

# ***Building Community Care Hubs to Address Health-Related Social Needs: Lessons from New York and North Carolina Medicaid***

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April 30, 2025, 1 – 2 pm ET/ 10 am – 11 pm PT

*Made possible through support from the Kaiser Permanente National Community Benefit Fund at The East Bay Community Foundation*

# Center for Health Care Strategies

**Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.**

Together with our partners, our work advances:



**Effective models for prevention and care delivery** that harness the field's best thinking and practices to meet critical needs.



**Efficient solutions for policies and programs** that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.

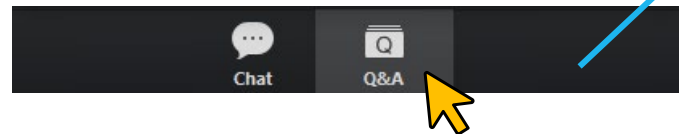


**Equitable outcomes for people** that improve the overall well-being of populations facing the greatest needs and health disparities.



# Questions?

To submit a question, please click the Q&A icon located at the bottom of the screen.

A window titled 'Q&A' with standard window controls (minimize, maximize, close). Inside the window, there is a large text input area with the placeholder text 'Please input your question...'. Below the input area, there is a checkbox labeled 'Send Anonymously' and a 'Send' button.

# Agenda

- Welcome and Introductions
- Implementation Considerations for Community Care Hubs
- State Panel: Reflections from NY and NC Medicaid
- Audience Q&A



# Medicaid Health Related Social Needs Implementation Learning Series

# Medicaid Health-Related Social Needs Implementation Learning Series

- The *Medicaid Health-Related Social Needs Implementation Learning Series* includes nine states — **California, Massachusetts, Michigan, New York, North Carolina, Oregon, Pennsylvania, Washington, and Wisconsin** — working on developing, implementing, or refining HRSN initiatives for Medicaid populations
- **Webinar Goal:** Explore early design and implementation considerations for building effective community care hubs, with insights from New York and North Carolina.



# Community Care Hubs Models: Overview

Anna Spencer, CHCS

# HRSN Service Delivery



- Growing number of health care organizations (HCOs) (health/hospital systems, MCOs) partnering with CBOs to provide HRSN navigation and service delivery



- Creating infrastructure is costly and time consuming
  - Especially true for smaller CBOs



- Community care hubs
  - Create shared infrastructure
  - Standardize contracting
  - Offer efficiencies for HCOs/CBOs



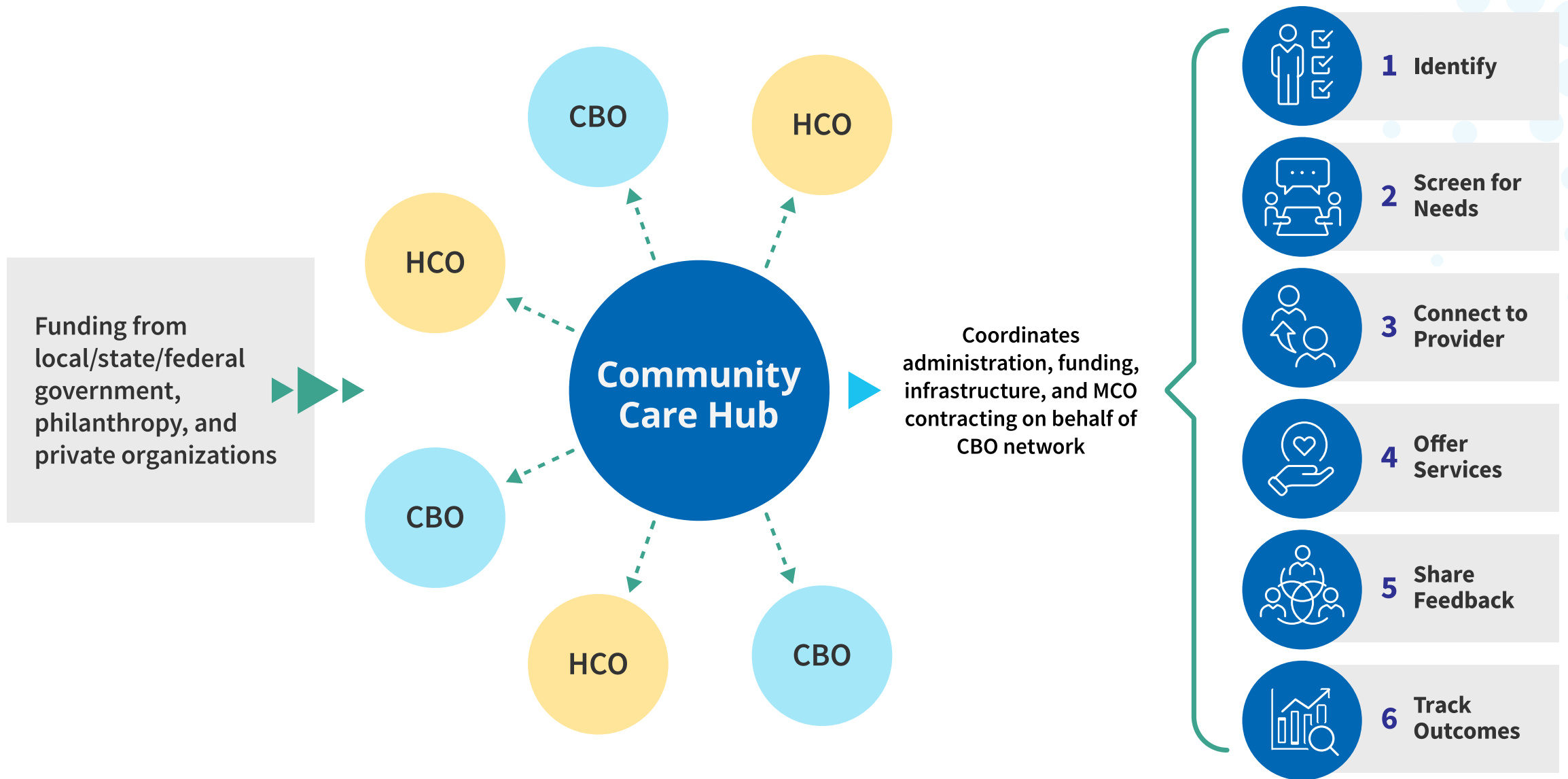
# Community Care Hubs

- A **community care hub** — network lead entity, bridge organization, backbone organization — is a community-focused entity that organizes and supports a CBO network providing HRSN services
  - Centralize administrative functions and operational infrastructure
  - Support contracting between health/social care providers
  - Oversee payment operations
  - Ensure service delivery fidelity and compliance
  - Support technology infrastructure, information security, data collection/reporting
  - Provide necessary technical support to CBOs



# Community Care Hub Models

- ✓ Area Agencies on Aging/Administration for Community Living
- ✓ CMS' Accountable Health Communities model
- ✓ Accountable Communities of Health (CA, TX, WA)
- ✓ Pathways Community Hubs
- ✓ Regional Health Networks (NJ)
- ✓ Social Care Networks (NY)
- ✓ Healthy Opportunities Pilot (NC)



# Considerations for Building Effective Community Care Hubs



Clearly defining functions and operations



Building network capacity



Determining data infrastructure and sharing mechanisms



Sustainably scaling models



Centering lived experience



Braiding/blending funding

# State Panel: Reflections from New York and North Carolina Medicaid

Moderated by Anna Spencer

# Meet Today's Panelists



**Emily Engel**

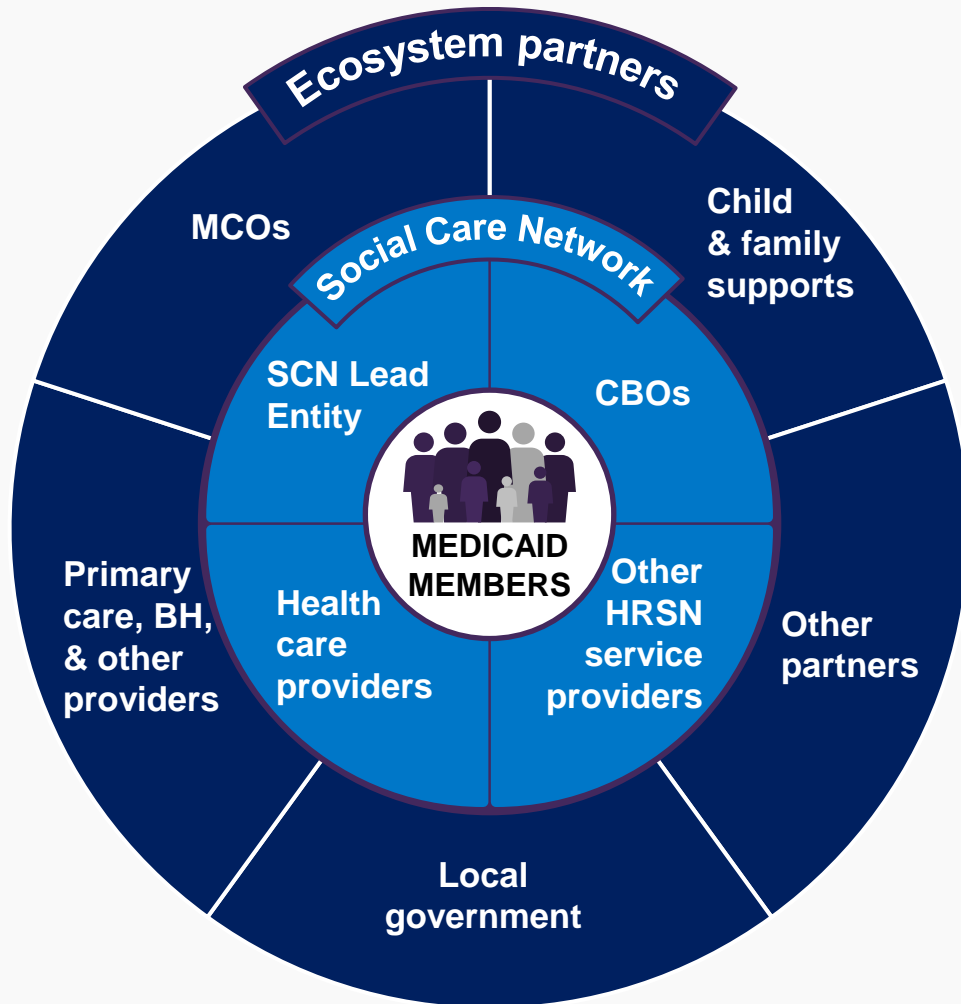
Director, Bureau of Social Care and  
Community Supports, New York  
State Department of Health



**Camilla Tungate**

Healthy Opportunities Pilot Network  
Lead Program Manager, North  
Carolina Department of Health and  
Human Services

# OVERVIEW OF SOCIAL CARE NETWORKS



Social care networks connect **community-based organizations, providers** (e.g., primary care, behavioral health [BH], health systems), and **other partners** to provide **screening, navigation, and delivery of health-related social needs services** to New York Medicaid members, supported by new **funding, reimbursement, and shared data and technology**



Department  
of Health

Source: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment. January 9, 2024

# Healthy Opportunities Pilots (NC HOP) Overview

NC’s 1115 Medicaid transformation waiver uses state and federal Medicaid funding for HOP

Pilot funds are used to:

- Pay for 29 evidence-based, federally-approved, non-medical services defined and priced in NC DHHS’ Pilot [fee schedule](#)
- Build capacity of local community organizations and establish infrastructure to bridge health and human service providers<sup>1</sup>

Pilot Vision and Goals:

Integrate evidence-based, non-medical services into Medicaid to:

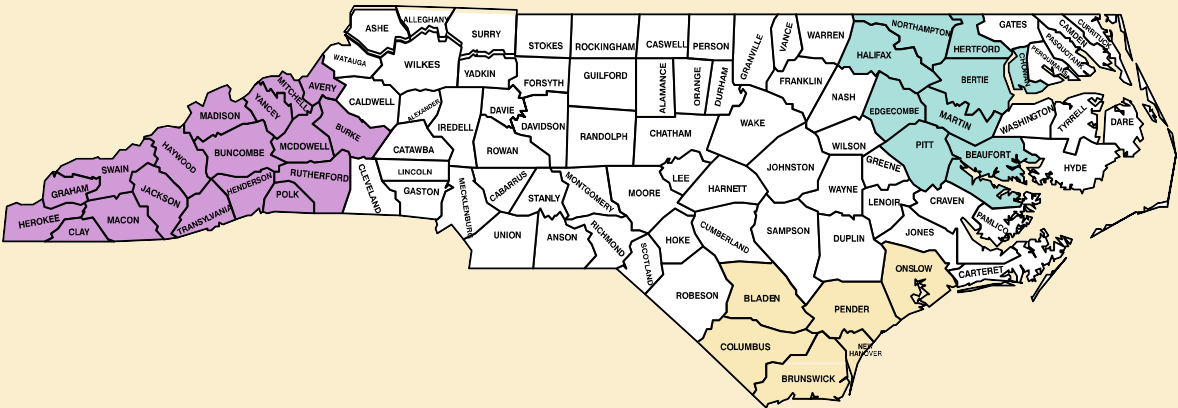
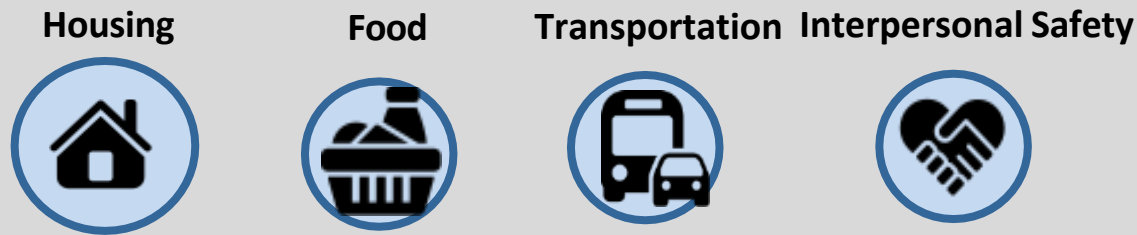
- Improve health outcomes for Medicaid members
- Promote health equity in the communities served by the Pilots
- Reduce costs in North Carolina’s Medicaid program

Evaluate which services are highest value & impact for which populations

- CMS-approved [SMART design \(randomized trial\)](#) to provide rapid-cycle feedback, concluding in a summative evaluation

Create accountable infrastructure, sustainable partnerships and payment vehicles that support integrating highest value non-medical services into the Medicaid program sustainably at scale

## NC’s priority “Healthy Opportunities” domains



## Procured Healthy Opportunities Network Leads

- Access East, Inc.**  
Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt
- Community Care of the Lower Cape Fear**  
Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender
- Impact Health**  
Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey



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