needs of the people whom they serve.

Endnotes

i Center of Excellence to Align Health and Social Care, *What Is a Community Care Hub,* **coe.aginganddisabilitybusinessinstitute.org/what-is-a-community-care-hub/**.

ii Partnership to Align Social Care, *Functions of a Mature Community Care Hub,* **www.partnership2asc.org/wp-content/uploads/2023/05/Functions-of-a-Mature-Community-Care-Hub-May-2023.pdf**

iii Suzanne R. Kunkel, Jane K. Straker, Erin M. Kelly, Abbe E. Lackmeyer, *Community-Based Organizations and Health Care Contracting,* **sc.lib.miamioh.edu/bitstream/handle/2374.MIA/6182/Kunkel-Community-Based%20Organizations_12-2017.pdf**.

iv Suzanne Kunkel and Abbe Lackmeyer, *At the Nexus of Social Care: Successful Contracting Between CBOs and Health Care Entities,* **www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2024/08/At-the-Nexus-of-Social-Care-Research-Brief.pdf**.

v Western New York Integrated Care Collaborative, **www.wnyicc.org**.

vi Aging and Disability Business Institute, *Building Collaborative Contracts With Health Care: Western New York Integrated Care Collaborative and Independent Health,* **www.aginganddisabilitybusinessinstitute.org/building-collaborative-contracts-with-health-care-western-new-york-integrated-care-collaborative-and-independent-health/**.

vii Office of New York Governor Kathy Hochul, *Governor Hochul Announces $500 Million for New Social Care Networks Program to Deliver Social Services and Improve Health Outcomes for Millions of Low-Income New Yorkers,* **www.governor.ny.gov/news/governor-hochul-announces-500-million-new-social-care-networks-program-deliver-social-services**.

viii Virginia Community Care Hub, **vaaacares.com**.

ix Kathy Vesley, personal communication (January 30, 2025).

x Center of Excellence to Align Health and Social Care Community Care Hub Map Survey, **coe.aginganddisabilitybusinessinstitute.org/national-cch-map/**

xi Suzanne Kunkel and Abbe Lackmeyer, *At the Nexus of Social Care*.

xii Center of Excellence to Align Health and Social Care, Unpublished Grantee Data. List of grantees can be viewed here: **coe.aginganddisabilitybusinessinstitute.org/cch-award-announcement/**.

xiii Center of Excellence to Align Health and Social Care Community Care Hub Map Survey.

xiv Suzanne R. Kunkel, Abbe E. Lackmeyer and Robert J. Graham, *Lifting the Veil: How Networks Form, Operate, Struggle and Succeed,* **www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2023/05/Lifting-the-veil-how-networks-form-operate-struggle-and-succeed-FINAL-4-24-23-1.pdf**.

xv Suzanne Kunkel and Abbe Lackmeyer, *At the Nexus of Social Care*.