# Accountable Health Communities (AHC) Self-Assessment of Organizational Readiness

This self-assessment of organizational and community readiness may assist potential applicants in identifying the most appropriate Accountable Health Communities track for implementation by the organization. This self-assessment highlights key criteria and desirable organizational experience to help applicants determine their best fit and alignment for one of the AHC tracks early in the application period. Please consult the AHC Funding Opportunity Announcement to review the eligibility requirements, application requirements, and the application review criteria for each of the three tracks.

Applicants must consider whether they can (1) meet the intervention delivery requirements for the preferred track; (2) demonstrate that it can receive the commitment, collaboration, and engagement of the clinical delivery sites and other partners needed to implement the given track; and (3) provide to CMS and its contractors all the required data to evaluate the applicant for the specific track(s) chosen.

**This self-assessment is optional, for internal organizational use only, and will not be collected by CMS. CMS will not use this self-assessment to determine whether an applicant is well positioned to obtain an award.**

**Applicants who want to apply for this funding opportunity must submit a full and complete application no later than 1 pm EST on March 31, 2016 at www.grants.gov.**

| Track 2 Overview | |
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| **Intervention Element** | **Track 2 – Assistance** |
| **Target Population** | Community-dwelling Medicare & Medicaid beneficiaries with unmet health-related social need |
| **Short Description** | Community service navigation |
| **Question Being Tested** | Will providing community service navigation to **assist** high-risk community-dwelling beneficiaries with accessing community services in order to address certain identified health-related social needs impact their total health care costs and inpatient and outpatient health care utilization? |
| **Intervention** | **Inventory** of local community services responsive to community needs assessment<br>**Universal screening of all community-dwelling beneficiaries** who seek care from participating clinical delivery sites<br>**Referral** to community services *and* intensive **community service navigation** (in-depth assessment, planning and follow-up until needs are resolved or determined to be unresolvable) of high-risk community-dwelling beneficiaries with certain identified unmet health-related needs in the intervention group |
| **Funding Categories** | Funds are available for: start-up costs, screening and referral, navigation services and program administration |
| **Evaluation** | Randomization |
| **Number of Award Recipients** | 12 |
| **Funds per Award Recipient** | $2.57 million (total for the five-year period of performance) |

| Track 2 Organization Self-Assessment |
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| **Required Experience and Capabilities** |
| **Required Partnerships**[1]<br>☐ Does your organization have, or are you positioned to have, a collaborative and formalized relationship with clinical providers in your community, including hospitals, primary care providers, and behavioral health service providers?<br>☐ Is your organization able to engage and establish a consortium with the state Medicaid agency(ies) that serve your geographic region, to ensure data-sharing, including but not limited to Medicaid claims data and utilization and payment data, with CMS and its contractors? |
| **Data Collection and Reporting**[2]<br>☐ Does your organization have experience collecting and reporting the type of beneficiary data required, including, but not limited to:<br>  ☐ Results of the social needs screening, and<br>  ☐ Beneficiary identifiers?<br>☐ Does your organization have experience collecting and reporting the type of intervention data required, including, but not limited to:<br>  ☐ Beneficiary randomization group assignment,<br>  ☐ Beneficiary acceptance or rejection of the community services referral,<br>  ☐ Beneficiary acceptance or rejection of the navigation services, and<br>  ☐ Tracking of social needs resolution?<br>☐ Does your organization have the capability to submit all Track 2 required data to CMS?<br>☐ Does your organization have the capability to submit program milestone progress reports and to report data and feedback on learning needs and best practices? |
| **Data System/Infrastructure**[3]<br>☐ Does your organization currently have a data system or infrastructure with adequate security and functionality to meet the Track 2 model data submission requirements? If not:<br>  ☐ Is your organization capable of adopting a data system needed to<br>  ☐ Collect the necessary model beneficiary data?<br>  ☐ Store the necessary model beneficiary data?<br>  ☐ Report the necessary model beneficiary data? |
| **Community Capacity**[4]<br>☐ Do your partner clinical delivery sites have the capacity to offer screening to 75,000 community-dwelling beneficiaries per year?<br>☐ Does your community have the resources to address the core AHC health-related social needs (housing, food insecurity, interpersonal violence, and non-medical transportation needs)? |
| **Community Knowledge**[5]<br>☐ Does your organization have knowledge of community and social service providers in your community who can address the core AHC health-related social needs and the ability to develop or adapt an inventory of services?<br>☐ Is your organization capable of identifying and assessing programs and organizations within your community which may provide similar services to the AHC model and document areas of program duplication? |

[1] 2.4.1 Model Test Proposal Requirements- All Tracks pages 13, 14-15
[2] 2.4.1 Model Test Proposal Requirements- All Tracks pages 14, 2.4.1.2 Track 2- Assistance Intervention Proposal Requirements pages 36-37
[3] 2.4.1 Model Test Proposal Requirements- All Tracks pages 14, 2.4.1.2 Track 2- Assistance Intervention Proposal Requirements pages 36-37
[4] 2.4.1 Model Test Proposal Requirements- All Tracks page 15
[5] 2.4.1 Model Test Proposal Requirements- All Tracks page 14

| Track 2 Organization Self-Assessment |
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| **Financial Capacity**[6]<br>☐ Does your organization have a fully auditable financial and accounting system? |
| **Recommended Experience** |
| **Partnerships**[7]<br>☐ Does your organization have established relationships with community service providers that have the capacity to address the core health-related social needs? |
| **Operational Capacity**[8]<br>☐ Has your organization developed and implemented contracts, Memorandums of Understanding (MOUs), or agreements equivalent to an MOU?<br>☐ Has your organization developed and implemented standard operating procedures?<br>☐ Has your organization worked with screening tools or implemented a screening tool (if applicable to your organization)? |
| **Social Needs Domain Expertise**[9]<br>☐ Has your organization previously worked with, or do you have established relationships with, social service providers and community-based organizations?<br>☐ Does your organization have experience addressing the core AHC health-related social needs in your community (housing, food insecurity, interpersonal violence, and non-medical transportation needs)?<br>☐ Does your organization have experience with, or have you worked with organizations that provide community service navigation services, such as conducting in-depth assessments, developing personalized action plans, and providing follow-up services? |
| **Quality Improvement**[10]<br>☐ Does your organization have the capability to monitor your activities throughout implementation and make changes as needed to improve performance and outcomes? |
| **Financial Capacity**[11]<br>☐ Does your organization have a financial system in place with the capability to receive and track payments from CMS? |
| **Organizational Capacity**[12]<br>☐ Does your organization have the capability to provide the required training and refresher courses for model staff and key personnel, including training for navigators, or do you have access to training resources? |

**Meeting some or all of the above requirements does not ensure funding.** Please refer to the AHC Funding Opportunity Announcement at https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=55237 for a complete list of application requirements.

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[6] 2.4.1 Model Test Proposal Requirements- All Tracks page 14
[7] 2.4.1 Model Test Proposal Requirements- All Tracks page 14
[8] 5.2 Application Structure and Content pages 69-71, 2.4.1 Model Test Proposal Requirements- All Tracks pages 13-14
[9] 2.4.1 Model Test Proposal Requirements- All Tracks page 14, 17
[10] 2.4.1 Model Test Proposal Requirements- All Tracks page 20-21
[11] 2.4.1 Model Test Proposal Requirements- All Tracks page 14
[12] 2.4.1.2 Track 2- Assistance Intervention Proposal Requirements page 35