

Accountable Community of Health Certification Process Medicaid Transformation Project Demonstration

The certification process will ensure each Accountable Community of Health (ACH) is capable of serving as the regional lead entity and single point of performance accountability to the state for transformation projects under the Medicaid Transformation Project demonstration (demonstration). Certification is a two-phase process that requires ACHs to provide information to demonstrate compliance with expectations set forth by the state and the Centers for Medicare and Medicaid Services (CMS). Through this process, the state will assess whether each ACH is qualified to fulfill the role as the regional lead and therefore eligible to receive Project Design funds. Specifically, through certification, the state will determine if each ACH meets expectations contained within the demonstration [Special Terms and Conditions](#) (STCs) including alignment with SIM contractual requirements, composition requirements, and organizational capacity expectations and development.

Certification criteria are established by the state in alignment with the demonstration STCs. Each ACH will submit both phases of certification information to the state within the required time frames. The state will review and approve certification prior to distribution of Project Design funds. Each ACH must complete both phases of certification and receive approval from the state before the state will consider its Project Plan application. Given the level of effort necessary to develop thorough Project Plan applications, ACHs will be expected to begin Project Plan development prior to completion of both certification phases.

The certification process, scoring criteria and Project Design funding awards are at the sole discretion of the Washington State Health Care Authority (HCA).

Certification Process Timeline



The certification materials submitted by the ACH will be posted on the HCA website for public review. Upon successful completion of the Phase I and Phase II certification, ACHs will earn Project Design funds. These funds will be paid directly to ACHs (as opposed to incentive payments, which will flow through the financial executer.) Project Design funds are intended for ACH use in development, submission, execution, and oversight of a successful Project Plan application.

To craft certification responses, ACHs should refer to the following key documents for important information outlining various obligations and requirements of ACHs and the state in implementing the Medicaid Transformation Project:

1. The Medicaid Transformation Project demonstration [Special Terms and Conditions](#) (STCs), which set forth in detail the nature, character, and extent of federal involvement in the demonstration,

the state's implementation of the expenditure authorities, and the state's obligations to CMS during the demonstration period. The STCs were approved on January 9, 2017.

2. The Medicaid Transformation Toolkit, and any finalized protocols that support the demonstration STCs.
3. Other key documents and resources as may be specified by HCA.

Phase II Certification Submission Instructions:

1. **Zip file.** ACHs must submit one zip file comprised of completed Phase II Certification Submission Template and attachment files. The overall zip file must be titled: "[ACH Name] - ACH Phase II Certification Submission."
 - a. The completed Phase II Certification Submission Template file must be in PDF format and titled: "[ACH Name] – Phase II Certification Submission Template." **All fields in the Phase II Certification Submission Template must be completed.**
 - b. Each required and recommended attachment to the Phase II Certification Submission Template must be a separate file in PDF format. The attachment must be named according to the ACH name, corresponding section, and attachment letter. For example, for the logic model, driver diagram, table, and/or theory of action illustration, "[ACH Name] – Theory of Action and Alignment Strategy – Attachment A." **All required attachments to the certification template must be included.**
 - c. **ACHs must clearly respond to questions in the Phase II Certification Submission Template response boxes.** If including additional attachments beyond those that are required and recommended to substantiate responses, label and make reference to these attachments in the responses. **Additional attachments may only substantiate, not substitute for, a response to a specific question. HCA reserves the right to not to review attachments beyond those that are required or recommended.**
 - d. **ACHs must adhere to the response word count limit of up to 1,000 words per category.** The word count will be calculated as a total of the ACH-entered text in the response boxes by category. The word count limit is a not to exceed amount and ACHs are strongly encouraged to be responsive but concise.
2. **Submit electronically.** Submissions must be emailed to Medicaidtransformation@hca.wa.gov.
3. **Deadline.** Submissions must be uploaded **no later than 3pm PT on August 14, 2017**. HCA will accept Phase II Certification submissions between July 17, 2017 and August 14, 2017 and ACHs are encouraged to submit earlier in the submission window. **Late submissions will not be accepted.**

Questions regarding the certification process must be directed to medicaidtransformation@hca.wa.gov.

Phase II Certification Overview

Phase II Certification is intended to ensure that each ACH meets state expectations regarding progress and milestones necessary to serve as the regional lead entity and single point of performance accountability to the state for transformation projects under the demonstration. Through Phase II Certification, each ACH will demonstrate that it is well qualified to submit a transformation Project Plan application to the state and show that it is ready to launch selected projects. ACH should ensure that its Phase II Certification response addresses specific areas for improvement identified in its Phase I Certification scoring. In addition to recent developments and capacities, significant changes in direction and structure that have occurred since completion of Phase I Certification should be clearly explained and documented as part of Phase II Certification.

The ACHs must respond to a series of questions in the Phase II Certification submission template to demonstrate achievement of expectations in the following categories:

- Theory of Action and Alignment Strategy
- Governance and Organizational Structure
- Tribal Engagement and Collaboration
- Community and Stakeholder Engagement
- Budget and Funds Flow
- Clinical Capacity
- Data and Analytic Capacity
- Transformation Project Planning

Submission Deadline: August 14, 2017, 3:00 PM PT

Baseline Review Requirements: The Phase II Certification submission must meet the baseline review requirements to proceed to HCA review and scoring. Not meeting these baseline review requirements will result in the ACH not passing Phase II Certification. The baseline review requirements consist of ACH foundational and Phase II Certification submission requirements. The foundational requirements are critical for an ACH's success at serving as the regional lead entity and single point of performance accountability to HCA for transformation projects under the demonstration. The submission requirements are intended to create consistency in response submissions and to aid in a more efficient review and scoring process.

| Baseline Review Requirements |
|---|
| Foundational Requirements |
| <p>ACH has:</p> <ul style="list-style-type: none"> ✓ Secured an ACH Executive Director; ✓ Been established as a legal entity with an active contract with HCA to serve as the regional lead entity and single point of performance accountability for Delivery System Reform Incentive Payment (DSRIP) transformation projects; ✓ Secured the ACH’s primary decision-making body approval of detailed budget plan for Project Design funds awarded under Phase I Certification; ✓ Secured the ACH’s primary decision-making body approval of the approach for projecting and budgeting for the Project Design funds anticipated to be awarded under Phase II Certification; and ✓ Convened and will continue to convene open and transparent public meetings of ACH decision-making body for discussions and decisions that pertain to the Medicaid Transformation demonstration. |
| Submission Requirements |
| <p>Phase II Certification submission:</p> <ul style="list-style-type: none"> ✓ Designates point of contact ✓ Includes responses for all fields in the template ✓ Complies with word count parameters (up to 1,000 words per section) ✓ Includes all required attachments submitted (see Attachment Checklist) ✓ Uploaded by August 14, 3pm PT |

Scoring Process: At least two HCA reviewers will each independently review an ACH’s entire certification submission. A few additional HCA Subject-Matter Experts (SMEs) will also independently review and provide scoring input on specific categories, so ACHs should not assume reviewers will have read other sections, and should craft answers in each category to stand alone. Additionally, reviewers will be familiar with ACH scores from Phase I, but will not review Phase I submissions in advance or in parallel to reviewing Phase II submissions. For those questions that request “updates since Phase I” ACHs should therefore provide a very brief recap of the status at Phase I to provide context for the updates (For instance, “In Phase I, we stated that we would Since then, we have done . . .”). This approach will help the ACH prepare for the Project Plan Submission, which will be reviewed and scored by an Independent Assessor, who will not be familiar with the ACH, prior Certification submissions, or other background documents. ACHs that received a score of 1 or 3 in any category in Phase I Certification are particularly encouraged to focus on these updates.

When conducting the qualitative review and scoring for Phase II Certification submissions, HCA reviewers will evaluate the following:

- **Completeness** – Responds to all parts of the question, and required attachments provide all information requested and support narrative responses
- **Clarity** – Articulates clear answers to the question
- **Specificity and Detail** – Provides a level of depth in information that conveys thoughtful and meaningful efforts and evolving capacity, e.g., articulates key steps, considerations, timing, accountability; cites examples of progress/achievements

- **Logic** – Provides rationale between the strategy/process/mechanism and the intended impact

Scoring Criteria: Phase II Certification submissions will be scored based on a 100-point scale. ACHs must receive an overall score of 60 or higher to achieve Phase II Certification. Specific point values are assigned to each category in the table below. Within each category, ACHs must receive 60% of the total possible points to pass. At its sole discretion, HCA will conduct the qualitative review and scoring of Phase II Certification submissions.

| Category | Maximum Points Available |
|---|--------------------------|
| Theory of Action and Alignment Strategy | 10 |
| Governance and Organizational Structure | 10 |
| Tribal Engagement and Collaboration | 10 |
| Community and Stakeholder Engagement | 10 |
| Budget and Funds Flow | 15 |
| Clinical Capacity and Engagement | 15 |
| Data and Analytic Capacity | 15 |
| Transformation Project Planning | 15 |

Each ACH is eligible to receive up to \$5 million in Project Design funds for successful demonstration of meeting Phase II requirements and expectations. Specific Project Design fund amounts are designated for each scoring tier below. Funding¹ will be distributed if certification criteria are met, and the ACH and HCA have executed a contract for receipt of demonstration funds.

| Phase II Certification Project Design Funds | |
|---|---------------|
| Score | Amount |
| 60-69 | \$3.5 million |
| 70-79 | \$4 million |
| 80-89 | \$4.5 million |
| 90-100 | \$5 million |

¹ Timing and amount of funding is contingent on CMS approval of all related protocols.

Phase II Certification Submission Template

| ACH Phase II Certification: Submission Contact | |
|--|--|
| ACH | |
| Name | |
| Phone Number | |
| E-mail | |

| Theory of Action and Alignment Strategy – 10 points |
|---|
| <p><u>Description</u></p> <p>Provide a narrative describing the ACH’s regional priorities and how the ACH plans to respond to regional and community priorities, both for the Medicaid and non-Medicaid population. Describe how the ACH will consider health disparities across populations (including tribal populations), including how the ACH plans to leverage the opportunity of Medicaid Transformation within the context of regional priorities and existing efforts. Identify and address any updates/improvements to the ACH’s Theory of Action and Alignment Strategy since Phase I Certification. Provide optional visuals if helpful to informing the narrative; visuals will not count toward the total word count.</p> |
| <p><u>Instructions</u></p> <p>Provide a response to each question. Total narrative word-count for the category is up to 1,250 words.</p> |
| <p>ACH Strategic Vision and Alignment with Healthier Washington Priorities and Existing Initiatives</p> |
| <p>1. Define a clear and succinct region-wide vision.</p> |
| Empty response area for question 1 |
| <p>2. Summarize the health care needs, health disparities, and social risk factors that affect the health of the ACH’s local community.</p> |
| Empty response area for question 2 |
| <p>3. Define your strategies to support regional healthcare needs and priorities.</p> |
| Empty response area for question 3 |
| <p>4. Describe how your project selection approach addresses the region-wide needs and priorities.</p> |
| Empty response area for question 4 |
| <p>5. Explain how you will align existing and planned resources and activities into a region-wide strategy, including complementary projects, community resources and other investments.</p> |
| Empty response area for question 5 |
| <p>6. Describe the interventions and infrastructure investments that will potentially be shared or reused across multiple projects.</p> |
| Empty response area for question 6 |
| <p>Attachment(s) Recommended</p> |

- A. Logic model(s), driver diagrams, tables, and/or theory of action illustrations that visually communicate the region-wide strategy and the relationships, linkages and interdependencies between priorities, key partners, populations, regional activities (including workforce and population health management systems), projects, and outcomes.**

Note: These documents are intended to reflect the thought process that the ACH went through to define a vision for transformation that is grounded in community needs and tied to the broader Healthier Washington objectives, and to define how it will align its activities and resources to advance this vision in an efficient manner.

| Governance and Organizational Structure – 10 points |
|--|
| <p><u>Description</u></p> <p>Provide a description on the evolution of the governance and organizational structure of the ACH. Identify and address any updates/improvements to the ACH’s Governance and Organizational Structure since Phase I Certification. Visuals can be used in this section to inform the narrative and will not count toward the total word count.</p> |
| <p><u>Instructions</u></p> <p>Complete the attestations and provide a response to each question. Total narrative word-count for the category is up to 1,000 words.</p> |
| ACH Attestation(s) |
| <p>ACH has secured an ACH Executive Director.</p> <p style="text-align: right;"><input type="checkbox"/> YES</p> |
| <p>ACH has been established as a legal entity with an active contract with HCA to serve as the regional lead entity and single point of performance accountability for DSRIP transformation projects.</p> <p style="text-align: right;"><input type="checkbox"/> YES</p> |
| ACH Structure |
| <p>1. Describe the ACH’s sector representation approach in its governance structure. Describe how the ACH is interacting with particular sectors across the region (e.g., primary care, behavioral health, etc.), and how those sectors are engaging with the decision-making body.</p> |
| <p>2. If applicable, provide a summary of any significant changes that have occurred within the governance structure (e.g., composition, committee structures, decision-making approach) since Phase I Certification, including rationale for those changes. (Enter “not applicable” if no changes)</p> |
| <p>3. Discuss how personal and organization conflict of interest concerns are addressed within the ACH, including considerations regarding the balanced and accountable nature of the ACH decision-making body to directly address identified conflicts.</p> |
| Staffing and Capacities |
| <p>4. Provide a summary of staff positions that have been hired or will be hired, including current recruitment plans and anticipated timelines.</p> |

| Attachment(s) Required |
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| <ul style="list-style-type: none">A. Copies of charters for committees and workgroups that outline purpose, members, responsibilities, and scope.B. Conflict of interest policy.C. Draft or final job descriptions for all identified positions or summary of job functions.D. Short bios for all staff hired. |
| Attachment(s) Recommended |
| <ul style="list-style-type: none">E. Sector representation policy describing any agreements or expectations for decision-making body members to communicate with and engage partners within a defined sector.F. Revised visual/chart of the governance structure, if there have been significant changes since Phase I Certification.G. Revised organizational chart that outlines current and anticipated staff roles to support the ACH, if there have been significant changes since Phase I Certification. |

| Tribal Engagement and Collaboration – 10 points | |
|---|---|
| <u>Description</u> | Provide a narrative describing specific activities and events that further the relationship and collaboration between the ACH and Indian Health Service, tribally operated, or urban Indian health program (ITUs), including progress on implementing the requirements of the previously adopted Model ACH Tribal Collaboration and Communication Policy or other unanimously agreed-upon written policy. Identify and address any updates/improvements to the ACH’s Tribal Engagement and Collaboration since Phase I Certification. |
| <u>Instructions</u> | Provide a response to each question. Total narrative word-count for the category is up to 1,000 words. |
| Collaboration | |
| 1. | Provide an update on the ACH efforts described in Phase I Certification, particularly for any next steps identified. |
| | |
| 2. | If applicable, describe any opportunities for improvement that have been identified regarding the Model ACH Tribal Collaboration and Communication Policy and how the ACH intends to address these opportunities. (Enter “not applicable” if no changes) |
| | |
| 3. | Demonstrate how ITUs have helped inform the ACH’s regional priorities and project selection process to date. |
| | |
| Board Training | |
| 4. | Demonstrate the steps the ACH has taken since Phase I Certification to ensure the ACH decision-making body receives ongoing training on the Indian health care delivery system, with a focus on the local ITUs and on the needs of both tribal and urban Indian populations. Identify at least one goal in providing ongoing training in the next six months, the steps the ACH is taking to achieve this goal and the timing of these steps. |
| | |
| Attachment(s) Required | |
| A. | Demonstration of adoption of the Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes, or other evidence. Highlight any modifications that were agreed to by all required parties. |

B. Bio(s) for the representative(s) of ITUs seated on the ACH governing board.

If you do not have an ITU representative on the governing board, please attach a description of the efforts made to fill the seat.

Attachment(s) Recommended

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

| Community and Stakeholder Engagement – 10 points |
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| <p><u>Description</u></p> <p>Provide a narrative that describes current and future efforts regarding community and stakeholder engagement and how these actions demonstrate inclusion of and responsiveness to the community. Identify and address any updates/improvements to the Community and Stakeholder Engagement category since Phase I Certification.</p> |
| <p><u>Instructions</u></p> <p>Complete the attestations and provide a response to each question. Total narrative word-count for the category is up to 2,000 words.</p> |
| ACH Attestation(s) |
| <p>ACH has convened and continue to convene open and transparent public meetings of ACH decision-making body for discussions and decisions that pertain to the Medicaid Transformation demonstration.</p> <p style="text-align: right;"><input type="checkbox"/> YES</p> |
| Meaningful Community Engagement |
| <p>1. What strategies or processes have been implemented to address the barriers and challenges for engagement with community members, including Medicaid beneficiaries, identified in Phase I Certification? What are the next steps the ACH will undertake to continue to address remaining barriers and challenges? If applicable, discuss any new barriers or challenges to engagement that have been identified since Phase I Certification and the strategies or processes that have been implemented to address them.</p> |
| |
| <p>2. Describe any success the ACH has achieved regarding meaningful community engagement.</p> |
| |
| <p>3. In the Project Plan, the ACH will be required to provide evidence of how it solicited robust public input into project selection and planning, including providing examples of at least three key elements of the Project Plan that were informed by community input. Demonstrate how community member/Medicaid beneficiary input has informed the project selection process to date. How does the ACH plan to continue to incorporate community member/Medicaid beneficiary input meaningfully on an ongoing basis and meet the Project Plan requirement?</p> |
| |
| Partnering Provider Engagement |
| <p>4. What strategies or processes have been implemented to address the barriers and challenges for engagement with providers (clinicians, social service providers, community based organizations</p> |

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| <p>and other people and organizations who serve Medicaid beneficiaries) identified in Phase I Certification? What are the next steps the ACH will undertake to continue to address remaining barriers and challenges? Discuss any new barriers or challenges to engagement that have identified since Phase I Certification and the strategies or processes that have been implemented to address them.</p> |
| <p>5. Describe any success the ACH has achieved regarding partnering provider engagement.</p> |
| <p>6. Demonstrate how provider input has informed the project planning and selection process to date, beyond those provider organizations included directly in the ACH governance structure. <i>(Note: In the Project Plan, the ACH will be required to identify partnering organizations and describe how it secured the commitment of partnering providers who: cover a significant portion of the Medicaid population, are critical to the success to the project, and represent a broad spectrum of care and related social services.)</i></p> |
| <p>Transparency and Communications</p> |
| <p>7. Demonstrate how ACH is fulfilling the requirement for open and transparent decision-making body meetings. When and where does the ACH hold its decision-making body meetings (for decisions that concern the demonstration)?</p> |
| <p>8. What steps has the ACH taken to ensure participation at decision-making meeting? (i.e., rotating locations, evening meetings for key decisions, video conference/webinar technology, etc.) Are meeting materials (e.g. agenda and other handouts) posted online and/or e-mailed in advance?</p> |
| <p>9. Discuss how transparency has been handled if decisions are needed between public meetings.</p> |
| <p>10. Describe the ACH's communications strategy and process. What communication tools does the ACH use? Provide a summary of what the ACH has developed regarding its web presence, including but not limited to: website, social media and, if applicable, any mobile application development.</p> |

Attachment(s) Required

- A. Meeting minutes or meeting summaries for the last three decision-making body meetings and screenshot capturing distribution of meeting minutes/summaries (e.g., email distribution, website post).**
- B. List of all public ACH-related engagements or forums for the last three months.**
- C. List of all public ACH-related engagements or forums scheduled for the next three months.**
- D. Evidence of meaningful participation by community members. Examples include: attestation of meaningful participation by at least one Medicaid beneficiary, meeting minutes that memorialize community member attendance and comments, and solicitation for public comment and ACH response to public comments.**
- E. Attestation of meaningful participation from at least three partners from multiple sectors (e.g., managed care organizations, Federally Qualified Health Centers, the public health community, hospitals, primary care, and behavioral health) not participating directly on the decision-making body.**

Budget and Funds Flow – 15 points

Description

Design funding is designed to ensure ACHs have the resources necessary to serve as the regional lead for Medicaid Transformation. Provide a description of how design funding has been used to date to address capacity and staffing needs and ensure successful Project Plan development. Through required Attachment C, provide a projected Phase II Project Design fund budget over the course of the demonstration.

ACH oversight of project incentive payments will be essential to the success of the demonstration. Summarize preliminary plans for funds flow and incentive payment distribution to partnering providers.

Identify and address any updates/improvements to the ACH’s Budget and Funds Flow since Phase I Certification.

Instructions

Complete the attestations and provide a response to each question. Total narrative word-count for the category is up to 1,500 words.

ACH Attestation(s)

ACH has secured the primary decision-making body’s approval of detailed budget plan for Project Design funds awarded under Phase I Certification

YES

Date of Approval: _____

ACH has secured the primary decision-making body’s approval of approach for projecting and budgeting for the Project Design funds anticipated to be awarded under Phase II Certification

YES

Date of Approval: _____

Project Design Funds

1. Discuss how the ACH has used Phase I Project Design funds. Provide percent allotments in the following categories: ACH Project Plan Development, Engagement, ACH Administration/Project Management, Information Technology, Health Systems and Community Capacity Building, and Other.

2. Describe how the ACH plans to use Phase II Project Design funds to support successful Project Plan development.

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| 3. Describe what investments have been made or will be made through Project Design funds in the following capacities: data, clinical, financial, community and program management, and strategic development. |
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| 4. Describe the process for managing and overseeing Project Design fund expenditures. |
| |
| Incentive Fund Distribution Planning |
| 5. Describe the ACH’s Project Incentive fund planning process to date, including any preliminary decisions, and how it will meet the Project Plan requirement. <i>(Note: In the Project Plan, the ACH will be required to describe how Project Incentive funds will be distributed to providers.)</i> |
| |
| Relationship to Other Funds and Support |
| 6. Describe any state or federal funding provided to the ACH and how this does or does not align with the demonstration activities and funding (e.g., state and federal funds from SIM, DOH, CDC, HRSA). |
| |
| 7. Describe what investments (e.g., convening space, volunteer positions, etc.) have been made or will be made for the demonstration through in-kind support from decision-making body/community members in the following capacities: data, clinical, financial, community and program management, and strategic development. |
| |
| Attachment(s) Required |
| <p>A. Bio or resume for the Chief Financial Officer (CFO) or equivalent person responsible for ACH financial functions.</p> <p>B. Financial Statements for the previous four quarters. Audited statements preferred. If an ACH does not have four quarters of financial statements available, provide as many as possible.</p> <p>C. Completed Phase II Project Design Funds Budget Template, which includes Projected Project Design fund budget over the course of the demonstration, additional funding sources, and in-kind resources that the ACH expects to leverage to prepare their Project Plans and build the capacity and tools required to implement the Medicaid Transformation Project demonstration.</p> |

| Clinical Capacity – 15 points |
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| <p><u>Description</u></p> <p>Provide a summary of current work the ACH is undertaking to secure expertise and input from clinical providers. The ACH should describe strategies that identify and address gaps and make progress toward a redesigned system using statewide and regional education, workforce, and clinical systems partners. Identify and address any updates/improvements to the ACH’s Clinical Capacity and Engagement since Phase I Certification.</p> |
| <p><u>Instructions</u></p> <p>Provide a response to each question. Total narrative word-count for the category is up to 1,250 words.</p> |
| Clinical Expertise |
| <p>1. Demonstrate how clinical expertise and leadership are being used to inform project selection and planning to date.</p> |
| |
| <p>2. Discuss the role of provider champions for each project under consideration.</p> |
| |
| Clinical Input |
| <p>3. Demonstrate that input was received from clinical providers, including rural and urban providers. Demonstrate that prospective clinical partnering providers are participating in project planning, including providers not serving on the decision-making body.</p> |
| |
| <p>4. Demonstrate process for assessing regional clinical capacity to implement selected projects and meet project requirements. Describe any clinical capacity gaps and how they will be addressed.</p> |
| |
| <p>5. Demonstrate how the ACH is partnering with local and state clinical provider organization in project selection and planning (e.g., local medical societies, statewide associations, and prospective partnering providers).</p> |
| |
| Attachment(s) Required |
| <p>A. Current bios or resumes for identified clinical and workforce development subject matter experts or provider champions.</p> |

Re-attach bio or resume even if previously provided in Phase I Certification. ACHs should also include any additional bios or resumes, if applicable.

Data and Analytic Capacity – 15 points

Description

The ability to utilize regional data will be foundational to ACHs’ success as part of the Washington Medicaid Transformation demonstration. From understanding regional health needs to project selection to project planning, ACHs will be expected to access, interpret, and apply data to inform their decisions and actions.

The HCA has supplemented previously existing public data (e.g. Healthier Washington Dashboard, the Washington Tracking Network, and RDA data resources) with releases of regional population health and provider utilization data for ACH use. ACHs must identify additional, supplementary, data needs and determine, in consultation with HCA, which of those needs can be met by HCA within the timeline. ACHs will then need to detail plans to leverage data and analytics capabilities from their partner organizations (providers, CBOs, MCOs, other regional stakeholders) to further inform their decision-making.

Provide a summary of how the ACH is using this data in its assessment of regional health needs, project selection, and project planning efforts.

Instructions

Provide a response to each question. Total narrative word-count for the category is up to 1,750 words.

ACH Data and Analytic Capacity

1. List the datasets and data sources that the ACH is using to identify its regional health needs and to inform its project selection and planning process.

2. Describe how the ACH is using these data to inform its decision-making, from identifying the region’s greatest health needs, to project selection and planning.

3. Identify any data and analytic gaps in project selection and planning efforts, and what steps the ACH has taken to overcome those barriers.

Data-related Collaborations

4. Describe if the ACH is collaborating, or plans to collaborate, with other ACHs around data-related activities.

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| <p>5. Describe to what extent to date the ACH is collaborating with community partners (e.g. providers, CBOs, MCOs) to collect data or leverage existing analytic infrastructure for project planning purposes.</p> |
| <p>Provider Data and Analytic Capacity</p> |
| <p>6. Demonstrate the ACH’s engagement process to identify provider data or data system requirements needed to implement demonstration project goals.</p> |
| <p>7. Demonstrate the ACH’s process to identify data or data system requirements needed to oversee and monitor demonstration project goals.</p> |
| <p>8. Identify the ACH’s process to complete a workforce capacity assessment to identify local, regional, or statewide barriers or gaps in capacity and training.</p> |
| <p>Attachment(s) Required</p> |
| <p><i>None</i></p> |

| Transformation Project Planning - 15 points |
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| <p><u>Description</u></p> <p>Provide a summary of current transformation project selection efforts including the projects the ACH anticipates selecting.</p> |
| <p><u>Instructions</u></p> <p>Provide a response to each question. Total narrative word-count for the category is up to 2,000 words.</p> |
| Anticipated Projects |
| <p>1. Provide a summary of the anticipated projects and how the ACH is approaching alignment or intersections across anticipated projects in support of a portfolio approach.</p> |
| <p>2. Describe any efforts to support cross-ACH project development and alignment. Include reasoning for why the ACH has, or has not, decided to undertake projects in partnership with other ACHs.</p> |
| <p>3. Demonstrate how the ACH is working with managed care organizations to inform the development of project selection and implementation.</p> |
| Project Plan Submission |
| <p>4. What risks and mitigation strategies have been identified regarding successful Project Plan submission?</p> |
| <p>5. Demonstrate how the ACH is identifying partnering providers who cover a significant portion of Medicaid beneficiaries.</p> |
| <p>6. What strategies are being considered to obtain commitments from interested partnering providers? What is the timeline for obtaining these commitments?</p> |
| <p>7. Demonstrate how the ACH is ensuring partnering providers represent a broad spectrum of care and related social services that are critical to improving how care is delivered and paid for.</p> |

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| 8. Demonstrate how the ACH is considering project sustainability when designing project plans. Projects are intended to support system-wide transformation of the state’s delivery system and ensure the sustainability of the reforms beyond the demonstration period. |
| |
| Attachment(s) Required |
| A. Initial list of partnering providers or categories of partnering organizations interested in or committed to implementing projects. |

Attachments Checklist

Instructions: Check off each required attachment in the list below, ensuring the required attachment is labeled correctly and placed in the zip file. To pass Phase II Certification, all required attachments must be submitted. Check off any recommended attachments in the list below that are being submitted, ensuring the recommended attachment is labeled correctly and placed in the zip file.

| Required Attachments | |
|--|---|
| Theory of Action and Alignment Strategy | |
| None | |
| Governance and Organizational Structure | |
| <input type="checkbox"/> | A. Copies of charters for committees and workgroups that outline purpose, members, responsibilities, and scope. |
| <input type="checkbox"/> | B. Conflict of interest policy. |
| <input type="checkbox"/> | C. Draft or final job descriptions for all identified positions or summary of job functions. |
| <input type="checkbox"/> | D. Short bios for all staff hired. |
| Tribal Engagement and Collaboration | |
| <input type="checkbox"/> | A. Demonstration of adoption of the Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes, or other evidence. Highlight any modifications that were agreed to by all required parties. |
| <input type="checkbox"/> | B. Bio(s) for the representative(s) of ITUs seated on the ACH governing board. <i>If you do not have an ITU representative on the governing board, please attach a description of the efforts made to fill the seat.</i> |
| Community and Stakeholder Engagement | |
| <input type="checkbox"/> | A. Meeting minutes or meeting summaries for the last three decision-making body meetings and screenshot capturing distribution of meeting minutes/summaries (e.g., email distribution, website post). |
| <input type="checkbox"/> | B. List of all public ACH-related engagements or forums for the last three months. |
| <input type="checkbox"/> | C. List of all public ACH-related engagements or forums scheduled for the next three months. |
| <input type="checkbox"/> | D. Evidence of meaningful participation by community members. Examples include: attestation of meaningful participation by at least one Medicaid beneficiary, meeting minutes that memorialize community member attendance and comments, and solicitation for public comment and ACH response to public comments. |
| <input type="checkbox"/> | E. Attestation of meaningful participation from at least three partners from multiple sectors (e.g., managed care organizations, Federally Qualified Health centers, the public health community, hospitals, primary care, and behavioral health) not participating directly on the decision-making body. |
| Budget and Funds Flow | |
| <input type="checkbox"/> | A. Bio or resume for the Chief Financial Officer (CFO) or equivalent person responsible for ACH financial functions. |
| <input type="checkbox"/> | B. Financial Statements for the previous four quarters. Audited statements are preferred. If an ACH does not have four quarters of financial statements available, provide as many as possible. |
| <input type="checkbox"/> | C. Completed Phase II Project Design Funds Budget Template, which includes Projected Project Design fund budget over the course of the demonstration, additional funding sources, and in-kind resources that the ACH expects to leverage to prepare their Project Plans and build |

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| | the capacity and tools required to implement the Medicaid Transformation Project demonstration. |
| Clinical Capacity | |
| <input type="checkbox"/> | A. Current bios or resumes for identified clinical and workforce subject matter experts or provider champions. <i>Re-attach bio or resume even if previously provided in Phase I Certification. ACHs should also include any additional bios or resumes, if applicable.</i> |
| Data and Analytic Capacity | |
| None | |
| Transformation Project Planning | |
| <input type="checkbox"/> | A. Initial list of partnering providers or categories of partnering organizations interested in or committed to implementing projects. |

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| Recommended Attachments | |
| Theory of Action and Alignment Strategy | |
| <input type="checkbox"/> | A. Logic model(s), driver diagrams, tables, and/or theory of action illustrations that visually communicate the region-wide strategy and the relationships, linkages and interdependencies between priorities, key partners, populations, regional activities (including workforce and population health management systems), projects, and outcomes. <i>Note: These documents are intended to reflect the thought process that the ACH went through to define a vision for transformation that is grounded in community needs and tied to the broader Healthier Washington objectives, and to define how it will align its activities and resources to advance the vision in an efficient manner.</i> |
| Governance and Organizational Structure | |
| <input type="checkbox"/> | E. Sector representation policy describing any agreements or expectations for decision-making body members to communicate with and engage partners within a defined sector. |
| <input type="checkbox"/> | F. Revised visual/chart of the governance structure, if there have been significant changes since Phase I Certification. |
| <input type="checkbox"/> | G. Revised organizational chart that outlines current and anticipated staff roles to support the ACH, if there have been significant changes since Phase I Certification. |
| Tribal Engagement and Collaboration | |
| <input type="checkbox"/> | C. Statements of support for ACH certification from every ITU in the ACH region. |
| Community and Stakeholder Engagement | |
| None | |
| Budget and Funds Flow | |
| None | |
| Clinical Capacity | |
| None | |
| Data and Analytic Capacity | |
| None | |
| Transformation Project Planning | |
| None | |