NASDOH
NATIONAL ALLIANCE TO IMPACT THE SOCIAL DETERMINANTS OF HEALTH

August 2026

Engaging Community-Based Organizations in CMMI Models

Stakeholder Feedback Summary

In July 2026, the National Alliance to Impact the Social Determinants of Health (NASDOH) sought feedback from leaders of community-based organizations (CBOs), including a number of community care hubs (CCHs) from across the country, on opportunities and challenges for CBOs to participate in current CMMI models and make recommendations on how to better incorporate CBOs in future models. These conversations specifically focused on the Long-term Enhanced ACO Design (LEAD) Model and the Accelerating State Pediatric Innovation Readiness and Effectiveness (ASPIRE) Model. The notes below capture key themes and recommendations surfaced during these conversations.

Key Themes Identified by Participants

CBOs and CCHs had the opportunity to offer comments and recommendations about CBOs' participation in models. Key themes from these comments include:

- Participants emphasized the need for **sustainable infrastructure and financing** to support CBO partnerships, care coordination, and long-term implementation.
- Several participants urged CMMI to **better account for the value of prevention, care coordination, and health-related social services** when evaluating total cost of care and model performance.
- **Data sharing, closed-loop referral tracking, and common performance metrics** were identified as critical to demonstrating the value of CBOs and measuring impact across provider and community networks.
- Stakeholders encouraged CMMI to **build upon existing state infrastructure and successful Medicaid initiatives, while maintaining flexibility** to accommodate varying levels of state readiness and implementation experience.
- Participants emphasized that CBOs should be viewed as **long-term partners in care delivery**, with **stronger incentives for collaboration** and recognition of their role in improving health outcomes and addressing health-related social needs (HRSNs).
- Participants appreciated the opportunity to **provide early stakeholder input** and encouraged continued engagement with community partners throughout model development and implementation.

Actionable Recommendations for CMMI

Participants offered several actionable recommendations for CMMI's consideration as the models continue to evolve:

- **Leverage existing state infrastructure** by proving guidance to model participants encouraging states to build upon Health Homes, Medicaid Section 1115 demonstrations, Rural Health Transformation Program grant partners, established care coordination programs, and existing community partnerships when implementing future models.

- **Strengthen incentives for CBO partnerships** throughout the initial application, implementation, and reporting/evaluation stages by encouraging and, where possible, requiring accountable entities to establish mature, long-term relationships with CBOs rather than transactional referral arrangements or nominal advisory mechanisms.
    - Ideally, evidence of robust partnership development would be among process and outcome measures for accountable entities.
- In selecting the states that participate in the model, consider giving preference to states that demonstrate formal health care and CBO connections as part of their application.
- **Develop sustainable payment pathways** that appropriately support CBOs and CCHs providing care coordination and services to address HRSNs, including consideration of value-based payment approaches and direct-pay mechanisms for organizations that meet applicable eligibility, credentialing, compliance, governance, and quality standards. Some options to achieve this include:
    - Require or encourage health care providers to provide direct funding to compensate CBOs for services delivered to beneficiaries.
    - Require or encourage states to use the cooperative agreement funding they will receive to support CBO infrastructure more broadly.
    - Establish direct payment arrangements as an explicit option in ASPIRE, LEAD, and future value-based payment models for CBOs/CCHs that can demonstrate appropriate Medicare or Medicaid provider status, compliance capabilities, governance, and quality standards.
    - Design payment structures that reduce administrative friction, support faster service delivery for high-needs populations, and strengthen CBO/CCH sustainability, workforce stability, and long-term community partnerships.
    - Consider incentives for including CCHs within ACOs for the LEAD Program.
- **Improve measurement and accountability** by establishing common performance measures that capture collaboration across provider and community networks, caregiver outcomes, prevention, HRSNs, and total cost of care.
    - Direct payment pathways could also create clearer financial accountability for community-based prevention outcomes, including reductions in emergency department visits, avoidable admissions, and post-acute care utilization, while aligning incentives across the clinical and community care continuum.
    - CMMI could consider measuring whether referral gaps are successfully closed rather than simply measuring referrals because this may better demonstrate the impact of community-based services.
    - Member self-reported quality of life, satisfaction, and other factors could also be considered. For example, Did receiving XXX service help you better manage your healthcare? Did receiving XXX service lead to increased affordability for your health and basic needs?
- **Strengthen data infrastructure** by prioritizing use of coding, interoperability, referral tracking, and closed-loop measurement to better demonstrate the impact of community-based services.
- **Explore opportunities to incorporate community-based infrastructure into future models**, including by incentivizing use of Community Care Hubs, Accountable Communities for Health, and similar models, telehealth, and other innovative approaches that strengthen coordination across health care and social service providers.
- **Continue engaging stakeholders throughout implementation** by maintaining opportunities for operational feedback, incorporating lessons learned into future model refinements, and ensuring CBOs have meaningful opportunities to participate in future Innovation Center models.