



**Medicaid Transformation  
Accountable Communities of Health (ACH)  
Project Plan Template**

*Revised  
October 18, 2017*

**Table of Contents**

PROJECT PLAN TEMPLATE OVERVIEW ..... 3

PROJECT PLAN SUBMISSION INSTRUCTIONS ..... 4

SECTION I: ACH-LEVEL..... 5

    Regional Health Needs Inventory ..... 5

    ACH Theory of Action and Alignment Strategy ..... 6

    Governance ..... 7

    Community and Stakeholder Engagement and Input..... 8

    Tribal Engagement and Collaboration ..... 9

    Funds Allocation..... 9

    Required Health Systems and Community Capacity (Domain 1) Focus Areas for all ACHs ..... 11

SECTION II: PROJECT-LEVEL ..... 14

    Transformation Projects ..... 14

    Project Selection & Expected Outcomes ..... 14

    Implementation Approach and Timing ..... 15

    Partnering Providers ..... 15

    Regional Assets, Anticipated Challenges and Proposed Solutions ..... 16

    Monitoring and Continuous Improvement ..... 16

    Project Metrics and Reporting Requirements ..... 17

    Relationships with Other Initiatives ..... 17

    Project Sustainability ..... 17

SUPPLEMENTARY MATERIALS CHECKLIST ..... 18

## PROJECT PLAN TEMPLATE OVERVIEW

Sub-Section	Response Format	Suggested Word Count
Regional Health Needs Inventory	Narrative	4,000 words
ACH Theory of Action and Alignment Strategy	Narrative	1,500 words
	Attachment: Logic model(s), driver diagrams, tables, and/or theory of action illustrations that visually communicate the region-wide strategy and the relationships, linkages and interdependencies between priorities, key partners, populations, regional activities (including workforce and population health management systems), projects, and outcomes	n/a
Governance	Narrative	1,000 words
	Attachment: Visual/chart of the governance structure	n/a
Community and Stakeholder Engagement and Input	Narrative	1,000 words
	Attachment(s): Evidence of how the ACH solicited robust public input into project selection and planning (more details in template below)	n/a
Tribal Engagement and Collaboration	Narrative	1,000 words
	Optional Attachment(s): Statements of support for the ACH from ITUs in the ACH region	n/a
Funds Allocation	Narrative	3,000 words
	Attestation	n/a
	Supplemental Data Workbook: Funds Distribution Tabs	n/a
Required Health Systems and Community Capacity (Domain I) Focus Areas for all ACHs	Narrative	2,000 words
Project Selection & Expected Outcomes	Narrative	2,000 words

Sub-Section	Response Format	Suggested Word Count
Implementation Approach and Timing	Supplemental Data Workbook: Implementation Approach Tabs	n/a
Partnering Providers	Supplemental Data Workbook: Partnering Providers Tabs	n/a
	Narrative	500 words
Regional Assets, Anticipated Challenges and Proposed Solutions	Narrative	1,000 words
Monitoring and Continuous Improvement	Narrative	500 words
Project Metrics and Reporting Requirements	Attestation	n/a
Relationship with Other Initiatives	Attestation	n/a
Project Sustainability	Narrative	500 words

## PROJECT PLAN SUBMISSION INSTRUCTIONS

**Word Count.** ACHs are strongly encouraged to be both responsive and concise. Suggested word count by sub-section are provided as guidance only and ACHs will not be penalized for responses that exceed the suggested word count.

**Response Boxes.** ACHs must clearly respond to questions in the Project Plan Template response boxes. Tables and graphs may be inserted into the narrative response boxes.

**Attachments.** If including additional attachments beyond those that are required or recommended, label and make reference to these attachments in the responses. Additional attachments may only substantiate, not substitute for, a response to a specific question. HCA reserves the right not to review attachments beyond those that are required or recommended. Suggested word counts do not pertain to attachments.

**File Format.** Each ACH will submit Project Plan applications to the Independent Assessor (IA) through a web-based document repository, the Washington Collaboration, Performance, and Analytics System (WA CPAS). The IA will provide a user guide with instructions for user registration and uploading of documents. Additionally, the IA will provide Help Desk support should users have questions.

**Deadline.** Submissions must be uploaded no later than 3:00 pm PT on November 16, 2017. Late submissions will not be accepted.

**Questions.** Questions regarding the Project Plan Template and application process should be directed to [medicaidtransformation@hca.wa.gov](mailto:medicaidtransformation@hca.wa.gov).

## SECTION I: ACH-LEVEL

<b>ACH</b>	
<b>Name</b>	
<b>Phone Number</b>	
<b>E-mail</b>	

### Regional Health Needs Inventory

*Under the Demonstration, ACHs will use data to support project selection and design. As part of this data-driven planning effort, ACHs conduct an assessment to identify regional health needs, disparities in care, and significant gaps in care, health, and social outcomes. Data used in the regional health needs analysis may include data sources provided by the state and other public sources, as well as regional and local-level data sources, and existing reports or other assessments (e.g. community, hospital). It is expected that the regional health needs inventory will be conducted in collaboration with regional stakeholders, partners, and providers who have knowledge of local data and conditions.*

Describe how the ACH has used data to inform its decision-making, from identifying the region's greatest health needs, to project selection and implementation planning. This section should serve as a summary description of how data were used. Additional data relevant to specific projects should be referenced in each project description and justification in Section II of the Project Plan Template.

Address the following:

- Describe how the ACH has used data to inform its project selection and planning.
- Describe the data sources the ACH has acquired or gathered to inform its decision-making, noting where data were provided by partnering providers (Managed Care Organizations (MCOs), providers, Community Based Organizations (CBOs), etc.).
- Provide a high-level summary of the region's health needs relevant to Demonstration project planning. Highlight key sub-regions or sub-population groups if/as appropriate. For each identified topic, cite the data sources and the processes/methods used:
  - Medicaid beneficiary population profile, including number of beneficiaries, geographic, demographic and socio-economic characteristics, and prevalence of adverse social determinants of health
  - Medicaid beneficiary population health status, including prevalence of chronic conditions, vital statistics, and other measures of health
  - Existing healthcare providers serving the Medicaid population (e.g., hospitals, federally qualified health centers, primary care providers, mental health and substance use disorder treatment providers) available across the care continuum in the community, and how these healthcare providers are currently serving the Medicaid population
  - Existing community-based resources available to the Medicaid beneficiary population (e.g., supportive housing, homeless services, legal services, financial assistance, education, nutritional assistance, transportation, translation services, community safety, and job training or other employment services), and how those community-based organizations are currently serving the Medicaid population

- Medicaid beneficiary population’s level of access or connection to care, and their greatest barriers to accessing needed health care and supportive services
- Outline any identified capacity or access gaps between the Medicaid population’s identified health care and health care access needs, and the services (or service capacity) currently available from identified providers and CBOs.

ACH Response

**ACH Theory of Action and Alignment Strategy**

*ACHs are encouraged to think broadly about improving health and transforming care delivery beyond the Medicaid program and population. Advancing a community-wide vision and approach will be critical in ensuring the sustainability of health system transformation.*

*The term “health equity,” as used in this Project Plan Template, means reducing and ultimately eliminating disparities in health and their determinants that adversely affect excluded or marginalized groups.<sup>1</sup>*

Describe the ACH Theory of Action and Alignment Strategy. In the narrative response, address the following:

- Describe the ACH’s vision for health system transformation in its region; include a vision statement and a discussion of how the vision addresses community needs, and the priorities of the whole population.
- Define the ACH’s strategies to support regional health and healthcare needs and priorities.
- Indicate projects the ACH will implement (a minimum of four).

Project Plan Portfolio	
<b>Domain 2: Care Delivery Redesign</b>	
<input checked="" type="checkbox"/>	2A: Bi-Directional Integration of Physical and Behavioral Health through Care Transformation (required)
<input type="checkbox"/>	2B: Community-Based Care Coordination
<input type="checkbox"/>	2C: Transitional Care
<input type="checkbox"/>	2D: Diversions Interventions
<b>Domain 3: Prevention and Health Promotion</b>	
<input checked="" type="checkbox"/>	3A: Addressing the Opioid Use Public Health Crisis (required)
<input type="checkbox"/>	3B: Reproductive and Maternal and Child Health
<input type="checkbox"/>	3C: Access to Oral Health Services
<input type="checkbox"/>	3D: Chronic Disease Prevention and Control

<sup>1</sup> Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017. Accessible at: [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2017/rwjf437393](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437393)

- Describe the process the ACH followed to consider and select projects as part of a portfolio approach.
  - What were the criteria for selecting projects?
  - Describe how the ACH applied its whole-population vision for health system transformation to inform its project selection and planning.
  - Which interventions, resources, and infrastructure will be shared throughout the project portfolio, and how will they be shared?
- Describe how, through these projects, the ACH plans to improve region-wide health outcomes.
- Describe how, through these projects, the ACH plans to improve the region-wide quality, efficiency, and effectiveness of care processes.
- Describe how, through these projects, the ACH plans to advance health equity in its community.
- Describe how, through these projects, the ACH plans to demonstrate a role and business model as an integral, sustainable part of the regional health system.
- Discuss how the ACH addressed any gaps and/or areas of improvement, identified in its Phase II Certification, related to aligning ACH projects to existing resources and initiatives within the region.
- Submit logic model(s), driver diagrams, tables, and/or theory of action illustrations. The attachments should visually communicate the region-wide strategy and the relationships, linkages, and interdependencies between priorities, key partners, populations, regional activities (including workforce and population health management systems), projects, and outcomes (*submit as ACH Theory of Action and Alignment Strategy – Attachment A*).

### ACH Response

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### Governance

Describe the ACH’s governance structure. In the narrative response, address the following:

- Describe how the ACH’s governance provides oversight for the following five required domains:
  - **Financial**, including decisions about the allocation methodology, the roles and responsibilities of each partnering providers, and budget development
  - **Clinical**, including appropriate expertise and strategies for monitoring clinical outcomes and care delivery redesign and incorporating clinical leadership, including large, small, urban, and rural providers
  - **Community**, including an emphasis on health equity and a process to engage the community and consumers
  - **Data**, including the processes and resources to support data-driven decision-making and formative evaluation
  - **Program management and strategy development**, including organizational capacity and administrative support for regional coordination and communication

- If applicable, provide a summary of any significant changes or developments related to the governance structure (e.g., composition, committee structures, decision-making approach) and decision-making processes since Phase II Certification, including a rationale for changes.
- Discuss how the ACH addressed areas of improvement identified in its Phase II Certification related to its governance structure and decision-making processes.
- Describe the process for ensuring oversight of partnering provider participation and performance, including how the ACH will address low-performing partnering providers or partnering providers who cease to participate with the ACH.
- Submit a visual/chart of the governance structure (*submit as Governance – Attachment A*).

ACH Response

### Community and Stakeholder Engagement and Input

Describe the ACH’s community and stakeholder engagement and input. In the narrative response, address the following:

- Describe and provide evidence of how the ACH solicited robust public input into project selection and planning (e.g., attachments of meeting minutes or meeting summaries where input was solicited) (*submit as Community and Stakeholder Engagement and Input – Attachment A*). In the narrative, address:
  - Through what means and how frequently were these opportunities for input made available? (e.g., ACH website posting, ACH listserv, surveys, newspaper, etc.)
  - How did the ACH ensure a broad reach and ample response time in its solicitation?
  - How did the ACH ensure transparency to show how public input was considered?
  - How did the ACH address concerns and questions from community stakeholders?
- Provide examples of at least three key elements of the Project Plan that were shaped by community input.
- Describe the processes the ACH will use to continue engaging the public throughout the Demonstration period.
- Describe the processes the ACH used, and will continue to use, to engage local county government(s) throughout the Demonstration period.
- Discuss how the ACH addressed areas of improvement, as identified in its Phase II Certification, related to meaningful community engagement, partnering provider engagement, or transparency and communications.

ACH Response



## Tribal Engagement and Collaboration

Describe the ACH's current tribal and Indian Health Care Provider (IHCP) engagement and collaboration efforts. In the narrative response, address the following:

- How are tribal and IHCP priorities being identified, either through the ACH or through tribal/IHCP partners?
- Have those priorities informed project selection and planning?
  - If applicable, provide examples of at least three key elements of the Project Plan that were informed by tribal input.
  - If tribes/IHCPs are not involved in ACH project selection and design, describe how the ACH is considering the needs of American Indians/Alaska Natives in the ACH region
- If possible, provide as attachments statements of support for the ACH from Indian Health Service, tribally operated, or urban Indian health program (ITUs) in the ACH region. (*Submit as Tribal Engagement and Collaboration – Attachment A.*)
- Discuss how the ACH addressed areas of improvement identified in its Phase II Certification related to tribal engagement and collaboration.

### ACH Response

## Funds Allocation

### Funds Flow Oversight

Describe the ACH's process for funds flow oversight. In the narrative response, address the following:

- Describe how the ACH will manage and oversee the funds flow process for DSRIP funds (Project Incentive funds, Managed Care Integration Incentive funds, and VBP Incentive funds), including how decisions will be made about the distribution of funds earned by the ACH.
- Discuss the roles and responsibilities of, and relationships between, the ACH governance body and partnering providers in managing the funds flow process.
- Describe the ACH process for ensuring stewardship and transparency of DSRIP funds (Project Design funds, Project Incentive funds, Managed Care Integration Incentive funds, and VBP Incentive funds) over the course of the Demonstration.
- If applicable, provide a summary of any significant changes since Phase II Certification in state or federal funding or in-kind support provided to the ACH and how the funding aligns with the Demonstration activities.
- If applicable, provide a summary of any significant changes to the ACH's tracking mechanism to account for various funding streams since Phase II Certification.

### ACH Response

## Project Design Funds

Describe, in narrative form, how Project Design funds have been used thus far and the projected use for remaining funds through the rest of the Demonstration.

ACH Response

### Funds Flow Distribution

Describe the ACH’s anticipated funds flow distribution. In the narrative response, address the following:

- Describe how Project Incentive funds are anticipated to be used throughout the Demonstration. Provide a narrative description of how funds are anticipated to be distributed across use categories and by organization type. (*Refer to the Funds Distribution tabs of the ACH Project Plan Supplemental Data Workbook for use categories and organization types to inform the narrative response*).

ACH Response

- Using the **Funds Distribution tabs** of the **ACH Project Plan Supplemental Data Workbook**:
  - **Funds Distribution – 1:** Provide the projected percent funding of the Project Incentive funds by use category over the course of the demonstration (DY 1 through DY 5 combined). “Project Management and Administration,” “Provider Engagement, Participation and Implementation,” “Provider Performance and Quality Incentive Payments,” and “Health Systems and Community Capacity Building” are use categories that are fixed in the workbook. ACHs may enter additional use categories. For each use category (fixed and additional), ACHs must provide a definition and the projected percentage of Project Incentive funds over the course of the demonstration.
  - **Funds Distribution – 2:** Provide the projected percent funding of the Project Incentive funds by/for organization type for DY 1. “ACH Organization/Sub-contractors” and four “Partnering Provider Organizations” types are fixed in the workbook. ACHs must define “Other” organizations if the organization type is used. For each organization type, ACHs must provide a projected percentage of Project Incentive funds for DY 1.
- Attest to whether all counties in the corresponding Regional Service Areas (RSAs) have submitted a binding letter of intent (LOI) to integrate physical and behavioral health managed care.

YES	NO
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- Attest to whether the ACH region has implemented fully integrated managed care.

YES	NO

- If the ACH attests to having implemented fully integrated managed care, provide date of implementation.

<b>DATE (month, year)</b>	
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- If the ACH attests to not having implemented fully integrated managed care, provide date of projected implementation.

<b>DATE (month, year)</b>	
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- If applicable (*regions that have submitted LOI and implementation is expected*), please describe how the ACH is working within the community to identify how Integrated Managed Care Incentive funds will be used or invested. Identify the process for determining how Integration Managed Care Incentives will be allocated and invested, including details for how behavioral health providers and county government(s) are participating in the discussion. Additionally, using the guidance provided below, describe anticipated use of funds.  
*(The Managed Care Integration Incentives are intended to assist providers and the region with the process of transitioning to integrated managed care. This could include using funds to assist with the uptake of new billing systems or technical assistance for behavioral health providers who are not accustomed to conducting traditional medical billing or working with managed care business processes. County governments are one example of a potential partnering provider that could receive earned integration incentives, but integration incentives are dispersed by the financial executor, according to an allocation approach defined by the ACHs. Include use categories defined by the ACH for planned funds distribution).*

ACH Response

**Required Health Systems and Community Capacity (Domain 1) Focus Areas for all ACHs**

*The Medicaid Transformation Project Demonstration requires all ACHs to focus on three areas that*  
*ACH Project Plan Template (October 16, 2017)*

*address the core health system capacities that will be developed or enhanced to transform the delivery system: financial sustainability through value-based payment (VBP), workforce, and systems for population health management.*

*The focus areas in Domain 1 require system-wide planning and capacity development to support payment and service-delivery transformation activities. ACHs, in collaboration with HCA and statewide partners and organizations will need to work to use existing infrastructure, and develop sustainable solutions. While regional project implementation will require some level of targeted efforts, ACHs should focus on collective approaches to develop and reinforce statewide strategies and capacity. As a foundation for all efforts within Domains 2 and 3, this collective effort will enhance efficiency, lead to coordinated solutions, and promote sustainability. To the maximum extent possible, ACHs should seek to collaborate with state government and statewide entities, and support partnerships between ACHs, providers, and payers on common topics for all Domain 1 strategies in order to promote efficiencies and reduce costs.*

### **Domain 1 Strategies**

- Describe how capacity-building in these three Domain 1 focus areas will support all selected projects.
- Describe the investments or infrastructure the ACH has identified as necessary to carry out its projects in domain 2 and 3.

### **Value-based Payment Strategies**

*ACHs should use the statewide and regional results from the 2017 MCO and Provider VBP Surveys, and other engagement with partnering providers, to respond to the questions within this section.*

Describe the ACH's approach to implementing and supporting VBP strategies in all projects. In the narrative response, address the following:

- Describe how the ACH supported and/or promoted the distribution of the 2017 Provider VBP Survey.
- Describe the current state of VBP among the ACH's providers.
  - Has the ACH obtained additional information beyond what the survey included? If so, were these findings consistent or inconsistent with the survey results?
- How do providers expect their participation in VBP to change in the next 12 months?
- For your partnering providers, what are the current barriers and enablers to VBP adoption that are driving change?
- Describe the regional strategies that will support attainment of, and readiness to, achieve statewide VBP targets, including plans for the ACH to partner with MCOs and provider associations.
- What will be the ACH's role in supporting providers in the transition to VBP arrangements? What are the preliminary considerations and strategies regarding alignment of VBP strategies in all projects?

### **Workforce Strategies**

*Workforce strategies provide a foundation for creating sustainable community-based and statewide delivery system transformation. ACHs should consider opportunities to invest their resources to ensure sustainable workforce capacity assessment and development by leveraging collaborative activities with Washington's statewide health workforce resources.*

Describe the ACH’s preliminary considerations and approach to adapting workforce strategies across all selected projects. In the narrative response, address the following:

- Describe how the ACH will identify the workforce necessary to support payment and service delivery transformation activities, and assess current workforce capabilities, capacity and gaps.
- Describe how the ACH is considering and prioritizing the advancement of statewide and regional innovations and approaches in workforce capacity development. How will the ACH use existing workforce initiatives and resources, including strategies to support team-based care, cultural competency, and health literacy (i.e., Workforce Training & Education Coordinating Board’s Health Workforce Council, Department of Health’s Office of Rural Health, Health Sentinel Network, Practice Transformation Support Hub, etc.)?

### **Population Health Management Systems**

*The term population health management systems refers to health information technology (HIT) and health information exchange (HIE) technologies that are used at the point-of-care, and to support service delivery. Examples of HIT tools include, but are not limited to, electronic health records (EHRs), OneHealthPort (OHP) Clinical Data Repository (CDR), registries, analytics, decision support and reporting tools that support clinical decision-making and care management.*

*The overarching goal of population health management systems is to expand interoperable HIT and HIE infrastructure and tools so that relevant data (including clinical and claims data) can be captured, analyzed, and shared to support VBP models and care delivery redesign.*

Describe the ACH’s preliminary considerations and approach for expanding, using, supporting and maintaining population health management systems across all selected projects. In the narrative response, address the following:

- Describe how the ACH will work with partnering providers to identify population health management systems that are necessary to support payment and service delivery transformation activities, and to assess current population health management systems capabilities, capacity and gaps.
- Describe how the ACH will work with partnering providers, managed care organizations and other ACH stakeholders to expand, use, support, and maintain population health management systems across all projects.

<b>ACH Response</b>
<b>Domain 1 Strategies:</b>
<b>Value-based Payment Strategies:</b>
<b>Workforce Strategies:</b>
<b>Population Health Management Systems:</b>

## SECTION II: PROJECT-LEVEL

**Section II (including selection of the relevant project from the menu) will need to be duplicated for each project selected (at least a minimum of four).**

### Transformation Project Description

Select the project from the menu below and complete the Section II questions for that project.

Menu of Transformation Projects	
<b>Domain 2: Care Delivery Redesign</b>	
<input type="checkbox"/>	2A: Bi-Directional Integration of Physical and Behavioral Health through Care Transformation (required)
<input type="checkbox"/>	2B: Community-Based Care Coordination
<input type="checkbox"/>	2C: Transitional Care
<input type="checkbox"/>	2D: Diversions Interventions
<b>Domain 3: Prevention and Health Promotion</b>	
<input type="checkbox"/>	3A: Addressing the Opioid Use Public Health Crisis (required)
<input type="checkbox"/>	3B: Reproductive and Maternal and Child Health
<input type="checkbox"/>	3C: Access to Oral Health Services
<input type="checkbox"/>	3D: Chronic Disease Prevention and Control

### Project Selection & Expected Outcomes

*The scope of the project may be preliminary and subject to further refinement. In Demonstration Year 2, the ACH will be required to finalize selections of target population and evidence-based approaches, and secure commitments from partnering providers.*

Describe the rationale for project selection, and the expected outcomes. In the narrative response, address the following:

- Provide justification for selecting this project, how it addresses regional priorities, and how it will support sustainable health system transformation for the target population.
- Discuss how the ACH will ensure the selected project is coordinated with, and does not duplicate, existing efforts in the region.
- Describe the anticipated scope of the project:
  - Describe the project's anticipated target population. How many individuals does the ACH anticipate reaching through the project?
  - What types of partnering providers are involved in this project thus far, and why are they critical to the success of the project?
  - How did the ACH consider the level of impact when selecting the project's anticipated target population? (e.g., geography, subgroups, etc.)
  - How will the ACH ensure that health equity (e.g., demographic, geographic) is addressed in the project design?
- To support broad-reaching, system-wide transformation, projects must improve the efficiency and quality of care for the ACH region's Medicaid population. Describe how the ACH will ensure the selected project will have lasting impacts and benefit the region's overall Medicaid population, regardless of chosen target population(s) or selected approaches/strategies

## ACH Response

### Implementation Approach and Timing

Using the **Implementation Approach** tabs of the **ACH Project Plan Supplemental Data Workbook**, provide a short description of how the ACH will accomplish each set of project milestones in Stage 1, Stage 2, and Stage 3.

- The ACH Project Plan Supplemental Data Workbook includes an Implementation Approach tab for each project. Fill in the appropriate tabs based on the ACH's selected projects.
- In the implementation approach descriptions:
  - Describe the ACHs general approach to accomplishing requirements.
  - Include resources to be deployed to support partnering providers, anticipated barriers/challenges and ACH tactics for addressing them.
  - Specify which evidence-based approach option(s) will be used for the project.
  - If applicable, indicate in italics whether a project milestone can be completed earlier than the required deadline in the Completion Deadline column.

### Partnering Providers

*Partnering providers may include clinical providers, community-based organizations, county governments, and/or tribal governments and providers, among others. The list of partnering providers may be preliminary and subject to further refinement. In Demonstration Year 2, the ACH must provide a final list and secure commitments from partnering providers.*

Using the **Partnering Providers** tabs of the **ACH Project Plan Supplemental Data Workbook**, list partnering providers that have expressed interest in supporting the development and implementation of the project.

Based on the ACH's selected projects, fill in the appropriate **Partnering Providers** tab of the **ACH Project Plan Supplemental Data Workbook** (applicable workbook tabs must be submitted by December 15, 2017). Suggested sub-section word count does not pertain to partnering provider list. Include:

- Organization name
- Organization type
- Organization phone number
- Organization e-mail address
- Brief description of organization
- Employer Identification Number (EIN)
- Upload to Financial Executor portal

Describe engagement with partnering providers. In the narrative response, address the following:

- Demonstrate how the ACH has included partnering providers that collectively serve a significant portion of the Medicaid population.
- Describe process for ensuring partnering providers commit to serving the Medicaid population.

- Describe the process for engaging partnering providers that are critical to the project’s success, and ensuring that a broad spectrum of care and related social services is represented. Describe how the ACH is leveraging MCOs’ expertise in project implementation, and ensuring there is no duplication.

ACH Response

**Regional Assets, Anticipated Challenges and Proposed Solutions**

Describe regional assets that will be brought to the project, as well as anticipated challenges with the project and proposed solutions. In the narrative response, address the following:

- Describe the assets the ACH and regional partnering providers will bring to the project.
- Describe the challenges or barriers to improving outcomes and lowering costs for the target populations through this project.
- Describe the ACH strategy for mitigating the identified risks and overcoming barriers.

ACH Response

**Monitoring and Continuous Improvement**

Describe the ACH’s process for project monitoring and continuous improvement, and how this process will feed into a potential Project Plan modification request. In the narrative response, address the following:

- Describe the ACH’s plan for monitoring project implementation progress. How will the ACH address delays in implementation?
- Describe the ACH’s plan for monitoring continuous improvement. How will the ACH support partnering providers to achieve continuous improvement? How will the ACH monitor day-to-day performance and understand, in real-time, whether the ACH is on the path to reaching their expected outcomes?
- Describe how the ACH will identify and address project initiatives or strategies that are not working or are not achieving desired outcomes.

ACH Response

**Project Metrics and Reporting Requirements**

Attest that the ACH understands and accepts the responsibilities and requirements for reporting on all metrics for required and selected projects. These responsibilities and requirements consist of:

- *Reporting semi-annually on project implementation progress.*



- *Updating provider rosters involved in project activities.*

YES	NO

### Relationships with Other Initiatives

Attest that the ACH understands and accepts the responsibilities and requirements of identifying initiatives that partnering providers are participating in that are funded by the U.S. Department of Health and Human Services and other relevant delivery system reform initiatives, and ensuring these initiatives are not duplicative of DSRIP projects. These responsibilities and requirements consist of:

- *Securing descriptions from partnering providers in DY 2 of any initiatives that are funded by the U.S. Department of Health and Human Services and any other relevant delivery system reform initiatives currently in place.*
- *Securing attestations from partnering providers in DY 2 that submitted DSRIP projects are not duplicative of other funded initiatives, and do not duplicate the deliverables required by the other initiatives.*
- *If the DSRIP project is built on one of these other initiatives, or represents an enhancement of such an initiative, explaining how the DSRIP project is not duplicative of activities already supported with other federal funds.*

YES	NO

### Project Sustainability

Describe the ACH's strategy for long-term project sustainability, and its impact on Washington's health system transformation beyond the Demonstration period.

ACH Response

## SUPPLEMENTARY MATERIALS CHECKLIST

<b>SECTION I: ACH-LEVEL</b>	
<b>Regional Health Needs Inventory</b>	
<i>None</i>	
<b>ACH Theory of Action and Alignment Strategy</b>	
<input type="checkbox"/>	Attachment(s): Logic model(s), driver diagrams, tables, and/or theory of action illustrations that visually communicate the region-wide strategy and the relationships, linkages and interdependencies between priorities, key partners, populations, regional activities (including workforce and population health management systems), projects, and outcomes.
<b>Governance</b>	
<input type="checkbox"/>	Attachment(s): Visual/chart of the governance structure
<b>Community and Stakeholder Engagement and Input</b>	
<input type="checkbox"/>	Attachment(s): Evidence of how the ACH solicited robust public input into project selection and planning
<b>Tribal Engagement and Collaboration</b>	
<input type="checkbox"/>	Optional Attachment(s): Statements of support for the ACH from ITUs in the ACH region
<b>Funds Allocation</b>	
<input type="checkbox"/>	Supplemental Data Workbook: Funds Distribution Tabs
<b>Required Health Systems and Community Capacity (Domain I) Focus Areas for all ACHs</b>	
<i>None</i>	
<b>SECTION II: PROJECT-LEVEL</b>	
<b>Project Selection &amp; Expected Outcomes</b>	
<i>None</i>	
<b>Implementation Approach and Timing</b>	
<input type="checkbox"/>	Supplemental Data Workbook: Implementation Approach Tabs
<b>Partnering Providers</b>	
<input type="checkbox"/>	Supplemental Data Workbook: Partnering Providers Tabs
<b>Regional Assets, Anticipated Challenges and Proposed Solutions</b>	
<i>None</i>	
<b>Monitoring and Continuous Improvement</b>	
<i>None</i>	
<b>Project Metrics and Reporting Requirements</b>	
<i>None</i>	
<b>Relationships with Other Initiatives</b>	
<i>None</i>	
<b>Project Sustainability</b>	
<i>None</i>	