



**Healthier Washington Medicaid Transformation**

**North Sound ACH**

**Semi-annual Report**

**Reporting Period: July 1, 2018 – December 31, 2018**

**January 31, 2019**

## Table of Contents

<b>ACH CONTACT INFORMATION</b> .....	<b>3</b>
<b>SECTION 1. REQUIRED MILESTONE REPORTING (VBP INCENTIVES)</b> .....	<b>4</b>
A. MILESTONE: INFORM PROVIDERS OF VBP READINESS TOOLS TO ASSIST THEIR MOVE TOWARD VALUE-BASED CARE.....	4
B. MILESTONE: CONNECT PROVIDERS TO TRAINING AND/OR TECHNICAL ASSISTANCE OFFERED THROUGH HCA, THE PRACTICE TRANSFORMATION HUB, MANAGED CARE ORGANIZATIONS (MCOs), AND/OR THE ACH.....	6
C. MILESTONE: SUPPORT ASSESSMENTS OF REGIONAL VBP ATTAINMENT BY ENCOURAGING AND/OR INCENTIVIZING COMPLETION OF THE STATE PROVIDER SURVEY.....	8
D. MILESTONE: SUPPORT PROVIDERS TO DEVELOP STRATEGIES TO MOVE TOWARD VALUE-BASED CARE. ....	9
<b>SECTION 2. REQUIRED MILESTONE REPORTING (PROJECT INCENTIVES)</b> .....	<b>11</b>
A. MILESTONE: SUPPORT REGIONAL TRANSITION TO INTEGRATED MANAGED CARE (2020 REGIONS ONLY).....	11
B. MILESTONE: IDENTIFIED HUB LEAD ENTITY AND DESCRIPTION OF HUB LEAD ENTITY QUALIFICATIONS (PROJECT 2B ONLY).....	13
C. ENGAGEMENT/SUPPORT OF INDEPENDENT EXTERNAL EVALUATOR (IEE) ACTIVITIES .....	17
<b>SECTION 3: STANDARD REPORTING REQUIREMENTS (PROJECT INCENTIVES)</b> .....	<b>17</b>
A. ACH ORGANIZATIONAL UPDATES.....	17
B. TRIBAL ENGAGEMENT AND COLLABORATION .....	19
C. INTEGRATED MANAGED CARE STATUS UPDATE (EARLY- AND MID-ADOPTERS ONLY) .....	20
D. PROJECT IMPLEMENTATION STATUS UPDATE .....	23
E. PARTNERING PROVIDER ENGAGEMENT.....	27
F. COMMUNITY ENGAGEMENT AND HEALTH EQUITY.....	31
G. BUDGET AND FUNDS FLOW.....	32
<b>SECTION 4: PROVIDER ROSTER (PROJECT INCENTIVES)</b> .....	<b>33</b>
A. COMPLETION/MAINTENANCE OF PARTNERING PROVIDER ROSTER.....	33
<b>SECTION 5: INTEGRATED MANAGED CARE IMPLEMENTATION (INTEGRATION INCENTIVES)</b> .....	<b>35</b>
A. IMPLEMENTATION OF INTEGRATED MANAGED CARE (MID-ADOPTERS ONLY) .....	35
<b>ATTACHMENTS (UPLOADED AS SEPARATE FILES)</b> .....	<b>36</b>

## ACH contact information

Provide contact information for the primary ACH representative. The primary contact will be used for all correspondence relating to the ACH's semi-annual report. If secondary contacts should be included in communications, please also include their information.

<b>ACH name:</b>	North Sound ACH
<b>Primary contact name</b> <b>Phone number</b> <b>E-mail address</b>	Liz Baxter, CEO 360-386-5745 Liz@NorthSoundACH.org
<b>Secondary contact name</b> <b>Phone number</b> <b>E-mail address</b>	Nicole Willis, COO 360-543-8860 Nicole@NorthSoundACH.org

## Section 1. Required milestone reporting (VBP Incentives)

This section outlines questions specific to **value-based payment (VBP) milestones** in support of the objectives of Domain 1 (Health and Community Systems Capacity Building), to be completed by DY 2, Q4.

*Note: For VBP milestones only, the reporting period covers the full calendar year (January 1 through December 31, 2018). Where applicable, ACHs may use examples or descriptions of activities that may have been included in previously submitted reporting deliverables. Regardless, activities must reflect efforts that occurred during DY 2.*

### A. Milestone: Inform providers of VBP readiness tools to assist their move toward value-based care.

- Attestation:** The ACH has informed providers of and/or disseminated readiness tools to assist providers to move toward value-based care in the region.

*Note: the IA and HCA reserve the right to request documentation in support of milestone completion.*

Yes	No
X	

- If the ACH checked “No” in item A.1, provide the ACH’s rationale for not informing providers of and/or disseminating readiness tools. If the ACH checked “Yes” in item A.1, respond “Not applicable.”

**ACH response:**

Not Applicable.

- In the table below, list three examples of how the ACH has informed the following providers of VBP readiness tools: 1) providers with low VBP knowledge or significant barriers/challenges, 2) small providers (25 full time equivalents (FTEs) or fewer), and 3) behavioral health providers.

VBP readiness tool dissemination activities			
Intended audience	Communication method	Date	Specific tools provided
<i>Provider with low VBP knowledge</i>	North Central ACH invited North Sound <b>for site visit</b> to share VBP knowledge from	July 10, 2018	<ul style="list-style-type: none"> <li>Learning on specific resources and trainings that were effective for North Central ACH</li> </ul>

VBP readiness tool dissemination activities			
Intended audience	Communication method	Date	Specific tools provided
	behavioral health agencies (BHAs) about transition challenges		BHAs in establishing VBP contracts with MCOs <ul style="list-style-type: none"> <li>• Case studies and lessons learned from early adopter BHAs</li> <li>• Connection to specialist technical assistance in contract negotiations</li> </ul>
<i>Small provider</i>	In-person Integrated Managed Care design meeting for Physical Health Providers	June 13, 2018	<ul style="list-style-type: none"> <li>• Presentation and materials on frameworks for alternative payment models</li> <li>• Presentation and materials on Medicaid Transformation Project and associated VBP targets</li> </ul>
<i>Behavioral health provider</i>	In-person Integrated Managed Care design meeting for Behavioral Health Providers	February 5, 2018	<ul style="list-style-type: none"> <li>• Presentation and materials on frameworks for alternative payment models</li> <li>• Presentation and materials on Medicaid Transformation Project and associated VBP targets</li> </ul>

4. **Attestation:** The ACH conducted an assessment of provider VBP readiness during DY 2.

*Note: the IA and HCA reserve the right to request documentation in support of*

milestone completion.

Yes	No
X	

- If the ACH checked “No” in item A. 4 provide the ACH’s rationale for not completing assessments of provider VBP readiness during DY 2. If the ACH checked “Yes” in item A.4, respond “Not applicable.”

**ACH response:**

Not applicable.

**B. Milestone: Connect providers to training and/or technical assistance offered through HCA, the Practice Transformation Hub, Managed Care Organizations (MCOs), and/or the ACH.**

- In the table below, list three examples of how the ACH connected providers to training and/or technical assistance (TA) offered through HCA, the Practice Transformation Hub, MCOs, and/or the ACH or ACH contractors. Provide examples, including the recipients of the training and/or TA, identified needs, and specific resource(s) used.

Connecting providers to training and/or technical assistance		
Recipient of training/TA	Identified needs	Resources used
North Sound physical and behavioral health providers: <ul style="list-style-type: none"> <li>• Asian Counseling Treatment Services</li> <li>• Amerigroup</li> <li>• Community Action of Skagit County</li> <li>• Community Health Centers of Snohomish County</li> <li>• Family Care Network</li> <li>• Providence Health and Services</li> <li>• Molina</li> </ul>	Identified needs to increase competencies and skills for trauma-informed, patient-centered care	Southcentral Foundation: Core Concepts Training, July 12-14, 2018 Resources used: <ul style="list-style-type: none"> <li>• ACH staff prep time: 20 hours of staff time planning and recruiting for event</li> <li>• Total participants: 35</li> <li>• Training hours: 27 hours</li> </ul>

Connecting providers to training and/or technical assistance		
Recipient of training/TA	Identified needs	Resources used
<ul style="list-style-type: none"> <li>• North Sound Behavioral Health Organization</li> <li>• Northwest Indian Health Board</li> <li>• Pioneer Human Services</li> <li>• Qualis Health</li> <li>• Skagit Pediatrics</li> <li>• Sunrise Services</li> <li>• Unity Care NW</li> <li>• Whidbey Health</li> </ul>		
Skagit Pediatrics	Training on developing and implementing an integrated care program in primary care settings	<p>Connected to North Sound Behavioral Health Organization (BHO) and UW Advancing Integrated Mental Health Solutions Center (AIMS Center) to learn more about training opportunities (i.e., the Whole Person Care in Primary Care Learning Cohort)</p> <p>Resources Used:</p> <ul style="list-style-type: none"> <li>• Provider champion, Francie Chalmers MD attending on behalf of the region and Skagit Pediatrics</li> <li>• Training provided by CPAA for small cohort learning</li> <li>• Financial support provided to allow practicing clinician to attend CPAA training.</li> </ul>

Connecting providers to training and/or technical assistance		
Recipient of training/TA	Identified needs	Resources used
North Sound Community HUB Care Coordinating Agencies (CCAs) <ul style="list-style-type: none"> <li>• Compass Health</li> <li>• Northwest Regional Council</li> <li>• San Juan County</li> <li>• Sea Mar Community Health Centers</li> </ul>	Training on care coordination model and technology platform (CCS) for community-based care coordinators and Community Health Workers participating in the North Sound Community HUB model	<ul style="list-style-type: none"> <li>• Pathways/CCS Training for CCAs</li> <li>• ACH staff prep time: 20 hours</li> <li>• Total participants: 8</li> <li>• Training hours: 80 + practicum</li> </ul>

**C. Milestone: Support assessments of regional VBP attainment by encouraging and/or incentivizing completion of the state provider survey.**

1. In the table below, list three examples of the ACH's efforts to support completion of the state's 2018 provider VBP survey. The ACH should indicate any new tactics, compared to tactics employed in prior years, to increase participation.

State provider VBP survey communication activities		
Tactic	Incentives offered? (Yes/No)	New tactic? (Yes/No)
Required completion of the VBP survey as a shared contractual expectation of clinical partners in the North Sound region	Yes	Yes
Embedded HCA VBP survey link and background information directly in partner self-assessment in July 2018	Yes	Yes
Promoted and provided ongoing individual troubleshooting support to partners completing 2018 VBP survey	Yes	Yes

**D. Milestone: Support providers to develop strategies to move toward value-based care.**

1. In the table below, provide three examples of how the ACH has supported providers to develop strategies to move toward value-based care. Examples of ACH support include direct TA or training, provision of TA or training resources, monetary support, development of an action plan, etc. The ACH must provide an example for three unique provider types: 1) providers with low VBP knowledge or significant barriers/challenges, 2) small providers (25 FTEs or fewer), and 3) behavioral health providers.

ACH provider support activities				
Provider type	Provider needs (e.g., education, infrastructure investment)	Supportive activities	Description of action plan: How provider needs will be addressed (if applicable)	Key milestones achieved
<i>Provider with low VBP knowledge</i>	Education in VBP	Training and technical assistance in VBP contracts	<ul style="list-style-type: none"> <li>• Assess baseline knowledge and gaps</li> <li>• Identify opportunities for education and technical assistance</li> <li>• Provide technical assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment of current VBP attainment and contractual relationships</li> <li>• Assessment of barriers to VBP contracting</li> <li>• Contractual commitment from partners to examine and report barriers to successful adoption of VBP</li> </ul>
<i>Small provider</i>	Education in VBP	Training and technical assistance in implementing a health information	<ul style="list-style-type: none"> <li>• Assess needs and Health Information Exchange (HIE) gaps</li> <li>• Require HIE integration for relevant providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment of HIE needs and resource gaps</li> <li>• Contractual commitment from partners to leverage and expand systems</li> </ul>

**ACH provider support activities**

<b>Provider type</b>	<b>Provider needs (e.g., education, infrastructure investment)</b>	<b>Supportive activities</b>	<b>Description of action plan: How provider needs will be addressed (if applicable)</b>	<b>Key milestones achieved</b>
		exchange for care management	<ul style="list-style-type: none"> <li>• Provide technical assistance and monetary support</li> </ul>	for population health management
<i>Behavioral health provider</i>	Education in VBP	Training and technical assistance	<ul style="list-style-type: none"> <li>• Assess BHAs' capacity to negotiate VBP contracts with MCOs</li> <li>• Identify potential training resources</li> <li>• Collaborate with North Sound Behavioral Health Organization on VBP contract negotiation</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with North Sound Behavioral Health Organization on identifying subject matter experts and recruiting participants in training</li> </ul>

## Section 2. Required milestone reporting (Project Incentives)

This section outlines questions specific to **project milestones** in support of the objectives outlined in the Medicaid Transformation Project Toolkit by DY 2, Q4. This section will vary each semi-annual reporting period based on the required milestones for the associated reporting period.

### A. Milestone: Support regional transition to integrated managed care (2020 regions only)

**Not Applicable:** The North Sound is a 2019 mid-adopter region, and therefore did not respond to questions under Section 2, Milestone A.

1. **Attestation:** The ACH engaged and convened county commissioners, tribal governments, MCOs, behavioral health and primary care providers, and other critical partners to discuss a process and timeline for regional transition to integrated managed care. Place an “X” in the appropriate box.

*Note: the IA and HCA reserve the right to request documentation in support of milestone completion.*

Yes	No

- a. If the ACH checked “No” in item A.1, provide the rationale for having not discussed a process and timeline for regional transition to integrated managed care. Describe the steps and associated timelines the ACH will take to complete this milestone. If the ACH checked “Yes,” to item E.1 respond “Not applicable.”

**ACH response:**

2. **Attestation.** The ACH, county commissioners, tribal governments, MCOs, behavioral health and primary care providers, and other critical partners developed a plan and description of steps that need to occur for regional transition to integrated managed care. Place an “X” in the appropriate box.

*Note: the IA and HCA reserve the right to request documentation in support of milestone completion.*

Yes	No

- a. If the ACH checked “No” in item A.2, provide the rationale for having not developed a plan for regional transition to integrated managed care. Describe the steps and associated timelines the ACH will take to complete this milestone. If the ACH checked “Yes,” to item E.1 respond “Not applicable.”

***ACH response:***

3. Has the region made progress during the reporting period to establish an early warning system (EWS)?
  - a. If yes, describe the region's plan to establish an EWS Workgroup, including:
    - i. Which organization will lead the workgroup
    - ii. Estimated date for establishing the workgroup
    - iii. An estimate of the number and type workgroup participants
  - b. If no, provide the rationale for not establishing an EWS. How has the ACH identified the process to monitor the transition to IMC and identify transition-related issues for resolution?

***ACH response:***

4. Describe the region's efforts to establish a communications workgroup, including:
  - i. Which organization will lead the workgroup
  - ii. Estimated date for establishing the workgroup
  - iii. An estimate of the number and type of workgroup participants

***ACH response:***

Describe the region's efforts to establish a provider readiness/technical assistance (TA) workgroup, including:

- iv. Which organization will lead the workgroup
- v. Estimated date for establishing the workgroup
- vi. An estimate of the number and type of workgroup participants

***ACH response:***

What provider readiness and/or TA needs has the ACH identified for Medicaid behavioral health providers transitioning to integrated managed care? Has the ACH identified steps to address TA needs?

***ACH response:***

What **non-financial** technical assistance has the ACH identified that HCA could provide to the ACH to help address provider readiness needs?

***ACH response:***

5. How has the ACH engaged MCOs, the regional behavioral health organization, consumers, and other affected stakeholders in planning for the transition to integrated managed care?

***ACH response:***

## **B. Milestone: Identified HUB lead entity and description of HUB lead entity qualifications (Project 2B only)**

**NOTE:** This milestone pertains ONLY to Project 2B. If the ACH is not implementing this project, respond “Not applicable.”

***The ACH may insert or include as an attachment supporting graphics or documentation for the questions below, though this is not required.***

1. Identify the Project 2B HUB lead entity, and describe the entity’s qualifications. Include a description of the HUB lead entity’s organizational structure and any relationship to the ACH. Describe any shared staffing and resources between the HUB lead entity and the ACH.

### ***ACH response:***

The North Sound ACH decided in 2017 to serve as the HUB lead entity. The North Sound ACH has served and will continue to serve as a neutral convener of local and regional stakeholders, including community-based organizations and clinical partners. The ACH has conducted data-driven analysis on target populations and led discussions with the Health Care Authority and other ACHs to find alignment between the Pathways HUB model and existing regional needs and structures.

One early success was the development of a bi-directional referral process between Health Homes and the North Sound Community HUB. The North Sound ACH’s overall organizational structure will be addressed in detail in Section 3, Milestone A. The following text provides information on HUB staff, consultants, and committees.

The North Sound Community HUB team consists of North Sound ACH staff and is integrated into all North Sound ACH teams. The Community HUB Director reports directly to the North Sound ACH CEO, and the HUB Project Manager and HUB Consultant report to the Community HUB Director. The staffing for the Community HUB includes:

***Community HUB Director:*** Leads the Community HUB implementation process, including the development of payment structures, the development of contracts for reimbursement on Pathway outcomes, and the maintenance of agreements with payers and contracted CCAs.

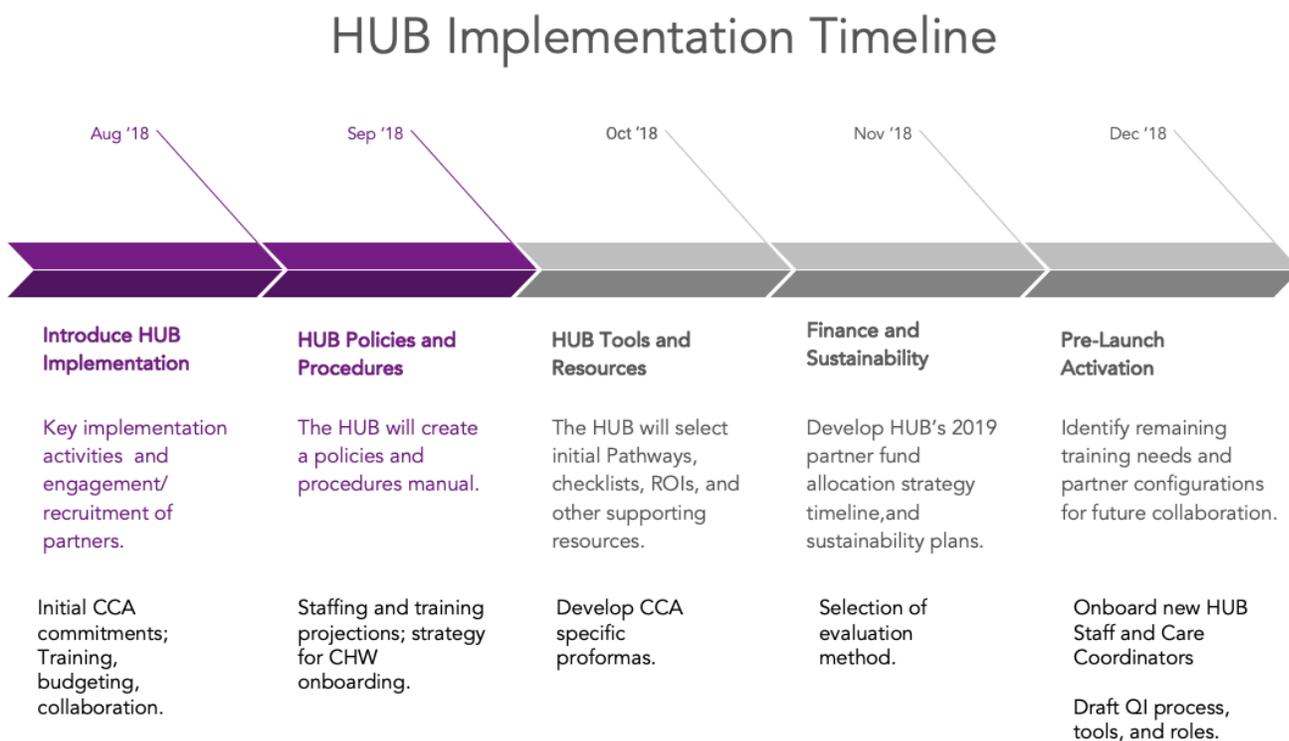
***Community HUB Project Manager:*** Oversees the assessment, analysis, and performance of the HUB and its partner agencies. The HUB Project Manager streamlines operations and workflows between the HUB and CCAs.

***Community HUB Project Coordinator:*** When hired, will lend content expertise to the HUB implementation process, assessing local relationships, partnership capacity, engagement approaches, and funding opportunities.

### ***North Sound Community HUB Supporting Committees***

The HUB’s Advisory Committee provides important guidance and feedback on the implementation process and began meeting in August 2018. This committee includes representatives from each of the HUB’s contracted CCAs, county public health officials, EMS partners, federally qualified health centers, and the Health Homes Chief Operations Officer. The work has been focused on developing the operational components of the Community HUB (see Figure 1). In 2019, additional Advisory Committee members will be added to represent additional provider/referral agencies.

**Figure 1: North Sound Community HUB Implementation Timeline**



In 2019, the North Sound Community HUB will bring together individuals engaged in the components of HUB implementation and operations.

- ACH HUB team will bring referral and service providers will be brought together to discuss successes or challenges to making HUB referrals or serving HUB clients.
- HUB staff will convene sector-specific learning cohorts to share their unique perspective or industry overlap with the Community HUB. Examples might include cohorts comprised of federally qualified health centers, health systems and/or behavioral health providers.

After the Community HUB is launched, the HUB Project Manager will use initial outcome reports to drive discussions among community health workers (CHWs) and CHW supervisors working. These learning cohorts will provide insights into the unique barriers or experiences of

the Community Health Worker workforce, as well as highlight additional training or staff needs.

2. Has the Project 2B HUB lead entity decided to move forward with HUB certification?
  - a. If yes, describe when it was certified, or when it plans to certify.
  - b. If no, describe how the HUB lead entity plans to maintain oversight of business, quality and clinical processes.

***ACH response:***

North Sound ACH has not yet decided whether it will seek HUB certification. North Sound will become eligible to pursue HUB certification in the second half of 2019, and the ACH is examining the feasibility and benefits of doing so. Initial discussions about certification have been held with national HUB certification experts, other HUBs (certified and not) across the region and state, and WA Medicaid Managed Care Plans.

For some HUBs, certification has proven a valuable tool for demonstrating that the HUB is following the standards of the Pathways intervention. However, Washington MCOs have not yet indicated whether they see HUB certification as the only way to illustrate fidelity to the Pathways HUB model, or if the Pathways model is the singular model that they will support. Further discussions with MCOs to find consensus on the value and applicability of HUB certification within the North Sound's regional context will occur in the coming year.

3. Describe the Project 2B HUB lead entity's role and processes to manage the appropriate HUB information technology requirements. Include a description of data governance (including clinical and administrative data collection, storage, and reporting) that identifies access to patient level data and health information exchange for HUB and care coordination staff, and referring or other entities.

***ACH response:***

The North Sound Community HUB has put policies, procedures, and protocols in place to manage data governance and security in the exchange of information. To manage HUB information technology requirements, the North Sound Community HUB requires partner compliance with specified privacy standards. Contracted organizations must integrate the North Sound Community HUB HIPAA Business Associate Policies & Procedures into their confidentiality practices. Applicable standards include:

- HIPAA (Health Insurance Portability and Accountability Act)
- 42 CFR Part 2 (Federal statute governing drug and alcohol treatment)
- VAWA (Violence Against Women Act of 2005)

The North Sound Community HUB technology platform (Care Coordination Systems) is part of the cloud-based database used by all of the providers, care coordinators, and referral sources participating in the HUB. To assure privacy of protected health information, individuals being

served through the HUB must authorize release of the information to all of the CCAs that are participating in the HUB by signing a *HUB Participation and Release of Information Consent Form* (Included as Attachment A).

Community members must attest that they understand the HUB will have full access to everything entered into the CCS platform. Individuals can also include names of agencies or individuals outside of the HUB's CCA network that information can be shared with.

The North Sound Community HUB will manage internal security protocols focused on the exchange of information, extension of software user credentials, and security of the physical space of HUB staff. The following policies are being finalized in conjunction with BlueOrange Compliance, an external vendor:

- *North Sound Community HUB User Access Policy*: Establishes and implements logical access controls and procedures to ensure that only authorized users are able to access the HUB's information systems.
- *North Sound Community HUB Bring Your Own Device (BYOD) Policy*: Defines the procedures and restrictions for HUB users who have a legitimate business need to access Care Coordination Systems software using personally owned computing devices.
- *North Sound Community HUB Physical Security Policy*: Implements security measures to restrict access to facilities and to the CCS from unauthorized physical access, tampering, theft, and physical damage, while ensuring that access by authorized workforce members is allowed.
- *North Sound Community HUB Systems Integrity Policy*: Implements technologies and procedures that prevent improper use, alteration, or destruction of ePHI and other sensitive data.
- *North Sound Community HUB Information Classification Policy*: This policy defines the confidentiality requirements for HUB software or supporting documentation.
- *North Sound Community HUB Security Guidelines*: Outlines parameters for CCS user access modification, deactivation, and removal; screensaver and automatic session locks; password requirements; BYOD security requirements; and HUB contracted HIPAA compliance organization responsibilities.

**Security Compliance:** North Sound ACH has contracted with BlueOrange Compliance to ensure that all policies, procedures, and protocols for information technology and exchange are in compliance with HIPAA and other security standards. BlueOrange Compliance will be working with ACH staff throughout 2019 to review workflows, protocols, and supporting documentation pursuant to the collection and processing of clinical and administrative data. Where gaps are identified, BlueOrange Compliance will issue a compliance scorecard and a subsequent action plan and timeline to remedy shortcomings. The North Sound ACH will be dedicating a portion of

a staff role to security officer responsibilities such as maintaining the BlueOrange Compliance action plan.

### C. Engagement/support of Independent External Evaluator (IEE) activities

1. **Attestation:** During the reporting period, the ACH supported Independent External Evaluator (IEE) activities to understand stakeholders’ and partners’ successes and challenges with Medicaid Transformation project implementation. ACH support or engagement may include, but is not limited to:
  - ACH participation in key informant interviews.
  - Identification of partnering provider candidates for key informant interviews.
  - 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.

Place an “X” in the appropriate box.

*Note: the IA and HCA reserve the right to request documentation in support of milestone completion.*

Yes	No
X	

2. If the ACH checked “No” in item C.1, provide the ACH’s rationale for not supporting IEE activities for evaluation of Medicaid Transformation. If the ACH checked “Yes,” to item C.1 respond “Not applicable.”

#### **ACH response:**

Not applicable.

## Section 3: Standard reporting requirements (Project Incentives)

This section outlines requests for information included as **standard reporting requirements** for the semi-annual report. Requirements may be added to this section in future reporting periods, and the questions within each sub-section may change over time.

### *ACH-level reporting requirements*

#### **A. ACH organizational updates**

1. **Attestations:** In accordance with the Medicaid Transformation’s Special Terms and Conditions and ACH certification requirements, the ACH attests to complying with the items listed below during the reporting period.

	Yes	No
a. The ACH has an organizational structure that reflects the capability to make decisions and be accountable for financial, clinical, community, data, and program management and strategy development domains.	X	
b. The ACH has an Executive Director.	X	
c. The ACH has a decision-making body that represents all counties in its region and includes one or more voting partners from the following categories: primary care providers, behavioral health providers, health plans, hospitals or health systems, local public health jurisdictions, tribes/Indian Health Service (IHS) facilities/ Urban Indian Health Programs (UIHPs) in the region, and multiple community partners and community-based organizations that provide social and support services reflective of the social determinants of health for a variety of populations in its region.	X	
d. At least 50 percent of the ACH’s decision-making body consists of non-clinic, non-payer participants.	X	
e. Meetings of the ACH’s decision-making body are open to the public.	X	

2. If unable to attest to one or more of the above items, explain how and when the ACH will come into compliance with the requirements. If the ACH checked “Yes,” to all items respond “Not applicable.”

**ACH response:**

Not applicable.

3. **Attestation:** The ACH has completed an organizational self-assessment of internal controls and risks using the attached template or a similar format that addresses internal controls, including financial audits.

*Note: the IA and HCA reserve the right to request documentation in support of attestation.*

Place an “X” in the appropriate box.

Yes	No
X	

- a. If the ACH checked “No” in item A.3, describe the ACH’s process to address the self-assessment components contained within the checklist, including financial audits. If the ACH checked “Yes,” to item A.3 respond “Not applicable.”

**ACH response:**

Not applicable.

4. Key Staff Position Changes: Please identify if key staff position changes occurred during the reporting period. Key staff changes include new, eliminated, or replaced positions. Place an “X” in the appropriate box below.

	Yes	No
<b>Changes to key staff positions during reporting period</b>	X	

If the ACH checked “Yes” in item A.4 above:

**Insert or include as an attachment** a current organizational chart. Use **bold italicized font** to highlight changes, if any, to key staff positions during the reporting period.

Updated Organization Chart is included as Attachment C.

## B. Tribal engagement and collaboration

1. **Attestation:** The ACH attests to ongoing compliance with the [Model ACH Tribal Collaboration and Communication Policy](#).<sup>1</sup>

*Note: the IA and HCA reserve the right to request documentation in support of attestation.*

Place an “X” in the appropriate box.

Yes	No
X	

2. If the ACH checked “No” in item B.1, describe the rationale for the ACH not being in compliance with the Model ACH Tribal Collaboration and Communication Policy. If the ACH checked “Yes,” to item B.1 respond “Not applicable.”

**ACH response:**

Not applicable.

3. If tribal representation or collaboration approaches have changes during the reporting period, please explain. If there have been no changes, respond “Not applicable.”

<sup>1</sup> <https://www.hca.wa.gov/assets/program/Model-ACH-Tribal-Collaboration-Communication-Policy.pdf>

***ACH response:***

There have been changes among tribal participation on the Board of Directors. In addition, discussions of the Board of the Northwest Washington Indian Health Board (NWIHB) may provide strategies for the North Sound ACH to enhance its work and engagement with the region's tribes.

During summer 2018, the Tribal Alignment Committee of the North Sound ACH Board reached consensus to extend a request to the Northwest Washington Indian Health Board to consider expanding from the current board (which includes five tribes in two counties) to one that includes all eight tribes in the North Sound region. The NWIHB began taking steps to consider this goal, including the adoption of new bylaws and a formal invitation to the three tribes that were not included previously. To our understanding, the governing councils of the Tulalip Tribes and Sauk-Suiattle Tribe of Indians have resolutions under consideration to join. If the NWIHB includes all eight tribes, it could provide a table for conversations that cross the tribes, and additional alignment with the Board's Tribal Alignment Committee.

For the North Sound ACH Board of Directors, tribal representation changed during the reporting period to include Samish Nation, which appointed Debbie Jones as a representative to the North Sound ACH Board in August 2018. During the reporting period the ACH had five of the eight tribes in the region represented on its Board of Directors.

**C. Integrated managed care status update (early- and mid-adopters only)**

1. During the reporting period, what work has the ACH done to assist Medicaid behavioral health providers transitioning to integrated managed care?

***ACH response:***

During the reporting period, the North Sound ACH partnered with the North Sound Behavioral Health Organization (BHO) to support the regional Medicaid behavioral health agencies (BHAs) in the transition to integrated managed care through the Interlocal Leadership Structure (ILS) planning group. The decision to partner with the BHO was made because of the North Sound BHO's existing contract structure and relationships with Medicaid BHAs and subject matter expertise on integrated managed care.

To support Medicaid BHAs in this transition, the North Sound BHO hired XPIO, a firm that has supported BHAs in both the North Central and Southwest Washington early-adopter regions, to conduct assessments of BHA provider systems. XPIO assisted BHAs in creating support requests based on the assessments, and BHAs submitted these requests for support to the BHO. Requests for support from behavioral health providers were reviewed by the BHO, and BHAs that identified needs for support around initial billing and information technology system changes for integrated managed care were prioritized. These requests for support were then forwarded to the North Sound ACH for review. Incentive money to support Medicaid BHAs in

the transition to integrated managed care was transferred to the BHO, in order to use the BHO's existing contract structure with the BHAs to support the transition activities outlined in their requests. BHAs are billing the BHO on a cost reimbursement basis against the incentive funding for activities approved in the support requests.

The North Sound ACH partnered with the North Sound BHO to host a contracting seminar on January 10th, 2019 to assist BHA providers in the contracting process with the Managed Care Organizations.

2. Describe how the ACH has prioritized, and will continue to prioritize, incentives to assist Medicaid behavioral health providers transitioning to integrated managed care. Include details on how Medicaid behavioral health providers and county government(s) have and will continue to participate in discussions on the prioritization of incentives.

***ACH response:***

**The ACH has prioritized incentives to assist Medicaid behavioral health providers transitioning to integrated managed care:** The incentives (funds and technical assistance) have been provided through the North Sound BHO, seeking recommendations from the ILS structure to recommend areas where BHA providers need assistance through the integrated managed care transition (see Figure 2). The ILS group includes ACH Board representation, along with the BHO, and county leaders to support the region through the financial integration. In the future, the North Sound ACH will continue to assess needs of BHAs, especially in 2019 as the transition to fully integrated care continues, and provide capacity building dollars, TA and training resources to them.

**Figure 2: North Sound ACH Payments to support BH Integration Transition (paid via North Sound BHO)**

	<b>Payments</b>	<b>Total: \$3,298,815</b>
	XPIO	\$553,320
Asian Counseling Treatment Services Behavior Health and Recovery		\$117,382
	Bridgeways	\$26,600
Catholic Community Services of Western Washington		\$48,000
	Center for Human Services	\$277,577
	Compass Health	\$627,500
	Evergreen	\$313,400
	Lake Whatcom Center	\$334,335
	Phoenix	\$52,000
	SeaMar	\$150,000
	Snohomish County	\$18,000
	Sunrise	\$460,700
	Telecare	\$9,623
	Therapeutic Health Services	\$310,378

**Medicaid behavioral health providers have participated in, and will continue to participate in, discussions on the prioritization of incentives:** The process has also directly engaged the BHA providers to identify their needs and elicit direct requests for support. XPIO is continuing to support the BHA transition and additional needs can be identified as transition activities occur.

**County government(s) have participated in, and will continue to participate in, discussions on the prioritization of incentives:** Participation in the ILS includes county representation in the planning for integrated managed care. Representatives of the county governments are also members of the BHO board that reviewed and approved the contract amendments that support BHA support activities using incentive funding.

3. Describe the decision-making process the ACH used and will continue to use to determine the distribution of Behavioral Health Integration incentives. Include how the ACH verified and will continue to verify that providers receiving assistance or funding through the Behavioral Health Integration incentive funds will serve the Medicaid population going forward.

***ACH response:***

**Decision-making process to determine the distribution of Behavioral Health Integration incentives:** The ACH sought recommendations from the ILS structure regarding support of BHAs and county governments in the North Sound region. Final distribution decisions have been delegated by the Board to the North Sound ACH CEO, while overall allocation decisions rest with the North Sound ACH Board of Directors. The North Sound BHO contracted with XPIO (also used in Southwest and North Central integrated managed care processes) to recommend investments in specific BHAs to prepare them for MCO billing and made those recommendations to the ILS. BHA involvement in ILS workgroups that focus on early warning metrics and regional behavioral health capacity and facilities will also provide an avenue for discussion of regional BHA needs and provide information to the ILS group.

**Process for verifying that providers receiving assistance or funding through the Behavioral Health Integration incentive funds will serve the Medicaid population going forward:** North Sound BHO relationships with BHAs will be leveraged to ensure that the ACH has an ongoing understanding of BHA needs related to managed care integration in order to ensure that BHAs have the capacity to continue to serve Medicaid enrollees. A contracting support seminar is being provided to assist providers in the Medicaid contracting process to remain Medicaid providers through the transition.

The North Sound ACH did not ‘carve out’ or specifically designate the Behavioral Health Integration Incentives. All ACH earnings are pooled. The North Sound ACH decision to seek recommendations from the ILS was a mechanism to assure that the needs of the BHAs and counties were addressed in an integrated manner for North Sound’s allocation and distribution strategies, rather than separating it into a distinct discussion.

4. Apart from the distribution of incentives directly to behavioral health providers, how has

the ACH supported Medicaid behavioral health providers to address business administration and/or operational issues **after** the transition to integrated managed care?

***ACH response:***

North Sound ACH will report on this after July 2019, when this region transitions to fully integrated managed care. The North Sound ACH has been working to support Medicaid behavioral health providers to address business administration and/or operational issues that will occur after the transition. Many of the support requests from the BHAs have come via the agreement with BHO and its contract with XPIO, including business and data analytics capacity for BHAs to improve business practices. BHAs are also participating in ACH projects related to clinical integration that include population health tracking and quality improvement.

**5. Complete the items outlined in tab 3.C of the semi-annual report workbook.**

**D. Project implementation status update**

Implementation Plans are “living documents” that outline key work steps an ACH plans to conduct across the timeline of the Medicaid Transformation. The ACH’s Implementation Plan (workplan) is a key resource that allows HCA to understand how the ACH is moving forward and tracking progress, and also provides information for HCA to monitor the ACH’s activities and project implementation timelines.

As such, the ACH must submit an **updated implementation plan** that reflects *progress made during the reporting period* with each semi-annual report.<sup>2</sup>

- There is no required format, but the updated implementation plan must allow for the IA to thoroughly review progress made during the reporting period, as outlined in question 1 below.
  - If the ACH has made substantial changes to the format of the workplan from that originally submitted as part of the implementation plan in October 2018, the IA may request an opportunity to discuss the format with the ACH to provide an orientation to the changes.
1. Provide the ACH’s current implementation plan that documents the following information:
    - a. Work steps and their status (in progress, completed, or not started).
    - b. Identification of work steps that apply to required milestones for the reporting period.

***Required attachment: Current implementation plan that reflects progress***

---

<sup>2</sup> Note: ACHs are not to submit the narrative component of the October 2018 Implementation Plan.

***made during reporting period.***

The Updated Implementation Plan is included as Attachment D.

2. At the portfolio level, provide the top three achievements and risks (including planned mitigation strategies and estimated timing for resolution) identified during the reporting period.

***ACH response:***

**ACHIEVEMENTS**

Between July 1, 2018 and December 31, 2018, the top three achievements at the Portfolio level were the following:

**1. Partner Retreat: August 2018**

On August 8 and 9, 2018, all ACH partners who had completed Part 1 (brief application and broad partner commitments) and Part 2 (Partner Self-Assessment survey) of the Partner Application process participated in a two-day partner retreat at Everett Community College. This retreat was attended by approximately 150 representatives from nearly 70 partner organizations. During these two days, ACH staff presented an overview of the North Sound ACH's four-initiative project portfolio and each initiative's associated strategies, as well as next steps for the Medicaid Transformation Project, and expectations and roles for partners.

On the afternoon of the first day and the majority of the second day, staff members led initiative breakout work sessions where partners collaboratively discussed the work plan for implementing the North Sound ACH's Care Coordination, Care Transformation, and Care Integration Initiatives. Participation was required of all North Sound ACH partners who are considering a role in those three initiatives. The discussions at these sessions informed the North Sound ACH's Implementation Plan Work Plan, as well as the development of the Change Plan. Overall, ACH staff received positive feedback from attendees, and partner input played a key role in planning implementation activities.

**2. Partner Change Plans: Development, Release, and Partner Completion**

After the August 2018 Partner Retreat, ACH staff incorporated partner feedback into the implementation planning process and developed the North Sound ACH Change Plan. The format and structure were influenced by approaches from Olympic Community of Health and North Central ACH, and aligned with the structure of the online CSI Reporting Portal that the North Sound ACH will use for monitoring strategy implementation. The North Sound ACH Program Council provided critical input on change plan tactics and informed staff on orientation steps to consider that would increase success of completion.

The Change Plan template (a fillable PDF) was released on October 5, 2018, and partners had almost one month to complete it. During this time, the North Sound ACH staff answered questions from partners via email; hosted several "Info Session" phone calls in which partners were invited to ask questions and listen to questions from other partners; and posted an FAQ

section on the North Sound ACH website

([http://www.northsoundach.org/2018\\_implementation\\_fags](http://www.northsoundach.org/2018_implementation_fags)). *The Change Plan Template is included as Attachment E.*

The final Change Plan was organized into three sections: Section A (Capacity Building), Section B (Cross-Cutting Implementation—tactics that are necessary to implement any strategy) and Section C—strategies from Care Coordination, Care Transformation, and Care Integration. Each strategy contains “required” tactics (without which implementation of the strategy will not be successful) and “supportive,” non-required tactics (tactics that might not be relevant to all partners). ACH staff created a Change Plan Overview document, which provided background and context for the Change Plan Template, instructions on how to complete the form, and information on ACH staff availability to support partners through the process of completing the Change Plan. *The Change Plan Overview Document is included as Attachment F.*

This staff support was well-received and resulted in 60 organizations submitting completed Change Plans by the November 2 deadline. Partners were asked to indicate their current level of work on each strategy and whether they planned to implement or expand, and they could leave narrative comments for each strategy.

### **3. Individual Change Plan partner meetings**

Partners who completed the Change Plan successfully progressed to one-on-one meetings with North Sound ACH staff to discuss their Change Plan submission, clarify their commitment to and ability to implement the strategies they selected. Several partners chose to meet in a group because they were collaborating closely on implementing specific strategies. These partner meetings, typically held over the phone, were also called “Prep Calls” because they were intended to prepare staff and partners for a contract meeting with ACH leadership to formalize their Project Specific Agreements with the North Sound ACH. During these calls, the North Sound ACH staff moved through the details of the Change Plan and discussed each strategy and tactic. These calls have been enormously helpful to staff and partners as they have provided additional detail and an opportunity for both parties to ask clarifying questions about what implementation entails. Most calls have resulted in organizations adjusting their commitment to one or more strategies. By December 31, 2018, the North Sound ACH staff has had individual partner meetings with 26 organizations. These calls will continue into January and be completed by February 2019.

### **RISKS**

Between July 1, 2018 and December 31, 2018, across the North Sound ACH project portfolio, the following were the top three risks, planned mitigation strategies, and estimated timing for resolution:

#### **1. Adequate number of partner organizations implementing each strategy**

One risk of the North Sound ACH Change Plan process is that there might not be partners committing to each of the strategies to ensure robust collaboration across the region. The North Sound ACH staff will not know this information until after their review of Change Plans and follow-up calls have been completed in Q1 2019. To mitigate this risk, the North Sound ACH staff are tracking the number of partners committed to specific strategies and tactics and will be able to identify areas where a gap is likely to occur. In addition, the ACH has begun a process for adding additional partner organizations in 2019 if needed. This will include revision of the Brief Application, the Partner Self-Assessment survey, and possibly the Change Plan. This process will be finalized after completion of the individual partner meetings.

## **2. Partner misunderstanding about implementation requirements**

Another portfolio-level risk experienced during the reporting period was partner misunderstanding (or potential misunderstanding) about implementation requirements and expectations, and those misunderstandings affect the strategies and tactics partners committed to in their Change Plans. Areas of potential misunderstanding are the organizational capacity necessary to implement strategies and tactics, which tactics are required, how different strategies and tactics can be applied in different sectors or settings, reporting requirements, knowledge of evidence-based approaches, and others. To mitigate this risk, during the individual partner meetings, a copy of the Master Services Agreement (MSA) has been shared and is gone over in detail. Several partners did not understand that they completed the MSA upon registering in the Financial Executor portal. The ACH leadership goes over the Special Terms and Conditions, the HCA-ACH contract, and the MSA prior to discussing the Project Specific Agreement. Staff have worked to clarify commitments, implementation requirements and expectations and refined the Change Plans as needed.

## **3. Unclear process for continued partner collaboration**

A risk encountered during the reporting period was undertaking implementation planning and the partner Change Plan process when the process for collaboration between partners in 2019 was not yet fleshed out. To mitigate this risk, ACH staff are developing a 2019 calendar for North Sound partner convenings and opportunities for facilitated collaboration, across the project portfolio, for each of the four initiatives and for specific strategies and/or tactics. This calendar should be ready for publication in Q1 2019. The North Sound ACH will define supports for partner-led or partner-convened gatherings during this same period. In addition, during the first quarter in 2019, the North Sound ACH staff will begin facilitating coordination between organizations working on closely aligned strategies.

3. Did the ACH make adjustments to target populations and/or evidence-based approaches or promising practices and strategies during the reporting period?

Place an “X” in the appropriate box.

Yes	No
-----	----

	X
--	---

4. If the ACH checked “Yes” in item D.3, describe the adjustments made to target populations and/or evidence-based approaches or promising practices and strategies during the reporting period. Include the adjustment, associated project areas, rationale, and anticipated impact. If the ACH checked “No,” to item D.3 respond “Not applicable.”

**ACH response:**

Not applicable.

**Portfolio-level reporting requirements**

**E. Partnering provider engagement**

1. List three examples of ACH decisions or strategies during the reporting period to avoid duplication across ACHs (e.g., assessments, reporting, training) and/or align with existing provider requirements as defined by MCOs and other health plans (e.g., reporting, quality initiatives, and practice transformation programs).

ACH Decisions/Strategies to Avoid Duplication and Promote Alignment		
Decision or Strategy Description	Objective	Brief description of outcome
Monthly calls and quarterly in-person meetings with CPAA, Greater Columbia, North Central, North Sound, and Olympic ACHs facilitated by the Center for Evidence-based Policy (at Oregon Health & Science University)	<ul style="list-style-type: none"> <li>• Coordinated engagement with HCA and the MCOs</li> <li>• Learning community (VBP, implementation planning, CBO engagement, etc.)</li> <li>• Coordinated contracting and vendor interactions</li> </ul>	<ul style="list-style-type: none"> <li>• In-person meetings of the five participating ACHs in September and December, with focus on information sharing, best practices, and coordinated activity</li> <li>• Charter drafted for an ACH-MCO-HCA engagement effort that was approved by the five participating ACHs, with planned involvement of HCA and the remaining ACHs</li> <li>• Plan adopted to coordinate vendor contacts and negotiations</li> </ul>

ACH Decisions/Strategies to Avoid Duplication and Promote Alignment		
Decision or Strategy Description	Objective	Brief description of outcome
Statewide Network of Care Learning Community (PreManage/EDIE state workgroup)	<p>The Statewide Network of Care Learning Community (SNCLC) will support optimizing local and regional care networks through shared learning and collaborations. ACHs will be connected through a shared learning environment that allows regions to develop and implement regionally tailored solutions, while collectively connecting to each ACH region. The goals of the SNCLC are to:</p> <ul style="list-style-type: none"> <li>• establish a sustainable learning structure</li> <li>• work collaboratively</li> <li>• share best practices</li> <li>• create efficiencies whenever possible</li> </ul> <p>The SNCLC will focus on optimizing, across care settings, Collective Medical Technologies Platforms to improve care management networks, activities, and health outcomes.</p>	<ul style="list-style-type: none"> <li>• Formed Learning Community in collaboration across ACHs and in partnership with technology vendor, MCOs, and state partners</li> <li>• Established Learning Community Charter to set out scope and goals for the working group</li> <li>• Began development of work plan and timeline for 2019</li> </ul>
<p>Pathways statewide communication and collaboration: ACHs include:</p> <ul style="list-style-type: none"> <li>• North Sound</li> <li>• CPAA</li> <li>• North Central</li> <li>• Pierce</li> <li>• Better Health Together</li> </ul>	<ul style="list-style-type: none"> <li>• MCO conversations about where to standardize across HUBs</li> <li>• HUB Advisory Committee discussions</li> <li>• Technical Advisory conversations from HUB software vendor</li> <li>• Discussions with other ACH care coordination partners</li> </ul>	<ul style="list-style-type: none"> <li>• MCO conversations: Measurement development cohort being developed</li> <li>• List of agencies in the region that need to be looped into HUB implementation or referral sources conversations in order to avoid duplication</li> </ul>

ACH Decisions/Strategies to Avoid Duplication and Promote Alignment		
Decision or Strategy Description	Objective	Brief description of outcome
<ul style="list-style-type: none"> <li>Southwest ACH</li> </ul> MCOs include: <ul style="list-style-type: none"> <li>Molina</li> <li>Coordinated Care</li> <li>United</li> <li>Amerigroup</li> <li>CPHW</li> </ul> State partners include: <ul style="list-style-type: none"> <li>Health Care Authority</li> <li>The Department of Health</li> </ul>		<ul style="list-style-type: none"> <li>Technical assistance: CCS and PCHI discussions</li> <li>Other care coordination partners: the areas of overlap between care coordination partners in project areas 2B,2C,2D; possibilities to align policies, procedures, and referral protocols</li> <li>HIE/HIT alignment and optimization</li> </ul>

- During the reporting period, how has the ACH engaged providers and community partners that are critical to success but had not yet agreed to participate in transformation activities (due to limited capacity, lack of awareness, etc.)? If the ACH has not engaged these providers during the reporting period, respond “Not applicable.”

***ACH response:***

During the reporting period, the ACH has engaged providers and community partners that are critical to success but have not yet agreed to participate in transformation activities in the following ways:

- The North Sound ACH released a Call for Partners in Q2 that was open to all clinical and non-clinical partners. In the initial pool of applicants, some partners only completed one or two steps of the three-step process but have remained engaged as broader community referral partners and participants in trainings and convenings. In Q3 and Q4 this process gave the North Sound ACH a broad network of community organizations that are working collaboratively with implementation partners but might not be prepared to be implementation partners at this time. However, these organizations could be appropriate to engage as partnering providers in the future.
- The North Sound ACH staff has presented to and participated in forums and community workshops at regional workforce meetings, at Whatcom Community College, the Area Health Education Center of Western Washington, and Western Washington University. These presentations and engagement opportunities allow the North Sound ACH to build

relationships with a range of service providers and community members who might not have yet engaged with the ACH.

- The North Sound ACH has begun development of an Oral Health Local Impact Network with the Arcora Foundation that will include engagement of ACH transformation partners, as well as partners that have not yet committed to participation. These partners will include local dental coalitions and private practice dentists. Engagement of these potential partners is being planned and will begin in DY3.
  - The North Sound ACH staff continues to participate in community coalitions throughout the region, including meetings with Local Health Jurisdictions, community health assessment partners and coalitions, and organizations working in specific communities of color such as the NAACP in Everett, Latino Advisory Council in Skagit County, and the Communities of Color Coalition in Snohomish County.
  - Partner mapping through learnings from the Change Plan process has allowed the North Sound ACH to find a “place at the table” for contracted providers, those who provide direct service who are not on contract, and those that could have a support role to implementation partners. The North Sound ACH is developing a roster of available subject matter expert advisors and trainers to support partners with various implementation efforts in 2019.
  - The ACH maintains an active social media presence through Facebook and a newsletter that reaches a broader group of stakeholders than the specific community of implementation partners.
3. Describe how the ACH supported active MCO participation to allow for MCO input and to send common signals to providers within the context of Medicaid Transformation, e.g., aligning performance expectations, VBP readiness support, billing and IT readiness support for IMC, etc.

***ACH response:***

The North Sound ACH has continued to support active participation and input from the state’s five MCOs, all of which operate in the North Sound region (Amerigroup, Community Health Plan of Washington, Coordinated Care of Washington, Molina Healthcare of Washington, and United Healthcare Community Group). Specific activities during the reporting period were the following:

- The current MCO sector representative participates on the Board of Directors and Governance Committee. Another MCO sector representative sits on the Board’s Governance Committee.
- The North Sound Community HUB is aligning performance expectations and evaluation needs, and examining the feasibility of different outcome-based payment methods and MCO/HUB security auditing

- The North Sound Community HUB has been working with other ACHs and the five MCOs to agree on measures, metrics, and value statements for various elements of the Community HUB. The goal is to align HUB performance measurement and evaluation with the areas of the Community HUB model that MCOs have expressed most interest in, and to determine which of these measures should or should not be standardized across all HUBs.
- The North Sound ACH has coordinated with four other ACHs to draft a charter for an ACH/MCO collaborative to increase cross-regional discussions and plan coordinated action. The primary scope of the collaborative is organizational alignment and consistency among payers in support of ACH project implementation.

**F. Community engagement and health equity**

1. **Attestation:** The ACH has conducted communication, outreach and engagement activities to provide regular opportunities for community members to inform transformation activities during the reporting period.

*Note: the IA and HCA reserve the right to request documentation in support of attestation.*

Yes	No
X	

2. If the ACH checked “No” in item F.1, provide the rationale for not conducting communication, outreach and engagement activities to support community member input. If the ACH checked “Yes,” to item F.1 respond “Not applicable.”

**ACH response:**

Not applicable

3. Provide three examples of the ACH’s community engagement<sup>3</sup> and health equity<sup>4</sup> activities that occurred during the reporting period that reflect the ACH’s priorities for health equity and community engagement.

**ACH response:**

In the 4th quarter of 2018, the North Sound ACH restructured the Board’s Community Leadership Council to allow it to be more accessible to community members and individuals who directly serve Medicaid enrollees and to facilitate more efficient provision of meaningful

<sup>3</sup> Community engagement is defined as outreach to and collaboration with organizations or individuals, including Medicaid beneficiaries, which are not formally participating in project activities and are not receiving direct DSRIP funding but are important to the success of the ACH’s projects.

<sup>4</sup> Health equity is defined as reducing and ultimately eliminating disparities in health and their determinants that adversely affect excluded or marginalized groups.

feedback to the board and staff about community needs. The Board Committee will be called the Regional Voices Council (RVC) in 2019.

In the last year, the North Sound ACH staff has seen firsthand that participation in recurring meetings (especially during work hours) is a significant barrier to Medicaid enrollees' participation in the committee. Accordingly, the new RVC structure will include fewer formal meetings and more opportunities for members to provide quick feedback by completing surveys, hosting community events (with support from the North Sound ACH staff) and connecting one-on-one or in small groups with other Medicaid enrollees to collect their ideas and input.

During the reporting period, the North Sound ACH established a relationship with John A. Powell of the Haas Institute for a Fair and Inclusive Society and arranged for his presentation at the HCA Learning Symposium in October. North Sound ACH has contracted with Hudson & Holland Advisors, a consulting firm that includes John Powell, to assist in launching an equity and Targeted Universalism learning series the region, developing a regional health equity coalition, and exploring opportunities for cross-ACH efforts to achieve equity in the Medicaid Transformation Project.

The North Sound ACH engaged with community-based coalitions throughout the North Sound region to build and deepen organizational partnerships, stay apprised of communities' needs and priorities, and learn about the innovative work of organizations around the region. During the reporting period, the North Sound ACH staff attended meetings of the North Sound Transportation Alliance, the Latino/a Advisory Council, the Community Services Advisory Council, and the Communities of Color Coalition. These cross-sector coalitions work with communities experiencing inequities and bring cross-sector partners to the table to discuss innovative strategies for improving health and equity in the region. Attending these meetings allows the North Sound ACH staff to learn about important community assets and aligned strategies that support equity in the North Sound region.

## **G. Budget and funds flow**

*Note: HCA will provide ACHs with a semi-annual report workbook that will reflect earned incentives and expenditures through the Financial Executor Portal as of December 31, 2018.*

### **1. Design Funds**

Complete items outlined in tab 3.G.1 of the semi-annual report workbook.

### **2. Earned Project Incentives**

Complete items outlined in tab 3.G.2 of the semi-annual report workbook.

3. Describe how the ACH's Health Systems and Community Capacity investments intend to achieve short-term goals and/or broader transformation goals. Potential investments could include VBP training/technical assistance and/or the acquisition/use of certified EHRs by behavioral health, long-term care providers, and/or correctional health providers. Provide at least three examples, including how providers benefited from these investments.

***ACH response:***

From an implementation focus, the first investment has been on the readiness of BHAs that are moving toward integrated managed care and MCO billing. XPIO, a consultant to the North Sound BHO, produced a set of recommendations for specific BHAs, which the North Sound ACH provided financial support for through a contract with the North Sound BHO.

North Sound has utilized Health Systems and Community Capacity funds to support preparation and training of CCAs for implementation of the North Sound Community HUB.

With a stated goal of advancing equity, North Sound ACH has used Health Systems and Community Capacity investments to contract with consultants who are advising on the region's approach to targeted universalism and designing trainings for partners about equity, including facilitating leadership at sessions of the HCA Learning Symposium in October 2018.

North Sound ACH has identified a need for capacity building among the five Local Health Jurisdictions and is working collaboratively with them to support identified capacity building and leadership development.

4. If the ACH has elected to establish a community health fund or wellness fund, briefly describe the use or intended use of these funds to address social determinants of health and/or long-term health improvement strategies. Please describe how these strategies are linked to Medicaid Transformation goals.

***ACH response:***

The Board of Directors will begin to discuss approaches to use of the Community Resilience Fund early in 2019. The intended focus is on upstream social determinants of health, recognizing that these partners and supportive services are not directly tied to the implementation partners, but are critical in order to achieve whole-person care and address equity and disparities.

## Section 4: Provider roster (Project Incentives)

### A. Completion/maintenance of partnering provider roster

ACHs are to maintain a partnering provider roster as part of semi-annual reporting. The roster should reflect **all partnering providers** that are participating in project

implementation efforts in partnership with the ACH (e.g., implementing Medicaid Transformation evidence-based approaches or promising practices and strategies).<sup>5</sup>

The provider roster will be a standard component of future semi-annual reporting, requiring ACHs to report any changes in partnering provider participation in transformation activities throughout the Medicaid Transformation. *Note: While the roster is a standard component, the requirements will evolve based on evaluation and assessment needs (e.g., provider participation at the clinic/site-level).*

ACHs are to include the list of providers in the Provider Roster tab of the semi-annual report workbook. ACHs are encouraged to use the initial provider list submitted in the first semi-annual report as a starting point and modify as needed.

1. In tab 4.A of the semi-annual report workbook, identify:
  - a. All active partnering providers participating in project activities.
  - b. Project participation by active partnering provider. Place an “X” in the appropriate project column(s).
  - c. Start/end of partnering provider engagement in transformation activities by indicating the quarter and year.

***Complete item 4.A in the semi-annual report workbook.***

2. Has the ACH established mechanisms to track partnering provider participation in transformation activities at the clinic/site-level? For example, does the ACH understand within each partnering provider organization which sites are participating? If not, please describe any barriers the ACH has identified related to tracking site-level participation, and how the ACH intends to overcome those barriers.

***ACH response:***

The ACH has established mechanisms to track partnering provider participation in transformation at the clinic/site-level in the following ways:

- Through the Change Plan and subsequent meetings, partners will identify the level of implementation at the site level if possible.
- Where appropriate, ACH reporting process will track implementation at the site level to capture a more representative and comparative picture of the transformation activities underway around the region.

---

<sup>5</sup> Provider is defined as traditional and non-traditional Medicaid providers and organizations that have committed to participate in the ACH’s projects. Traditional Medicaid providers are traditionally reimbursed by Medicaid; non-traditional Medicaid providers are not traditionally reimbursed by Medicaid.

- After partners begin reporting on implementation strategies in 2019, the portal will have a field for reporting site-level implementation so that transformation activities at multiple implementation sites can be tracked.

The North Sound ACH staff and contractors will also monitor site-level implementation through site visits and interviews with implementation partners at specific clinics or sites where transformation activities are being conducted.

## Section 5: Integrated managed care implementation (Integration Incentives)

### A. Implementation of integrated managed care (mid-adopters only)

1. **Attestation:** The ACH region implemented integrated managed care as of January 1, 2019.

*Note: the IA and HCA reserve the right to request documentation in support of milestone completion.*

Yes	No
	X

2. If the ACH checked “No” in item A.1, provide the ACH’s rationale for not implementing integrated managed care in its region on January 1, 2019. If the ACH checked “Yes” in item A.1, respond “Not applicable.”

The North Sound region is scheduled to transition to fully integrated managed care on July 1, 2019.

## **ATTACHMENTS (uploaded as separate files)**

- A. HUB Participation and Release of Information Consent Form**
- B. Organizational self-assessment of internal controls and risks**
- C. Updated Org Chart**
- D. Updated Implementation Plan (Work Plan)**
- E. Change Plan Template**
- F. Change Plan Overview**





# North Sound ACH

## BUILDING HEALTHIER COMMUNITIES

in Island, San Juan, Snohomish, Skagit & Whatcom Counties

As a participant in the Pathways Community Hub Project, I authorize the release and use of all of the following protected health information EXCEPT:

DISCLOSURE EXCLUSIONS TO RELEASE OF PROTECTED HEALTH INFORMATION: (List exceptions, provide date and initials)		
Exception/exclusion	Date	Initials

### 6. PURPOSE OF RELEASE

The information I have authorized for release is to be used only for the purposes of the Pathways Community Hub Project. I understand these uses are:

- To ensure I am eligible to participate in the program
- To have the opportunity to review and understand the contents of this form
- To find out what services I may need/ benefit from my care coordinator and from community organizations
- To help program workers get information from my primary care provider so they can organize my health care plans and other services
- To use medical data for outcome evaluation to determine the effectiveness of the program

### 7. EXPIRATION OF RELEASE

By signing this form, I have read, understand and agree to the information listed, and that this authorization will expire one year from my date of consent, or when I leave the program. I understand that this is a voluntary program, and I may withdraw at any time. My withdrawal from the program will not affect my ability to access medical or other services from any Hub service providers.

I also understand that:

- If I want to participate the in the Pathways Community Hub Project, I must sign this form
- I am not required to sign this authorization form in order to receive treatment, imbursement, or to enroll or be eligible for benefits
- My health care provisions will not be affected if I refuse to sign
- I understand that I, the recipient, receiving this information may re-disclose this information. When re-disclosed, the information may no longer be protected by Federal privacy regulations.
- A copy of this authorization may be used with the same effectiveness as the original form.

### 8. SIGNATURES



North Sound ACH  
BUILDING HEALTHIER COMMUNITIES  
in Island, San Juan, Snohomish, Skagit & Whatcom Counties

---

Signature of Participant or Legal Representative

Date

Time

---

Print name of Participant or Legal Representative

Relationship of Legal Representative to Participant

---

Signature of Witness (optional)

Print name of witness (optional)

DRAFT

## Organizational Self-Assessment of Internal Controls and Risks

ACH Name:

Date Prepared:

**Answer "Yes" if the activity in question is performed internally or externally (unless specified). Each "No" answer indicates a potential weakness of internal fiscal controls. All "No" answers require an explanation of mitigating controls or a note of planned changes. If the activity does not apply to your organization, answer N/A.**

### I. CONTROL ENVIRONMENT

#### A. Management's Philosophy and Operating Style

Yes    N/A    No

1. Are periodic (monthly, quarterly) reports on the status of actual to budgeted expenditures prepared and reviewed by top management?

2. Are unusual variances between budgeted revenues and expenditures and actual revenues and expenditures examined?

3. Is the internal control structure supervised and reviewed by management to determine if it is operating as intended?

#### B. Organizational Structure

4. Is there a current organizational chart defining the lines of responsibility?

5. Have all staff been sufficiently trained to perform their assigned duties?

#### C. Assignment of Authority and Responsibility

6. Are sufficient training opportunities to improve competency and update employees on Program, Fiscal and Personnel policies and procedures available?

7. Have managers been provided with clear goals and direction from the governing body or top management?

8. Is program information issued by the Health Care Authority distributed to appropriate staff?

### II. HUMAN RESOURCES

#### A. Control Activities/Information and Communication

Yes    N/A    No

1. Are personnel policies in writing?

2. Are personnel files maintained for all employees?

**II. HUMAN RESOURCES (continued)**

**A. Control Activities/Information and Communication**

**Yes**    **N/A**    **No**

- |                                     |                          |                          |   |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are payroll costs accurately charged to grants using time spent in each program?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are accurate, up-to-date position descriptions available?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Do all supervisors and managers have at least a working knowledge of personnel policies and procedures?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Does each supervisor and manager have a copy or access to a copy of personnel policies and procedures?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Does management ensure compliance with the organization's personnel policies and procedures manual concerning hiring, training, promoting, and compensating employees? |
|                                     |                          |                          | 8. Are the following duties generally performed by different people?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Processing personnel action forms and processing payroll?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Supervising and timekeeping, payroll processing, disbursing, and making general ledger entries?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Personnel and approving time reports?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Personnel and payroll preparation?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Recording the payroll in the general ledger and the payroll processing function?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Is access to payroll/personnel files limited to authorized individuals?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are procedures in place to ensure that all keys, equipment, credit cards, cell phones, laptops, etc. are returned by the terminating employee?                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Is information on employment applications verified and are references contacted?  |

**III. ACCOUNTS PAYABLE**

**A. Control Activities/Information and Communication**

**Yes**    **N/A**    **No**

- |                                     |                          |                          |   |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Has the organization established procedures to ensure that all voided checks are properly accounted for and effectively cancelled? |
|-------------------------------------|--------------------------|--------------------------|---|

**III.ACCOUNTS PAYABLE (continued)**

**A. Control Activities/Information and Communication**

**Yes**    **N/A**    **No**

2. Do invoice-processing procedures provide for:

- |                                     |                          |                          |  |
|-------------------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Obtaining copies of requisitions, purchase orders and receiving reports?                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Comparison of invoice quantities, prices, and terms with those indicated on the purchase order? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Comparison of invoice quantities with those indicated on the receiving reports?                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. As appropriate, checking accuracy of calculations?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Alteration/destruction of extra copies of invoices to prevent duplicate payments?               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. All file copies of invoices are stamped/marked paid to prevent duplicate payments?              |

3. Are payments made only on the basis of original invoices and to suppliers identified on supporting documentation?

- |                                     |                          |                          |  |
|-------------------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are the accounting and purchasing departments promptly notified of returned purchases and are such purchases correlated with vendor credit memos? |
|-------------------------------------|--------------------------|--------------------------|--|

5. Are monthly reconciliations performed on the following:

- |                                     |                                     |                          |                             |
|-------------------------------------|-------------------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | a. All petty cash accounts? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | b. All bank accounts?       |

6. Are the following duties generally performed by different people?

- |                                     |                          |                          |  |
|-------------------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Requisitioning, purchasing, and receiving functions and the invoice processing, accounts payable, and general ledger functions? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Purchasing, requisitioning, and receiving?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Invoice processing and making entries to the general ledger?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Preparation of cash disbursements, approval of them, and making entries to the general ledger?                                  |

7. Is check signing limited to only authorized personnel?

- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

8. Are disbursements approved for payment only by properly designated officials?

- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

**III.ACCOUNTS PAYABLE (continued)**

**A. Control Activities/Information and Communication**

<u>Yes</u>	<u>N/A</u>	<u>No</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Is the individual responsible for approval or check signing furnished with invoices and supporting data to be reviewed prior to approval or check-signing?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Are unused checks adequately controlled and safeguarded?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Is it prohibited to sign blank checks in advance?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Is it prohibited to make checks out to the order of "cash"?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. If facsimile or e-signatures are used, are the signature plates adequately controlled and separated physically from blank checks?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Are purchase orders pre-numbered and issued in sequence?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Are changes to contracts or purchase orders subject to the same controls and approvals as the original agreement?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Are all records, checks and supporting documents retained according to the applicable record retention policy?

**IV. COMPLIANCE SUPPLEMENT ELEMENTS**

**A. Cash Management**

**Control Activities/Information and Communication**

<u>Yes</u>	<u>N/A</u>	<u>No</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Are requests for advance payment (A-19's) based on actual program needs?
			2. Are the following duties generally performed by different people?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Preparing the request for payment from HCA (A-19)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Reviewing and approving the request for advance payment from HCA (A-19)?

**B. Equipment and Real Property Management**

**Control Activities/Information and Communication**

<u>Yes</u>	<u>N/A</u>	<u>No</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Are all disposals of property approved by a designated person with proper authority?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Has organization management chosen and documented the threshold level for capitalization in an internal policy/procedure book?

**IV.COMPLIANCE SUPPLEMENT ELEMENTS (continued)**

**B. Equipment and Real Property Management**

**Control Activities/Information and Communication**

<u>Yes</u>	<u>N/A</u>	<u>No</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Is someone assigned custodial responsibility by location for all assets?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Is access to the perpetual fixed asset records limited to authorized individuals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Is there adequate physical security surrounding the fixed asset items?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Is there adequate insurance coverage of the fixed asset items?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Is insurance coverage independently reviewed periodically?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Is a fixed asset inventory taken annually?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Are missing items investigated and reasons for them documented?

**C. Procurement and Suspension and Debarment**

Non-Federal entities are prohibited from contracting with or making sub awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement contracts for goods or services equal to or in excess of \$100,000 and all non-procurement transactions. [Http://www.sam.gov/](http://www.sam.gov/) This website is provided by the General Services Administration (GSA) for the purpose of disseminating information on parties that are excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and nonfinancial assistance and benefits.

**Control Activities/Information and Communication**

<u>Yes</u>	<u>N/A</u>	<u>No</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Is there established segregation of duties between employees responsible for contracting; accounts payable and cash disbursing.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Is the contractor's performance included in the terms, conditions, and specifications of the contract monitored and documented?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Do supervisors review procurement and contracting decisions for compliance with Federal procurement policies?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Are procedures established to verify that vendors providing goods and services under the award have not been suspended or debarred by the Federal government?

**C. Procurement and Suspension and Debarment  
Control Activities/Information and Communication**

**Yes**    **N/A**    **No**

5. Are there written policies for the procurement and contracts establishing:
- a. Contract files
  - b. Methods of procurement
  - c. Contractor rejection or selection
  - d. Basis of contract price
  - e. Verification of full and open competition
  - f. Requirements for cost or price analysis
  - g. Obtaining and reacting to suspension and debarment certifications
  - h. Other applicable requirements for Federal procurement
  - i. Conflict of interest
6. Is there written policy addressing suspension and debarments of contractors?
7. Are there proper channels for communicating suspected procurement and contracting improprieties?
8. Does management perform periodic review of procurement and contracting activities to determine whether policies and procedures are being followed?

**D. Reporting  
Control Activities/Information and Communication**

**Yes**    **N/A**    **No**

- 1. Are personnel responsible for submitting required reporting information adequately trained?
- 2. Does management review required reports before submitting?

**E. Single Audit  
Control Activities/Information and Communication**

**Yes**    **N/A**    **No**

- 1. Was the organization audited by an objective accounting firm this past fiscal year?
- 2. Did appropriate organization staff review the findings of the previous years' audit as preparation for the current year audit?

**E. Single Audit (continued)**

**Control Activities/Information and Communication**

**Yes**    **N/A**    **No**

3. Have all audit findings and questioned costs from previous years been appropriately resolved?

**V. CERTIFICATION**

I hereby certify that the information presented in this self-assessment of internal controls and risk is true, accurate, and complete, to the best of my knowledge.

**Organization Name** North Sound Accountable Community of Health

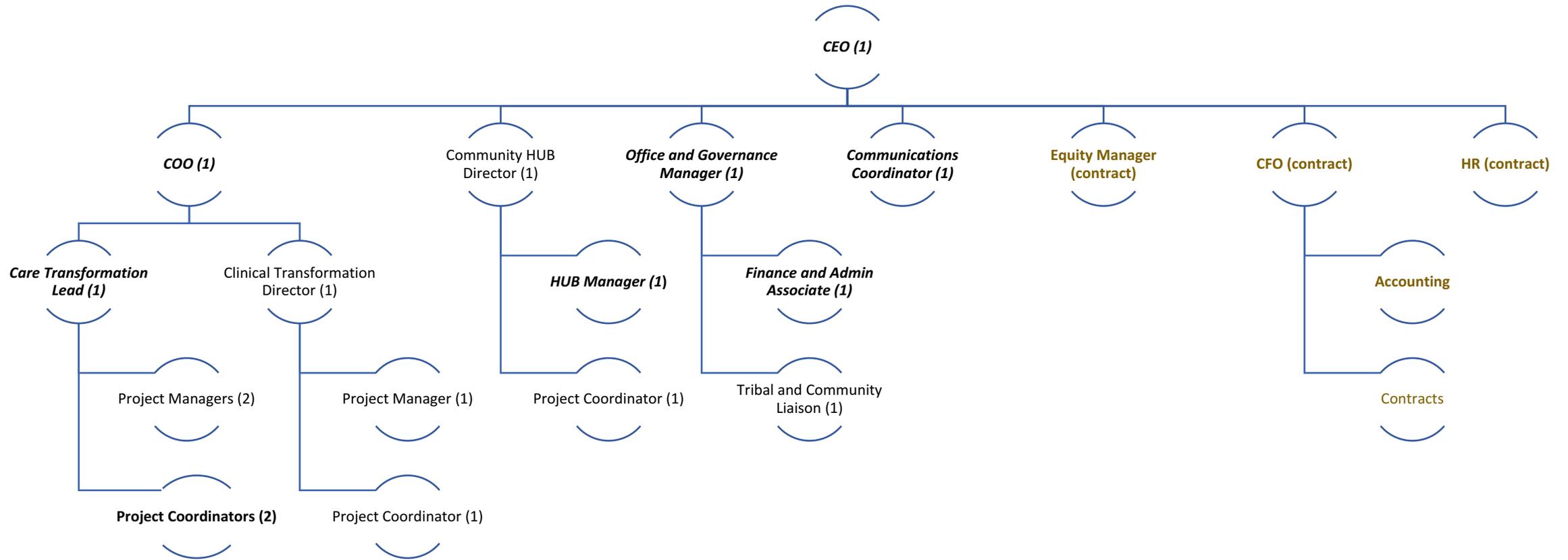
**Authorized Official Signature**



**Date** January 28, 2019

# Attachment C: North Sound ACH: Updated Organizational Chart

## Board approval to grow to 17 FTE in 2019



Bolded/Italicized positions have changed during the reporting period, some simply in job title and others are new positions recently approved by the Board

# North Sound ACH Partner Change Plan

Now, it's time to create your organization's Change Plan by completing the questions in this document. This Change Plan is organized into three sections:

- **Section A: Capacity Building**
  - Milestones and tactics listed in this section are required by all partners regardless of initiative or strategy selected
- **Section B: Cross-Cutting Implementation Work**
  - Milestones and tactics in this section are required by all partners for each strategy selected in Section C. We created Section B to avoid repeating this language in each initiative and strategy area (Section C).
- **Section C: Initiative & Strategy Specific Implementation**
  - Milestones and tactics in this section are required by partners based upon selected strategies.

Specific instructions are included in each section. You must complete each section for your change plan to be complete. As soon as you complete your Change Plan you can submit it either in paper format or electronically to:

Hillary Thomsen at the North Sound ACH.

- By email to [Hillary@NorthSoundACH.org](mailto:Hillary@NorthSoundACH.org)
- By physical mail: North Sound ACH PO Box 4256 Bellingham, WA 98227
- In person: North Sound ACH 1204 Railroad Avenue, Suite 200 Bellingham, WA

For additional questions, contact Hillary at 360-543-8858 or [Hillary@NorthSoundACH.org](mailto:Hillary@NorthSoundACH.org).

**A + B + C = Change Plan**

# North Sound ACH Medicaid Transformation Initiatives & Project Plan Strategies



## 1. Care Coordination

- 1.1 North Sound Community HUB, (Pathways model)
- 1.2 Acute care transitions in physical health and behavioral health settings
- 1.3 Transitional care after incarceration
- 1.4 Emergency department diversion, including community paramedicine
- 1.5 Cross-sector care coordination and diversion collaboratives



## 2. Care Transformation

- 2.1. Prevent opioid use and misuse
- 2.2. Link individuals with opioid use disorder with treatment Services
- 2.3. Intervene in opioid overdoses to prevent death
- 2.4. Community recovery services and networks for opioid use disorder
- 2.5. Full spectrum of reproductive health services, including Long-Acting Reversible Contraception (LARC)
- 2.6. Pediatric practices to promote child health, well-child visits and childhood immunizations
- 2.7. Population management in oral health settings
- 2.8. Dental Health Aide Therapists (DHATs) in tribal clinics
- 2.9. Mobile dental care in community settings
- 2.10. Clinical transformation for prevention and management
- 2.11. Community linkages for chronic disease prevention and management



## 3. Care Integration

- 3.1. Integrate behavioral health services in primary care settings
- 3.2. Integrate physical health services in behavioral health settings
- 3.3. Integrate reproductive health services in clinical and community settings
- 3.4. Integrate oral health care into physical health or behavioral health settings



## Capacity Building

- Leadership and Participation
- Equity & Social Determinants of Health
- Population Health Management
- Value Based Payment

## Organizational Information

Change Plan for:

Person Completing the Change Plan:

Name:

Email:

Phone:

## Authorizing Signature

---

(Executive Director or CEO)

## Section A: Capacity Building

Instructions:

- Please review this entire section on Capacity Building milestones, and tactics. Remember - the descriptions below are required expectations for all North Sound ACH partners regardless of the strategy you select.
- At the end of this section, confirm your organization's commitment to the Capacity Building milestones and tactics.

### Capacity Building Milestones & Tactics

#### **Exercise effective leadership, management, transparency, and accountability of the Medicaid Transformation Project activities.**

- Participate in North Sound ACH partner convenings.
- Collaborate with North Sound ACH implementation partners.
- Participate in training and technical assistance sessions from the Equity and Tribal Learning Series.
- Participate in trainings on topics critical to successful implementation (i.e. Trauma-informed Care, Adverse Childhood Experiences, supporting LGBTQ communities, etc.).
- Establish a data sharing agreement with North Sound ACH.
- Establish data sharing agreements with ACH partners working on the same or similar strategies.

#### **Ensure patients/clients are able to connect with your organization.**

- Maintain a public-facing website with contact information on the home page.
- Maintain a toll-free number and display on the homepage of your website and print materials.
- Offer language translation options on your website and print materials, when responding to callers, and when offering care and service options.
- Offer interpreter services on your website and on print materials, when responding to callers, and when offering care and service options.
- Offer health insurance enrollment assistance onsite during office operating hours.
- Participate in the Choosing Wisely initiative (ABIM Foundation) and supported by WSMA.
- Adopt and support a patient/client facing portal for patient/review of visit histories.
- Adopt and support a patient/client facing portal allowing review of narrative notes written by providers (i.e., Open Notes).

#### **Support regional goals to advance equity and reduce health disparities.**

- Gather patient/client self-reported race, ethnicity, language, and disability.
- Screen for Social Determinants of Health during intake and routine appointments.
- Refer patients to community agencies when concerns related to Social Determinants of Health are identified.
- Participate with ACH in addressing barriers to standardized identification and tracking of ACH target populations.

#### **Leverage and expand systems for population health management.**

- Participate in regional discussions of shared health information and a health information exchange (HIE) gaps and opportunities.

- Respond to periodic North Sound ACH requests for information on gaps and subject matter expertise.
- Increase use of Prescription Drug Monitoring Program (PMP).
- Increase use of Washington Syndromic Surveillance Program/Rapid Health Information Network (RHINO).
- Increase use of Washington State Immunization Information Systems (WA IIS).
- Increase use of Washington State EMS system (WEMSIS).
- Report on feasibility of integrating tools like PreManage or EDie.

**Implement strategies to increase readiness of providers to enter into advanced Value Based Payment contracts.**

- Examine and report barriers of successful adoption of Value Based Purchasing.

**Section A Partner Response:**

- I understand that the milestones and tactics listed in Section A: Capacity Building are required of my organization.

Rate your level of commitment to Section A: Capacity Building milestones and tactics:

- My organization is fully committed to all milestones and tactics
- My organization is partially committed to the milestones and tactics
- My organization cannot commit to the milestones and tactics

Comments, questions or concerns you have about the Capacity Building milestones and tactics:

## Section B: Cross-Cutting Implementation

Instructions:

- Please review the milestones, and tactics listed in Section B: Cross-Cutting Implementation.
- Remember, Section B is in addition to your commitments in Section A and strategies selected in Section C.
- At the end of the section, confirm your organization's commitment to the Cross-Cutting Implementation milestones and tactics.

### Cross-Cutting Implementation Milestones & Tactics

**By March 31, 2019, participate in trainings and utilize technical assistance resources necessary to perform role in selected strategy.**

- Identify and report any gaps in workforce capacity to implement selected strategy and evidence-based approach.
- Utilize training and/or technical assistance offered by ACH to address areas identified as needing improvement.
- Track and report the number and names of staff trained in the best-practice or evidence-based approach(es).

**By March 31, 2019, use continuous quality improvement strategies, measures, and targets to support implementation of selected strategy.**

- Assess and report the state of organization's quality improvement capacity, including: workforce trained, quality improvement (QI) tools and methodologies in use, quality improvement (QI) specific policies and procedures.
- Staff are trained in quality improvement methodologies (i.e., Institute for Healthcare Improvement (IHI), Quality Improvement, Results Based Accountability (RBA), Plan Do Study Act (PDSA), Lean Project Management).
- Report on existing quality improvement metrics that align with HCA's pay for performance metrics
- Ensure quality improvement methods are used to apply best-practice/evidence-based approaches for selected strategy
- Utilize direct transformation coaching when appropriate and/or available
- Report strategy implementation progress to monitor performance, provide performance feedback, track strategies, and identify barriers to implementation.

**By March 31, 2019, develop guidelines, policies, procedures and protocols to support selected strategy.**

- Review and assess existing guidelines, policies, procedures, and protocols that serve as best practice for selected strategy<sup>3</sup>
- As needed integrate new guidelines, policies, and procedures for selected strategy.
- Monitor implementation of guidelines, policies, procedures, and protocols and adjust as needed.

Section B Partner Response:

- I understand the milestones and tactics listed in Section B: Cross-Cutting Implementation are required for each strategy my organization selects in Section C.

Rate your level of commitment to the Section B: Cross-Cutting Implementation milestones and tactics

- My organization is fully committed to all milestones and tactics
- My organization is partially committed to the milestones and tactics
- My organization cannot commit to the milestones and tactics

Comments, questions or concerns you have about the Section B: Cross-Cutting Implementation:

## Section C: Initiative & Strategy Specific Implementation

Instructions:

- Please review the milestones and tactics listed in Section 3: Strategy Specific Implementation
- Remember, that Section C is in addition to commitments to those made in Section B and C.
- Within each strategy description, confirm your organization's commitment to the selected strategy's milestones and tactics.

### 1. Care Coordination: Strategy Objectives, Milestones & Tactics

#### 1.1 North Sound Community Hub, using Pathways Model

Objective: Promote care coordination across the continuum of health, ensuring those with complex health needs are connected to the interventions and services needed to improve and manage their health.

**Milestones & Tactics** (Note- Section B milestones are in the Community HUB's Section C because the dates are earlier than other strategies.)

**By January 1, 2019, develop guidelines, policies, procedures and protocols to support selected strategy.**

- Review and assess existing guidelines, policies, procedures, and protocols that serve as best practice for selected strategy.
- As needed, integrate new guidelines, policies, and procedures for selected strategy.
- Monitor implementation of guidelines, policies, procedures, and protocols and adjust as needed.

**By January 1, 2019, use continuous quality improvement strategies, measures, and targets to support implementation of selected strategy.**

- Train staff in quality improvement methodologies.
- Assess and report the state of organization's quality improvement capacity, including: workforce trained, quality improvement (QI) tools and methodologies in use, quality improvement (QI) specific policies and procedures.
- Report on existing quality improvement metrics that align with HCA's pay for performance metrics.
- Ensure quality improvement methods are used to apply best-practice/evidence-based approaches for selected strategy.
- Report strategy implementation progress to monitor performance, provide performance feedback, track strategies, and identify barriers to implementation.
- Participate in review of HUB outcomes performance evaluation.
- Utilize Care Coordination Systems (CCS) Platform to track HUB referrals and clients

**By January 31, 2019, implement selected strategy for identified populations.**

- Assess and report process gaps and alignment opportunities between selected Pathways.
- Participate in development and integration of HUB policies, procedures, and protocols for Care Coordination Agencies (CCAs) and care coordination staff.
- Participate in HUB Advisory Committee meetings.

**Partner Commitment:** (To be completed only by HUB CCAs: Northwest Regional Council, SeaMar, San Juan County Health and Community Services, and Compass Health.)

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

1.2 Acute Care Transitions  
(physical health and  
behavioral health settings)

Objective: Improve transitional care services to reduce avoidable hospital utilization and ensure individuals eligible or enrolled in Medicaid are getting the right care in the right place.

**Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Adopt and apply evidence-based approaches from Interventions to Reduce Acute Care Transfers (INTERACT), Transitional Care Model (TCM), The Care Transitions Intervention (CTI), or Care Transitions Interventions in Mental Health.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.

**Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

### 1.3 Transitional Care after Incarceration

Objective: Improve transitional care services care for people returning to the community from prison or jail.

#### **Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Collaborate with North Sound ACH implementation partners for selected strategy.
- Embed community health workers (CHWs) in criminal justice setting.
- Adopt and apply evidence-based approaches from one of the following: Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison; A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model; and/or American Association of Community Psychiatrists' Principles for Managing Transitions in Behavioral Health Services.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.

#### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

## 1.4 Emergency Department Diversion

Objective: Implement diversion strategies to promote more appropriate use of alternatives to emergency department services, including increased use of primary care and social services.

### Milestones & Tactics

**By March 31, 2019, implement selected strategy for identified populations.**

- Collaborate with North Sound ACH implementation partners for selected strategy.
- Embed community health workers (CHWs) in criminal justice setting.
- Adopt and apply evidence-based approaches from one of the following: Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison; A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model; and/or American Association of Community Psychiatrists' Principles for Managing Transitions in Behavioral Health Services.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.

### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

## 1.5 Cross-sector Care Coordination and Diversion Collaboratives

Objectives: Implement collaborative diversion strategies to promote more appropriate use of alternatives to emergency department services, including increased use of primary care and social services.

### Milestones & Tactics

**By March 31, 2019, implement selected strategy for identified populations.**

- Adopt and apply evidence-based approaches from one of the following: Interventions to Law Enforcement Assisted Diversion (LEAD), Transitional Care Model (TCM), The Care Transitions Intervention (CTI), or Care Transitions Interventions in Mental Health.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.
- Participate in regularly scheduled cross-sector care meetings.

### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

## 2. Care Transformation: Strategy Objectives, Milestones & Tactics

### 2.1 Prevent Opioid Use and Misuse

Objective: Support the state's goals of reducing opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports.

#### Milestones & Tactics

**By March 31, 2019, implement selected strategy for identified populations.**

- Adopt and apply evidence-based approaches from Washington State Interagency Opioid Working Plan and North Sound Behavioral Health Organization (BHO) Opioid Reduction Plan.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.
- Use or expand use of the Prescription Drug Monitoring Program (PDMP) into workflow.
- Promote use of best practices for prescribing opioids for managing acute and chronic pain.
- Together with the Center for Opioid Safety Education and other partners, such as statewide associations, raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.
- Prevent opioid initiation and misuse in communities, particularly among youth.
- Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse (i.e., "drug take back").
- Providers and staff are trained on guidelines on prescribing opioids for pain.
- Practice/clinic sites has electronic health records (EHRs) or other systems that provide clinical decision support for the opioid prescribing guidelines.
- Use SBIRT (Screening, Brief Intervention, Referral to Treatment) to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
- Implement the Six Building blocks model improving opioid management in primary care.
- Use AMDG guidelines on co-prescribing naloxone for patients on opioid medication.

#### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

## 2.2 Link Individuals with Opioid Use Disorder with Treatment

Objective: Reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports.

### Milestones & Tactics

**By March 31, 2019, implement selected strategy for identified populations.**

- Adopt and apply evidence-based approaches from the Washington State Interagency Opioid Working Plan and North Sound Behavioral Health Organization (BHO) Opioid Reduction Plan.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.
- Build organization's capacity to recognize signs of possible opioid misuse, effectively identify Opioid Use Disorder, and link patients to appropriate treatment resources.
- Expand access to, and utilization of, clinically-appropriate evidence-based practices for Opioid Use Disorder treatment in communities, particularly MAT.
- Expand access to, and utilization of, Opioid Use Disorder medications in the criminal justice system.
- Increase capacity of syringe exchange programs to effectively provide overdose prevention and engage beneficiaries in support services, including housing
- Identify and treat OUD among pregnant and parenting women (PPW) and Neonatal Abstinence Syndrome (NAS) among newborns.
- Use SBIRT (Screening, Brief Intervention, Referral to Treatment) to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. Implement the Six Building blocks model improving opioid management in primary care. Healthcare providers use Opioid Guideline from Washington Agency Medical Directors' Group (AMDG) guidelines.
- Organization site connects persons to MAT providers.
- Utilize patient agreements for chronic opioid therapy (COT) and review them with patients annually.

### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

## 2.3 Intervene in Opioid Overdoses to Prevent Death

Objective: Reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports.

### **Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Adopt and apply evidence-based approaches from Washington State Interagency Opioid Working Plan and North Sound Behavioral Health Organization (BHO) Opioid Reduction Plan.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.
- Educate individuals who use heroin and/or prescription opioids, and those who may witness an overdose, on how to recognize and appropriately respond to an overdose.
- Make system-level improvements to increase availability and use of naloxone.
- Promote awareness and understanding of Washington State's Good Samaritan Law with the Center for Opioid Safety Education.
- Emergency department has protocols in place for providing overdose education, peer support, and take-home naloxone to individuals seen for opioid overdose.
- Use SBIRT (Screening, Brief Intervention, Referral to Treatment) to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
- Staff are trained to recognize and appropriately respond to an overdose.
- Providers co-prescribe Naloxone with medication-assisted treatment (MAT).

### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

## 2.4 Community Recovery Services and Networks for Opioid Use Disorder

Objective: Reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports.

### **Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Adopt and apply evidence-based approaches from Washington State Interagency Opioid Working Plan and North Sound Behavioral Health Organization (BHO) Opioid Reduction Plan.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.
- Use Telehealth resources to expand capacity to support opioid use disorder prevention and treatment.
- Link to public awareness programs such as "It Starts with One".
- Enhance/develop or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.
- Establish or enhance community-based recovery support systems, networks, and organizations to develop capacity at the local level to design and implement peer and other recovery support services as vital components of recovery-oriented continuum of care.
- Connect Substance Use Disorder providers with primary care, behavioral health, social service and peer recovery support providers to address access, referral and follow up for services.
- Utilize technical assistance to organize or expand syringe exchange programs.
- Mental health and substance use disorder (SUD) providers deliver acute care and recovery services for people with opioid use disorder (OUD).
- Use SBIRT (Screening, Brief Intervention, Referral to Treatment) to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
- Give patients information about syringe exchange program.
- Support linkages between syringe exchange programs and physical or behavioral health providers.

### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

2.5 Full Spectrum of Reproductive Health Services (including Long-Acting Reversible Contraception (LARC))

Objective: Ensure individuals have access to high quality reproductive health care throughout their lives.

**Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Adopt and apply requirements of CDC's recommendations to Improve Preconception Health and Health Care.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.
- Facilitate referral of all women in first trimester of pregnancy to appropriate prenatal care
- Facilitate referral of all women/individuals with high risk behaviors (alcohol or drug use, etc.) to evidence-based community support programs and specialty care.
- Staff are trained to offer education and information resources to all patients on the full spectrum of contraceptive options and their relative effectiveness.
- Incorporate 'One Key Question' into patient/client assessments.
- Use SBIRT (Screening, Brief Intervention, Referral to Treatment) to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
- Facilitate referral of women with history of adverse pregnancy outcomes to evidence-based community support programs.

**Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

## 2.6 Pediatric Practices to Promote Child Health, Well-child Visits and Childhood Immunizations

Objective: Ensure children and families have access to high quality health care and promote the health of Washington's children.

### **Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Adopt and apply requirements and standards of evidence-based model or promising practices that improve well-child visit rates (for ages 3-6) and childhood immunization rates.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.
- Embed Healthy Steps specialist or a trained staff member in pediatric practice to increase well-child visits, support early child behavioral health integration.
- Integrate SBIRT (Screening, Brief Intervention, Referral to Treatment) to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
- Facilitate clinical-community linkages with schools and early intervention programs (i.e, child care, preschools, home visiting) to promote well-child visits and immunizations.

### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

## 2.7 Population Management in Oral Health Settings

Objective: Increase access to oral health services to prevent or control the progression of oral disease.

### **Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Participate in North Sound ACH's Local Impact Network (LIN) for Oral Health.
- Adopt and apply requirements and standards of evidence-based model or promising practices that improves access to oral health services, especially among children and pregnant women.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.
- Use International Statistical Classification of Diseases (ICD-10) coding in oral health settings.
- Increase or expand use of silver diamine fluoride.
- Use SBIRT (Screening, Brief Intervention, Referral to Treatment) to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

### **Partner Commitment: (limited to partners that offer oral health services)**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

2.8 Dental Health Aide Therapists (DHATs) in Tribal Clinics (only tribal clinics or related organizations may respond to this strategy)

Objective: Increase a path to training and use of Dental Health Aide Therapists in tribal clinical settings.

**Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Participate in North Sound ACH's Local Impact Network (LIN) for Oral Health.
- Adopt and apply requirements and standards of Dental Health Aide Therapists (DHATs) in Tribal Clinics.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.

**Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

## 2.9 Mobile Dental Care in Community Settings

Objective: Increase access to oral health services in remote and rural locations to prevent or control the progression of oral disease.

### **Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Participate in North Sound ACH's Local Impact Network (LIN) for Oral Health.
- Adopt and apply requirements and standards for mobile dental units and portable dental care equipment.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.

### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

2.10 Clinical transformation for prevention and management

Objective: Integrate health system and community approaches to improve chronic disease management and control for asthma, diabetes, and heart disease

**Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Participate in North Sound ACH's Local Impact Network (LIN) for Oral Health.
- Adopt and apply requirements of the Chronic Care Model, Diabetes Prevention Program (DPP) and Chronic Disease Self-Management (CDSM).
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.
- Use SBIRT (Screening, Brief Intervention, Referral to Treatment) to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

**Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

## 2.11 Community Linkages for Chronic Disease Prevention and Management Programs

Objective: Integrate health system and community approaches to improve chronic disease management and control for asthma, diabetes, and heart disease.

### **Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Adopt and apply requirements of the Chronic Care Model, The Community Guide, Community Paramedicine Model, Million Hearts Campaign.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.
- Patients/clients are referred to Chronic disease education and support services such as Diabetes Prevention Program (DPP), Chronic Disease Self-Management (CDSM), and exercise programs based on patient diagnosis and profile.

### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

## Care Integration: Strategy Objectives, Milestones & Tactics

### 3.1 Integrate Behavioral Health Services in Primary Care Settings

Objective: Address physical and behavioral health needs in one system, through an integration of behavioral and physical health services.

#### **Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Participate in North Sound Behavioral Health-Administrative Services Organization (BH-ASO) integration committee(s).
- Providers are trained on the Collaborative Care Model of Integration.
- Adopt and apply standards of the Bree Collaborative in the Behavioral Health Integration Report and Recommendations or Collaborative Care Model.
- Assess current state of integration of physical and behavioral health care using the MeHAF Site Self Assessment tool.

#### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

### 3.2 Integrate Physical Health Services in Behavioral Health Settings

Objective: Address physical and behavioral health needs in one system through an integration of behavioral and physical health services.

#### **Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Participate in North Sound Behavioral Health-Administrative Services Organization (BH-ASO) integration committee(s).
- Adopt and apply standards of the Bree Collaborative in the Behavioral Health Integration Report and Recommendations or Collaborative Care Model.
- Assess current state of integration of physical and behavioral health care using the MeHAF Site Self Assessment tool.
- Enhance collaboration of primary care and behavioral health providers.

#### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

### 3.3 Integrate Reproductive Health Services in Clinical and Community Settings

Objective: Address reproductive health needs of women and families, offering better coordinated care for patients and more seamless access to the services they need.

#### **Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Incorporate One Key Question into patient/client assessments.
- Train providers on use of most effective contraception options.
- Adopt and apply requirements of CDC's recommendations to Improve Preconception Health and Health Care, including, but not limited to: integrate risk assessment, educational and health promotion counseling to patients of childbearing age to reduce reproductive risk and improve pregnancy outcomes; integrate consumer-friendly tools and resources to help patients identify risks and make plans related to their reproductive health; screen sexually active females aged 16-24 for chlamydia.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.

#### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

### 3.4 Integrate Oral Health Care into Physical Health or Behavioral Health Settings

Objective: Address physical, oral and behavioral health needs in one system through an integrated approach, offering better coordinated care for patients and more seamless access to the services they need.

#### **Milestones & Tactics**

**By March 31, 2019, implement selected strategy for identified populations.**

- Participate in North Sound ACH's Local Impact Network (LIN) for Oral Health.]
- Adopt and apply action steps for integrating oral health screening, assessment, intervention, and referral into the primary care setting.
- Use quality improvement methods to ensure application of best-practice/evidence-based approach.
- Physical health providers are trained on screening for oral health needs and engagement with oral health provider.
- Physical health providers are trained to apply fluoride varnish.
- Physical health providers perform oral health screening when appropriate.
- Facilitate referral of all patients/clients needing dental care to community dental providers, and/or mobile dental services.
- Follow-up with oral health referral partner after referral is made.

#### **Partner Commitment:**

My organization is:

- Currently working in this strategy area and has no plans to expand
- Currently working on this strategy and plans to expand with ACH target population(s)
- Not currently working on this, but plans to implement with ACH target population(s)
- Not currently working on this and has no plans to implement

Comments, questions or concerns you have about this strategy:

# Change Plan Overview

## Introduction to North Sound ACH

The North Sound Accountable Community of Health (North Sound ACH) is a nonprofit organization working with partners including eight tribes and organizations in Island, San Juan, Snohomish, Skagit, and Whatcom counties, to transform systems that impact health. Launched in 2014, and one of the first ACHs recognized in Washington, North Sound ACH is governed by a Board of Directors who set the strategic direction for the organization.

The North Sound ACH is also a partner in the statewide Healthier Washington initiative, which includes an agreement between Washington State and the federal government to support new and innovative approaches that will: 1) build healthier communities through a collaborative regional approach; 2) integrate the physical and behavioral health payment and delivery system to foster focus on the whole person; 3) prepare providers for contracts that pay for quality and outcomes rather than quantity; and 4) advance equity and reduce disparities. You can learn more about Healthier Washington at this link (<https://bit.ly/2xBa5M0>).

North Sound ACH is one of nine regional ACHs in Washington. During 2017, each ACH was required to select project focus areas within which initiatives would be planned and implemented. To date North Sound has close to 65 partners from clinical and community settings who have agreed to plan and carry out these projects. Washington's [Medicaid Transformation Project](#) presents an unprecedented opportunity for the North Sound region to advance a collaborative regional approach and portfolio of projects and strategies to build healthier communities. Our portfolio includes four initiatives: [Care Coordination, Care Transformation, Care Integration, and Capacity Building](#).

## What is a Change Plan?

The North Sound Change Plan is a tool that will document what you, as a North Sound ACH partner, want to accomplish to support Medicaid Transformation in our region. The success of the region depends on robust changes at the organization level that roll up to collective success for the North Sound region, and ultimately the state as a whole. Through completing this change plan, you are committing to radically improve our healthcare delivery system by:

- Adopting best-practice and evidence-base approaches
- Using quality improvement processes to inform your organization and improve health outcomes
- Linking to community-based social supports
- Actively working to advance equity and reduce health disparities in our region
- Moving forward with population health management systems and value-based payment

The North Sound ACH's Change Plan outlines 2019 milestones and worksteps for each strategy. The Change Plan is organized by initiative. In the Capacity Building Initiative all milestones and tactics are required. For each subsequent initiative, think about changes that would most benefit the patients or clients that you serve. Completion of the Change Plan can be a high level roadmap for your work. Beginning in 2019, partner organizations will be required to report progress on the items laid out in this Change Plan.

## What am I being asked to do?

Partners have completed two steps so far:

- **Part 1:** an application that described the organization, its size, location and areas of interest, along with commitments to certain foundational activities.
- **Part 2:** a Partner Self-Assessment that offered deeper insights into the partner organization, workforce capacity, commitments to projects, its regional reach, and populations served.

This document describes **Part 3**, the final step of the application, the Change Plan. You are being asked to create your organization's Change Plan by reviewing this document and indicating in the Change Plan document which strategies your organization is committing to. The Change Plan is organized into two sections:

- **Section A: Capacity Building**
  - Required capacity building milestones and tactics
- **Section B: Cross-Cutting Implementation**
  - Required implementation milestones and tactics for each strategy selected
- **Section C: Initiative & Strategy Specific Implementation**
  - Required strategy-specific milestones and tactics for individual strategies selected

**A + B + C = Change Plan**

In completing the Change Plan, you will be asked to:

- Provide basic information about your organization
- Attest that you have reviewed and are agreeing to complete milestones and tactics contained within Sections A and B
- Select and commit to strategies, milestones and tactics for your organization outlined in Section C
- Submit an accompanying signature of an individual who can authorize and commit your organization, such as a CEO or Executive Director.

The Change Plan was designed to balance the level of detail required to describe implementation expectations with ease of use and completion for North Sound ACH partners. We hope the Change Plan facilitates the documentation of your organization's commitment. Remember this Change Plan is based on where you are today and will evolve as you progress.

# What about target populations & performance metrics?

The North Sound ACH is committed to improving the lives of all people in the North Sound region. Within the Medicaid Transformation Project, we have prioritized the following target populations for initiatives and expect all North Sound ACH partners to focus implementation efforts toward individuals experiencing combinations of the following:

- Access, care and utilization disparities
- Co-occurring disorders/conditions (BH/SUD/PH)
- Pregnancy
- Serious mental illness
- Substance abuse, includes opioid abuse
- Abuse, trauma, adverse childhood experiences
- Arrested
- Chronic conditions
- High system utilization
- Homelessness

The Health Care Authority (HCA) has identified a variety of ways for ACH regions to earn dollars to share with partners. In the first two years it is heavily weighted to reporting on process and progress. Starting next year we begin to shift toward “pay for performance metrics.” These metrics are industry standards used to determine healthcare effectiveness, referred to as the healthcare effectiveness data and information set (HEDIS). Our continued success and funding is dependent upon our ability to realize improvements in these statewide metrics. With that said, no individual organization holds this responsibility of producing change at the population level by themselves. Our region’s success depends on robust changes within organizations that roll up to collective success at the regional level. North Sound ACH will routinely share performance data with partners so that as a region, our transformation work can be monitored. This will take many partners working to the best of their ability in order to see positive changes. [North Sound ACH’s Initiative Crosswalk with the HCA’s Pay for Performance Measures](#)

## How do I submit a Change Plan and what if I have questions?

North Sound ACH is ready to assist you to successfully submit a Change Plan. We welcome your questions regarding the template and how best to complete it. Details regarding support and submission are as follows:

- Friday, October 5: Change plan is released to partners
- Friday, October 12, 10:00-11:00 am: Orientation & Informational call
- Thursday, October 18, 1:00-2:00 pm: Informational call
- Thursday, October 25, 10:00-11:00 am: Informational call
- Friday, November 2: Plans are due by EOB to [hillary@northsoundach.org](mailto:hillary@northsoundach.org)

All informational calls will be recorded and available to review later. Call-in info for the first call will be sent out Tuesday, October 9.

As soon as you complete your Change Plan you can submit it either in paper format or electronically to Hillary Thomsen at the North Sound ACH.

- By email to [Hillary@NorthSoundACH.org](mailto:Hillary@NorthSoundACH.org)
- By physical mail: North Sound ACH PO Box 4256 Bellingham, WA 98227
- In person: North Sound ACH 1204 Railroad Avenue, Suite 200 Bellingham, WA

For additional questions, contact Hillary at 360-543-8858 or [Hillary@NorthSoundACH.org](mailto:Hillary@NorthSoundACH.org).

## What will happen after I submit the Change Plan?

Once the Change Plans are received and reviewed, your organization will be contacted for a one-on-one meeting with the North Sound ACH team. We may have some questions for you, or you may have some for us. Your Change Plan is the final body of information that will shape the Scope of Work for your organization in the coming years of the Medicaid Transformation Project. You have already completed the Master Service Agreement (MSA) via the Financial Executor Portal, and the three parts of the application will form an addendum to that MSA. Before finalizing that addendum we want to meet with you and assure that we have heard and interpreted information in the way you intended.

If you need more information about North Sound ACH's Initiatives or strategies, the Medicaid Transformation Project Toolkit provides details about evidence-based approaches for each strategy.

<https://www.hca.wa.gov/assets/program/project-toolkit-approved.pdf>

Thank you for engaging with us in this process.

The North Sound ACH Team

# Frequently Asked Questions

Our staff is committed to offering support and being available to answer questions. Please continue to send questions to the team, and we will update FAQs on our website at this link:

[http://www.northsoundach.org/2018\\_implementation\\_faqs/](http://www.northsoundach.org/2018_implementation_faqs/).

- **Why are partners asked to complete a Change Plan at the individual organizational level, when partnerships or collaboration are described as important or required in the Change Plan?**
  - Since the three parts of the application are components that form a contract addendum, it is important to have this information for each individual partner. At the same time, each partner is expected to work with other regional partners working together to transform the system.
  - The Change Plan demonstrates an organization's commitment to the strategies that will be reported in the coming year. The ACH will be monitoring that progress through reporting, site visits and meetings with provider teams.
  
- **How will the ACH facilitate collaboration across providers to support successful implementation activities?**
  - Once we have a chance to review responses to the Change Plan, the ACH team will bring partners together who seem to share a commitment to strategies or can mutually support each other's capacity to complete the goals outlined in the Change Plan.
  
- **What is the role of the anchor partners that were mentioned in the August Partner Retreat?**
  - We got a lot of great feedback on the concept of anchor organizations - some groups of partners have moved forward and formed their own teams - but we left the August retreat with the sense that it was a concept that shouldn't be forced or required. Instead we will support bringing together groups of partners based on the Change Plans and will facilitate conversation among partners as we review Change Plans and identify shared goals and commitments to implementation activity.
  
- **What about adding partners in 2019?**
  - This is a question we are grappling with during the fourth quarter of 2018. As we review the Change Plans, we may identify gaps where we made commitments to the Health Care Authority but don't have partners to implement those commitments. We don't think that is the case, but the Change Plans will answer those questions for us. We will determine whether we add partners, and if so, how and when, by end of the year.
  
- **What if I need to work with subcontractors to achieve my commitments?**
  - If your organization works with subcontractors to successfully complete work, the commitment is still yours. Unless that subcontractor is also an ACH partner, you will be held accountable for completing reporting requirements, attending trainings, and partner or ACH meetings. You have the responsibility to ensure the strategy is successfully implemented.

- **Has North Sound ACH already determined which of the projects each participating provider will participate in, or will the Change Plan impact that decision?**
  - North Sound ACH is not making any commitments on behalf of providers, nor assigning them to any body of work. The Change Plan will identify which projects your organization is committing to participating in. The ACH does not hold an expectation of which project any partner will commit to, beyond information you have shared in Part 1 and 2 of the application process. We expect that Change Plan commitments will represent your organization's practical, realistic capacity to implement strategies.
  
- **When should we expect to hear feedback from the ACH and will there be an opportunity to make any revisions to our Change Plan based on those discussions?**
  - The ACH will be reaching out to schedule one-on-one meetings with partners to review completed change plans in order to ensure we understand your commitments, as they form the basis of addendums to your Master Service Agreement. Those meetings will be scheduled and conducted between early November and late December of this year.

We have opened up blocks of time in November and December for those meetings. When you have completed and turned in your Change Plan, contact Hillary Thomsen to schedule your organization's one-on-one meeting: [Hillary@NorthSoundACH.org](mailto:Hillary@NorthSoundACH.org)

# Glossary

**Capacity Building:** Strategies and tactics around leadership development, community capacity building, population health management systems; strategic and quality improvement; workforce development; value-based payment; Community HUB operations; training and education on equity and tribal issues.

**Health Equity:** Striving for the highest possible standard of health for all people regardless of social conditions, economy, demographics, or geography; giving priority and attention to the needs of those at greatest risk of poor health. Everyone has a fair and just opportunity to be healthier.

**Health Information Exchange (HIE):** Refers to the sharing of electronic health-related information in a manner that protects the confidentiality, privacy, and security of the information. This process requires use of national standards as they are established in order to increase interoperability, security and confidentiality of information.

**Initiative:** Four high level groupings of transformation activities: Care Coordination, Care Integration, Care Transformation, and Capacity Building.

**Integrated care:** Washington State generally defines integrated care as efforts to provide healthcare services that bring together all of the components that make humans healthy including the integration of mental health, substance abuse, and primary care services.

**Milestones and Tactics:** Minimum requirements for a strategy within the four initiatives. These may be tangible or intangible parts of the development process, and are specified functions or characteristics of the project.

**Population health:** In 2003, the American Journal of the Public Health Association defined population health as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group." It is an approach to health that aims to improve the health of an entire human population.

**Population Health Management Systems:** Adoption of technology with the capability to support implementation of quality improvement processes; a plan to build enhancements in EHRs and other systems to support clinical decisions in accordance with guidelines; an assessment of the current level of use of the Prescription Drug Monitoring Program (PDMP) and the Emergency Department Information Exchange; and strategies to increase use of PDMP and interoperability with EHRs. Overall...,develop a plan to use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

**Strategy:** Specific areas of concentrated effort within each Initiative

**Value Based Payment:** A payment model that offers financial incentives to physicians, hospitals, medical groups, and other healthcare providers for meeting certain performance measures.

**Additional Medicaid Transformation Resources:**

<https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation-resources>



## North Sound Accountable Community of Health

### ACH Earned Incentives and Expenditures

July 1, 2018 - December 31, 2018

Source: Financial Executor Portal

Prepared by: Health Care Authority<sup>1</sup>

Funds Earned by ACH During Reporting Period <sup>2</sup>	
2A: Bi-directional Integration of Physical and Behavioural Health through Care Transformation	\$5,286,575
2B: Community-Based Care Coordination	\$3,634,521
2C: Transitional Care	\$2,147,672
2D: Diversion Interventions	\$2,147,672
3A: Addressing the Opioid Use Public Health Crisis	\$660,822
3B: Reproductive and Maternal/Child Health	\$826,028
3C: Access to Oral Health Services	\$495,617
3D: Chronic Disease Prevention and Control	\$1,321,644
Behavioral Health Integration Incentives	
Value-Based Payment (VBP) Incentives	
IHCP-Specific Projects	
High Performance Pool	
<b>Total Funds Earned</b>	<b>\$16,520,549</b>

Funds Distributed by ACH During Reporting Period, by Use Category <sup>3</sup>	
Administration	\$38,169
Community Health Fund	
Health Systems and Community Capacity Building	\$3,059,278
Integration Incentives	\$553,320
Project Management	\$182,632
Provider Engagement, Participation and Implementation	\$7,544,100
Provider Performance and Quality Incentives	
Reserve / Contingency Fund	
Shared Domain 1 Incentives	\$4,166,719
<b>Total</b>	<b>\$15,544,218</b>

Funds Distributed by ACH During Reporting Period, by Provider Type <sup>3</sup>	
ACH	\$519,400
Non-Traditional Provider	\$2,722,933
Traditional Medicaid Provider	\$7,949,567
Tribal Provider (Tribe)	\$185,600
Tribal Provider (UIHP)	
Shared Domain 1 Provider	\$4,166,719
<b>Total Funds Distributed During Reporting Period</b>	<b>\$15,544,218</b>

<b>Total Funds Earned During Reporting Period</b>	<b>\$16,520,549</b>
<b>Total Funds Distributed During Reporting Period</b>	<b>\$15,544,218</b>
<b>Total Funds Left Available for Distribution During Reporting Period</b>	<b>\$976,331</b>

<sup>1</sup> Note: Data presented in this report comes from the Financial Executor Portal and was prepared by the Health Care Authority (HCA). Data was extracted and compiled on January 4, 2019 to accompany the second Semi-Annual Report submission for the reporting period July 1 to December 31, 2018.

<sup>2</sup> For detailed information on projects and earned incentives please refer to the below links.

- The [Medicaid Transformation Toolkit](#) contains the final projects, evidence-based approaches/strategies for pay-for-performance metrics for the ACHs.
- The [Measurement Guide](#) describes how the ACH selected projects are measured and the requirements to earn incentives.

<sup>3</sup> Definitions for [Use Categories and Provider Types](#)



# North Sound ACH

**Healthier Washington Medicaid Transformation  
Accountable Communities of Health  
Semi-Annual Report 2 Assessment**  
*Reporting Period: January 1 to December 31, 2018*

**Request for Supplemental Information**

**Section 2: Required Milestone Reporting (Project Incentives)**

**Milestone 2, Question 2:** Has the Project 2B HUB lead entity decided to move forward with HUB certification? If yes, describe when it was certified, or when it plans to certify. If no, describe how the HUB lead entity plans to maintain oversight of business, quality and clinical processes.

1. **Independent Assessor Question:** If the Project 2B HUB lead entity does not move forward with HUB certification, how will the entity plan to maintain oversight of business, quality and clinical processes?

We believe can successfully operate a HUB without seeking HUB certification, unless it is required by payers who will support the HUB role into the future. We are working toward successfully implementing all of the HUB standards and expectations, including how the operations are run, quality and clinical processes. Discussions with the health plans about their requirements will be a significant determinant as to whether North Sounds seeks and pays for HUB Certification.

North Sound believes that the Community HUB can and would be meeting standards and prerequisites through our design of the operating structure. The HUB's policies and protocols are modeled after the certification standards and maintained by the HUB Manager in accordance with our QI policies and procedures.

**Milestone 2, Question 3:** Describe the Project 2B HUB lead entity's role and processes to manage the appropriate HUB information technology requirements. Include a description of data governance (including clinical and administrative data collection, storage, and reporting) that identifies access to patient level data and health information exchange for HUB and care coordination staff, and referring or other entities.

2. **Independent Assessor Question:** Please provide a description of key ACH personnel responsible for data governance, including processes for referring patients to other entities.

**HUB Director** - Responsible for oversight of HUB security policies (including data governance), procedures and protocols with external security assessment being completed by BlueOrange in Q2 2019. The policies include:

- User access policy
- BYOD security policy
- Physical security policy
- Systems integrity policy
- Information classification policy
- User security guidelines

**HUB Manager** - Responsible for implementation of security policies and integration into workflows of the HUB's Care Coordination Agencies. The HUB Manager is responsible for secure exchange of information between the HUB and referral entities. The HUB is currently accepting referrals via the HIPAA compliant CCS software CCS is also in the process of becoming HITECH certified.

Referrals to external entities will be managed through the CCS system, which includes a referral portal (Health Bridge) directly linked to participating agencies. Recruitment and selection of Health Bridge participating referral agencies is driven by identification of top referral resources, and identification of critical community partners.

### Section 3: Standard Reporting Requirements (Project Incentives)

**Part C, Integrated Managed Care Status Update, Question 6:** Complete the items outlined in tab 3.C of the semi-annual report workbook.

3. **Independent Assessor Question:** Please provide more detail on how payments to the BHAs are being used to support the transition to integrated managed care.

The funds are supporting the BHO in hiring technical assistance and transition plan development with XPIO Health for the BHAs. Payments are also being provided directly to the BHAs through BHO professional services contracts. The BHAs are using the funds to pay for modifications to billing systems, upgrades to computer and networking equipment, business and data analysis capabilities, hiring billing specialists, and staff training.

**Part G, Budget and Funds Flow, Question 1:** Design Funds- Complete items outlined in tab 3.G.1 of the semi-annual report workbook.

4. **Independent Assessor Question:** Since the full amount of earned Design Funds were not expended, a response is required to question B on tab 3.G.1 from the workbook. Please complete question B on tab 3.G.1 and resubmit.

We have added this language to Question B on tab 3.G.1:

*The North Sound Accountability Community of Health has not expended the full amount of earned Design Funds as of this reporting period. The North Sound Accountable Community of Health will approve a budget for allocation of available funds, which will guide strategic use of those funds appropriately in subsequent years.*

**Part G, Budget and Funds Flow, Question 2:** Earned Project Incentives- Complete items outlined in tab 3.G.2 of the semi-annual report workbook.

5. **Independent Assessor Question:** The ACH references draw down but this does not appear to be reflected on the FE report. Please explain what the ACH means by draw down.

It is unclear whether this question is about the funds we've drawn down (paid from the Financial executor to the ACH), or if this is about the accuracy of the FE Report, which was included from the HCA.

North Sound ACH Board of Directors made its fund allocation decisions in April 2018 (for 2018 allocation) and October 2018 (for 2019 allocation). For both years the Board voted that:

- 10% of funds earned would go to Administration

- 10% of funds earned would go to a Community Resilience Fund
- 2% of funds earned would go to a Reserves Fund

The dollars for all three above were “drawn down” from the Financial Executor portal and paid to the ACH. For 2018 we drew down funds up to the allocation cap that the Board set for 2018, which was \$18.2M. So, for example, we drew down \$1.8M for the Community Resilience Fund. In addition, we did pay some vendors directly for administrative consulting directly from the FE Portal.

To the second question, if the Financial Executor portal does not provide a completely accurate reflection of our decisions or payments, it is because the definitions of use categories have been in process of clarification and refinement almost through the entire year.