



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

Medicaid Transformation Accountable Communities of Health Demonstration 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 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

Contact information

¹ <https://www.hca.wa.gov/about-hca/healthier-washington/ach-submitted-documents>
DY6 P4R report guidance

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:	Cascade Pacific Action Alliance (CPAA)
Primary contact name	Steve Clark, Interim CEO
Phone number	360.539.7576, ext. 116
E-mail address	clarks@crhn.org
Secondary contact name	Connie Sowa, Executive Assistant & Communications Manager
Phone number	360.539.7576, ext. 125
E-mail address	sowac@crhn.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, the ACH should use the template provided by the IA to indicate:
 - i. Whether the partnering provider site is pursuing tactics or strategies in support of specific project areas from the Project Toolkit. Populate the appropriate project

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).

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.

Updated partnering provider roster is attached.

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.).

CPAA's Pathways team, working through their contract with the DOH Care Connect Program 2B, has continued to provide emergency response by connecting community health workers, and other agencies with people needing to quarantine within our region. To date in 2022, 546 referrals have been processed . CPAA paid out approximately \$109,196 in emergency household assistance (HARs) for 191 households. Grocery orders for 269 households were processed totaling approximately \$58,500.

CPAA faced significant challenges at the end of 2021 that continued in January 2022 due to the Omicron variant. This caused a huge uptick across all of the state ACHs, taxing our coordinating agencies beyond their capacity. In response, the WA DOH put a pause on HARs and focused on providing fresh food and groceries to help ACHs keep up with demand.

The 3A Opioid response work continues despite COVID related setbacks, which include Omicron variant related service delivery complications and continued staffing transitions across the region. Even with delays and setbacks, there have been panel discussions in our region to highlight diversion programs and harm reduction service providers in Thurston County as well as efforts to maintain engagement and dialogue with healthcare providers waived to prescribe medications for Opioid Use Disorders. (Appendix A: February 9th Youth & Cannabis Webinar)

- 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.

Our ACH continues to struggle with workforce issues throughout our region.

With regards to mental and behavioral health, the CPAA team managing QPR Suicide Prevention trainings initiated conversation January 18, 2022 with school districts in Mason and Wahkiakum Counties to introduce the Hope Squad program into school

curricular. Planning meetings will begin in April 2022. Implementation of the program is expected to roll out in Wahkiakum during the 3rd quarter of 2022. (Appendix B: Initial Hope Squad presentation)

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.

The CPAA Pathways team has been involved in regular meetings with the WA DOH on the evolution of what started as wildfire relief meetings in 2021 to overall evacuation and emergency coordination meetings across the state. The infrastructure is now in place and has been utilized successfully for COVID-19 relief and recovery, therefore this model is being discussed with other state ACHs as a standard response model for all types of natural disasters (fire, flood, earthquake) in addition to life-threatening pandemics. Current mitigation strategies are being further developed to adapt to any emergency situation affecting a whole community. (Appendix C for meeting agenda samples)

Programs 2C and 3D have done well to continue their work with the extension of MTP year 6. There have been little to no changes in regard to program roll out since year 6 began. Partner highlights from year 5 2C Transitional Care include:

- CORE Health: “While working with CPAA, we have identified barriers that need to be addressed such as lack of transportation. Providing non-urgent transportation to primary care has allowed us to help clients get regular health maintenance more regularly rather than being hospitalized over something preventable. Our peer counselors help clients establish care with primary care providers in many ways, which is part of helping clients with basic life skills. Peers will help clients figure out what information they need in order to set an appointment, who to call, and what to expect. This has helped prevent clients from using the ER as their only medical care and encourages preventative and proactive care rather than reactive care.”
- Summit Pacific Medical Center: “We have implemented a SDOH screening tool for all ambulatory patients. We are looking at best practices for how to implement with urgent care and the emergency department. Our leaders and board of commissioners have had ongoing meetings related to health equity. It is expected that Summit will be leaning in more through the American Hospital Association’s Health Equity Roadmap to implement in the coming year.”
- Youth and Family Link: “To better facilitate communication with clients across our services, we are providing Spanish classes for the care coordinators who do not currently speak Spanish and for our after school program staff who have students whose parents primarily speak Spanish. Recognizing that families that are struggling may be uncomfortable engaging with someone that they do not know or asking for help, we have increased collaboration and coordination between care coordinators and our afterschool programs to better insure that families that could benefit from care coordination are introduced to care coordinators as part of the referral process.”
- Sea Mar: “Through the use of the Chronic Care Management program the Transition of Care team will engage with select providers in at least one county, initially, to provide ongoing interactions with patients with one or more chronic diseases in order to reduce the risk of readmissions.”

In DY6, 2C partners will continue to focus on these areas illustrated by this sample included above.

- 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.

No changes were made in funding and financing of partnering providers in DY6. CPAA has mirrored DY5 for continuity purposes. CPAA will review at mid-year if funding needs to change.

On March 29, 2022, CPAA program managers attended a TEAMS meeting with members of the HCA policy division to better understand what a new 5-year waiver might look like. CPAA wants to focus more work on health equity and community-based care coordination, which are strong initiatives in our region. This meeting with the HCA helped the CPAA team better understand how they can support and guide their MTP partners during this extension year and prepare them for a possible new waiver period beyond 2022.

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
<p>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:</p> <ul style="list-style-type: none"> • 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	
<p>5. The ACH supported WA-ICA communication and technical assistance as requested by HCA (see Section 2, Pay-for-Reporting)</p>	X	
<p>6. The ACH sent the requested physical and behavioral health partnering provider information on or before the due date as</p>	X	

	Yes	No
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.

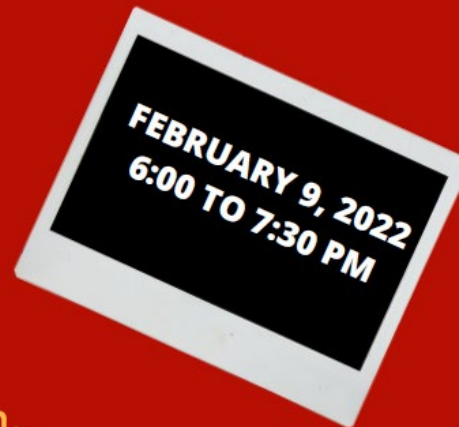
Appendix Youth & Cannabis Webinar Event:

YouTube Video link : <https://youtu.be/cOExby3cOG0>

AN EDUCATIONAL ZOOM EVENT

CANNABIS & YOUTH: WHAT SCIENCE SAYS AND WHAT IS IMPORTANT TO KNOW

An informative event with two presentations! One from Dr. Jason Kilmer from the University of Washington and the other from a Special Guest to share information about the current legislative session.





HOPE SQUAD

CHOICE & CPAA

THE CRISIS

In the United States and throughout the world, suicide is a major public health concern.

Suicide is the second leading cause of death in the state of Washington for youth 10-24 years old and the third leading cause of death nationally.

Suicide rates in children in the U.S. were already at record high before the pandemic, and preliminary information suggests that this trend has increased during 2020 and 2021.

10th Grade Data	Cowlitz	Grays Harbor	Lewis	Mason	Pacific	Thurston	Wahkiakum	CPAA Region	State
Number of Students surveyed	956	468	565	472	152	2,494	37	5,144	8,096
Considered attempting suicide in past year	24%	27%	24%	28%	25%	25%	17%	25%	23%
Made a suicide plan in past year	19%	23%	19%	20%	17%	21%	33%	20%	18%
Attempted suicide in past year	11%	15%	12%	13%	9%	12%	7%	12%	10%

12th Grade Data	Cowlitz	Grays Harbor	Lewis	Mason	Pacific	Thurston	Wahkiakum	CPAA Region	State
Number of Students surveyed	604	383	414	328	136	1,593	21	3,479	8,096
Considered attempting suicide in past year	24%	25%	25%	29%	19%	25%	33%	25%	22%
Made a suicide plan in past year	20%	21%	22%	26%	22%	18%	27%	20%	18%
Attempted suicide in past year	8%	11%	7%	14%	9%	11%	18%	10%	9%

10th and 12th Grade Combined Data (Calculated)	Cowlitz	Grays Harbor	Lewis	Mason	Pacific	Thurston	Wahkiakum	CPAA Region	State
Number of Students surveyed	1,560	851	979	800	288	4,087	58	8,623	16,192
Considered attempting suicide in past year	24%	26%	24%	28%	22%	25%	23%	25%	23%
Made a suicide plan in past year	19%	22%	20%	22%	19%	20%	31%	20%	18%
Attempted suicide in past year	10%	13%	10%	13%	9%	12%	11%	11%	10%

What have we been doing at CHOICE ?



In 2020, Choice and FESS (Family Education & Support Services) made an agreement that monthly QPR trainings would be held virtually through Zoom.

Since I started with Choice in March of 2021 and took over QPR operations, we have trained over 1,000 people within the community.

The number of participants grow roughly by 10 every training and our upcoming training will be held on February 16, 2:30 pm-4:00 pm.

Please go to familyess.org/qpr-trainings/ to register for free

What can we do?



I have been in collaboration with **Cindy Beck** who is a Hope Squad Master Trainer in our region. Together CHOICE and HOPE Squad will work with schools in our regions to train staff to become HOPE squad advisors and turn students into HOPE squad members.

Each grade votes and appoints several kids to become Hope Squad members. The parents of these kids are met with by a Master Trainer where they are informed about the program before continuing with the training for the student.



- \$6,000 buys 4 years of HOPE Squad curriculum
- The number of appointed students that are nominated and trained are based off of the schools population.
- Master Trainers do QPR trainings for all parents and teachers at the beginning of each school year
- No more than 10 students are appointed for each grade.

Locations

Hope Squad is currently located in **Grays Harbor**, servicing schools within:

- ❖ Hoquiam (All Schools)
- ❖ Aberdeen (High School & Middle School)
- ❖ Grays Harbor College
- ❖ Montesano (All Schools)
- ❖ Oakville (All Schools)

- CHOICE/CPAA will hope to fund Hope Squad training in High Schools starting in **Mason & Wahkiakum County** where the suicide numbers were the highest per capita.
- This is a pilot initiative where we will hope to see significant decrease in suicide rates within these two counties.
- If there is a significant change we will aim to advance Hope Squad in other schools within other counties.

Mason County High Schools:

- North Mason High School
- Shelton High School
- James A. Taylor High School

Wahkiakum County High Schools:

- Wahkiakum High School

Cost

Roughly **\$24,000** to fund Hope Squad Training for 4 high schools.

Funded through CHOICE



THANK YOU!



Supporting people who stay
home to stop COVID-19

AGENDA

Care Coordination Evacuation Meeting February 16, 2022 | 3:00 – 4:00 pm

Schedule:

- 3:00 Welcome | Housekeeping
- 3:05 DOH Updates
 - Food and Care Kits
- 3:15 Partner Updates
- 3:25 Discussion – Extending Services
- 3:50 Next Steps/Wrap-Up
 - Meeting Schedule

Attendees:

Elevate Health (Care Connect Pierce Region)
Better Health Together (Care Connect East Region)
Cascade Pacific Action Alliance (Care Connect West Region)
North Sound Accountable Community of Health (Care Connect North Region)
Public Health Seattle King County (Care Connect King Region)
Southwest Accountable Community of Health (Care Connect Southwest Region)
Providence (Care Connect South Central Region)
Action Health Partners (Care Connect North Central Region)
Sarah Stacy; Uncommon Solutions (Care Connect Partner)
David Shannon; Washington State Department of Social and Health Services
Robin Albrandt (Lead), Iris Figueroa (Lead), Pama Joyner, Jill Toombs, Diana Avalos-Leos, Joan Vance, Ben Plato, Katie Chamberlin; DOH: Care Connect Washington Care Coordination Team

Upcoming Meetings:

Every other Wednesday, 3:00pm-4:00pm

- Wednesday, March 2nd
- Wednesday, March 16th

Meeting Agenda
Care Coordination Evacuation Meeting
March 29, 2022 | 3:00 – 4:00 pm

- 3:00 Welcome | Housekeeping
- 3:05 DOH Updates
- 3:15 Discussion: Report Out – RE: Agreements
- What type of support is needed?
 - Gaps/needs
 - Who has the authority to activate agreements?
 - Does your board support this work?
 - How does this change the work with your subcontracts with care coordinating agencies?
 - How do the tier 1 and the tier 2 Hubs share data if not using the same systems?
 - What type of stuff and staff can you offer?
- 3:50 Next Steps/Wrap-Up
-

Resources:

- MOU Template for Hubs: See email attachment

MOU Resources:

- [Drafting a Memorandum of Understanding – Nonprofit Risk Management Center](#) Good resource link for other information too!
- [MOU Agreement.docx \(live.com\)](#) Example of non-profit and school site agreement
- [Colloboration-MOU-SLS-sample-06-28-19.pdf \(stanford.edu\)](#) Example of more detailed non-profit MOU
- [samplemoatemplate.doc \(live.com\)](#) Example of basic MOU

Additional Resources:

- [Community Based Organizations \(fema.gov\)](#) – Very basic training for Hub planning but has helpful links.
 - [Tools and resources for community-based and faith-based organizations - King County](#)
-

Attendees:

Elevate Health (Care Connect Pierce Region)

Better Health Together (Care Connect East Region)

Cascade Pacific Action Alliance (Care Connect West Region)

North Sound Accountable Community of Health (Care Connect North Region)

Public Health Seattle King County (Care Connect King Region)

Southwest Accountable Community of Health (Care Connect Southwest Region)

Providence (Care Connect South Central Region)

Action Health Partners (Care Connect North Central Region)

Sarah Stacy; Uncommon Solutions (Care Connect Partner)

David Shannon; Washington State Department of Social and Health Services

DOH Care Connect Washington Care Coordination Team

Upcoming Meetings:

Every other Wednesday, 3:00pm-4:00pm

- Wednesday, April 13th
- Wednesday, April 20th
- Wednesday, April 27th