

# Accountable Communities of Health Alignment with Community Identified Health Needs

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Engrossed Substitute Senate Bill 5187; Section 211(2)(c); Chapter 475; Laws of 2023

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# Table of Contents

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Executive summary.....	<b>3</b>
Background.....	<b>4</b>
<i>Washington’s nine ACHs</i> .....	4
<i>ACHs in the initial MTP waiver period</i> .....	6
Community identified priorities .....	7
Community collaborations, partnerships, and engagement with tribes .....	8
Community investment: growth and development .....	9
Accessing health care and other HRSN services.....	10
MTP 2.0 .....	<b>11</b>
Conclusion .....	<b>13</b>
Appendix A .....	<b>14</b>

## Executive summary

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Engrossed Substitute Senate Bill 5187 (2023); Section 211(2)(c) directs the Health Care Authority to:

In collaboration with the accountable communities of health, the authority will submit a report to the governor and the joint select committee on health care oversight describing how each of the accountable community of health's work aligns with the community needs assessment no later than December 1, 2023.

Accountable Communities of Health (ACHs) are an essential part of ongoing health system transformation in Washington State. Because ACHs have built trust within their regions and communities, they are positioned and prepared to understand and respond to community-identified needs.

ACHs' relationships enable them to serve community members at the local level. ACHs help coordinate care for people who need assistance by identifying health-related social needs and connecting people with community resources, community-based organizations, and state and local social service agencies. When appropriate, ACHs link people to health care that, together with community-based services, can improve health and reduce the burden on the health care delivery system.

ACHs are focused on health equity, diversity, and inclusion (DEI) activities, with an awareness of historically underfunded entities, services, and marginalized groups.

ACHs and the state of Washington have formed an innovative partnership that complements the traditional medical care delivered through our Managed Care Organizations and other fee-for-service providers. As with any innovation, lessons are learned along the way. These lessons help shape and refine future efforts. In this case, ACHs' lessons and experiences under the state's initial Section 1115 Medicaid demonstration waiver, called the Medicaid Transformation Project (MTP), helped inform the state's successful application for a five-year waiver renewal (referred to as MTP 2.0).

Key lessons from ACHs' work that connects state initiatives to local communities include:

- ACHs are uniquely positioned to act as community conveners, elevate voices of traditionally underserved populations and organizations, and forge deep, trusted relationships in their regions
- Workforce shortages pose a persistent, nationwide challenge, particularly in the field of behavioral health. ACHs devoted substantial effort to workforce development. Community health workers (CHWs) have played an important role in regions' progress toward achieving MTP goals and will be part of community-based care coordination in MTP 2.0
- The Delivery System Reform Incentive Payment System (DSRIP) program, crafted by the federal government to drive adoption of payment reform, was too broadly scoped. While ACHs were instrumental in bringing providers together from across the delivery system, they were not well positioned to drive the large-scale change envisioned by DSRIP. Recent 1115 waiver applications and approvals from several states, including Washington State, have focused on consistently implementing community-based initiatives throughout the state
- ACHs were part of the state's efforts to shift health care payment to value and outcomes, rather than volume, an initiative commonly called value-based purchasing (VBP). ACHs provided training and technical assistance on VBP for their partners and facilitated collection of VBP data from health care providers. Even with ACHs' involvement, some smaller-scale providers need additional support to adopt value-based payment models.

## Background

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On June 30, 2023, the Centers for Medicare & Medicaid Services (CMS) approved Washington state to continue an 1115 Medicaid waiver demonstration, known as Medicaid Transformation Project (MTP) 2.0 for an additional five years. The MTP 2.0 renewal began July 1, 2023, and will end June 30, 2028. The transformation goals and scope of work approved under MTP 2.0 will build upon the successes of the initial MTP waiver period that ran January 2017 through June 2023, and incorporate lessons learned to guide future work.<sup>1</sup>

Washington's continued progress in transforming care relies on many partnerships, including the ongoing work with nine regional ACHs. ACHs are independent organizations that share a common interest in improving health and advancing health equity statewide and within their regions and communities.

### Washington's nine ACHs

ACHs are part of the infrastructure for a collaborative approach that advances statewide goals and meets distinct regional needs. Over the past several years, ACHs evolved from concept to strong legal, independent entities that cover all regions of the state, aligned with Medicaid Apple Health purchasing regions. ACHs have an impact that reaches beyond the traditional health care delivery system. ACHs have contributed to a decade of innovation to transform health care delivery in Washington, bolstering the state's efforts to:

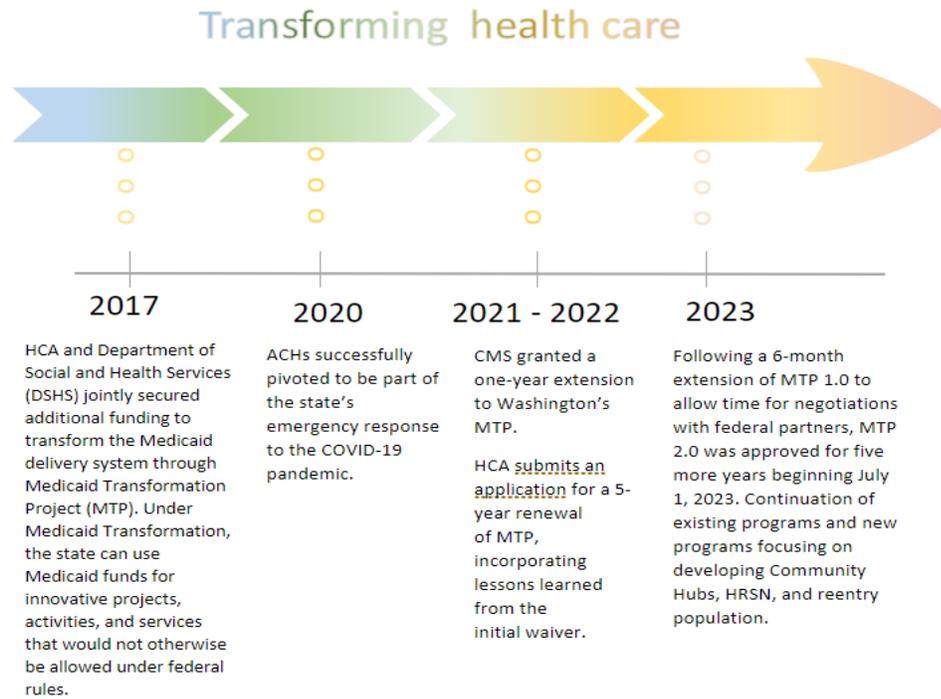
- Create better health, better care, and efficient delivery
- Connect community and clinical resources to promote better health
- Identify barriers and solutions specific to local populations

The figure below shows the MTP activities in Washington State, starting in 2017.

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<sup>1</sup> A previous [legislative report](#) and [external evaluations](#) of the waiver programs summarized some of the ACH efforts.

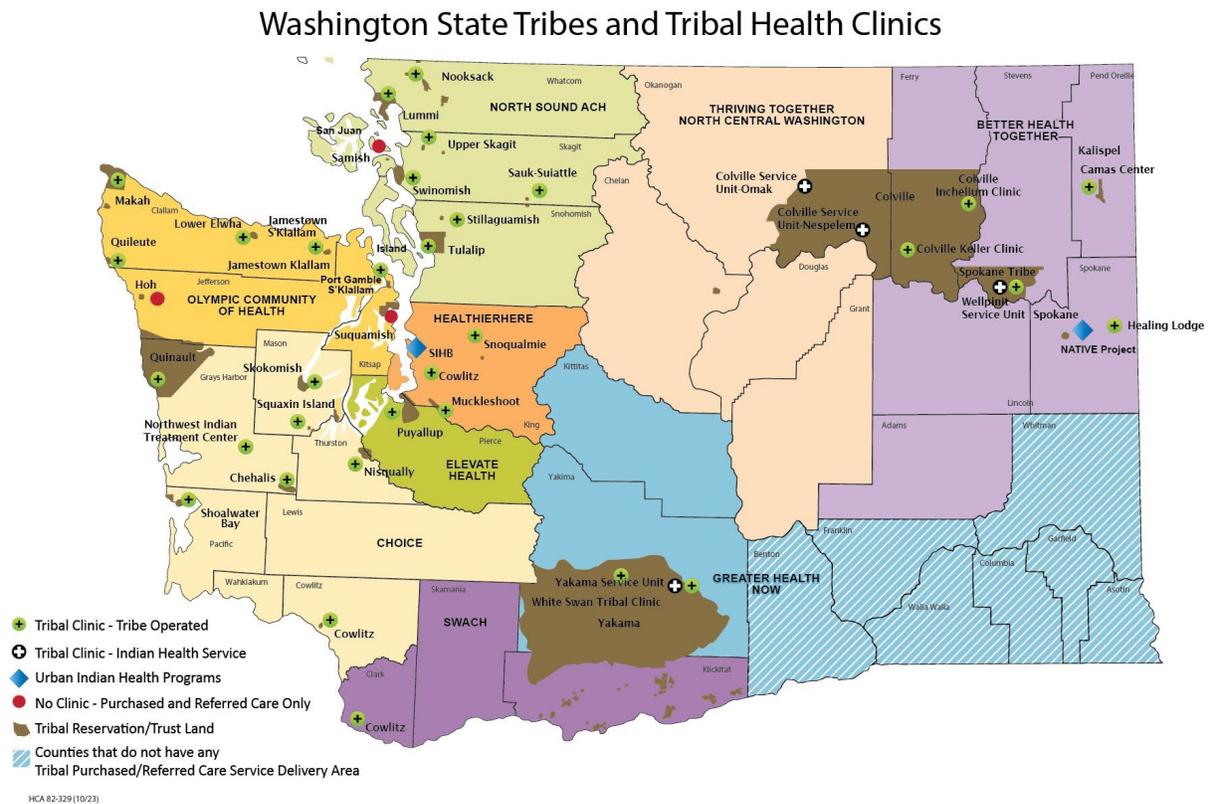
**Figure 1: MTP timeline**



ACHs cover all regions of Washington State and are aligned with Washington's Medicaid purchasing regions.

The map below shows the counties and tribes within each ACH geographical area.

**Figure 2: ACH regions and tribes and tribal health clinics map**



## ACHs in the initial MTP waiver period

ACHs' roles have evolved over time to form a cohesive statewide approach, while also functioning independently at the regional level to meet their communities' identified needs.

ACHs are on-the-ground partners for key state initiatives, such as the waiver and public health pandemic response, with a deep understanding of their regions and the ability to reach vulnerable people. They have formed two-way partnerships with the state, each informing the other to advance the overall health of their communities. ACHs also share lessons learned with each other, so successes can be replicated and tailored to other parts of the state.

Initiatives under MTP reinforced the approach of addressing unmet social needs to promote individual and community wellbeing. Throughout MTP, ACHs engaged with tribes and partnered with health care providers, local health jurisdictions (LHJs), community-based organizations (CBOs), and many others:

- Supported the integration of **whole-person care** by aligning resources and activities together across multi-sector partnerships
- Provided **community-based care coordination (CBCC)** by building linkages among clinical settings and CBOs that provide and connect people and families to non-clinical services that can address health-related social needs (HRSN)
- Supported efforts to identify and address **health care workforce challenges** by cultivating workforce partnerships and providers to better understand distinct regional needs

- Advanced **health equity and diversity, equity, and inclusion (DEI)** activities, along with investments toward addressing HRSN by partnering with local entities to address regional needs for transportation, housing, nutrition, and other community concerns
- Addressed and augmented **emergency response and recovery** by providing expedited financial support and resources for their communities and health care systems
- Engaged with community leaders to **build trusted relationships**
- Supported **advocacy** efforts on prevention and health promotion by focusing on opioid use disorder (OUD) and substance use disorder (SUD), maternal and child health, access to health services, and chronic disease prevention and management

Throughout MTP, including its six-month extension while CMS and HCA negotiated MTP 2.0, ACHs served their communities with targeted demonstration projects while also elevating specific community concerns and strengths. Highlights of efforts are summarized below.

## Community identified priorities

Regional priorities focus on SUD/OUD, workforce, and others.

- Better Health Together (BHT) continued their partnership with the Department of Health's (DOH's) Care Connect. Through Care Connect, BHT was able to respond to the COVID-19 pandemic needs and serve 3,228 individuals. They provided financial assistance with rent and mortgages, utilities and cell phone and internet bills, fresh food grocery orders, personal protective equipment (PPE), hygiene kits, pulse oximeters, and over the counter COVID-19 tests.
- CHOICE increased the frequency of core training for CHWs, as well as expanded the additional knowledge base of areas to engage CHWs. Four peer support counselors were utilized to help about 1,000 people with SUD/opioid use disorder (OUD) navigate and maintain access to support services in Lewis County.
- Beginning in fall 2022, Elevate Health helped establish a recurring monthly event at the Sumner Food Bank, which supports urgent dental care needs for adults, as well as screening, fluoride, and varnish treatments for children.
- In May 2023, Elevate Health organized a Pierce County roundtable discussion that was attended by more than 30 representatives from tribes, health care facilities, community-based organizations, law enforcement, residents with lived SUD/OUD experience, and others.
- Greater Health Now (GHN) allocated resources for Emergency Medical Services Innovative (EMSI) program to support transitions of care, care coordination, emergency department utilization, expansion of workforce, and displaced health care workers.
- HealthierHere and Public Health – Seattle & King County announced in May 2022 that 28 local organizations would receive funding as part of the King County Health Literacy Project. The partnership between HealthierHere and Public Health – Seattle & King County aims to improve public health messaging developed by and for communities most affected by the COVID-19 pandemic.
- North Sound ACH continued their Naloxone kit distribution, which was a pilot with DOH in 2022, resulting in 370 kits of Narcan and nearly 5,000 fentanyl testing strips distributed into the community.

- Both SWACH and Thriving Together North Central Washington (TTNCW) continued to install naloxone vending machines across their regions at partner locations to dispense life-saving medication for free to anyone who is in need.
- TTNCW sponsored training to increase the number of recovery coaches and enhance the skillsets of current coaches at no cost to the attendee.

## Community collaborations, partnerships, and engagement with tribes

ACH collaborations better serve communities.

- Since October 2022, BHT has provided 10-hour Equity 101 sessions to seven organizations, including rural partners, Spokane Regional Health District, and four youth-serving organizations. In the fall of 2022, 1,217 individuals from 57 organizations completed the Regional Equity Assessment as part of BHT's efforts to identify systemic barriers to care and create more equitable access and services for all.
- In 2023, CHOICE dedicated funding to tribes in the region to assist with health and wellness project work during the transition from MTP to MTP 2.0.
- From July 2022 through June 2023, Elevate Health provided funding support for a CHW working in Puyallup Tribal Health Authority's Home Visiting Program through the Community-Based Care Coordination Community Health Worker grants program.
- Through OnePierce, Elevate Health's Community Resiliency Fund, funding was provided from summer 2022 through summer 2023 for culturally relevant programming for urban Natives living in Pierce County. Some programs included activities like carving as medicine and a canoe journey herbalist.
- In October 2023, Elevate Health hosted a Trauma-Informed Approaches and Motivational Interviewing training session for CHWs, law enforcement officials, managed care organizations (MCOs), and others who engage with justice-involved clients.
- North Sound ACH sponsored the National Tribal Opioid Summit, hosted by the Tulalip Tribes in August 2023. North Sound ACH hosted the Indigenous Youth and Young Leaders Conference in 2022.
- GHN provided scholarship funding to Heritage University's certificate program *Behavioral Health Aide (BHA): Indigenous Education Pathways for Tribal Nations*. The program prepares BHAs to provide quality behavioral health care in tribal communities.
- During the summer of 2023, Olympic Community of Health (OCH) staff traveled throughout the region to connect with tribal partners. Staff learned of current priorities within the seven tribal nations and discussed opportunities for partnership around care coordination, MTP 2.0, and addressing stigma.
- TTNCW partnered with the NCW Equity Alliance, Community Foundation of NCW, and Icicle Fund to help nonprofit organizations build DEI skills within their own organizations through a nine-month learning series.

## Community investment: growth and development

ACHs invest in CBCC, DEI, and workforce capacity.

- BHT partnered with five community-based organizations serving impacted communities to purchase bulk orders of Wi-Fi-enabled tech devices for distribution into the community. Roughly 100 laptop computers and 100 smartphones were distributed.
- The Tribal Partners Collaborative (TPC) brings together representatives from various tribes, government agencies, and nonprofit organizations to address some of the most pressing issues facing Indigenous communities.
- North Mason Regional Fire Authority has effectively implemented a Mobile Integrated Healthcare program featuring an in-house physician's assistant. This initiative represents a coordinated, patient-centered, evidence-based, holistic model of care, directly delivered to patients in the comfort of their own homes.
- In 2022, CHOICE provided funding to support a feasibility study of a medication-assisted treatment (MAT) facility operated by the Confederated Tribes of the Chehalis Reservation. The tribe will host a grand opening of the clinic in November 2023.
- GHN invested in a CHW internship program, including training funds that support whole-person care, care coordination, behavioral health integration, and primary care teams.
- HealthierHere launched a cross-sector effort that partners with and supports 39 local organizations to develop or enhance initiatives that address pressing workforce challenges. The effort supports a wide array of initiatives at local organizations, including Tribal, Native-led, and Native-serving organizations, hospitals, federally qualified health centers (FQHCs), behavioral health agencies, and community-based health and human services organizations.
- North Sound ACH has a partnership with Skagit Valley College to support students who speak multiple languages to become certified interpreters in medical and social service settings. This effort is shifting the region from thinking of limited English proficiency (as a deficit) to hiring people who speak multiple languages (as an asset).
- OCH brought together the regional workforce that connects clients and patients to community resources and provide care coordination services. OCH convenes this workforce on a quarterly basis to promote networking, deepen connections, and for peer sharing.
- SWACH partnered with CoMagine Health on a grant that addresses health disparities in Black and African-American communities.
- SWACH funded CHW positions in multiple partner organizations throughout their region.
- Utilizing funds from the Health Care Authority (HCA) through the Workforce Education Investment Act (House Bill 1504), TTNCW began working with local organizations in 2022 to provide experiential training and clinical supervision for students as part of their professional certifications. As a result, nine behavioral health interns across four sites in North Central Washington received funding.

## Accessing health care and other HRSN services

ACH efforts focus on housing, food, transportation, and other supports.

- From July 2022 through July 2023, Elevate Health contracted with five CBOs through which more than 1,200 Pierce County residents received fresh food orders and more than 700 individuals received household assistance, preventing evictions and the loss of basic utilities.
- GHN created Connect2Everyone, a community investment program to connect and work locally with CBOs to support and advance population health, including access to care, nutrition, social connection, and workforce development.

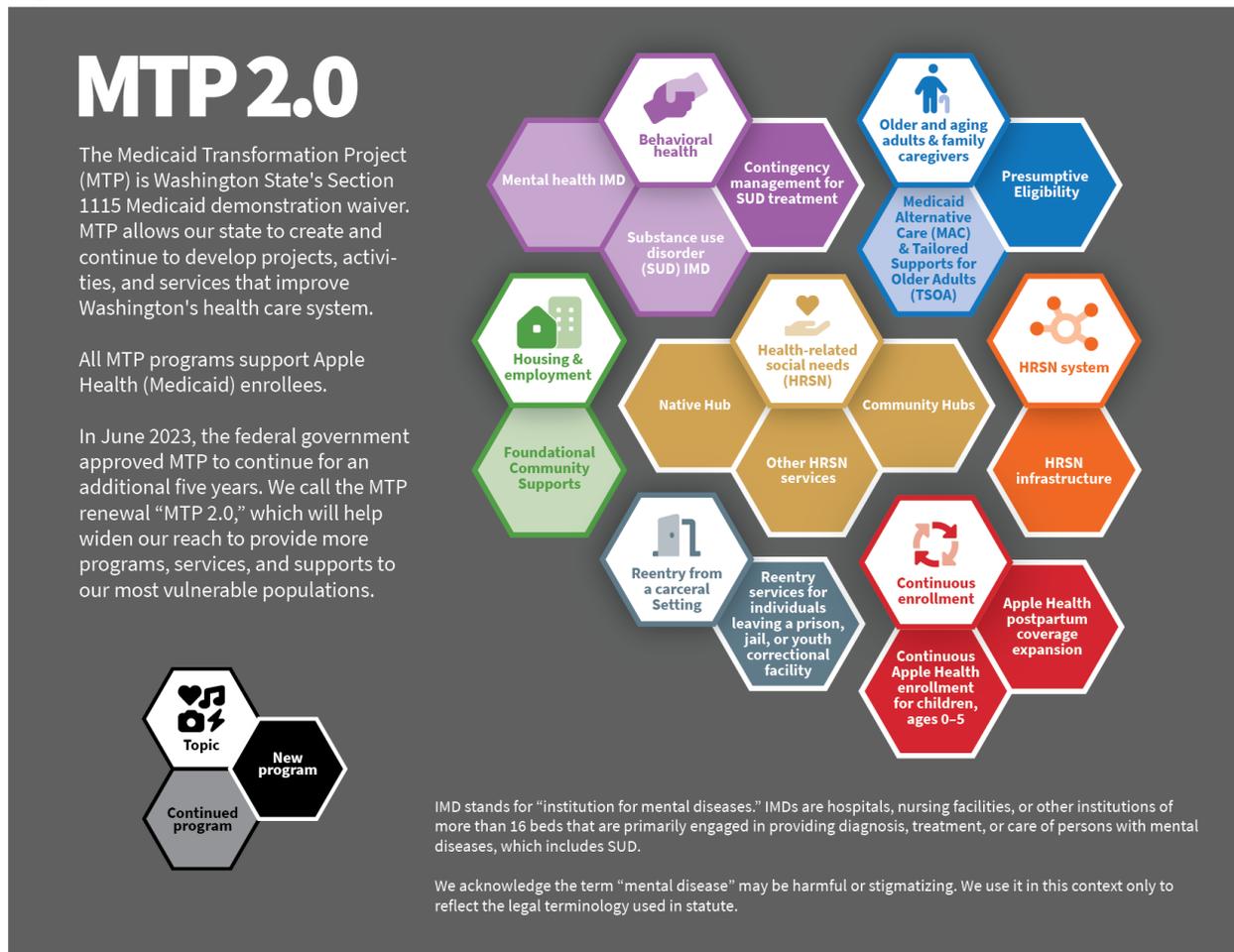
# MTP 2.0

Under MTP 2.0, some existing MTP programs will continue or expand. In addition, the state will launch new focused programs under MTP 2.0, notably services to address HRSN.

Under the renewal, Washington State will:

- Expand coverage and access to care, ensuring that people can get the care they need
- Advance whole-person primary, preventive, and home and community-based care
- Accelerate care delivery and payment innovation focused on HRSN

**Figure 3: MTP 2.0 overview**



Among the projects of MTP 2.0 noted in the figure above, ACHs will play a role in the delivery of HRSN services and strengthening the HRSN infrastructure to deliver those services.

ACHs' unique position to identify, elevate, and serve regional needs informed the MTP 2.0 application. They were key partners in advising the design of Community Hubs envisioned under MTP 2.0. Having ACHs already in place to launch and coordinate HRSN services set Washington apart from other states in our negotiations with federal partners.

HRSN services address an individual's unmet, adverse social conditions that contribute to poor health. HRSN can drive health disparities across demographic groups and include conditions, such as food insecurity, housing instability, unemployment, and lack of reliable transportation. Providing or increasing certain services that address HRSN can contribute to an individual's health and may help keep them well. The HRSN services approved for MTP 2.0 are available to Apple Health (Medicaid) enrollees.

Under MTP 2.0, each ACH will oversee a regional hub that provides CBCC. These hubs will draw upon their earned trust and established understanding of:

- Community collaborations and partnerships
- Community investment growth and development
- Community identified priorities
- Accessing health care and other HRSN services

Community Hubs will:

- **Identify** and engage patients who are likely to have multiple health and social needs
- **Screen** patients for social determinants of health (SDOH) needs and determine the appropriate organizations with the resources and knowledge to address their specific needs
- **Establish** and ensure network of community organizations to help with capacity to deliver HRSN services, as well as in lieu of services (ILOS) delivered by the state's five managed care organizations
- **Connect** patients with community organizations that can help address their social needs within the community care coordination system (e.g., CHWs/peers build and maintain relationship, referrals to services) and develop a comprehensive community care plan
- **Follow-up** to ensure patients are connected and facilitate completion of the SDOH interventions or activities and closely engage managed care coordination, primary care referrals or discharge/transition planning, etc.
- **Track connections** of patients to community-based services

## Conclusion

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Washington is a national leader in its efforts to transform the Medicaid health care delivery system. The approval of another five years of MTP—through the federal government’s Section 1115 Medicaid demonstration waiver program—speaks to past success, ongoing incorporation of lessons learned, and CMS’s endorsement of Washington’s efforts to continue transforming the delivery of care.

ACHs are key partners in the design and implementation of essential services approved under MTP 2.0. Having nine established organizations in place, covering all regions of the state, bolstered Washington’s MTP 2.0 application, particularly for the delivery of HRSN services. ACHs will continue their unique function as regional partners bridging social needs at the local level with the traditional medical needs served by our Managed Care Organizations and other fee-for-service providers. With their continued involvement, the state will maintain essential links to all regions and knowledge of each region’s health care needs and priorities.

## Appendix A

The table below lists the detailed information, including ACH executive names and links to each ACH website.

**Table 1: ACH information**

ACH	County or counties within ACH geographical boundary	Tribe(s) within ACH geographical boundary	ACH executive leader
<a href="#">Better Health Together (BHT)</a>	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	Spokane Tribe of Indians, Confederated Tribes of the Colville Reservation, Kalispel Tribe of Indians	Alison Poulsen
<a href="#">CHOICE, (formerly Cascade Pacific Action Alliance (CPAA))</a>	Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, Wahkiakum  Note: CHOICE spans two purchasing regions	Confederated Tribes of the Chehalis Reservation, Cowlitz Indian Tribe, Nisqually Indian Tribe, Quinault Indian Tribe, Shoalwater Bay Tribe, Squaxin Island Tribe, Skokomish Indian Tribe	JP Anderson
<a href="#">Elevate Health (EH)</a>	Pierce	Puyallup Tribe of Indians, Nisqually Indian Tribe	Gena Morgan
<a href="#">Greater Health Now (GHN) (formerly Greater Columbia ACH (GCACH))</a>	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	Confederated Tribes and Bands of the Yakama Nation	Sharon Brown
<a href="#">HealthierHere (HH)</a>	King	Cowlitz Indian Tribe, Muckleshoot Indian Tribe, Snoqualmie Indian Tribe	John Kim
<a href="#">North Sound ACH (NSACH)</a>	Island, San Juan, Skagit, Snohomish, Whatcom	Lummi Nation, Nooksack Indian Tribe, Samish Indian Nation, Sauk-Suiattle Tribe, Swinomish Indian Tribal Community, Stillaguamish Tribe of Indians, Tulalip Tribes of Washington, Upper Skagit Indian Tribes	Elizabeth Baxter

Olympic Community of Health (OCH)	Clallam, Jefferson, Kitsap	Hoh Indian Tribe, Jamestown S’Klallam Tribe, Lower Elwha Klallam Tribe, Makah Indian Tribe, Port Gamble S’Klallam Tribe, Quileute Tribe, Suquamish Tribes	Celeste Schoenthaler
SWACH	Clark, Klickitat, Skamania	Cowlitz Indian Tribe	Nichole Peppers
Thriving Together North Central Washington (TTNCW) (formerly North Central ACH (NCACH))	Chelan, Douglas, Grant, Okanogan	Confederated Tribes of the Colville Reservation	John Schapman