

Trends in CBO-Health Care Contracting: Results from the 2026 CBO-Health Care Contracting Survey

September 30, 2026

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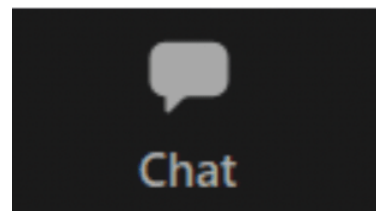
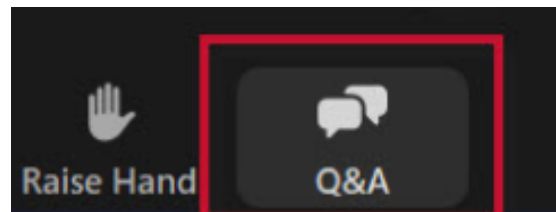
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Leaders in Aging Well at Home

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Speakers

- Beth Blair, Senior Research Associate, Aging and Disability Business Institute, USAging
- Marisa Scala-Foley, Director, Aging and Disability Business Institute, USAging
- Suzanne Kunkel, Ph.D., Senior Research Scholar, Scripps Gerontology Center, Miami University of Ohio

The Business Institute

The mission of the Aging and Disability Business Institute (Business Institute) is to build and strengthen partnerships and contracting between Area Agencies on Aging, aging and disability community-based organizations (CBOs), community care hubs (CCHs) and their networks, and health care entities. Led by USAging, the Business Institute helps these organizations adapt to a changing health care environment and strengthen their organizational capacity to capitalize on emerging opportunities for sustainable funding.

aginganddisabilitybusinessinstitute.org



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Getting Started

Everyone needs some help with taking that first step. For aging and disability community-based organizations, *Getting Started* provides a collection of business acumen resources to help those beginning their journey toward partnerships and contracts with the health care sector. Start here if you are looking for the basics, or if you need a refresher on health care contracting fundamentals.

01

02

03

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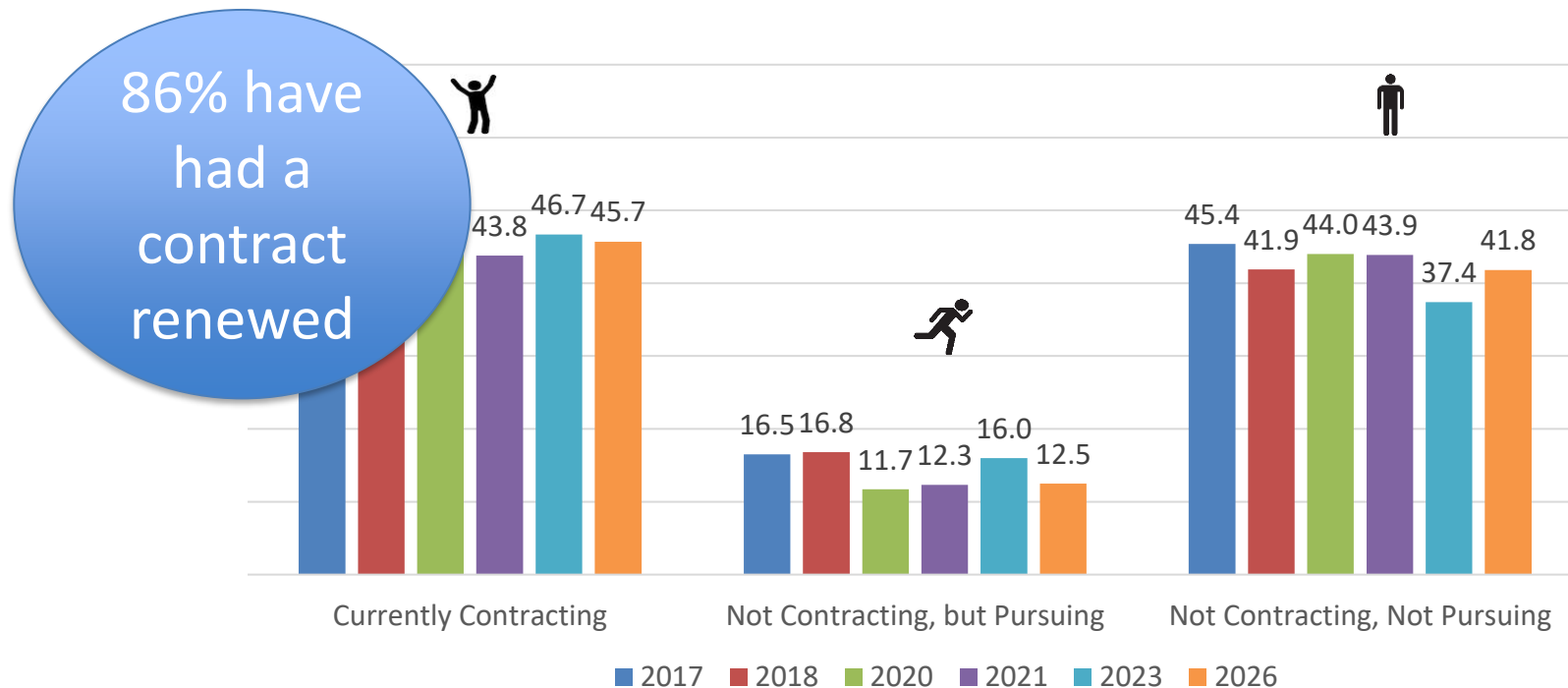
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Methods and Survey Response

- Sixth survey conducted in partnership with Scripps Gerontology Center with funding from The John A. Hartford Foundation
- Disseminated via email to 613 AAAs, 372 CILs, 76 CCHs and 221 Other CBOs
- Shared by national partners and agencies
- Launched March 2026 and in the field for 8 weeks
- Total of 486 completed surveys
- 41 Community Care Hubs

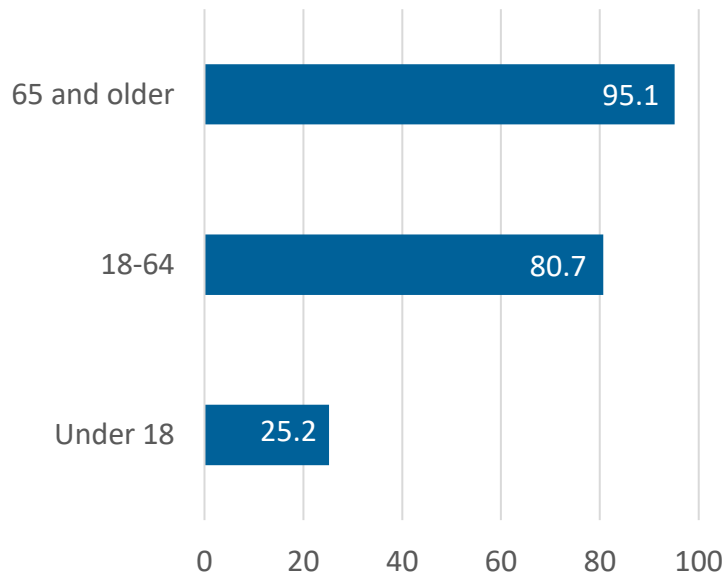
Survey Respondents by Agency Type	#	%
Area Agencies on Aging	290	59.7%
Centers for Independent Living	85	17.5%
Another kind of CBOs	70	14.4%
Community Care Hub	27	5.5%
Area Agency on Aging & Community Care Hub	14	2.9%
Total	486	

CBOs Contracting Status, by Year



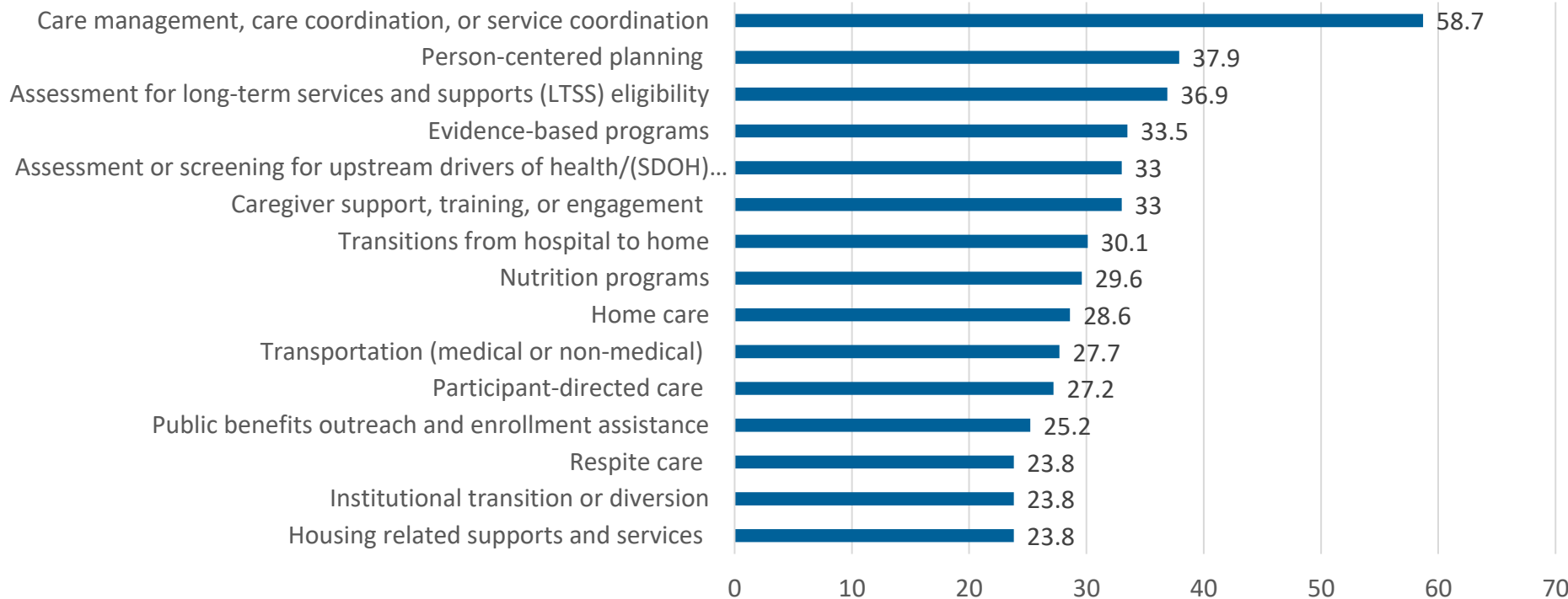
Populations Served

Age Groups Served



- **59.9%** serve caregivers of any age
- **74.8%** serve Veterans of any age
- **77.1%** prioritize high-risk or high-need groups.
 - Individuals at risk for nursing home placement (64.5%)
 - Individuals at high risk for ER use, hospitalization, or hospital readmission (59.4%)
 - Individuals with a chronic or serious illness (other than dementia) (49.0%)
 - Individuals living with dementia (49.0%)
 - Individuals who are dually eligible for Medicare and Medicaid (38.7%)

Most Common Services Provided through Contracts



Most Common Services by Partner, Part 1

Medicaid MCO (n=90)

- » Care management, care coordination, or service coordination
- » Assessment or screening for upstream drivers of health/social determinants of health needs
- » Person-centered planning
- » Assessment for long-term services and supports (LTSS) eligibility
- » Transitions from hospital to home, including discharge planning and hospital readmission prevention program

Hospital or Health System (n=59)

- » Care management, care coordination, or service coordination
- » Assessment or screening for upstream drivers of health/social determinants of health needs
- » Evidence-based programs
- » Transitions from hospital to home, including discharge planning and hospital readmission prevention program
- » Person-centered planning

Most Common Services by Partner, Part 2

SNP (n=36)

- » Care management, care coordination, or service coordination
- » Person-centered planning
- » Assessment for long-term services and supports (LTSS) eligibility
- » Transportation (medical or non-medical)
- » Transitions from hospital to home, including discharge planning and hospital readmission prevention program
- » Nutrition

Medicare Advantage (n=34)

- » Evidence-based programs
- » Care management, care coordination, or service coordination
- » Transitions from hospital to home, including discharge planning and hospital readmission prevention program
- » Assessment or screening for upstream drivers of health/social determinants of health needs
- » Person-centered planning

Most Common Services by Partner, Part 3

ACO (n=30)

- Care management, care coordination, or service coordination
- Assessment or screening for upstream drivers of health/social determinants of health needs
- Person-centered planning
- Nutrition programs
- Evidence-based programs
- Caregiver support, training, or engagement

11.1% of contracting respondents (23) provide Medicare Part B services

	Service Offered (n=23)	We are a certified Medicare provider and bill directly	We partner with a Medicare provider to bill
Medical Nutrition Therapy (MNT)	9	8	0
Transitional Care Management (TCM)	9	6	3
Medicare Diabetes Prevention Program	8	7	1
Diabetes Self-Management Training (DSMT)	7	5	1
Caregiver Training Services	6	5	1
Chronic Care Management (CCM)/Complex CCM	6	3	3
Behavioral Health Counseling	5	2	3
Administration of a standardized, evidence-based assessment of physical activity and nutrition (previously referred to as SDOH risk assessment)	4	3	0
Cognitive Assessment and Care Plan Services	4	3	1
Community Health Integration (CHI)	4	2	2
Other	4	3	1
Annual Wellness Visit	3	3	0
Primary Care – Evaluation and Management	3	3	0
Advance Care Planning	2	1	0
Health and Behavior Assessment/Intervention (HBAI)	2	0	2
Principal Illness Navigation (PIN)/Principal Illness Navigation – Peer Support (PIN-PS)	2	2	0
Remote Patient Monitoring	2	1	0

Social Engagement/Connection Service & Supports

42.4% provide one or more social engagement/connection services and supports through contracts. Of those, the following services are provided:

	%
Community-based wellness or education programs (virtual or in-person)	54.6
Companion programs (e.g., friendly visiting, friendly calling)	36.0
Support group/peer support for consumers	36.0
Support group/peer support for caregivers	36.0
Evidence-based or evidence-informed social engagement/connection programs	34.9
Technology access and/or technology training (e.g., tablet programs)	27.9
Dementia-specific programs (e.g., memory cafes)	19.8
Social skills training (e.g., training to improve interpersonal communication)	16.3
Interactive devices (e.g., robotic pets, voice activated robots, virtual reality)	11.6
Access to interactive online forums (e.g., virtual/hybrid senior centers)	11.6
Psychological therapies (mindfulness-based practices, group therapy focused on increasing social connections)	9.3
Intergenerational programs	5.8

Social Engagement/Connection Instruments and Partners

- **44.7%** use social isolation/loneliness instruments.
Use of instruments:
 - To screen clients for services under a contract (47.4%)
 - To evaluate programs (28.9%)
 - By health care partner to screen consumers, who are then referred to the CBO (18.4%)
- Of those providing social engagement or connection services through contracts, the proportion who are offering these services through contracts with the following entities are:
 - Medicaid Managed Care Plan (22.3%)
 - Hospital or Health System (21.2%)
 - Medicare Advantage Plan (9.4%)
 - Special Needs Plan (9.4%)
 - Accountable Care Organization (7.1%)

Payment Models

	%
Fee-for-service (FFS)	64.4
Per member per month (PM/PM) and other capitation	40.7
Case rate	19.6
Pay-for-performance or performance-based contract	13.4
Full-Time Equivalent (FTE) based contract	12.9
Other time-bound	10.8
Shared savings/incentive payments	3.1
Shared risk	3.1
Bundled payments	2.6
Other	6.1



Most Common Challenges in Establishing the Contract

- **34%** - Time it takes to establish a contract
- **26%** - Negotiation of price or contract terms
- **23%** - Common understanding of proposed programs or services
- **21%** - Lack of awareness by health care entities of CBO programs and services
- **18%** - Start-up funding to build infrastructure, hire staff, etc.

Most Common Challenges During Contract

- **25%** - Lack of awareness by health care entities of CBO programs and services
- **21%** - Negotiation of price or contract terms
- **21%** - Referrals and volume
- **18%** - Competing priorities within the health care community
- **18%** - Timely payment for contracted services
- **17%** - Denial of claims
- **15%** - Staff turnover in the health care entity
- **15%** - Time it takes to establish a contract

Contracting Benefits

- **44%** - Increased number of people served
- **41%** - Obtained funding from new sources
- **33%** - Enhanced our organization's or network's sustainability
- **32%** - Expanded visibility of our organization or network in the community
- **32%** - Increased organizational net revenue
- **29%** - Positioned our organization or network as a valuable health care partner
- **26%** - Expanded or enhanced the types of services offered
- **23%** - Expanded the type of populations served
- **21%** - Expanded a local or regional network or collaborative
- **20%** - Increased staff size

CBOs who Contract as Part of a Network

A network is defined as a coordinated group of CBOs that deliver social care programs and services under regional, statewide or multi-state contracts with health care entities.

50.5% of contracting CBOs indicated that they were doing so as part of a network

Community Care Hubs (CCH)

A CCH serves as a community-focused regional, statewide or multi-state umbrella organization that coordinates, centralizes and scales administrative functions and operational infrastructure on behalf of a network of community support providers – e.g., Area Agencies on Aging (AAAs), Centers for Independent Living (CILs) and other community-based organizations (CBOs).

41 CCHs were identified from all survey respondents.
Of those, **37** provided additional information on the details of their CCH.

CCH Details (n=37)

About Their Networks

- Average 6.7 years in operation (median 6)
- Average 31+ CBO members (median 16)

Geographic area served

- 48.6% serve a region within a state
- 40.5% have statewide coverage
- 10.8% cover multiple states

Structure

- 48.6% are a subsidiary or separate division within a larger agency
- 32.4% are free-standing entities
- 35.1% have a separate legal structure
- 45.9% contract out some of their major functions to network members or other vendors

CCH Details (continued)

Contracting

- Hold an average of 10.9 contracts (median 4)

Data Sharing

- 78.4% have formal data sharing agreements with their network members
- 70.3% have network members submit data through a CCH managed system or portal

Funding

- 78.4% indicate that their administrative infrastructure is funded through grants
- 64.9% stated infrastructure was being funded through contracts with health care entities

CMMI Involvement

- **26.5% of all survey respondents** are involved in CMMI demonstrations. Of those, respondents are involved in the following demonstrations:

	#	%
Guiding an Improved Dementia Experience (GUIDE)	51	39.5
Rural Health Transformation Grant	27	20.9
Medicare Diabetes Prevention Program (MDPP) Expanded Model	14	10.9
Innovation in Behavioral Health Model	3	3.2
Ambulatory Specialty Model	2	1.6
Frontier Community Health Integration Project Demonstration	2	1.6

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Upcoming Webinars

- [Voices from the Field: Results from USAging's Rural Health Care Contracting Environmental Scan](#)
 - October 8, 12pm ET
- [Health Care-CBO Partnerships: Improving Health Outcomes & Social Connection](#)
 - October 15, 2pm ET

Questions & Answers

