Medicaid Transformation
Accountable Communities of Health
Demonstration Year 6 (DY6) Pay-for-Reporting (P4R) Report Guidance

North Central Accountable Community of Health

DY6 P4R 1 Report

Updated Template Release Date: February 1, 2022
Submitted: April 8th, 2022
**Contact information**

Questions about the semi-annual report template, submission, and assessment process should be directed to [WADSRIP@mslc.com](mailto:WADSRIP@mslc.com).

**ACH contact information**

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

<table>
<thead>
<tr>
<th>ACH name:</th>
<th>North Central Accountable Community of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary contact name</td>
<td>John Schapman</td>
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<tr>
<td>Phone number</td>
<td>509-293-8596</td>
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<td>E-mail address</td>
<td><a href="mailto:john@ncach.org">john@ncach.org</a></td>
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<td>Caroline Tillier</td>
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<td>E-mail address</td>
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</tr>
</tbody>
</table>

**Section 1. Status update**

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

**Attachments**

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

1. **Partnering provider roster.**

To earn the achievement value associated with this reporting component, ACHs are required to update and submit the list of partnering provider sites that reflect all partnering providers that are participating in efforts through the ACH under Medicaid Transformation.¹

**Instructions:**

   a) For each partnering provider site identified as participating in transformation activities, the ACH should use the template provided by the IA to indicate:
      i. Whether the partnering provider site is pursing tactics or strategies in support of

¹ Partnering providers are defined as any traditional and non-traditional Medicaid providers and organizations that have committed to participate in the ACH’s projects. Traditional Medicaid providers are those that bill for services, either to a managed care organization or to the state directly (e.g., hospitals, primary care providers). Non-traditional Medicaid partners may receive some Medicaid funding through programs that provide grant dollars, etc., but they do not provide billable healthcare services to Medicaid members (e.g., behavioral health organizations, community based organizations, fire districts).
specific project areas from the Project Toolkit. Populate the appropriate project column(s) with Y/N.

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

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

**NCACH Response:** Attachment NCACH P4R 1 Report Provider Roster

### Narrative responses

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

#### 2. Challenges and mitigation activities

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

**NCACH Response:** NCACH has not been directly involved in COVID-19 response and recovery activities, or other relevant disaster declarations. Local Health Jurisdictions (LHJ) continue to take the lead response in COVID-19 which has had both our largest spike in COVID-19 cases due to the Omnicom variant and the removal of the mask mandate within the first quarter of this year. This has caused LHJs to be unable to engage with us to the degree we would both like to see. However, due to the indirect impact COVID-19 has had on behavioral health, NCACH has taken an active role in that response.

- NCACH has convened approximately 80 stakeholders across the region both virtually and in-person to have an active discussion on the state of the behavioral health system in our region. This workgroup exists in order to improve our relationships, communication, and shared problem solving, and evolve the North Central Washington behavioral health system with effective coordination, sustainable strategies, and accountability among agencies. Representation on this workgroup includes individuals representing 42 organizations across 11 sectors and 3 parent advocates not associated with an organization. There are several attendees with lived experience included in those numbers. These discussions will continue through June as we seek to create an action plan to continue moving us forward to evolve our behavioral health system.

- NCACH continues driving innovation with our Recovery Coach Network approach. The Recovery Coach Jail pilot with Chelan County jail is proving to be a success and we have expanded it to Grant County with discussion to expand to Okanogan County in the works. Our Recovery Coach manager is also working with a local hospital to implement a recovery coach emergency department pilot. Initial conversations have occurred, and we hope to have a MOU signed with both the emergency department and the organization who hires the recovery coaches within the next month.

- The Narcan vending machines were placed in Chelan and Grant Counties in 2021. We have seen a lot of use and positive impact. At the end of March 2022, the 3rd vending machine was installed in Okanogan County. This quarter NCACH developed a pre-post survey conducted at the sites where the vending machines
are located. Data collection began in early March and initial data shows that just over 1/3 (36%) of the respondents answered “yes” when asked “Was the Narcan effective at reversing the opioid overdose” averaging over two boxes for each reversal.

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

**NCACH Response:** The behavioral health stakeholder meetings are going well with both virtual and in-person components. To support collaboration in a virtual space, NCACH has worked with online meeting features available to maximize the ability for participants to engage in the conversation by utilizing breakout rooms and also providing feedback by utilizing online polling and chat features. People have demonstrated excitement with the ability to meet in person even when masking was required in the first quarter of the year. At this time, we have not had any setbacks to this meeting.

COVID-19 continues to affect the recovery coach pilots at the greatest degree due to the inability to always do face to face visits in the jail and treatment center environments where in person interaction and trust building is vital. This barrier hinders the connection from the recovery coach to the recoveree. As well, the jail and treatment centers continue to have staffing shortages that has affected their capacity to collaborate with outside organizations.

Finally, while we are seeing a lot of success with the Narcan vending machine, this project was funded through a one-time grant from Beacon which allowed us to purchase the vending machine and Narcan to fill it. Initial calculations suggested that supplies of Narcan would last for 1 year, however due to the increase of behavioral health needs in the region and the potency of Fentanyl, we are learning that the machines are being utilized at a greater degree and it is taking on average just over two Narcan doses to reverse the opioid overdose. This increase usage suggests that we only have supplies for 7 months. Discussions are underway to look for additional funding to keep the vending machines stocked.

3. **Scale and sustain update**

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

   In December 2021 and January 2022, NCACH staff carried out interviews with each of the Whole Person Care Collaborative member organizations. Participants cited numerous changes in culture, including capacity for change, as well as better process for measurement and better understanding of quality improvement processes. Partners largely indicated they intend to continue their improvement work, and NCACH plans to pull these same partners together on a quarterly basis to promote continued peer sharing and learning (something many of our partners called out as being most helpful). Note that these meetings will include all interested clinical partners, including those on the
acute side of care (hospitals/emergency departments.) Also note that telehealth investments planned for 2022 (based on assessments completed in 2021) will support continued efforts by many of these WPCC partners to improve healthcare access. This became especially relevant and necessary in response to COVID-19 impacts.

Several of NCACH’s strategic priorities in 2022 build on prior MTP integration and care coordination efforts. One of these strategic priorities is to increase the network of behavioral health supports across the community in order to improve health outcomes for people struggling with behavioral health issues. During this first quarter of 2022, NCACH launched a diverse workgroup of stakeholders (including many of the outpatient behavioral health providers who participated in the WPCC) to help identify local gaps and opportunities to improve the region’s behavioral health system. NCACH also continued to train recovery coaches, worked to expand the jail recovery coach pilot from Chelan County to Grant County, and identified a prior hospital partner to pilot an emergency department recovery coach partnership. In late March, a Narcan vending machine was delivered to a community-based partner in Okanogan County. The North Central region now has Narcan vending machines across all three health jurisdictions offering free and low barrier access to Narcan. This effort is a partnership between NCACH, the Central Washington Recovery Coalition and Beacon Health Options with support from community-based organizations, including HopeSource, the Alano Club of Wenatchee, and Advance.

Another strategic priority is to increase cross-sector collaborations and integrated partnerships in order to promote coordinated whole system responses to whole person health needs. Investments in this area will build on the community-based care coordination efforts and conversations of 2021, while also supporting the strategic priorities and sustainability of Coalitions for Health Improvement (CHI) in our region. During the first quarter of 2022, NCACH initiated monthly meetings with the three lead partners supporting CHIs, formalized MOUs giving CHIs more discretion, started work on a network analysis that will inform ongoing strategy and investments with partners and communities, and met with regional care coordination partners to discuss opportunities for integrating care coordination systems across the region. As a result of these discussions, NCACH initiated conversations with WA211 and local partners around potential resource directory efforts. NCACH also coordinated a WA211 Lab & Learn event with the Community Resource Specialist from Action Health Partners.

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

The DY2-5 clinical focused transformation project provider contracts with WPCC and TCDI partners came to an end in 2021. As noted above, however, WPCC partners will continue improvement work associated with integration and chronic disease management. TCDI partners are also more fully engaging in collaboration across sectors to support the broader understanding of care coordination in our region. In DY6, decisions around funding and financing of partners will be based on participation and
input from network partners. For example, the outcomes of the Behavioral Health Workgroup series will inform recommended investments in the behavioral health system. NCACH also plans on inviting community partner feedback and review of applications for proposed cross-sector collaborations. Finally, Coalitions for Health Improvement have been given full-discretion over funding allocations committed by the NCACH Board. The goal is to shift towards more community-driven investment recommendations and away from healthcare-centric efforts. Based on 2022 strategic priorities, NCACH expects funding to support a larger share of community-based organizations and cross-sector partners (rather than primarily clinical partners) compared to DY1-5.

NCACH also changed its approach to partner meetings to align with the broader scope of initiatives in 2022. NCACH has moved away from Medicaid Transformation project workgroups and funding, and instead, is shifting towards a more open and inclusive approach focused on systems of care and addressing whole person health and health equity. NCACH’s five strategic priorities in 2022 are designed to bridge the work of the MTP to our future state. All of these changes were motivated by the mission statement adopted by NCACH Board in October 2020, and three pillars approved by our Board in July 2021. One of these pillars focuses on building through an inclusive process of distributed leadership; the NCACH Board invited several national guests in December and January to make sense of this foundational concept and the shifts it will entail. More details about the associated shifts in our approach for 2022 can be found in the December NCACH Board packet (pp.15-20).

### Attestations

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>4. <strong>The ACH supported Independent External Evaluator (IEE) activities to understand stakeholders’ and partners’ successes and challenges with Medicaid Transformation project implementation.</strong> ACH support or engagement may include, but is not limited to:</td>
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<td>Identification of partnering provider candidates for key informant interviews.</td>
<td>x</td>
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<td></td>
<td>ACH participation in key informant interviews. Note: Participation in interviews for the evaluation is voluntary.</td>
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<td>Directing the IEE to public-facing documents (e.g., fact sheets for providers or community members) that help the IEE understand ACH transformation projects and related activities.</td>
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<tr>
<td>5. <strong>The ACH supported WA-ICA communication and technical</strong></td>
<td>x</td>
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<tr>
<td>assistance as requested by HCA (see Section 2, Pay-for-Reporting)</td>
<td>Yes</td>
<td>No</td>
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<td>6. The ACH sent the requested physical and behavioral health partnering provider information on or before the due date as instructed by HCA</td>
<td>X</td>
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If the ACH checked “No” in item above, provide the ACH’s rationale for not supporting IEE activities for evaluation of Medicaid Transformation during the reporting period.

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

### Documentation

#### 7. P4R Metrics

Refer to the attestations in Section 1.

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

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

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

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

**NCACH Response:** Completed Attestation in Section 1

DY6 P4R report guidance