

Centers for Independent Living 2023 Health Care Contracting Profile

Centers for Independent Living (CILs) are community-based, nonprofit organizations that are designed and operated by people with disabilities and provide independent living services. The core services that they provide are information and referral, independent living skills training, peer counseling, individual and systems advocacy and institutional transition.

CILs contract with health care entities to provide services that address the health-related social needs of people with disabilities and support them to live independently in the community. This data report describes the characteristics of these health care contracts held by CILs, including types of health care partners, services delivered, challenges, contracting experiences and more. One hundred and twenty-eight CILs responded for a response rate of 32 percent.¹

Table 1: Contracting Status

Contracting Status	Percent (n=128)
Yes, we currently participate in contracts with health care entities.	48%
No, BUT we are in the process of pursuing a contract.	17%
No, we are not pursuing contracts with health care entities.	34%

As shown in Table 1, nearly half of responding CILs reported that they currently have one or more contracts with health care entities. Contracting data in this report represent these 62 CILs that reported one or more active contracts with a health care entity.²

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Twenty-seven percent of CILs with contracts are contracting as part of a network of community-based organizations (CBOs). Networks, which are often led by Community Care Hubs, streamline the contracting process for health care partners, help to attain a broader geographic reach and provide administrative and operational support for member organizations.

Table 2: Most Common Health Care Partners

Health Care Partner	Percent (n=54)
Medicaid managed care plan	61%
State Medicaid agency	37%
Veterans Administration Medical Center	19%
Accountable care organization	17%
Commercial/employer-sponsored health plan	13%
Medicare–Medicaid duals plan	13%

CILs have contracts with a variety of health care entities. The most common partner is Medicaid. Sixty-one percent of CILs with contracts have a contract with a Medicaid managed care plan and 37 percent with a State Medicaid Agency. Other common partners are shown in Table 2.

1 Full survey report is available here: Scripps Gerontology Center, *At the Nexus of Social Care: Successful Contracting Between CBOs and Health Care Entities*, bit.ly/Nexus-of-Social-Care.

2 Results convey the relative ranking of responses among the responding CILs that are contracting with health care (as shown in Table 1) but should be interpreted with caution due to the small number. Not all CILs answered every question; the number who responded will be noted if different.

CILs provide a variety of services through their contracts. The most common of these are independent living skills and case management/care coordination/service coordination. Other commonly provided services are shown in Table 3.

Table 3: Most Common Services Provided Through Contracts

Service	Percent (n=54)
Independent living skills	56%
Case management/care coordination/service coordination	54%
Institutional transition or diversion	50%
Home care	39%
Person-centered planning	39%
Assessment/screening for SDOH	33%
Environmental modifications	31%
Assistive technologies	30%
Caregiver support/training/engagement	30%
Participant-directed care	28%

CILs with contracts experienced challenges both while establishing the contract and continuing through the contracting relationship. Lack of awareness by health care entities of CBO programs and services and timely payment for contracted services were challenges both in establishing the contract and during the partnership. The five most commonly reported challenges are shown in Tables 4 and 5 below.

Table 4: Top Five Challenges in Establishing the Contract

Challenge	Percent (n=39)
Lack of awareness by health care entities of CBO programs and services	36%
Common understanding of proposed programs or services	33%
Negotiation of price or contract terms	31%
State program policy design and implementation	31%
Timely payment for contracted services	26%

Table 5: Top Five Challenges During the Partnership

Challenge	Percent (n=38)
Timely payment for contracted services	42%
Lack of awareness by health care entities of CBO programs and services	34%
Staff turnover or shortages in your organization	32%
Denial of claims	32%
Staff turnover in the health care entity	29%

CILs also reported common benefits related to contracting. The most commonly reported was that contracting expanded their CIL’s visibility in the community. Other frequently reported experiences are shown in Table 6.

Table 6: Most Common Experiences of Contracting

Experience	Percent (n=42)
Expanded visibility of our organization or network in the community	48%
Expanded or enhanced the types of services offered	43%
Increased organizational net revenue	36%
Increased number of people served	36%
Funding from new sources	36%
Positioned our organization or network as a valuable health care partner	33%



Through the survey, CILs shared success stories about contracting challenges that they have overcome.

“Hired a lobbyist to convince State to maintain HCBS Medicaid contracts with CILs rather than outsourcing to out-of-state for-profit entity. Expensive but worth the effort to ensure consumers were able to truly self-direct their services.”

“It is all based on the understanding of each partner in the contract process. [Our CIL] has benefited from having contract experts negotiating all contracts and subsequent requirements of each.”

CILs that were not contracting or pursuing a contract were asked about their interest in contracting. The largest proportion responded that they are interested but need more information. The next most common response was that they have not thought about it.

Table 7: Interest in Developing a Contract

	Percent (n=43)
Yes, but we need more information or guidance before pursuing.	49%
We have not thought about pursuing a contract with a health care entity.	26%
No, this is not something we plan to pursue.	14%
Yes, and we have actively pursued contracts but have not been successful.	7%
Yes, but not at this time.	5%



When asked about their organizations’ positions on contracting, CILs shared the comments below.

“We would like to pursue contracts that expand our reach and capacity without expanding the scope of our services. We are also concerned about being pushed into a medical model and definitions of disability in order to provide services under such a contract. Mission drift has been an issue in the past.”

“We have value to bring, but we are not being given a seat at the table.”

“We are open to contracting with health care entities, but we do not want to get lost in the contract or not identified. Our health care entity in our area is very large and sometimes operates on a different model than a CIL. We are consumer directed and are guided by consumer choice. In some cases, health care entities are not consumer directed or guided by consumer choice. The medical model and the independent living model tend to clash.”

CILs are contracting with health care entities—particularly Medicaid managed care plans—to address health-related social needs and support independent living. However, CILs vary in their interest in and experiences of contracting. Additional technical assistance, support and resources may be needed to address CIL contracting challenges and to help more CILs get started with contracting.

This report was developed by the Aging and Disability Business Institute (Business Institute). The Business Institute is led by USAging in partnership with the most experienced and respected organizations in the aging and disability networks, and funded by The John A. Hartford Foundation, The SCAN Foundation and the U.S. Administration for Community Living. The Business Institute builds the capacity of AAAs and other aging and disability CBOs as they seek to partner and contract with health care entities to better serve older adults, people with disabilities and caregivers. To understand how these relationships grow and change over time, the Business Institute, in partnership with the Scripps Gerontology Center of Excellence at Miami University, conducts recurring surveys on the contracting partnerships CBOs have with health care payers and providers. These surveys collect data from AAAs, CILs, nutrition services providers, senior centers and other CBOs that are contracting with health care providers and payers. Data in this data brief was gathered through the 2023 survey. Visit www.aginganddisabilitybusinessinstitute.org/resources/cbo-health-care-contractingsurvey to learn more.