Produced by Myers and Stauffer on behalf of the Washington Health Care Authority

Medicaid Transformation

Accountable Communities of Health

Demontration Year 6 (DY6) Pay-for-Reporting (P4R) Report Guidance

DY6 P4R 1 Report

Updated Template Release Date: February 1, 2022

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Semi-annual report information and submission instructions

Purpose and objectives of ACH DY6 P4R report

As required by the Medicaid Transformation's Special Terms and Conditions, Accountable Communities of Health (ACHs) must submit reports on project activities and progress milestones. ACHs submit documentation per the requirements of the reporting guidance. The guidance will evolve over time to capture relevant information and to focus on required milestones for each reporting period.

The purpose of the reporting is to collect necessary information to evaluate ACH project progress against milestones, based on approved project plans and corresponding implementation plans. The Washington State Health Care Authority (HCA) and the state's contracted Independent Assessor (IA) will review report submissions.

The ACH may be called upon to share additional information that supports the responses submitted for the purposes of monitoring and auditing, or for general follow-up and learning discussions with HCA, the IA and/or the Independent External Evaluator (IEE).

Achievement values

The amount of incentives paid to an ACH region will be based on the number of earned AVs out of total possible AVs for a given reporting period.

AVs associated with Project Incentives for this reporting period are identified in the table below.

Table 1. Potential P4R Achievement Values (AVs) by ACH by Milestone for DY6 P4R 1 report

	BHT	CPAA	EH	GCACH	HH	NC	NS	OCH	SWACH
Number of Projects in ACH Portfolio	4	6	4	4	4	6	8	6	4
Completion of semi-annual report	4	6	4	4	4	6	8	6	4
Completion/maintenance of partnering provider roster	4	6	4	4	4	6	8	6	4
Engagement/support of Independent External Evaluator (IEE) activities	4	6	4	4	4	6	8	6	4
Completion of all P4R metrics. This includes any current MeHAF assessments and CIAT support to providers.	2	2	2	2	2	2	2	2	2
Total AVs Available	14	20	14	14	14	20	26	20	14

Table 2. Potential P4R AVs for Project Incentives for DY6 P4R 1 report

ACH	2A	2B	2C	2D	3A	3B	3C	3D	Total Potential AVs
Better Health Together	4	3	-	-	4	-	-	3	14
Cascade Pacific Action Alliance	4	3	3	-	4	3	-	3	20
Elevate Health	4	3	-	-	4	-	-	3	14
Greater Columbia ACH	4	-	3	-	4	-	-	3	14
HealthierHere	4	-	3	-	4	-	-	3	14
North Central ACH	4	3	3	3	4	-	-	3	20
North Sound ACH	4	3	3	3	4	3	3	3	26
Olympic Community of Health	4	-	-	3	4	3	3	3	20
SWACH	4	3	-	-	4	-	-	3	14

Reporting requirements

This report includes the sections outlined below.

DY6 P4R 1 report requirements		
Section	**Item num**	**Sub-section components**
Section 1. Project implementation status update	1	Attachments - Partnering provider roster
	2 - 3	Narrative responses - COVID-19 - Scale and sustain update
	4 - 6	Attestations
Section 2. Pay-for-Reporting (P4R) metrics	7	Documentation

There is no set template for the DY6 P4R report. All required elements are to be clearly addressed. ACHs may be requested to provide supporting information and/or back-up documentation related to the information provided to the IA and HCA.

While ACHs have flexibility in how to develop the report, the main report should be navigable for reviewers and ready to publish to HCA's webpage. See instructions for how to format the report below.

File format

ACHs are to submit all required elements as a single searchable PDF, with the exception of the the partnering provider roster and the P4R metrics, which are to be submitted as separate

Microsoft Excel files or PDFs. Below are examples of the file naming conventions ACHs should use:

- *Main Report or Full PDF:* ACH Name.DY6 P4R 1 Report.04.08.22
- *Partnering provider roster:* ACH Name. DY6 P4R 1.Provider roster.04.08.22

Upon submission, all submitted materials (except for the P4R metrics reporting workbook) will be posted publicly to HCA's Medicaid Transformation resources webpage.[1]

DY6 P4R report submission instructions

ACHs must submit their completed semi-annual reports to the IA **no later than April 8, 2022 at 3:00p.m. PST.**

Washington Collaboration, Performance, and Analytics System (WA CPAS)

ACHs must submit semi-annual reports through the WA CPAS: https://cpaswa.mslc.com/.

ACHs must upload their semi-annual report and associated attachments to the sub-folder titled "DY6 P4R Report 1."

The folder path in the ACH's directory is:

P4R Reports → DY 6 P4R Report 1.

See WA CPAS User Guide available in each ACH's directory on the CPAS website for further detail on document submission

DY6 P4R report submission and assessment timeline

Below is a high-level timeline for assessment of the DY6 P4R reports.

ACH submission and assessment timeline			
No.	**Activity**	**Responsible party**	**Anticipated timeframe**
1.	Distribute DY6 P4R report instructions to ACHs	IA	January 2022
2.	Submit DY6 P4R report	ACHs	April 8, 2022
3.	Begin assessment of reports	IA	April 8, 2022
4.	If needed, issue information request to ACHs within 10 calendar days of report due date	IA	April 18, 2022
5.	If needed, respond to information request within 7 calendar days of receipt	ACHs	April 25, 2022
6.	If needed, review additional information within 7 calendar days of receipt	IA	May 1, 2022
7.	Issue findings to HCA for approval	IA	May 6, 2022

[1] https://www.hca.wa.gov/about-hca/healthier-washington/ach-submitted-documents

Contact information

Questions about the semi-annual report template, submission, and assessment process should be directed to WADSRIP@mslc.com.

ACH contact information

Include in the DY6 P4R report the contact information for the primary ACH representative. The primary contact will be used for all correspondence relating to the ACH's DY6 P4R report. If secondary contacts should be included in communications, also include their information.

ACH name:	Better Health Together
Primary contact name **Phone number** **E-mail address**	Alison Poulsen 509.499.0482 alison@betterhealthtogether.org
Secondary contact name **Phone number** **E-mail address**	Charisse Pope 509.340.9010 charisse@betterhealthtogether.org

Section 1. Status update

The following sub-sections are required components of the ACH's DY6 P4R report unless otherwise noted. ACHs may report in the format of their choosing, as long as all required elements are addressed.

Attachments

The ACH should provide applicable attachments or additional context that addresses the following:

1. Partnering provider roster.

To earn the achievement value associated with this reporting component, ACHs are required to update and submit the list of partnering provider sites that reflect **all partnering providers** that are participating in efforts through the ACH under Medicaid Transformation.[2]

Instructions:

a) For each partnering provider site identified as participating in transformation activities,

[2] Partnering providers are defined as any traditional and non-traditional Medicaid providers and organizations that have committed to participate in the ACH's projects. Traditional Medicaid providers are those that bill for services, either to a managed care organization or to the state directly (e.g., hospitals, primary care providers). Non-traditional Medicaid partners may receive some Medicaid funding through programs that provide grant dollars, etc., but they do not provide billable healthcare services to Medicaid members (e.g., behavioral health organizations, community based organizations, fire districts).

the ACH should use the template provided by the IA to indicate:

i. Whether the partnering provider site is pursing tactics or strategies in support of specific project areas from the Project Toolkit. Populate the appropriate project column(s) with Y/N.

ii. When the partnering provider site starts and ends engagement in transformation activities according to project area by indicating the quarter and year.

b) Update partnering provider site information as needed over each reporting period.

Submit updated partnering provider roster.

BHT does not have any updates to the partnering provider roster from what was provided for SAR 8.0. We have included that document again.

Narrative responses

ACHs must provide ***concise*** responses to the following prompts:

2. Challenges and mitigation activities

a) Provide an update on COVID-19 response and recovery activities, as well as any other relevant disaster declarations or similar crises in your region. Please describe ACH activities that emerged or evolved since January 1, 2022 (e.g., project management, communication and engagement, coordination of funding, etc.).

In addition to the COVID Care Connect Hub, BHT has continued all the COVID Response Strategy projects and resources approved by the Board at the start of 2021. However, updates are minimal given the short amount of time since our SAR 8 submission.

Community-Based Care Coordination (Care Connect Washington: A COVID Care Coordination Hub)

For this reporting period, the COVID Care Connect Hub received 483 referrals.

We scaled our previous work with Central Valley School District by partnering with Spokane Public Schools and Mead School District to offer support to families of children that needed to stay home due to illness. But overall, we have seen a dramatic decrease in positive COVID cases. Many of the folks are coming in through the self-referral form. Of these cases, a majority are accessing another round of services due to reinfection. Households can access food and financial resources again, as long as it has been at least 90 days since their last infection.

The Department of Health supplied the COVID Care Connect Hub with bulk orders of over-the-counter COVID tests. When a person tests positive at home or in a clinic, most households then test other household members at home, submit a self-referral to the Hub, and adhere to the guidance provided by the CDC for their isolation and quarantine.

With the lightened loads, care coordinators are working on expanding their skillsets by accessing the Community Health Worker training recently released by the Department of Health.

We are also using this time to prepare for the future and how this model might serve our community in other ways. We will consider what the pandemic's recovery phase will look like and assess what sort of needs the community will have during that period. Our thinking has also considered how the Hub might respond to emergency evacuation situations as we approach wildfire season.

BHT is currently preparing our application for the State of Washington Department of Health RFQ for COVID-19 Community-Driven Outreach. As the successful applicant, this contract will build on the infrastructure we have created with the COVID Care Connect Hub and Trusted Messenger work and will support focused engagement for Black, Indigenous, people of color, and other impacted populations.

2021 COVID Response Strategy

Volunteer Pulse Oximeter Project

Funding for this program ended in 2021. BHT retained our inventory of pulse oximeters purchased during the last reporting period. We will continue to provide them through the COVID Care Connect Hub upon request for folks to use for self-monitoring.

Telehealth Access Support

BHT released an RFP on April 1, 2021. We funded 11 organizations to support telehealth access for approximately $130,000. Partners were able to define the need for their clients to support telehealth access and purchase accordingly. Many chose to purchase cell phones for distribution. Other partners chose to purchase laptops, tablets, and accessories which clients could check out. Contracts wrapped up in December. Below is a summary of what partners reported.

Successes

- An overall increase in BH telehealth access during COVID. Telehealth appointments are currently the safest and preferred appointment type for many patients because of COVID.
- Increased equity in delivering services. This program has provided access to patients who could not otherwise participate in telehealth appointments.
- Cell data is essential to those who don't have internet access at home. Treating internet access as a basic need allowed clients to reliably engage in services.
- Less restrictive than Lifeline benefits which only allow one phone per household and won't replace lost or damaged phones.
- Ability to access other services beyond telehealth, such as peer support groups.

Challenges

- Lack of technology familiarity and literacy. This challenge created a new set of skills for staff to master as they had to quickly learn how to teach others to use the technology, overcome client frustration, and troubleshoot issues.
- Limited supply necessitated triage and rationing. A long-term supply of phones would allow partners to make telehealth access a regular part of their intake process and thus improve access to care for more people.

- Supply issues meant that partners didn't always get what they needed quickly, efficiently, and reliably. Some vendors had limits on the number of prepaid smartphones we could purchase at one time.
- Administrative and operational hurdles made implementation clunky and burdensome. Quickly implementing processes and forms meant things didn't always work efficiently and partners had to quickly make process improvements.

FCS Cell Phone Distribution

BHT distributed all the phones to providers in 2021. There are no more updates to provide on this project.

School-based Telehealth Project

In July 2021, the BHT Board allocated $360,000 of Medicaid funds to support launching the pilot. The pilot was launched in the fall of the 2021-2022 school year with two providers and six elementary schools. As of this reporting period, BHT is discussing with District 81 and our two providers, CHAS and Unify Health, how to scale this service. The hope is to bring on 4-5 more schools in the 2022-2023 school year.

Vaccine Trusted Messenger Campaign

We allocated the remaining funds to Spectrum Center to host a vaccine event in February. The Board allocated an additional $500,000 to support post-pandemic work in our community. Otherwise, BHT has been in a holding pattern as we allocated internal time and resources to preparing the State of Washington Department of Health's RFQ for COVID-19 Community-Driven Outreach.

COVID-19 Emergency Housing and Utility Assistance

For this project, BHT has partnered with the Pacific Islander Community Association of Spokane, Carl Maxey Center, Spectrum Center, American Indian Community Center, and Health and Justice Recovery Alliance, all Spokane-based organizations serving and led by Black, Indigenous, and people of color communities. The application to request assistance from this fund opened in December 2021.

This fund is the only form of relief for mortgage payments in Spokane. We are seeing that the need has been much higher than anticipated. Many applicants have been behind on their payments since the pandemic began. Debt amounts have been as great as $22,000 in mortgage and $7,000 for utilities. This means that the fund allotted will serve far fewer people than hoped. We also hear from applicants of continued attempts at illegal evictions by property owners.

During this reporting period, we served 67 households, 109 adults, and 56 youth. We paid out $215,293 in rental assistance, $83,912 in mortgage assistance, and $48,396 in utility assistance for a total of $347,601 paid. The average amount requested was $5,188 and the average amount of months covered was 6.

Rural Capacity Building

Many of our rural counties are being hit especially hard by COVID. This is due to a combination of factors, including vaccine resistance and workforce shortages. This summer, the Washington State DOH opened a grant opportunity for rural communities impacted by COVID.

BHT paid a grant writer to assist the East Adams Rural Health Clinic and Healthy Ferry County Coalition with applying for these funds. Both of these counties were successful and are in discussion to determine how they want to spend their funding.

NE Tri-County Health (Stevens County) and Newport Community Hospital (Pend Oreille County) applied without grant writing assistance from BHT. All the applications were successful, with each receiving $370,000. To support, BHT is grant recipient will administer their funding through Rural Equity Action Teams (REAT). BHT will handle the grant reporting, billing, evaluation, and facilitation of planning sessions.

Stevens County has decided to spend its grant funding on temporary housing to help address isolation needs in their community. Post pandemic, they will use the housing for community members who need to evacuate due to wildfires.

b) Related to the above, describe specific risks/issues, challenges, or other setbacks that emerged since January 1, 2022 (e.g., workforce, information exchange, access), including any notable impacts to specific providers or communities. Also highlight any mitigation strategies or activities that shifted as a result, if applicable.

Workforce

Workforce shortages continue to be a huge challenge for all of our counties, sectors, and organizations with no relief in sight.

BHT had five clinical partners who chose not to sign Year 3 contracts for Medicaid Transformation. Organizational capacity was cited as the biggest reason for not contracting, particularly workforce shortage issues exacerbated by COVID.

BHT staff anticipated this issue. To mitigate this, we asked the Board to approve a change with contract requisites so that Year 3 contracts would not be a requirement to participate in Year 4 or 5 contracts. This will also allow for newly licensed BHAs to contract if interested. We can only hope that our community has recovered enough by the time we reach these contract periods for this mitigation to make a difference.

Shortages are leading to burnout among the remaining employees. Organizations are faced with reducing services in order for staff to take time off or participate in professional development. These sorts of choices will undoubtedly stall the ability of organizations, and our community, to implement new things, creatively solve problems, and make progress.

Many of the community pillars of infrastructures are crumbling. BHT continues to be asked to step into roles to fill that need but without the funding to support our involvement, such as our role in supporting the Community Health Worker network described below in the Scale and Sustain update.

Disconnection

The monthly Spokane Collaborative meetings are still being held remotely.
We have continued the practice of randomized breakout sessions and showcasing individual organizations at each meaning to help overcome the feelings of disconnection. The feedback has been very positive. We have started to hear that members are interested in gathering in person soon.

Access to Care

As mentioned in our last report, because it was only a single dose, the Johnson & Johnson vaccine was heavily used for patients living on the street or patients otherwise difficult to locate. However, with boosters now a must for all vaccine recipients, and especially for the Johnson & Johnson recipients, we are having trouble locating the patients to administer a booster shot.

BHT helped to mitigate this by sponsoring a one-day vaccine event aimed at persons experiencing homelessness or housing instability. The event was held on March 1, supported by 100 volunteers and 84 vendors. Preliminary survey data report that of the 486 people in attendance, 18-20 received a COVID vaccine, and 35-40 received other vaccines and/or Hepatitis C tests.

3. Scale and sustain update

a) Briefly describe the ACH's approach and activities related to sustainability of DSRIP investments, programs, projects, and any other planning taking place in this area.

BHT has been working on a sustainability planning process since 2020 and continues to make strides toward sustaining and expanding the work we do.

At the beginning of this process, our Board members discussed gaps in the region and identified opportunities to build on and expand current work. At the end of 2021, the Board moved its discussions into action, which started with a restructuring of our Board.

We are extremely proud of this shift in our governance structure towards more of the community having a voice in the decision of BHT's work and movement building. We believe this will also break down silos between health systems providers and community partners.

We are pleased to report that we met or exceeded several of our representation goals. 26 candidates to join the Board in 2022. This leaves four positions open for which we will continue recruitment. Of those 26 Board members:

- 50% identify as Black, Indigenous, and people of color
- 57% represent community-based organizations or groups
- 50% identify as women
- 75% have lived experience navigating systems of oppression
- 20% live in rural communities (5 members)

We continue to align our work around the six focus areas identified by the Board in 2020. And this new Board began work this year to develop a 3-year strategic plan for 2023-2025. This plan

will center around future ACH and community needs as driven by the expanded community voice on our Board.

In addition to strategic planning, the organization continued to pursue funding and opportunities that aligned with our focus areas and allow us to expand our operations beyond Medicaid Waiver activities.

For this reporting period this includes:

- **Successful bidder Department of Commerce contract** designed to engage Black, Indigenous, people of color, and other impacted communities to access available social services. BHT, in collaboration with 9 diverse Implementation Partners, will implement an innovative, tailored approach to supporting multiple historically disadvantaged communities in a 6-county region of Eastern Washington. Populations to be served include (but are not limited to): Latinx/Hispanic; Black/African American; LGBTQ+; American Indian/Alaska Native/Indigenous/First Nation; Women- and Veteran-owned; Asian/Pacific Islander; individuals diagnosed with disabilities and chronic conditions, and justice-involved community members (among others). We intend to align our work with the COVID Care Connect Hub and Navigator Network.

- **Successful applicant to help the Spokane Continuum of Care coordinate the Youth Homelessness Demonstration Program.** Funding from this contract is paying for one 0.5FTE and two 0.25FTEs to support this program. We will are leveraging Medicaid Waiver funds to support staffing costs so that we could allocate a portion of this funding to give stipends of $7,500 each to five potential stakeholders engaged with our Trusted Messenger work. This is in line with our commitment to building the capacity of organizations, especially those that are often asked to give feedback or participate but aren't compensated.

  A Coordinated Community Plan was developed and will be submitted to HUD in April. The next steps will be developing an equity-focused RFP process for projects identified in the plan. The priority projects will be a youth-specific coordinated entry system, funding for supportive-only services, funding for joint transitional housing/rapid rehousing, and a host homes program. The priorities were determined by a series of community meetings with a focus on filling the gaps in the current system for unsheltered YYA experiencing homelessness.

- **Supporting the Community Health Worker Network.** The Eastern Washington Community Health Worker (CHW) Network is comprised of over 400 CHWs from various organizations and communities across the state. Since 2015, the administrative support for the network came from Spokane Regional Health District. The CHW staff provided coordination of monthly meetings, professional development & connection opportunities, website management, and distribution of a resource e-newsletter. The purpose of this role was to provide support and advocacy for CHWs working with impacted communities.

  Due to a recent shift in SRHD strategic priorities and staffing changes, the Eastern WA CHW Network requires new administrative support. BHT agreed to provide this administrative support moving forward. Our connection with the network, CHWs, impacted communities, and partners over the years made us a natural fit.

BHT is not receiving funding for this work but we believe this work is crucial to improving the health of our region and specifically, impacted communities. Our primary role will be to help support our region's CHWs by continuing to host monthly meetings, distribute a resource e-newsletter, and website management. With various regional coalitions and community groups already in place, it is vital to provide a space focused solely on CHWs. A convening space has helped build connections, problem-solve, and create a support system for those doing the challenging and necessary work. We hope to continue putting the care and resources into the network while centering the needs of CHWs and the communities they serve.

- **Submitted renewal application for our Health Kids Together program.** If awarded, we'll be making some adjustments to how we service the contract to better meet the needs of our region. The BHT HKT project seeks to provide high-quality "light touch" and "moderate touch" outreach, enrollment, renewal, and client support services to reach uninsured, eligible individuals and help them enroll in coverage. Light touch services include outreach and application support, providing materials and on-site, one-on-one support using Evidence-based practices (including school outreach, reaching out to populations showing disparities, and providing quality application assistance), and using language- and culturally-relevant materials to help clients enroll in coverage. "Moderate touch" services utilize another Evidence-based practice, Parent Mentors (and Community Health Workers and Navigators) and a Community Care Coordination platform, to provide a comprehensive assessment of enrollment needs and barriers, and to offer a more in-depth level of client support to populations experiencing disparities. BHT will partner with eight established organizations in our region who are representative of and immersed in their communities to provide these outreach, enrollment, and renewal services. These selected agencies, "trusted messenger" organizations, have decades-long histories of serving these populations, and have built the trust, relationships, and expertise to effectively serve their needs. BHT will oversee the contract, training, data collection, reporting, quality assurance, and contract compliance elements of the project, and will serve as the community "hub" supporting partner organizations as the "spokes" helping community members access and retain the coverage and care they need.

- **Submitting a proposal for the State of Washington Department of Health's RFQ for COVID-19 Community-Driven Outreach.** If awarded this contract, BHT will utilize infrastructures and processes developed from our existing community-based care coordination programs and leverage relationships from our Trusted Messenger work to quickly launch and execute this program.

- **Poised to Support Youth BH Providers.** On behalf of the University of Washington, Amerigroup reached out to the ACHs to seek support in getting youth behavioral health providers to adopt evidence-based practices around the state. UW has made a legislative proviso ask for funding and if that gets approved then they intend to work with the ACHs to convene providers and facilitate focus groups and feedback.

- **Continued our work to support the Trueblood.** This has provided a consistent revenue stream outside of Waiver funding.

b) Briefly describe any changes to the funding and financing of partnering providers and community initiatives in DY6 (and beyond, if applicable), compared with DY1-5. This could include provider contracts and relationships, scope, project transitions/project sustainability, etc.

During this reporting period, BHT remained focused on trying to thoughtfully finish out the current contracts. We also began internal discussions around what future provider contracts might look like. We will be considering how we fund partners and how we view our system of care. We have been thinking more broadly about who we partner with, not necessarily focusing on the highest volume as we did with our DY1-5 provider contracts. We're also strategizing about creating a bridge between our four project areas from the Waiver with the focus on community-based care coordination and equity in the Waiver renewal.

We want to continue to narrow our focus on where we can have the greatest impact, specifically looking at behavioral health access, integration, equity, and care coordination. We are continuing to find success in diversifying and braiding our funding, while continuing to do what we do best.

We're pleased to be part of the Integrated Access tool implementation team. We think this will be a helpful way to support a statewide approach to continued integration activities We are looking for opportunities to include the Integration tool in our future contracts.

Attestations

The ACH attests to complying with the items listed below during the reporting period. Upon request, the ACH shall have available for review by the IA and HCA all supporting data and/or back-up documentation related to the attestations provided.

	Yes	No
4. The ACH supported Independent External Evaluator (IEE) activities to understand stakeholders' and partners' successes and challenges with Medicaid Transformation project implementation. ACH support or engagement may include, but is not limited to: • Identification of partnering provider candidates for key informant interviews. • ACH participation in key informant interviews. Note: Participation in interviews for the evaluation is voluntary. • Directing the IEE to public-facing documents (e.g., fact sheets for providers or community members) that help the IEE understand ACH transformation projects and related activities.	X	
5. The ACH supported WA-ICA communication and technical assistance as requested by HCA (see Section 2, Pay-for-Reporting)	X	
6. The ACH sent the requested physical and behavioral health	X	

	Yes	No
partnering provider information on or before the due date as instructed by HCA		

If the ACH checked "No" in item above, provide the ACH's rationale for not supporting IEE activities for evaluation of Medicaid Transformation during the reporting period.

Section 2. Pay-for-Reporting (P4R) metrics

Documentation

7. P4R Metrics

Refer to the attestations in Section 1.

The Washington Integrated Care Assessment (WA-ICA) will replace the Maine Health Access Foundation (MeHAF) tool that had been used under the Medicaid Transformation Waiver Project 2A to advance bi-directional integration of physical and behavioral health services. The collection of data using the WA-ICA will be a requirement for partnering providers beginning in 2022. ACHs will no longer be required to collect MeHAF data from partnering providers beginning in 2022.

To help with a smooth transition, each ACH will inform partnering physical and behavioral health providers who have ever completed the MeHAF under Project 2A that:

- the HCA is transitioning from the MeHAF to the WA-ICA; and
- these partnering providers will be required to complete the WA-ICA instead. The WA-ICA will be completed once during Q3 2022.

More guidance will be shared related to communication and technical assistance by HCA in Q1 2022.