Administration for Community Living

Health at Home Challenge

Partnering for Better Care, Right at Home

Evolution of Health at Home Challenge

- Changes in federal and state health care policies advanced movement towards value-based care. Payment for outcomes not just services.
- Recognition across health care: to improve outcomes must address whole-person health needs.
- Community-based aging and disability service providers address many whole-person health needs that impact modifiable health outcomes, allowing older adults and people with disabilities to remain in their homes, where they overwhelmingly wish to be.
- Health plans and systems have been partnering with community-based organizations (CBOs) and community care hubs (CCHs) to coordinate and deliver services that address whole-person health.
- A CCH is a community-focused entity that organizes and supports a network of CBOs providing services to address whole-person health.
- Some CCHs represent advanced community care networks capable of expanding their delivery models in both reach (geography and volume) and function.

In the U.S., 80% of modifiable health outcomes occur outside of clinical settings, in individuals' homes and communities.

The Health at Home Challenge will recognize and reward advanced community care networks and their health care partner(s) that come together to address whole-person health for dually eligible and near-dually eligible Medicare and Medicaid beneficiaries.

Why a Prize Challenge?

- A Challenge or Prize Competition is a way for federal agencies to ask for experts and innovators outside of government to develop solutions to a problem. People or teams submit their solutions, and the agency gives prizes to the best ones.
- ACL would like to drive innovation and collaboration to support community-clinical integration for a significant portion — up to one million — of the nation's dually eligible and near-dually eligible beneficiaries with multiple chronic conditions and at least one functional limitation.
- Federal agencies are allowed to run prize competitions under the America COMPETES Reauthorization Act of 2010. This authority was updated in 2017 through the American Innovation and Competitiveness Act.

Strategic Vision for Health at Home Challenge

Goal:

Achieve community-clinical integration for a significant portion – up to one million – of the nation's dually eligible and near-dually eligible beneficiaries with multiple chronic conditions and at least one functional limitation.

This competition will support scaling of advanced community care networks to **reduce the total cost of care** and **increase days spent at home**.

Through this Challenge, participants will:

- Demonstrate how committed teams of advanced community care networks and health care partners can **integrate the delivery of comprehensive, person-centered services** to improve the affordability of high-quality care and independence at home for a large population of dually eligible and near-dually eligible Medicare and Medicaid beneficiaries.
- **Address the barriers to sustainable community-clinical partnerships**, including lack of infrastructure, workflow integration, referral volume, and braiding of available funding sources for services.
- Demonstrate how trusted networks of aging and disability CBOs, supported through community care hubs, can **be responsive to and scale to meet the needs of duals and near-duals**, consistent with the service area of their health care partners.

Advanced Community Care Network

At a minimum, an advanced community care network has the ability to:

1. SERVE A LARGE GEOGRAPHIC AREA

Serve a large geographic area with reach that can be regional, statewide, or multistate.

2. SERVE LARGE VOLUMES OF PEOPLE

Maintain the capacity to serve large volumes of people across its networks.

3. PROVIDE A DIVERSE SET OF COMMUNITY-BASED SERVICES

Provide a diverse set of community-based services to advance health and well-being.

4. MAINTAIN A ROBUST INFRASTRUCTURE

Maintain a robust infrastructure that supports scaling resources and services while reducing operational costs.

5. DEMONSTRATE HIGH PERFORMANCE

Demonstrate high performance through strong technology and data systems that enable impact measurement and outcomes reporting.

Learn more about advanced community care networks .

Delivering Core Services at Scale

- Advanced community care networks should have the ability to deliver a set of core services at scale:
  - Community-based navigation
  - Community-based care coordination and care management
  - Community-based care transitions
  - Evidence-based health promotion programs
  - Nutrition services
- Not every network will offer all the services today, but they should deliver many of them and be capable of delivering others as needed
- Learn more about core services

Geographic Areas of Interest

- Alabama and adjacent states
- California
- Maryland
- Massachusetts and adjacent states
- Michigan
- Ohio
- Oregon
- Texas
- Virginia
- Western New York and Pennsylvania

These areas were identified through an analysis that considered the **target population** to serve; the **presence of advanced community care networks** that are partnering with health care organizations; **market penetration** of Medicare Advantage, Special Needs Plans, and Medicare Accountable Care Organizations; and **alignment with CMS Star rating gaps** and opportunities for quality improvement.

ACL also invites Challenge teams from all regions that demonstrate a high level of readiness and opportunity to address Challenge goals consistent with the factors used to identify the geographic areas of interest. All applicants will be judged according to the same criteria.

CHALLENGE STRUCTURE

Three Progressive Phases

PHASE 1

Implementation Strategy

Apr 2026 – Jul 2026

Up to $2M | Up to 10 teams

Submit a strategy to scale comprehensive services for duals and near-duals through CCH–health care partnerships.

CORE SERVICES REQUIRED (ALL PHASES)

- Community-based navigation
- Care coordination and transitions
- Evidence-based health promotion
- Nutrition services

Applications due June 24, 2026

PHASE 2

Implementation Accelerator

Aug 2026 – Jul 2027

Up to $2M | Up to 5 teams

Accelerate implementation of winning Phase 1 strategies with expanded reach and volume.

BONUS PRIZES (up to $50K each)

- AI-enabled community-clinical integration
- Innovative approaches to near-dually eligible populations

Phase 1 winners only

PHASE 3

Scaling for Impact

Aug 2027 – Jul 2028

Up to $2M | Up to 3 teams

Demonstrate scaled impact of interventions, proving the community care model at full national scale.

BONUS PRIZES (up to $50K each)

- AI-enabled community-clinical integration
- Innovative approaches to near-dually eligible populations

Phase 2 winners only

Total Prize Pool: Up to $6 Million · acl.gov/health-at-home-challenge

Phase 1 Submissions

- Teams are encouraged to submit an optional Intent to Apply by **Friday, May 15, 2026, at 5:00 p.m. ET** via email to healthathome@acl.hhs.gov. The email should provide all and only the following information:
  - Team name, team members, and primary contact information
  - A brief description of the proposed community care network-health care partnership and services to reach the target population (maximum 500 words)
- Submissions are due by **Wednesday, June 24, 2026, at 5:00 p.m. ET**. The designated primary point of contact must submit the completed materials by emailing them to healthathome@acl.hhs.gov no later than the stated deadline.
- Submission outline:
  - Section 1: Demonstration of Need and Responsiveness
  - Section 2: Commitment of Health Care Partners
  - Section 3: Competency as an Advanced Community Care Network
  - Section 4: Capacity to Deliver Core Services at Scale
  - Section 5: Geographic Areas of Interest
  - Section 6: Estimated Reach

See "How to Apply" tab of Challenge website for more information.

Challenge Team Eligibility – At a Glance

- Must represent a partnership between an advanced community care network and at least one health care organization. Multiple CCHs can collaborate on a submission, but one CCH must be designated as the Challenge team lead. This CCH must be connected to an area agency on aging, an aging and disability resource center, a center for independent living, or another aging or disability network organization.
- Must include with their submission a commitment letter from at least one health care partner, as well as any key community partners as relevant.
- Must agree to participate in an external evaluation to measure the impact of services delivered to dually eligible and near-dually eligible beneficiaries as a condition to progress to subsequent phases if awarded in Phase 1.

Not an exhaustive list. See "Eligibility and Terms" tab of Challenge website for more information.

What’s Next

- Letters of Intent due **Friday, May 15** at 5pm ET
- Phase 1 submissions due **Wednesday, June 24** at 5pm ET
- FAQ resource – coming soon!
- Visit https://acl.gov/health-at-home-challenge for more information
- Email healthathome@acl.hhs.gov with questions

Appendix – Table 1 Description

- Advanced Community Care Network Core Capabilities
  - At a minimum, an advanced community care network can:
    - **Serve a large geographic area**
      Serve a large geographic area with reach that can be regional, statewide, or multistate
    - **Serve large volumes of people**
      Maintain the capacity to serve large volumes of people across its networks
    - **Provide a diverse set of community-based services**
      Provide a diverse set of community-based services to advance health and well-being.
    - **Maintain a robust infrastructure**
      Maintain a robust infrastructure that supports scaling resources and services while reducing operational costs.
    - **Demonstrate high performance**
      Demonstrate high performance through strong technology and data systems that enable impact measurement and outcomes reporting.

Appendix Continued – Table 2 Description

- Health at Home Challenge: Three Progressive Phases

  - Phase 1: Implementation Strategy (Apr 2026 – Jul 2026)
    • Up to $2M | Up to 10 Teams
    • Submit a strategy to scale services for duals & near-duals through CCH-health care partnerships
    • Core services required (all phases): navigation, care coordination, health promotion, nutrition
    • Applications due: June 24, 2026

  - Phase 2: Implementation Accelerator (Aug 2026 – Jul 2027)
    • Up to $2M | Up to 5 Teams (Phase 1 winners only)
    • Accelerate implementation of winning Phase 1 strategies with expanded volume and reach
    • Bonus Prizes (Up to $50K each): AI-enabled community-clinical integration or innovative approaches to near-dually eligible populations

  - Phase 3: Scaling for Impact (Aug 2027 – Jul 2028)
    • Up to $2M | Up to 3 Teams (Phase 2 winners only)
    • Demonstrate scaled impact if interventions, proving the community care model at full national scale
    • Bonus Prizes (Up to $50K each): AI-enabled community-clinical integration or innovative approaches to near-dually eligible populations

  - Total Prize Pool: Up to $6 Million