Phase I Certification Submission Template

ACH Certification Phase I: Submission Contact	
ACH	King County Accountable Community of Health (KC ACH)
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Theory of Action and Alignment Strategy

Description

Each ACH is expected to adopt an alignment strategy for health systems transformation that is shared by ACH partners and staff. The goal is to ensure the work occurring within the region (e.g., clinical services, social services and community-based supports) is aligned and complementary, as opposed to the potential of perpetuating silos, creating disparate programs, or investing resources unwisely.

Provide a narrative and/or visual describing the ACH's regional priorities and how the ACH plans to respond to regional and community priorities, both for the Medicaid population and beyond. Please describe how the ACH will consider health disparities across all populations (including tribal populations), including how the ACH plans to leverage the opportunity of Medicaid Transformation within the context of regional priorities and existing efforts.

References: ACH 2016 Survey Results (Individual and Compilation), SIM Contract, Medicaid Transformation STC Section II, STC 30

Instructions

Please ensure that your responses address of the questions identified below. Total narrative word-count range for entire section is 400-800 words.

ACH Strategic Vision and Alignment with Healthier Washington Priorities and Existing Initiatives

- What are the region's priorities and what strategies are in place to address these priorities across the region?

The King County Accountable Community of Health (KC ACH) used two sources of data and community input to identify the region's priorities: the King County Hospitals for a Healthier Community Community Health Needs Assessment (CHNA) and the KC ACH Regional Health Improvement Plan (RHIP) framework.

A KC ACH RHIP workgroup reviewed the CHNA, 54 other recent needs assessments and several community engagement efforts involving hundreds of organizations and thousands of community members. The KC ACH's Consumer/Community Voice workgroup also reviewed and revised the RHIP framework. The RHIP framework, adopted in December 2016, prioritizes:

- Social determinants of health—addressing race and social justice
- Care coordination
- Chronic disease prevention
- Maternal and child health
- Physical and behavioral health integration

It is founded on five principles:

a. Use culturally and linguistically relevant and responsive services
b. Focus on assets more than deficits
c. Have on-going partnerships with community not one-time interactions
d. Embrace community-driven solutions
e. Use team-based approaches that include community health workers, peer support specialists navigators, and others

The RHIP framework informs the KC ACH's Regional Health Needs Inventory and the Medicaid demonstration project plans. See Figure 1 in Theory of Action and Alignment Strategy-Attachment A.

- Describe how the ACH will consider health disparities to inform regional priorities.

The RHIP workgroup observed well-documented and persistent health disparities in the many reports it reviewed. Across-the-board inequities in virtually every health and well-being measures are pronounced by place and race, including American Indian/Alaska Native. Past efforts have not closed these gaps in substantial ways, so the KC ACH believes new approaches are needed. Including people who are affected by inequities in the development, implementation and evaluation of new strategies is a promising way to innovate away from past "business as usual" practices.

- Describe strategies for aligning existing resources and efforts within the region. How is the work oriented toward an agreed upon mission and vision that reflects community needs, wants and assets?

Since it began, the King County ACH has been deliberate about creating greater alignment of existing resources and efforts. For example, bi-directional integration of care and primary care transformation and addressing opioid use as a public health crisis are aligned with regional work on Physical and Behavioral Health Integration and the Opioid Task Force. The maternal and child health project area is complementary to Best Starts for Kids which has funding for six years. See Figure 2 in Attachment A.

The KC ACH's vision builds on health and human services transformation and holds that "by 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery, and eliminates disparities."

The KC ACH aims to "build healthier communities through a collaborative regional approach focusing on social determinants of health, clinical community linkages, and whole person care." This mission is accomplished by incubating, aligning and accelerating initiatives to strengthen communities and improve overall population health. Rather than starting new efforts, which are not in short supply in King County, the KC ACH has fostered alignment by working to connect related existing efforts and investment flows.

- Describe how the ACH will leverage the unique role of DSRIP and consider the needs of Medicaid partners and beneficiaries to further the priorities identified above.

DSRIP offers the KC ACH funding to test innovative evidence-based approaches and support infrastructure improvements (such as information systems) to spread them. The KC ACH will monitor, refine and winnow strategies over time to meet the priorities identified above. By learning and working together in new ways, those at the KC ACH table will have opportunities to invest in achieving its vision as incentive payments are earned. The KC ACH believes the transition to value-based payment will support measurable progress on its efforts to improve population health.

- Describe how the ACH will leverage the Demonstration to support the ACH's theory of change and what other opportunities the ACH is considering to provide value-add to the community.

The Demonstration offers five years of incentive payments to support a transition to value-based payment and away from fee-for-service arrangements. These incentive payments can fund one-time costs associated with the KC ACH's theory of change, such as infrastructure improvements, practice transformation, data systems and the dissemination of evidence-based approaches. The Demonstration funds will strengthen our region's ability to collaborate and align the efforts of providers, payers, local government, consumers, tribes and community based organizations. As Demonstration projects are implemented and monitored, the KC ACH will provide continuing value serving as a single "table" for making decisions that are informed by multiple perspectives. The KC ACH and its predecessor have already added value to the region by serving as a single table that has made fruitful connections between previously fragmented work.

- Describe any in-kind contributions and non-Medicaid resources that have been identified for supporting the ACHs work over the near-term and long-term.

Currently, the KC ACH receives substantial in-kind contributions from the time, leadership and expertise of the Governing Board members. Workgroup members are contributing in-kind hours, leadership and network communications. King County is contributing significant in-kind staff support to stand up the ACH. This staff support is far above and beyond the staffing funded through the SIM project. In addition, staff at the Seattle Foundation have contributed in-kind hours to establish the limited liability corporation. Health care providers, community organizations and members of the public who contribute to the KC ACH's development and to project planning have provided in-kind expertise.

Cross-sector multi-partner work that transforms systems and breaks down siloes is time intensive and requires contributions at many different levels. The KC ACH anticipates that considerable in-kind contributions will continue to be made in the long-term.

Attachment(s) Required

Not Applicable

Governance and Organizational Structure

Description

The ACH is a balanced, community-based table where health care, social, educational, and community entities influence health outcomes and align priorities and actions. To support this, the ACH must clarify roles and responsibilities, adopt bylaws that describe where and how decisions will be made, and describe how the ACH will develop and/or leverage the necessary capacity to carry out this large body of work.

References: ACH Decision-Making Expectations, Medicaid Transformation STC 22 and STC 23, Midpoint Check-Ins for Accountable Communities of Health, DSRIP Planning Protocol

Instructions

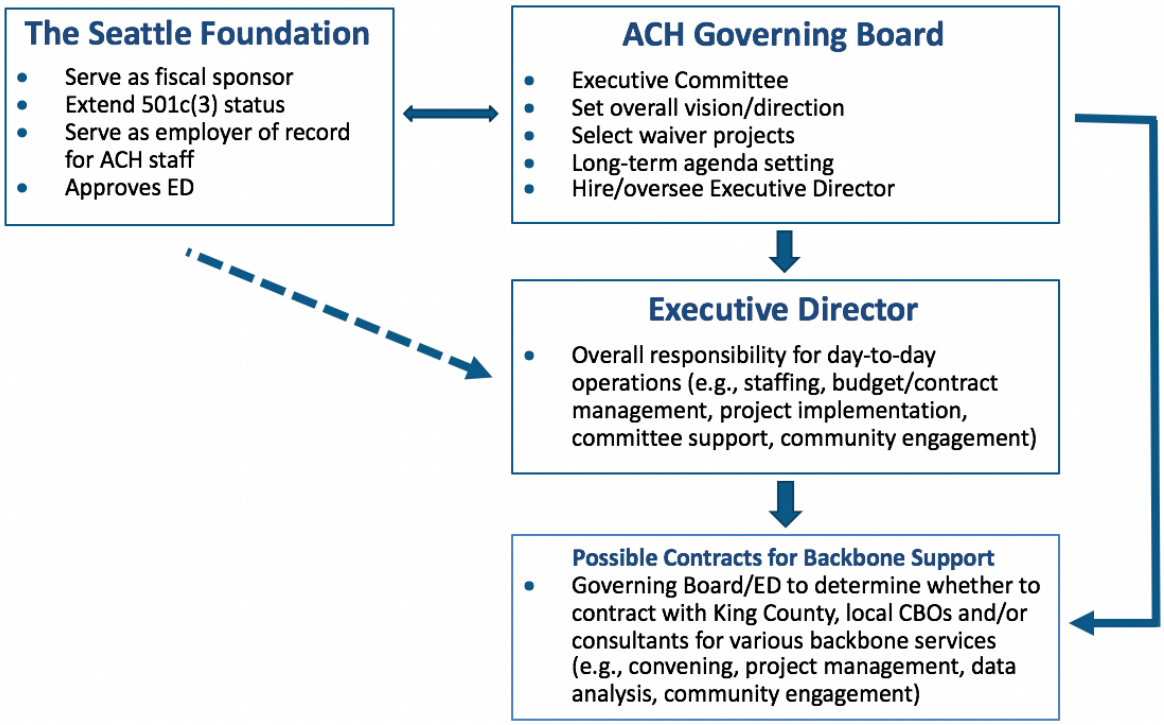
Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 800-1,500 words.

ACH Structure

- What governance structure is the ACH using (e.g.., Board of Directors/Board of Trustees, Leadership Council, Steering Committee, workgroups, committees, etc.)?
- Describe the process for how the ACH organized its legal structure.

The King County ACH is established as a Washington single-member limited liability company (LLC), with Seattle Foundation serving as its sole member. The King County ACH is managed by a 25-member Governing Board (GB). In addition to serving as the sole member, Seattle Foundation provides administrative services to support the ACH in fulfilling its purposes. The Governing Board assumes fiduciary and management responsibility for the LLC. This structure was selected following a review of multiple legal models, insights from other ACHs and extensive discussion with members. Details are in Figure 1 below.

Figure 1 – King County ACH Structure



In addition, the KC ACH anticipates a committee governance structure that will include an Executive Committee, a Finance Committee, a Community/Consumer Voice Committee, a Performance Measurement/Data Committee and a Demonstration Project Committee. Specific responsibilities for each committee and an organizational chart are in "King County ACH – Governance and Organizational Structure – Attachment A."

Project-specific sub-committees will be formed as needed and will be responsible for project implementation. The mechanism for accountability between these workgroups and the Governing Board will be through both the Demonstration Project Committee (DPC), which will oversee all projects, and the Executive Committee. A cross-sector DPC has been established. It is comprised of GB members or designees and its first meeting was held the week of May 8, 2017.

Evolving from the King County ACH Interim Leadership Council (ILC) which launched in May 2015, the KC ACH Governing Board was formally established in March 2017 and is expected to appoint members to its Executive Committee and finalize the organization chart in May 2017.

Decision-making

- What decisions require the oversight of the decision-making body? How are those decisions made? (E.g. simple majority, consensus, etc.)

The 25-member Governing Board has ultimate decision-making authority and is responsible for decisions related to the bullet points listed under "KC ACH Governing Board" in Figure 2 (e.g., overall mission/strategic plan, fiduciary/financial decisions, Executive Director's hire/evaluation).

In April 2017, the KC ACH Governing Board adopted the following decision-making process: A decision requires a 2/3rds vote of the majority of GB Members present at a meeting at which a quorum is present. The Governing Board (GB) shall endeavor, but is not required, to make decisions by consensus.

Each GB Member has one vote. A GB Member must be present to vote, either in person or via phone. If a GB Member is unable to attend a Governing Board meeting, s/he may send a designated alternate(s) who is granted full decision making authority. GB Members are expected to consult with organizations/members from their sector before voting, as is reasonably feasible. In voting, GB Members must honor the fiduciary duties to the KC ACH and act in accordance with the KC ACH's conflict of interest policy.

- How and when was the decision-making body selected? Was this a transparent and inclusive process? Include decision-making body's term limits, nominating committees, and make-up, etc.

The KC ACH Governing Board was formally established in March 2017 following a transparent application process led by the Interim Leadership Council's Steering Committee. All seats were posted on King County's website and open to the public. ILC members and backbone staff shared the opportunity through their professional networks and proactively outreached to various trade associations and coalitions. Interested applicants were evaluated by the Steering Committee based on the following criteria:

- Ability to effectively steward and represent the vision/mission of the King County ACH
- Clear understanding of the role of the KC ACH and the specific responsibilities of the board (e.g., governing verses management)
- Demonstrated experience working in diverse settings/communities and addressing health inequities
- Experience in collaborative processes and cross-sector work
- Commitment and leadership skills to proactively bring the experience, expertise and perspective of their sector; not represent their personal views or their organization's interests alone
- Time/capacity to be an active member of the board (e.g., be prepared for and attend board meetings)

The Steering Committee also considered guidance from the Community/Consumer Voice Committee, namely that selected candidates bring a racial/ethnic lens of those most impacted by health disparities, provide services for multiple ethnic/racial backgrounds, and bring both low-income and immigrant perspectives.

The 25-member Governing Board includes:

Providers / Payers
Primary care provider (1 seat)
Federally Qualified Health Center (1)
Hospital, health systems (3)
Behavioral health providers, including at least one substance abuse provider (3)
Managed care organization (1)
Local public health (1)

Government
King County (1 seat)
City of Seattle (1)
Suburban area (1)

Community/Consumer
Community based equity networks, coalitions and/or consumer advocate organizations
Including grassroots consumers affiliated with any of the preceding entities (3 seats)

Tribes
Federally recognized tribes in King County (2 seats)
Urban Indian Health Board (1)

Community Based Organizations (social determinants of health)
Housing (1 seat)
Long-term care services/supports (1)
Non-profit social service organizations (2)
Philanthropy (1)
At-large member (1)

Term limits for the Board are two consecutive, three-year terms, with initial two-year terms for staggering. That is, Governing Board members shall serve terms of three years, or until their successors are appointed and qualified. Members can serve a maximum of two consecutive terms and may return to the Board for additional terms only after taking at least one year off (a "gap year"). For the purpose of staggering terms, 50% of the initial Board will serve a three-year term and the remaining serves a two-year term.

- If a board seat is vacant, how will the ACH fill the vacancy?

Any vacancy shall be filled using the same procedure applied for existing board members: all candidates will apply for the Board via a transparent and standardized application and review process approved by the Executive Committee. Existing coalitions, associations, or other organizing entities may nominate individuals to the Board as representatives of their sector.

- How is decision-making informed? What are the documented roles and communication expectations between committees and workgroups to inform decision-making?

As part of their recruitment and orientation process, Governing Board members have committed to a number of specific responsibilities regarding community engagement and sector representation to ensure that KC ACH decisions are informed by the broader community.

Specifically:

- Members must bring the experience, expertise and perspective of their sector; they do not represent their personal views or their organization's interests alone
- All members are expected to proactively solicit the input and perspectives of other organizations within their sector, and will provide regular updates/feedback loops regarding the KC ACH's work to interested organizations in their sector
- All members develop a list of organizations, community groups, list serves and/or other forums that they will regularly reach out to; the Governing Board will review this list periodically to identify gaps (e.g., organizations/groups needing more outreach) and duplication
- All members will serve as spokespersons for the KC ACH (e.g., attend several community forums per year)
- Members will disclose any substantive differences of opinion or disagreements within their sector on decisions before the KC ACH governing body

- What strategies are in place to provide transparency to the community?

KC ACH Governing Board meetings are open to the public and ensure time for public comment. The Community/Consumer Voice Committee is also responsible for developing, implementing and monitoring an authentic community engagement plan, as well as invite diverse stakeholders to serve on the KC ACH's numerous committee and project workgroups. Each KC ACH committee/workgroup outlined in Figure 2 must also proactively facilitate community engagement (i.e., that this responsibility is not delegated to the Community/Consumer Voice Committee alone). Finally, as mentioned, all board members are required to solicit community input on the KC ACH's process, decisions and work products.

- If the decision-making body makes a decision that is different from recommendations presented by committees and/or workgroups, how does the ACH communicate how and why that decision was made?

At its April meetings, the Governing Board adopted a structure in which Executive Committee members are appointed to serve on specific KC ACH committees as well (e.g., Performance Measurement, Demonstration Project Committee, Community/Consumer Voice Committee). This structure is designed to identify potential differences in positions early enough to prevent many disagreements. If a decision is made by the Executive Committee that is different from a committee's recommendation, the cross-representation will assure that communication happens in the moment. The liaison on the Executive Committee will communicate the rationale for the decision to their committee.

- Describe how flexibility and communication strategies are built into the ACH's decision-making process to accommodate nimble decision-making, course corrections, etc.

The approach of having overlapping membership between the Governing Board and the committees is explicitly designed to ensure strong, two-way communication between committees and facilitate course corrections on the KC ACH's decisions/process as issues emerge.

- Describe any defined scope, financial accountability or other limits placed on staff or the Executive Director regarding decision-making outside of board approval.

These policies have not been developed yet.

Executive Director

- Provide the below contact information for the ACH's Executive Director.
- How long has the Executive Director been in that position for the ACH? Provide anticipated start date if the Executive Director has been hired but has not yet started.

In March 2017, the KC ACH formed a Hiring Committee to recruit an Executive Director. This committee is composed of seven Governing Board members balanced by sector and it has accomplished several key steps toward its goal of hiring a talented Executive Director, see details below. After receiving more than 200 applications, the committee conducted in-person interviews with eight candidates. From this pool, the committee will choose 2-3 finalists. The KC ACH intends to make an offer to a new Director by early June with a start date ideally by July 1, 2017. In the interim, backbone staff from Public Health – Seattle King County are attending to executive management of day-to-day KC ACH activities.

KC ACH Executive Director Recruitment Process

Step / Process	Time – Frame / Due Date
Form Hiring Committee	March 15
Post Job (200+ applications received)	March 24 – April 12, again April 19 – May 3
Review of candidates, phone screens	May 1 – May 8
Conduct Round #1 Interviews (8 candidates)	May 10 – May 12
Deliberate and decide on 2-3 finalist for Round 2	May 15 – 17
Report to Governing Board	May 18 GB meeting
Conduct Round #2 Interviews (2-3 candidates)	May 22 – 26
Reception with finalists and GB members	May 31
Final Candidate Recommendation to GB	June 8 GB meeting or sooner TBD
Make offer to Final Candidate	June 9 or sooner TBD
Final Reference Checks and Salary Negotiations	June 15
KC ACH ED Start Date	July 1 (ideally)

Data Capacity, Sharing Agreement and Point Person

- What gaps has the ACH identified related to its capacity for data-driven decision making and formative adjustments? How will these gaps be addressed?

The King County ACH has identified the data gaps in Figure 3 below.

Figure 3 – Data Gaps

	Data need	Rationale	Provided by state	Desired breakdowns
1	Medicaid enrollment by demographics	To understand who Medicaid members are and where do they live	yes	age, race, ethnicity, gender, language, sub-county area (ZIP, census tract)
2	Medicaid unique clients and claims by billing provider[1]	To understand volume of services provided to Medicaid members, by provider type and primary diagnosis[2]	no	Same as #1 plus primary diagnosis, service type group[3], MCO name
3	Health risk factors/social determinants in Medicaid-like and overall populations[4]	To understand distribution of social determinants of health and behavioral risk factors in Medicaid and Medicaid-like populations	partial	age, race, ethnicity, gender, language, sub-county area (HRA, PUMA)
4	PRISM scores of Medicaid members by demographics	To understand predicted health expenditure risk across Medicaid population	no	age, race, ethnicity, gender, language, sub-county area (ZIP, census tract)
5	Landscape of established service contracts between health plans, providers, and CBOs	To understand the established financial pathways through which Medicaid demonstration funding can flow	no	provider/service type, # clients served and/or # dollars billed/reimbursed
6	#1 and 2 provided for target populations defined under each transformation project area	To understand who has established direct service relationships with target populations for each project area	partial	age, race, ethnicity, gender, language, sub-county area (ZIP, census tract)
7	Baseline performance on toolkit metrics for each project area by demographics	To understand which Medicaid members have largest influence on toolkit metrics for each project area, which is important for understanding how to move ACH-wide performance on such metrics	partial	age, race, ethnicity, gender, language, sub-county area (ZIP, census tract)

Who has comparative advantage to produce data?	Health Care Authority	DSHS Research & Data Analysis	King County ACH and partners

[1]Billing provider of the paid fee for service claim or managed care encounter.
[2]Diagnosis code on the paid fee for service claim or managed care encounter shown in high level groupings.
[3]Service provided according to the paid fee for service claim or managed care encounter.
[4]BRFSS, PUMS and potentially other data limited to low-income or Medicaid coverage sample

In addition, there will be substantial data needs for each of the projects selected. Finally, King County ACH will need to develop a methodology for how to allocate its regional incentive payments to participating project partners, and data needs for this process have not yet been identified.

To address the data needs of the KC ACH, the follow activities and strategies have been undertaken:

- A cross-sector group, the Performance Management Work Group, was established in 2015 to address cross-cutting issues of data governance. This includes explicit efforts to share and link health and social data across sectors and organizations.
- King County has centralized access to data resources through the King County ACH page. Technical assistance is also available through the Public Health department's data request service.
- King County is also transforming Regional Health Needs Inventory (RHNI) data provided by HCA and RDA into interactive data webpages to support usability of the data for less-technical audiences.
- Data trainings have been provided to all ACHs to highlight what data resources are available.
- The King County RHNI will be based upon the data provided by the state, the King County Community Health Needs Assessment produced by King County Hospitals for a Healthier Community, and other existing need assessments. The KC ACH will be working with various community stakeholders to address the provider capacity assessment of the RHNI.

- Has the ACH signed a data sharing agreement (DSA) with the HCA?

King County has a data sharing agreement with HCA for Medicaid data. The KC ACH is waiting for HCA to review and sign a data sharing request for suppressed data that is produced for the KC ACH.

Data Sharing Agreement with HCA?			
YES	**X**	**NO**	

- Provide the contact information below for the ACH point person for data related topics.

Data Point Person	
Name	Eli Kern, Epidemiologist
Phone Number	(206) 263-8727
E-mail	Eli.Kern@kingcounty.gov

Attachment(s) Required

A. Visual/chart of the governance structure.
B. Copy of the ACHs By-laws and Articles of Incorporation.
C. Other documents that reflect decision-making roles, including level of authority, and communication expectations for the Board, committees and workgroups.
D. Decision-making flowchart.
E. Roster of the ACH decision-making body and brief bios for the ACH's executive director, board chair, and executive committee members.
F. Organizational chart that outlines current and anticipated staff roles to support the ACH.

Tribal Engagement and Collaboration

Description

ACHs are required to adopt either the State's Model ACH Tribal Collaboration and Communication policy or a policy agreed upon in writing by the ACH and every Indian Health Service, tribally operated, or urban Indian health program (ITU) in the ACH's region. In addition, ACH governing boards must make reasonable efforts to receive ongoing training on the Indian health care delivery system with a focus on their local ITUs and on the needs of both tribal and urban Indian populations.

Provide a narrative of how ITUs in the ACH region have been engaged to-date as an integral and essential partner in the work of improving population health. Describe and demonstrate how the ACH complies or will come into compliance with the Tribal Engagement expectations, including adoption of the Model ACH Tribal Collaboration and Communication Policy or other unanimously agreed-upon written policy.

References: Medicaid Transformation STC 24, Model ACH Tribal Engagement and Collaboration Policy, workshops with American Indian Health Commission

Instructions

Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 700-1,300 words.

Participation and Representation

- Describe the process that the ACH used to fill the seat on the ACH governing board for the ITUs in the ACH region to designate a representative.

The King County ACH has developed relationships and greater knowledge of tribal health issues and protocols since 2015. Consultation at various times with the HCA Tribal Liaison has been helpful. Since its start in 2015, the composition of the ILC has included 2 seats for Federally-recognized Tribes in King County (Snoqualmie and Muckleshoot) and 1 seat for the Seattle Indian Health Board, the Urban Indian Health Program (UIHP), in our region. One of the first connections for the ILC was with the Medical Clinic Manager for the Snoqualmie Tribe. The KC ACH corresponded with the two other Tribal Councils, inviting their participation in the King County ACH Interim Leadership Council (ILC). Backbone staff reached out to the Seattle Indian Health Board (SIHB) in May 2015 and in October 2015, SIHB began attending King County ACH meetings, and their CEO became a member of the KC ACH ILC in December 2015.

In December 2016, the ILC decided upon its new governing body composition, including sector and partner representation and current HCA composition requirements. The approved governing body composition still includes 2 seats for Federally-recognized Tribes in King County and 1 seat for Urban Indian Health Programs—two seats more for tribes than the minimum required.

In March 2017, the Urban Indian Health Board seat was filled by the Seattle Indian Health Board. The Muckleshoot Tribe informed us that they are not able to assume their Governing Board seat on the King County ACH at this time, and we have not yet heard back from the Snoqualmie Tribe.

- Describe whether and how the ACH has reached out to regional ITUs to invite their participation in the ACH.

The KC ACH reached out to regional ITUs to invite their participation in the KC ACH throughout 2015 and 2016, with the Seattle Indian Health Board assuming their seat in December 2015. Between January and March 2017, additional outreach was made to the Snoqualmie and Muckleshoot Tribes to fill the seats being

held on the new KC ACH Governing Board. Through the assistance of the Seattle Indian Health Board, direct contact was made with the Muckleshoot Health and Wellness Center, who in turn made a direct request to the Tribal Council. After initially submitting an application for the Governing Board (required of all members), Muckleshoot let us know they could not assume a seat at this time.

In March 2017, the KC ACH learned that the Cowlitz Tribe's Contract Health Service Delivery Area (CHSDA) included part of south King County. The Executive Director of the Cowlitz HHS Department contacted the King County ACH to express interest in sitting on the Governing Board. Given the unfilled tribal seats, the KC ACH Steering Committee decided to offer one of the tribal seats to Cowlitz. The Cowlitz Tribe assumed their seat at the first KC ACH Governing Board meeting in April 2017.

- Describe, with examples, any accomplishments the ACH has realized in collaborating and communicating with ITUs, including when in the planning and development process the ACH first included or attempted to include ITUs.

The King County ACH is pleased to have made progress on tribal engagement through participation of the Seattle Indian Health Board, the regional UIHP in King County with over 17,000 active users. The Seattle Indian Health Board (SIHB) began participating in the Interim Leadership Council in October 2015 and has been an active member of the KC ACH, participating in the Leadership Council, and in the Governance and Sustainability subcommittees. SIHB staff sit on the Executive Committee of the American Indian Health Commission (AIHC) of Washington State, and have kept KC ACH staff and leadership council members apprised of state and federal-level discussions. SIHB also helped connect the King County ACH to the Cowlitz Tribe, which has a Contract Health Service Delivery Area in south King County.

With assistance from the Seattle Indian Health Board and the Cowlitz Tribe, Public Health-Seattle & King County, which is beginning work on the King County ACH's Regional Health Needs Inventory, has made recent connections to the Urban Indian Health Institute and the Northwest Portland Area Indian Health Board. The goal is to include American Indian/Alaska Native health data in the Regional Health Needs Inventory as a baseline to track health improvement over the course of the demonstration.

- Describe key lessons the ACH has learned in its attempts to engage with ITUs and the next steps the ACH will take to support meaningful ITU engagement and collaboration.

The KC ACH has been tracking the statewide issues related to tribal engagement and collaboration, and has discussed tribal engagement strategies with other KC ACHs. KC ACH representatives have met with HCA's Tribal Liaison and attended Tribal Consultations in May and August 2016, hosted by the AIHC and the HCA. KC ACH staff also attended the Tribal and State Leaders Health Summit in November 2016 to learn and inform our collective approach to engagement. Lessons learned include:

- Tribes may be challenged or otherwise resource-constrained to participate in the King County ACH. ACHs should continue to reach out to tribes and maintain a standing invitation to collaborate. The ACH will need to work with the AIHC to identify additional outreach strategies for non-participating tribes, and determine how they would like to be kept in the loop (e.g. receiving meeting materials and summaries, attending periodic 1:1 meetings, etc.), if Governing Board participation is not currently an option.

- As planning on transformation projects begins, the King County ACH needs to incorporate a process for determining the impacts of potential projects on AI/ANs, tribes, IHS facilities or UIHPs in its region. Ideally, some of these projects will leverage the KC ACH's strengths as a cross-sector table, bringing

alignment and joint development of projects that will have positive impacts on the AI/AN population in King County, including in the design and implementation of the RHNI.

Policy Adoption

- Describe the process the ACH used to adopt the Model ACH Tribal Collaboration and Communication Policy. If the ACH has not yet adopted the Model ACH Tribal Collaboration and Communication Policy, what are the next steps, including anticipated dates, to implement the requirements?

Once the Model ACH Tribal Collaboration and Communication Policy, in line with the STCs as Attachment H, is finalized, the King County ACH will engage with individual tribes, IHS facilities, UIHPs in King County and its Governing Board to decide on the adoption of the policy, or an alternative approach that ensures meaningful and respectful collaboration. King County ACH staff have shared the Collaboration and Communication Policy with its Governing Board. We do not anticipate challenges to moving forward with discussions of the final Collaboration and Communication policy with ITUs currently engaged with the King County ACH. However, we do anticipate the need to hold meetings with non-participating tribes to determine how they would like to engage with the King County ACH.

Board Training

- Describe how the ACH governing board will receive ongoing training on the Indian health care delivery system with a focus on their local ITUs and on the needs of both tribal and urban Indian populations.

The King County ACH Interim Leadership Council benefitted from training provided by the Seattle Indian Health Board (SIHB) in July 2016. SIHB CEO and KC ACH leadership council member, Esther Lucero, presented on the AI/AN Federal trust obligation, Indian Health Services, and the challenges of urban Indians, providing a "Tribal 101" context to the state-level Tribal Consultations underway. This overview was in direct alignment with the workshops presented to ACHs statewide through the American Indian Health Commission (AIHC). The King County ACH is also still interested in receiving training from AIHC on the Indian health care delivery system, which was offered to ACHs last summer. Now that the Governing Board is officially launched, this type of training will be very useful to new Board members.

Looking to the future, the KC ACH expects to benefit from SIHB and the Cowlitz Tribe's participation, and hope to work with the Snoqualmie and Muckleshoot Tribes on Transformation projects and other KC ACH priorities.

Attachment(s) Required:

A. Demonstration of adoption of Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes, correspondence or other written documentation.

Attachment(s) Recommended:

B. Statements of support for ACH certification from every ITU in the ACH region.

Community and Stakeholder Engagement

Description

ACHs are regional and align directly with the Medicaid purchasing boundaries. This intentional approach recognizes that health is local and involves aspects of life and community beyond health care services. The input of community members, including Medicaid beneficiaries, is essential to ensure that ACHs consider the perspectives of those who are the ultimate recipients of services and health improvement efforts.

Provide a narrative that outlines how the ACH will be responsive and accountable to the community.

References: Medicaid Transformation STC 22 and 23, Midpoint Check-Ins for Accountable Communities of Health, NoHLA's "Washington State's Accountable Communities of Health: Promising Practices for Consumer Engagement in the New Regional Health Collaboratives," DSRIP Planning Protocol

Instructions

Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 800-1,500 words.

Meaningful Community Engagement

- Describe the ACH vision for fostering an authentic relationship with the community members, including Medicaid beneficiaries.

The King County ACH has worked to conduct meaningful community engagement using a tiered approach that includes consumers in its decision-making, planning, and oversight. The KC ACH strongly holds the values of equity, inclusion, accountability and transparency and has been intentional about reflecting these values in its strategies, processes, and goals. KC ACH Governing Board members have continued to express a need and desire to lift up consumer voices in order to understand and address local health needs and priorities more comprehensively and create platforms to implement community-directed solutions.

In order to accomplish this, the KC ACH employed the following multi-tiered community and stakeholder engagement strategies:

- Consumer participation in KC ACH decision-making and oversight bodies,
- Consumer participation in KC ACH planning bodies,
- The development and cultivation of a specific committee dedicated to consumer engagement,
- Activities to facilitate consumer engagement, and
- Learning and listening to what communities have already stated.

More details about each strategy are in the responses below.

- What barriers/challenges has the ACH experienced or anticipate experiencing toward meaningful community and Medicaid beneficiary engagement?

Overall, establishing a culture of inclusion among the KC ACH Governing Board and committee participants (many of whom are highly trained professionals and experienced executives) that highly values the voices of consumers and actively seeks it out, rather than relying on a select few members or committees to bring this perspective forward, has been both a challenge and growth area for the KC ACH. The Governing Board has had several honest conversations about this issue and has worked to create an open and trusting environment that includes the voices, expertise, context knowledge and values of those with the most at stake—Medicaid beneficiaries.

Barriers and challenges have included:

1. **Limited time.** When timelines are tight, community voice can often be dropped from the process – we've heard ourselves say "we just don't have time." Similarly, short timelines also have made it difficult for clinicians to attend planning meetings. Both types of partners bring critical information and context to the KC ACH and Medicaid demonstration's work and ability to produce successful project plans and implementation.
2. **Budget rules.** Meaningful community engagement often requires simple low-cost logistical details that are not allowable in the current budget, such as food at meetings and reimbursement for childcare, transportation, and time off work, if needed.
3. **Many different community perspectives.** The community in King County is vast and extremely diverse. The KC ACH will need to ensure all of its members and workgroups share responsibility for engaging community partners and grassroots consumers in ways that are appropriate and meaningful.
4. **Limited capacities of staff and partners.** Capacity is a challenge, both of county staff and of community agencies (engaged and not yet engaged with the CCV). Authentic community engagement is resource intensive work and the limited internal capacity of organizations and CCV members is a barrier to full community and consumer engagement.

The KC ACH and CCV have worked to address these challenges by thoughtfully identifying and expanding engagement opportunities where community members have clarity about role, sufficient information to make informed decisions and a clear process for how to do so. A great deal of Governing Board and staff thinking went into how the KC ACH will recognize and account for consumer's time investment in KC ACH workgroups and activities. The CCV also discussed the potential of connecting community meetings to project groups geographically and by project area as a way to distribute responsibility for community engagement on multiple levels.

- What opportunities are available for bi-directional communication, so that the community and stakeholders can give input into planning and decisions?

The development and cultivation of a specific committee dedicated to consumer engagement: The Community/Community Voice (CCV) workgroup is dedicated to developing and helping to implement strategies that ensure consumers and community partners from various backgrounds are meaningfully participating in the KC ACH's processes and outcomes. The CCV is also asked to provide guidance on critical components of decision-making such as structural recommendations, seat selection criteria, and hiring in an effort to apply an equity lens throughout KC ACH processes.

Consumer participation in ACH decision-making and oversight bodies: The King County ACH has allocated three seats to represent community/consumers, any of which can be filled by a grassroots consumer. Currently, one of the three seats is filled by a consumer and the other two represent community-based equity networks.

Consumer participation in ACH planning bodies: Community members are also involved in the KC ACH's CCV and Regional Health Improvement Plan (RHIP) workgroups, which are/were both open to the public.

Activities to facilitate consumer engagement: The KC ACH has a public comment period during its Governing Board and previous leadership meetings, encourages public comment, and responds to individual and community concerns that arise. Additionally, the CCV workgroup helped to organize a Community Roundtable hosted by two ILC members representing consumer-focused coalitions—the Regional Equity Network and the

Healthy King County Coalition.

Demonstration project planning: Through demonstration project planning, another layer of stakeholders are participating in community learning sessions. This process creates an opportunity to reach out further to providers and interested parties who may not have been closely tracking the coming work of the KC ACH and the Medicaid demonstration projects. Many of these stakeholder organizations have boards that involve the sub-populations, community members, and Medicaid beneficiaries the KC ACH is seeking to engage. It is likely that the KC ACH will engage individuals from these existing groups in the coming work through various activities (expert panels, surveys, workgroup participation).

- How is that input then incorporated into decision making and reflected back to the community?

The KC ACH's Governing Board is representative of various stakeholder groups and sectors of the community. Each Governing Board member is tasked with developing a personal strategy to connect and receive feedback from the sector they represent. Some of these strategies include representation on other boards, coalitions, and associations. The incorporation of community input in decision-making is also reported in the regular KC ACH communication channels, such as its website and meeting minutes.

Partnering Provider Engagement

- What strategies does the ACH employ, or plan to employ, to provide opportunities for engagement beyond the decision-making body to ensure that community partners are addressing local health needs and priorities?

Learning and listening to what communities have already stated: The KC ACH has sought out previously compiled community-based participatory research, some of which outlines community priorities. These priorities informed the Regional Health Improvement Plan and will also be integrated into the Regional Health Needs Inventory.

One product in development is an equity impact review tool tailored to fit the needs of the King County ACH. This tool will aid the KC ACH in better understanding community needs, perspectives, and solutions as well as provide a process for intentional and structured conversations both with communities and within the KC ACH.

- What barriers/challenges has the ACH experienced or anticipate experiencing toward meaningful engagement of a broad spectrum of partnering providers?
  What opportunities are available for bi-directional communication to ensure that partnering providers can give input into planning and decisions?

The barriers and challenges the KC ACH has experienced in fostering meaningful engagement with various partnering providers are similar to those listed above: limited time, budget rules, many different partner perspectives and capacity limitations of both institutions and community organizations.

Public forums specific to community engagement have occurred in the past and this is a future strategy the CCV is considering to inform the Regional Health Needs Inventory and demonstration project planning, as well as to report back to community representatives on how their input has been used in KC ACH decision-making.

The CCV is in the process of working to expand the diversity of perspectives present at its meetings. To facilitate this growth, it is changing its meeting schedule to include a quarterly evening meeting with an agenda that is suited for broader individual consumer and community partner participation. In addition, CCV members have begun to reach out to pre-existing community meetings to provide information about the KC ACH and share opportunities for involvement.

Transparency and Communications

- Describe how the ACH does or will fulfill the requirement for open and transparent decision-making body meetings. Please include how transparency will be handled if a decision is needed between public meetings.

The KC ACH's Governing Board meetings are approximately every month and are held in various locations between Seattle and South King County. These meetings are open to the public and usually well attended with an approximate average of 25 members of the public in attendance. Leadership meeting times are not currently scheduled in the evening. The past two meetings have been help in Renton from 1pm to 4pm and included an activity to collect feedback from attendees regarding the future of the KC ACH's activities.

KC ACH Governing Board materials are posted online at www.kingcounty.gov/ach before the meetings. If a decision is needed between public meetings the KC ACH can achieve transparency by posting materials online, the results of voting, along with sharing greater detail and rationale for the decision at the next Governing Board meeting.

- What communication tools does the ACH use? Describe the intended audience for any communication tools.

The KC ACH has a public website that lists meeting information for it various committees. This includes up-to-date minutes, contact information, resources, and important announcements. In addition, a monthly Health and Human Services newsletter is sent out to a stakeholder list of over 900 interested individuals. As project planning begins, the KC ACH has created an online form for community and community partners to note their interest in various demonstration projects. Project meetings have been hosted by community partners with the support of King County staff and publicized through newsletters, email invitations, online, and through our community partner networks. Once meetings have been held, meeting materials are posted online along with any known next steps. An effort is being made to plan meetings in multiple locations across King County to engage geographies that are most affected by health inequities, such as South King County.

Attachment(s) Required:

A. Document with links to webpages where the public can access meeting schedules and other engagement opportunities, meeting materials, and contact information.

Budget and Funds Flow

Description

ACHs will oversee decisions on the disbursement of Demonstration incentive funds to partnering providers within the region. This requires a transparent and thoughtful budgeting process. Demonstration funds will be earned based on the objectives and outcomes that the state and CMS have agreed upon. Demonstration funds and funds from other federal sources (e.g., State Innovation Model sub-awards) should be aligned but ACHs cannot duplicate or supplant funding streams.

Provide a description of how Project Design funding will support Project Plan development.

References: Medicaid Transformation STC 31 and STC 35, DSRIP Planning Protocol

Instructions

Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 800-1,500 words.

Project Design Funds

- Describe how the ACH plans to use the Project Design funds to support Project Plan development and other capacities or infrastructure.

The King County ACH will use Project Design funds to build the infrastructure that will drive project plan development, decision-making, and improvement over the course of the Demonstration. The success of the KC ACH will depend on knowledge of evidence-based and effective best practices, access to accurate data to drive decision-making and to manage ongoing operations, as well as efficient information exchange.

The KC ACH anticipates the need to allocate resources in the following areas:

1. Regional Health Needs Inventory
2. Preparation of multiple Project Plans
3. Focus groups for community input in project planning
4. Initial seed funding to community partners for Transformation Projects
5. Compensation for KC ACH administrative infrastructure, including funding for:
    a. Executive Director
    b. Finance and operations
    c. Project direction and management
    d. Communications and community engagement
    e. Contracted support services
    f. Administrative support
    g. Indirect expenses

Fiscal Integrity

- Provide a description of budget and accounting support, including any related committees or workgroups.

The King County ACH is currently supported by a Senior Program Officer, Business and Finance Officer, and Interim Controller at Public Health-Seattle & King County. These staff are responsible for budget development and forecasting, fund administration and accounting, account reconciliation, compliance with federal and state filing and reporting requirements, and annual reporting to state agencies. The Senior Program Officer works with the KC ACH Steering Committee on budget forecasts, reporting, and expenditure

approvals. Historically, the Interim Leadership Council approved the KC ACH annual budget and received a program spending report in advance of its meetings, every 4 to 6 weeks.

As the KC ACH transitions to a Limited Liability Corporation (LLC), it will receive administrative support from the Seattle Foundation for fund administration and accounting, account reconciliation, quarterly statements and access to online fund information, compliance with federal and state filing and reporting requirements including GAAP financial reporting, coordination of annual Form 990 preparation and filing with the IRS (on the Seattle Foundation's information returns), and annual reporting to state and local governmental agencies.

Moving forward with the new Governing Board, the KC ACH plans to hire a Finance Director. The annual budget will be reviewed and approved by the Governing Board Executive Committee and submitted to the Seattle Foundation. The Seattle Foundation's Assistant Controller will have oversight of the KC ACH budget.

- Define the levels of expenditure authority held by the Executive Director, specific committees (e.g., Executive Committee), and the decision-making body.

The Executive Director of the King County ACH (to be hired) will be responsible for working with the new KC ACH Governing Board on the annual budget, and providing an approved budget to the Seattle Foundation. Details of expenditure authority have yet to be worked out, but we anticipate the process could look something like this:

- Executive Director: approve expenditures below a certain dollar amount and/or that correspond to expenditures of the board-approved annual KC ACH budget.
- KC ACH Executive Committee: approve the KC ACH annual budget; approve expenditures above a certain dollar amount and/or that are unanticipated or not part of the KC ACH annual budget.
- KC ACH Governing Board: receive KC ACH annual budget and periodic (quarterly) expenditure reports of the KC ACH.

Until the Executive Director is hired and during his/her on-boarding process, Public Health-Seattle & King County will continue to support the expenditure and budget monitoring process, as needed to ensure a smooth transition.

- Provide a description of the tracking mechanisms to account for various funding streams (e.g., SIM and Demonstration).

The KC ACH currently manages its funding through fund accounting, tracking allowable and unallowable expenses. As KC ACH accounting support transitions to the Seattle Foundation, it will continue to manage finances through fund accounting. As the largest community foundation in Washington State with over 70 years of experience, Seattle Foundation has well-established financial procedures and controls.

Tracking SIM and Demonstration funding streams should be straightforward going forward. Public Health-Seattle & King County will continue to provide transition staff support to the King County ACH through August 1, 2017, and will be compensated for that support through the SIM grant. Demonstration project funds will be contracted with the Seattle Foundation, and will be used to support the hiring of the Executive Director, and Demonstration Project planning activities detailed above. After August 1, the Seattle Foundation will use fund accounting to manage these separate funding streams.

- Describe how capacities for data, clinical, financial, community and program management, and strategic development (specified in STC 22) will be met through staffing, vendors or in-kind support from board/community members.

The KC ACH will fulfill these capacities in the following ways:

- **Data.** The current Performance Measurement Work Group, co-chaired by Public Health-Seattle & King County (PHSKC) and a KC ACH Governing Board member who also sits on the KC ACH Executive Committee, will continue its work in support of the KC ACH. Pending board approval, the King County ACH will subcontract data and performance measurement to PHSKC.

- **Clinical.** The KC ACH will work with Governing Board members representing primary care providers, FQHCs, behavioral health, other specialties and hospitals/health systems to ensure appropriate expertise and strategies for monitoring clinical outcomes. Clinical leadership will be represented in the Demonstration Project Committee (tasked with recommending and overseeing projects) and the Executive Committee.

- **Financial.** The KC ACH anticipates hiring a Finance Director, who will work with the Executive Committee of the Governing Board on KC ACH budget development and approval. The KC ACH also plans to form a Finance Committee that will work closely with the Finance Director on allocation methodology, value based payment, and other financial functions related to the Demonstration Project.

- **Community**. The newly formed KC ACH Governing Board now includes 3 seats for community-based equity networks and consumers. The Community/Consumer Voice workgroup (CCV), which includes Governing Board and community members, will continue its support of the KC ACH. The CCV is currently staffed by PHSKC but, pending board approval, will be staffed by the Health King County Coalition. In addition, community input will be sought out in project planning and design.

- **Program management and strategy development.** Program management and strategy development will be led by the Executive Director with oversight by the Executive Committee. Regional coordination and communications will be provided through a small staff team with some functions (e.g. website and other communications functions) likely outsourced to a vendor(s).

Attachment(s) Required:

A. High-level budget plan (e.g., chart or excel document) for Project Design funds to accompany narrative required above.

Clinical Capacity and Engagement

Description

The demonstration is based on a Delivery System Reform Incentive Payment (DSRIP) program. As such, there needs to be engagement and input from clinical providers, including but not limited to MDs, RNs, ARNPs, CHWs, SUD providers, and mental health providers such as therapists and counselors.

References: Medicaid Transformation STC 36, DSRIP Planning Protocol

Instructions

Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 500-1,000 words.

Provider Engagement

- Provide a summary of current work or plans the ACH is developing to engage clinical providers. Include a summary of input the ACH has already received from clinical providers or subject matter experts regarding the mechanisms and strategies to engage providers.

A key responsibility of the King County ACH is successful implementation of the DSRIP projects which are expected to transform the delivery system and make progress towards achieving the Triple Aim and closing equity gaps. For these efforts to be successful, those responsible for delivering care must be fully invested in these efforts in all phases. To do this effectively, the KC ACH's clinical capacity and engagement strategy includes activities in the following areas:

1) Governing Board
2) Project-specific
3) Provider-specific
4) Communitywide
5) Healthier Washington Initiative

As described in Part 2, the 25-member KC ACH Governing Board includes 14 members who represent health and social service organizations involved in direct service delivery. These members serve as liaisons to their organization and their sector and play an important role in facilitating clinical engagement in the work of the KC ACH. For example, the at-large Governing Board member who represents the Washington State Chapter of the American Academy of Pediatrics (AAP) engages regional AAP providers about the KC ACH through her participation in four monthly meetings: a Health Care Transformation Committee, a Behavioral Health Advisory Team, a Behavioral Health Champions group, and a Physician Champions group. As another example, the Governing Board members who represent the hospital sector have committed to keep Washington State Hospital Association (WSHA) members, the Public Policy Committee of WSHA and Hospitals for a Healthier Community apprised of the KC ACH work. All members of the KC ACH Governing Board will identify similar opportunities through their networks to further engage clinicians in the work of the KC ACH.

- Describe how the ACH is approaching provider engagement, as well as identification of provider champions within the ACH. Include any targeted committees, panels or workgroups.

The initial portfolio of KC ACH projects in 2015 largely emerged from the King County Health and Human Services Transformation Plan. The projects include Familiar Faces, Communities of Opportunity, Physical and Behavioral Integration, and the Health Housing Partnership. Of these four, three were already underway when the KC ACH Interim Leadership Council was formed while the fourth, Physical and Behavioral Health Integration, was initiated as a formal subcommittee of the KC ACH. The way these four projects were launched, designed and led serves as the foundation for the KC ACH's clinical capacity and engagement

strategy. A more recent effort was launched independently of the KC ACH, the Heroin and Prescription Opiate Addiction Task Force, and it also serves as a foundational model for the KC ACH's clinical and capacity engagement work since addressing the opioid use crisis is a required project for the KC ACH.

The clinical participants involved in these projects represent a broad spectrum of physical and behavioral health providers and social service providers. Participation in these projects has required a two-part responsibility:

- Providing clinical expertise in project design and oversight, and
- Serving as a liaison to the represented clinical and provider community.

Future work of the KC ACH will follow a similar approach where individuals and organizations involved in projects will be expected to provide clinical expertise in project development and oversight while also engaging members of their provider and organizational communities in the overall KC ACH work.

Partnerships

- Demonstrate how the ACH is partnering with local and state clinical provider organizations (e.g., local medical societies, statewide associations, and prospective partnering providers).

The KC ACH will continue its engagement with specific provider-groups. Current examples of provider-specific outreach include monthly meetings with the Washington State Hospital Association and monthly meetings with King County behavioral health providers convened by the King County Behavioral Health Organization. Both of these meetings have provided regular two-way communication opportunities to inform and engage those provider communities in the KC ACH work.

More recently, King County staff leading the work on the Regional Health Needs Inventory (RHNI) have met with provider groups to discuss the clinical provider and capacity section of the RHNI including the Washington Association of Community and Migrant Health Centers, the Community Health Center Council, Project Access NW, the Sentinel Network, and the Workforce Development Council of Seattle & King County. Last, King County staff have regularly attended and presented information about the KC ACH to regional human services providers through the Alliance of East Side Agencies and the King County Human Services Alliance.

Future work will focus on outreach to additional provider groups including the American Academy of Family Physicians, the King County Medical Society, the Washington State Medical Association and the Washington State Nurses Association. As groups needing outreach about the KC ACH work are identified and engaged, a more deliberate and routine inclusion strategy will be employed.

The KC ACH has begun and will continue to engage the provider community through community-wide meetings about the KC ACH projects. Since the release of the Medicaid demonstration toolkit, KC ACH staff and other interested organizations have hosted community learning sessions to share information about the opportunities for involvement in the demonstration projects. Many of these meetings have been attended by significant numbers of providers interested in the project topics and how they can participate in efforts to transform their practices. For example, the primary care and behavioral health integration project meeting drew approximately 70 attendees, the Opioid Use project meeting drew 80 attendees and 92 people attended the Care Coordination meetings. These attendees represented providers, insurers, researchers, community members, advocacy groups and others.

The KC ACH will work to enhance provider participation and expand clinical capacity by leveraging and aligning with other organizations advancing the Healthier Washington Initiative, such as Qualis Health. Staff

at Qualis and the KC ACH have identified the need to better align the work of transforming the overall health care delivery system with the targeted work of the KC ACH. They are working to ensure mutually reinforcing community activities that engage and support providers. Finally, KC ACH staff will be nominating members from the King County provider community to participate in the Clinical Provider Accelerator Committee as part of the Health Innovation Leadership Network (HILN). While the focus of the HILN is achieving change for the larger population, there are considerable benefits to aligning and leveraging ACH-related projects.

Attachment(s) Required:

A. Bios or resumes for identified clinical subject matter experts or provider champions

Attachments Checklist

Application Section	Required Attachments	Recommended Attachments
Theory of Action & Alignment Strategy	None	None
Governance & Organizational Structure	A. Visual/chart of the governance structure B. Copy of the ACH's By-laws and Articles of Incorporation C. Other documents that reflect decision-making roles, including level of authority, and communication expectations for the Board, committees, and workgroups D. Decision-making flowchart E. Roster of the ACH decision-making body and brief bios for the ACH's executive director, board chair, and executive committee members F. Organizational chart that outlines current and anticipated staff roles to support the ACH	None
Tribal Engagement Expectations	A. Demonstration of adoption of Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes, correspondence, or other written documentation	B. Statements of support for ACH certification from every ITU in the ACH region
Community & Stakeholder Engagement	A. Document with links to webpages where the public can access meeting schedules and other engagement opportunities, meeting materials, and contact information	None
Budget & Funds Flow	A. High-level budget plan (e.g. chart or excel document) for Project Design funds to accompany narrative required above.	None
Clinical Capacity & Engagement	A. Bios or resumes for identified clinical subject matter experts or provider champions	None