

Resource Guide

How-To Guide: Marketing Centers for Independent Living to Health Plans and Payers

Introduction

This “How-To Guide” is intended to assist boards of directors, executives and other leaders of Centers for Independent Living (CILs) as they explore and establish relationships with health plans and payers. Developed for the Aging and Disability Business Institute (Business Institute) by Independent Living Research Utilization (ILRU) and the National Center for Aging and Disability, this guide is the product of a collaborative effort and incorporates guidance from members of the Business Institute’s Disability and Aging Working Group—many of whom have successfully marketed their services to health plans and payers. The Working Group consists of CILs and other community-based organizations such as Area Agencies on Aging (AAAs) whose experience can pave the way for CILs that are moving to this work. The authors of this guide encourage CILs to use it and the materials referenced herein to strengthen their resource development activities.

By their very nature, CILs use the independent living philosophy in their work with individuals with disabilities and, through the robust services they provide, are deeply embedded in the community—a valuable trait for health plans seeking partnerships with community-based organizations (CBOs). CILs can use this expertise to their benefit, particularly as health plans and payers seek working relationships with the disability community. Partnerships with health care entities help CILs serve more people and provide more comprehensive services, while positioning themselves as experts in a new array of community services and strengthening their status as powerful advocates for improved services and systems.

In addition to the resources described above, this guide will help CILs identify services that are financially supported by health plans and payers. Many states are moving to a managed care delivery system as a means of increasing the numbers of people who use health services and to reduce costs by contracting with managed care organizations (MCOs). CILs preparing to partner with health plans like MCOs should note that opportunities for partnership also exist with entities such as accountable care organizations (ACOs), which are groups of providers that focus on coordinating care.

This guide describes many of the community services provided by CILs that may be purchased by health plans and payers to help participants achieve positive health outcomes, move into the community from institutions, continue living in the community, and have positive hospital discharge and transition experiences. It may come as a surprise to some that most independent living (IL) core services address the social determinants of health that are important to health plans, so some plans are not aware of the added value of purchasing these services and leveraging expertise from CILs in the community.

As CILs develop partnerships with health plans and payers, they may need to establish or join networks of CBOs. States and health plans will seek networks that can operate across broad geographic areas, provide a comprehensive selection of services, and demonstrate the administrative and management skills necessary to perform these functions. Smaller CILs may need to partner with other CBOs to both widen and strengthen their local networks.

Building on Experience and Existing Capacity to Move Into Work with Health Plans and Payers

CILs bring a wealth of experience and knowledge to this growing business opportunity and can build upon the following:

- Experience maintaining community living by providing resources to support people with disabilities as they move from institutions into the community or avoid institutionalization in the first place.
- Deep connections within the community and knowledge of community resources and supports.
- Understanding of and a longstanding capacity for operating with the consumer-directed approach. CIL staffs are adept at engaging consumers and helping them gain power to take more active roles in directing their lives, services and supports.
- Ability to assist individuals with securing the services and supports that will assist them in living in the community.
- Established working relationships with funders and other CBOs.
- Positive reputation in the community for providing effective services.
- Direct experience with facilitating the provision of consumer directed home and community-based services (HCBS) offered through Medicaid fee-for-service funding and, for some, the Veterans Administration's Veteran-Directed HCBS program. The experience, knowledge and relationships established while operating in this regulatory and service environment will prove valuable in working with health plans and payers.

Lex Frieden, Director at Independent Living Research Utilization (ILRU), defined independent living as “control over one’s life based on the choice of acceptable options that minimize reliance on others in making decisions and in performing everyday activities.”ⁱ The consumer direction model is considered to offer greater autonomy and to promote improved health outcomes.ⁱⁱ This is a close match for the health plan approach of outcome-focused, value-based services.

Important Preparation Steps

This “How-To Guide” provides a starting point for CILs preparing to partner with health plans and payers. While each CIL’s journey may not follow this order, it is the experience of the authors that the following steps must be addressed:

- Prepare to Expand Your Reach: Make a Plan and Set Goals
- Prepare to Work with Health Plans and Payers to Improve Health Outcomes
- Shift Organizational Perspective to Accommodate New Reimbursement Methodologies
- Determine Staffing for Working with Health Plans
- Understand Approaches of Case Management and Health Plans
- Establish or Join Contracting Partnerships or Networks
- Engage with State Agencies
- Demonstrate in Marketing How CIL Services Support Health Outcomes
- Secure Necessary Certifications and Licenses
- Develop Strategies to Track Progress Toward Goals

Prepare to Expand Your Reach: Make a Plan and Set Goals

Creating a business plan is a key step in any CIL’s strategy as it explores developing relationships with health care entities. Every community is different so this is not a one-size-fits-all approach. CILs should evaluate the current landscape as well as the likely future direction of health and social services in their state. Determining a CIL’s strengths—its niche—and identifying the needs of the health plans and payers will help CILs in this process.

CILs should be able to answer the following questions:

- What is the mission and vision of your CIL?
- What are your CIL’s strengths (and weaknesses)?
- Where do organizational shifts need to occur to create the capacity to work with health plans and payers?
- Which of your CIL’s core services should be highlighted to seek reimbursement?

- Is there a specific need/gap in your community? If so, does this gap align with your CIL's core services?
- Does your CIL need to make additional investments (training, certification, etc.) in order to better position itself for relationships with health care?
- Who are your CIL's customers (payers AND clients)? What do they want/need?
- Who are your competitors?
- What regulatory and political factors might impact your ability to deliver services and attain contracts?

➔ Check out this fantastic webinar: *Expand Your Vision and Grow Your Mission! Driving Culture Change in Aging and Disability CBOs to Work with Health Care Partners*ⁱⁱⁱ facilitated by Rosanne DiStefano (former Chief Executive Officer, Elder Services of the Merrimack Valley) and June Cowen Sauvageau (Executive Director, Northeast Independent Living Program, Inc.).

➔ For more in-depth exploration of your CIL's readiness: *Step 1: Prepare – Understand the Business Environment and Your Place In It*^{iv} (HCBS Business Acumen Center)

➔ To learn more about the entrepreneurial efforts of CILs, view New Century CIL's Michele Martin's interview with Audrey Schremmer, Executive Director, Three Rivers, Inc.: *Interview and Additional Resources*.^v

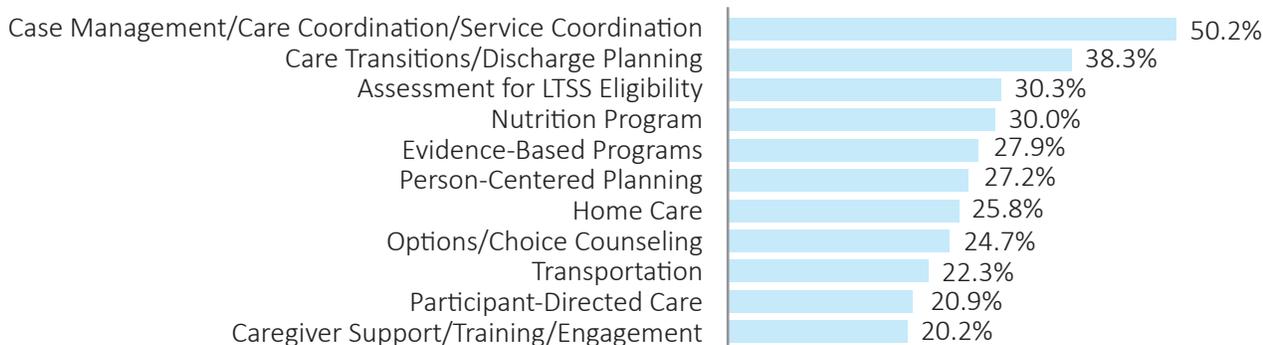
Prepare to Work with Health Plans and Payers to Improve Health Outcomes

In 2018, the Aging and Disability Business Institute partnered with Scripps Gerontology Center to collect responses from CILs, AAAs and other community-based disability and aging organizations to learn about their health care contracting work and the types of services they provided for reimbursement. The chart below indicates that the most common service provided was case management and related services (50.2 percent).

As a well-positioned partner, what health outcomes can your CIL impact? Health plans and payers have begun to recognize that health outcomes are affected by conditions outside the walls of health care facilities and that medical care contributions to healthy outcomes are only part of the picture. The greatest contribution to good health is through positively impacting what are described as the social determinants of health (SDOH), which include community settings, individual behaviors and community support services. The Centers for Disease Control and Prevention's definition of social determinants of health is: conditions in the places where people live, learn, work and play [that] affect a wide range of health risks and outcomes. Factors that affect SDOH include access to housing, food, transportation, utilities and safety. Typically, CILs are actively engaged in these conversations with consumers on a daily basis. Expertise and consistent engagement with people with disabilities make CILs a valuable and natural partner to health plans and systems seeking to address SDOH and achieve better health outcomes.

➔ Discover more about SDOH: *Are We Saying the Same Thing? The Language of Long-Term Services and Supports and Managed Care*^{vii} (HCBS Business Acumen Center)

Most Common Services Provided Through Contracts



Community-Based Organizations and Health Care Contracting^{vi}

Shift Organizational Perspective to Accommodate New Reimbursement Methodologies

Over the last decade, new reimbursement methodologies have emerged to focus on quality and outcomes rather than quantity. CILs entering into relationships with health plans and payers will likely see a reimbursement model that differs from the tried-and-true fee-for-service (FFS) model. This new approach to reimbursement will require a shift in perspective and strategy.

In the past, FFS has been the primary reimbursement method under Medicaid. In the Medicaid system, a service is authorized, then the provider determines what actions should be taken to resolve the medical issue. This method can reward volume rather than quality. With the rise of managed care and the shift to value-based payment modules, FFS is gradually being replaced with other strategies that streamline and promote quality services.

Understanding new competitive strategies and using them to create new opportunities is vital. The following are common reimbursement methodologies.

- Under a **risk-based approach**, providers receive a monthly payment to provide contracted services for a participant. This is termed a “full capitation” contract. Health plans and other payers must provide comprehensive services under the capitated rate received from the funding source and if additional services are needed, the payer is responsible (“at risk”) for the cost of these additional services. This approach represents the shift to reward better value, outcomes and innovation instead of the volume of services provided. The terms are specified in the contract. Some contracts may include bonuses or incentives (and penalties) for quality, reaching outcomes and patient satisfaction.
- An **episode-based payment** model holds the provider accountable for the costs and quality of a defined and discrete set of services for a specified period. For example, a group of providers involved with a hip replacement are paid a specific amount. The providers then coordinate care to provide all services associated with the hip replacement, including hospitalization, payments to physicians, post-acute care and physical therapy.

FROM THE FIELD A New Approach

Patricia Yeager, CEO, The Independence Center, Colorado

This whole approach of looking for fee-for-service or other payment arrangements requires a mind that can see opportunity where others see none.

Some questions to consider:

- What services are missing in your community? Has the local disability community voiced a need for certain services offered by your CIL?
- How does that need or lack of services impact people with disabilities in your community?
- Is the impact such that health care plans and/or payers might pay to address it?
- How much would it cost you to fill that gap?
- Does filling this gap save money or create more dollars for someone?

Once your CIL determines who is impacted by the lack of services you have identified, what (dollars, time, customers) is needed to address the need and you know what it will cost to fill the gap, your CIL is in the entrepreneur seat, ready to offer that service.

This process is different than looking for time-limited grants, running fundraising events and writing end-of-year appeal letters! But such an approach allows CILs to achieve greater financial independence—isn't that what we are about as a movement?

Determine Staffing for Working with Health Plans

One of the most important steps in the process of developing partnerships with health plans and payers is determining which staff will be responsible for initiating and managing this work on an ongoing basis. This may require training of existing staff or hiring new staff with the needed skills. According to *The Bridgespan Group*,^{viii} “the allocation of all organizational costs, direct and indirect, across relevant programs/sites is at the heart of true cost analysis.” Therefore, calculating the true cost of services is crucial; at least one staff member must be experienced in financial analysis/cost

accounting. Strategies include investing in existing staff to help them gain the needed skillsets and recruiting new staff who already have the expertise your CIL needs.

Smaller CILs may have more challenges in hiring new staff, and may want to consider partnering with other CBOs for necessary skill sets.

Staff members who have experience working with health care plans and payers or who can bridge health care and community services will be critical for your CIL as it develops these partnerships. One way to achieve this capacity is by working in a network of organizations in which one or more of the network members can share staff with needed skills and experience.



For resources on understanding costs, read *Cost-Modeling CBO Services for Health Care Partnership Success* from the Aging and Disability Business Institute.

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Understand Approaches of Case Management and Health Plans

Case management, a key service purchased by health plans and payers, can be viewed as a combination of CIL core services, particularly Individual Advocacy, IL Skills Training, and Peer Counseling and Support. When assisting an individual moving from an institution into the community or with avoiding entering an institution, the case management service being provided is appropriately categorized as Institutional Transition and/or Diversion.

On its website, www.cmsa.org, the Case Management Society of America (CMSA) describes case management as "...a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes."

Based on this definition, CIL services and values are similar to those of case management organizations. CMSA also states on its website: ***The case manager helps identify appropriate providers and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value for both the client and the reimbursement source.*** In the consumer direction approach of CILs, consumers are prioritized to receive effective services at "optimum value."

FROM THE FIELD

Staffing for a Case Management Contract

Patricia Yeager, CEO, The Independence Center, Colorado

When planning for health care or other case/service coordination work, it is important to be intentional about what type of staff person is doing this work. Consumer direction philosophy is embedded in all training for Independent Living Specialists, Generalists and Coordinators to support consumers as they do the work for themselves. In the health care setting, the consumer/patient and the family are often overwhelmed with all the details, information and decisions that need to be made. **As a result, they may need much more direct support and even "doing" than what would usually occur in the CIL setting.**

Ultimately, creating a position for a case/service coordinator can be beneficial for CILs. There are many similarities between IL and case/service coordination; the difference lies in the intensity and frequency of support services as well as the **philosophy**. When a consumer comes in to set goals they usually are not in crisis mode so independence is stressed. When someone is in the hospital, perhaps with a new injury, the individual and their support system are in crisis mode and will need more hands-on support. These two perspectives can be challenging for one staff person to balance.

Establish or Join Contracting Partnerships or Networks

Developing key relationships with health care payers is critical for CILs seeking to secure new resources to better serve people with disabilities in the community.

Who are potential health care payers in your community?

- Medicaid Managed Care Organizations
- Accountable Care Organizations
- Hospital or Health Systems
- VA Medical Centers
- Medicare/Medicaid Duals Plans
- State Medicaid Agencies
- Commercial Health Insurance Plans

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“When exploring partnerships, it is important to learn their language. If you have a current contact, tell them you want to learn more and ask them, *What do we need to understand?*”

Orion Bell, President and CEO, Benjamin Rose Institute on Aging and former AAA Director

Health plans and payers may see value in broad geographic coverage and in the business and service capacity and efficiencies often available only through multiple organizations. This could involve working with other CILs or community-based organizations outside the CIL network. CILs with these business relationships are much more likely to be successful in developing relationships with health care than CILs that do not have these relationships.

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“We found that the director of our local hospital’s Inpatient Rehabilitation Unit was interested in what we were trying to do. He also needed a better process for transitioning people out of the hospital successfully. He became a board member and our biggest cheerleader.”

Patricia Yeager, CEO, The Independence Center

A first step in building relationships is working with a current colleague in the health care arena. It is valuable to have someone in the health care field helping/advising you—a champion who understands the value of your CIL to those whom they serve. These relationships can help your CIL discover where there are care and service gaps CILs can fill.

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“It’s all about the relationships. I think there is value in meeting with our organization because we are helping individuals stay in the community, we are diverting individuals from hospital and nursing home stays. Let’s get to know each other better.”

June Cowen Sauvageau, Executive Director, Northeast Independent Living Program, Inc.

FROM THE FIELD Tips on Partnering

Lee Schulz, former President & CEO, IndependenceFirst, Wisconsin

- Be intentional on who you invite to serve on your board of directors
- Promise only what can be delivered in a timely manner
- Recognize that all partners are not equal
- Partnerships should be re-evaluated annually or more frequently and disbanded if not working without assigning blame to any party
- Any gossip or negative statements about a partner’s staff or services must be addressed immediately



Resource: *Finding Champions: Five Key Steps to Advancing Your Cause** by June Simmons, President and CEO, Partners in Care Foundation

Engage with State Agencies

Key marketing strategies include engaging with state agencies and creating services that add value and are attractive to health plans. Engaging with the state agencies that administer Medicaid programs before those agencies develop requests for proposals (RFPs) for health plan and payer selection helps ensure CILs will be included as eligible provider organizations in the language of the RFPs to which health plans and payers will later respond.

Demonstrate in Marketing How CIL Services Support Health Outcomes

Develop a clear understanding of the relationship between core CIL services and services typically used to support health outcomes by health plans and payers. Creating a one-page “sell sheet” can define your services and highlight the value your CIL brings to the partnership.

The following descriptions highlight how core services can work in this environment.

- Independent Living Skills Training, Peer Counseling, Individual Advocacy, and Information and Referral Services support individuals with disabilities to secure and direct the HCBS they use to live well in the community with good health; assist people with disabilities to request and negotiate other community support services and systems, including transit, transportation, housing, health support and other services; and assist people with disabilities to manage their discharge from medical and rehabilitation facilities.
- Independent Living Skills Training and Peer Counseling services can include health promotion programs that address issues such as Chronic Disease Self-Management (chronic conditions, chronic pain, diabetes) and Living Well with a Disability.
- Institutional Transition Services assist individuals with disabilities with moving from nursing facilities and other institutions into the community, and assist people with disabilities to avoid institutionalization.

Consider other areas to demonstrate your CIL’s capacity to deliver services that are attractive to health plans. The following are examples of value-added services a CIL may include or add to the services it offers.

- Community service worker registries
- Community outreach
- Community surveys and analysis support for surveys conducted by health plans
- Advisory councils
- Assistance to health plans to target enrollment to consumers who have disabilities

In addition to highlighting your CIL’s services, it may be useful for your CIL to ask potential health care partners the following questions to assess their needs.

- What outcomes do you want for people with disabilities and/or those who are dually eligible for Medicare and Medicaid?
- How can we help meet your goals?

FROM THE FIELD

Services to Market to Health Plans and Payers:

- Assistive Technology and Durable Medical Equipment (DME)—Lee Schulz, former President and CEO, IndependenceFirst, Wisconsin

Expertise in technology reuse programs, in which previously owned equipment is reclaimed and redistributed to new owners at low cost, can be a great resource and a value to health care organizations. Typically, current staff are familiar with assistive technology and DME so the learning curve is reasonable. Given that many for-profit businesses in DME are leaving the market, there are few central resources for information and assistance determining what is good technology for various disabilities and living environments.

- Hospital to Home Transition—Patricia Yeager, CEO, The Independence Center, Colorado

Expertise of CIL staff brings a wealth of information about how individuals with disabilities can live in the community. Medical settings, insurance companies and state Medicaid agencies can benefit from this experience to create a better outcome with less money so that their patient/our consumer

Continued

lives with dignity and independence. Becoming more aware of medical settings and conditions, along with good service coordination skills, can help set up a community network to provide support services when someone with a disability comes home from a hospital stay or even skilled nursing episode. *Hospital to Home Pilot*^{xi} is a good source of information on this topic.

- Surveying—David Horvath, Director of Policy and Regulations, Public Consulting Group, Massachusetts

CILs can serve as a conflict-free third-party to conduct satisfaction surveys. Some health care entities may find a benefit to having an entity other than the Financial Management Service conducting the surveys (as respondents are more likely to be candid if they do not fear any retaliation, etc.).

- Navigation Support—Gary Cook, President and CEO, Direction Home Akron Canton AAA, Ohio

Provide nursing home navigation services, including administration of the questionnaires used to help determine who is willing and able to transition, educating hospital and facility discharge planners and social workers,

identifying housing and other support options, and developing transition plans.

- Explore Self-Management Programs—Craig Raveslout, Research Professor and Director, Research and Training Center: Rural, University of Montana

Some CILs are receiving reimbursement from funders to provide research-based programs to support health improvement of people with disabilities. One program, Healthy Community Living (HCL), which is also known as Living Well with a Disability, is a health promotion program that includes self-determination and self-management curricula: *Healthy Community Living website*.^{xii}

Other areas of expertise to consider:

- Transportation
- Discharge planning—CILs may want to highlight their experience providing in-home visits
- Home modification coordination
- Benefits counseling to Medicaid clients (ensuring patients are receiving all possible benefits, cost savings to MCO)
- Youth transition

Secure Necessary Certifications and Licenses

Contact state agencies or health plans and payers to determine which certification and licensure requirements must be met for your organization and its staff to provide services purchased through health plans.

Develop Strategies to Track Progress Toward Goals

Establishing goals and setting benchmarks will enable CILs to effectively measure progress. CILs should keep track of the following: the number of meetings held with state officials, the number of training programs on the health care system provided to new and existing staff, and the number of meetings held with health plan officials. Tracking this activity will aid CILs in assessing performance to create new pathways. This information should be shared with boards of directors and other partners.

Conclusion

Engaging in these new pathways to partner with health plans and payers is an important new arena for many CILs. Many in the health care system are extending their vision to work with CBOs that hold the expertise to help clients have an improved experience and impact health outcomes. Change is never without growing pains: CILs may need to accept new roles and learn new systems. This How-To Guide can assist CILs with entering into this expanded scope of work to build partnerships with health care entities and engage with new payers. Ultimately, this is an opportunity to ensure health plans and payers know and understand your CIL and its value in working with people with disabilities in your community.

Additional Resources

The valuable resources listed below will support CILs as they enter the arena of marketing CIL services to health plans and payers.

Assessing Costs

Cost-Modeling CBO Services for Health Care Partnership Success^{xiii} (Aging and Disability Business Institute)

Nonprofit Cost Analysis Toolkit^{xiv} (Bridgespan Group)

Assessing Nonprofit Financial Health^{xv} (Nonprofit Finance Fund)

Marketing

Easy and Inexpensive Strategies for Making Big Profits^{xvi} (Guerilla Marketing)

E-Learning Primer on Building Business Acumen for CBOs: Marketing Strategy and Competitive Analysis^{xvii} (The SCAN Foundation & The Health Foundation for Western & Central New York)

Partnering with Health Plans and Payers

Expand Your Vision and Grow Your Mission! Driving Culture Change in Aging and Disability CBOs to Work with Health Care Partners^{xviii} (Aging and Disability Business Institute)

Community-Based Organizations and Health Care Contracting^{xix} (Scripps Gerontology Center)

Overview of Preparing Community-Based Organizations for Successful Health Care Partnerships^{xx} (The SCAN Foundation)

Preparing Your Business Plan

Are We Saying the Same Thing? The Language of Long-Term Services and Supports and Managed Care^{xxi} (HCBS Business Acumen Center)

Finding Champions: Five Key Steps to Advance Your Cause^{xxii} (Aging and Disability Business Institute)

How to Build the Business Case for CBO Services^{xxiii} (Aging and Disability Business Institute)

Key Job Descriptions for CBOs^{xxiv} (Aging and Disability Business Institute)

Step 1: Prepare – Understand the Business Environment and Your Place Within It^{xxv} (HCBS Business Acumen Center)

Understanding Business Acumen

Business Acumen Toolkit and Webinars^{xxvi} (HCBS Business Acumen Center)

Interview with Audrey Schremmer, Three Rivers, Inc.^{xxvii} (New Century CIL Blog)

Acknowledgement to Contributors:

The members of the Disability and Aging Work Group, as part of the Aging and Disability Business Institute, have been major contributors to this How-To Guide. Those who were interviewed or authored a segment of the How-To Guide have been noted by an asterisk.

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- xxv. <http://nasuad.org/sites/nasuad/files/BACStep1Prepare.pdf>
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