Below are comments received on the Project Plan Assessment Tool.

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Dear Medicaid Transformation Team:

Thank you for this opportunity to provide feedback on the 1115 Medicaid Demonstration draft Project Plan Evaluation Tool. We appreciate ongoing opportunities to engage with the Health Care Authority as it continues implementation of the waiver. Our comments below reflect our concern that the evaluation needs to be more structured to result in projects of the highest possible quality, which requires the use of clear and specific criteria.

**Page 3**

**Criterial Category Labels**

We suggest that scoring 100% in all of the areas required to be addressed in a given domain be given the criteria category “complete compliance.” The criterial category label of “meets expectations” would then be associated with a lower score, with other criteria categories being downgraded as well. We certainly aspire to having public employees and programs perform so as to meet 100% of what is asked of them. However, in most spheres of life, including public employee and program evaluation, we appropriately set our aspirations slightly higher than our expectations. By associating a perfect score with an assessment that this merely “meets expectations,” we suggest either that: a) a 100% score is not so difficult to achieve; or, b) if a score of 100% really is as difficult to achieve as one might ordinarily expect, the scoring system is unfair in creating the expectation that all ACHs should have perfect scores in all categories. Either intuition seems likely to create a pressure towards scoring inflation.

**Allocation of Score Between Domains**

The Project Plan Evaluation Criteria and Related Definitions provide general descriptions of the substantive expectations associated with graduated scores from 0 – 100%, across four domains - completeness, clarity, specificity and detail, and logic. However, the criteria/definitions provide no guidance as to what part of the project plan’s score in a particular area should be accorded to each listed domain. This creates a substantial risk that these criteria and definitions will give the appearance of strongly channeling individual evaluators’ discretion, while actually providing little guidance (much less constraint) as to how they should be balanced by an individual evaluator when using them to score an application. This increases the likelihood that these criteria and definitions will not be predictably and
uniformly applied by evaluators. We think it is in the interest of the State to be as clear and specific as possible to ensure uniform scoring of ACH project proposals.

Page 4
Consumer Engagement Point Allocation
In the ACH Level Plan scoring, the “Community Engagement and Stakeholder Input” subsection has a total of 30 points available. ACHs were created to serve grassroots consumers and this should be captured in the scoring and evaluation of ACH project plans. We recommend ten additional points be allocated to this subsection to ensure ACHs have robust, meaningful consumer engagement and input in project identification and selection.

Affording Flexibility to Tribes for Engagement and Input
“Tribal Engagement and Input” in ACH activities is important and should be accommodated at the level each tribe is able to participate. The levels of ACH engagement with tribes should be accounted for, including the ACHs providing updates to tribes and soliciting input via phone or email if tribes cannot participate in ACH meetings. We understand that some ACHs have extended invitations to tribal leaders and have seats set aside on their governance boards but the tribes have not engaged with the ACH and are not active participants in ACH governance or activities. In scoring ACHs in this subsection, HCA should require demonstration of robust efforts to reach out to and engage tribes and tribal members, including submitting communications between the ACH and tribal leaders to reviewers.

Pages 4-5
Minimum Criteria are Needed in Each Subsection
In both the ACH Level Plan and the Project Level Plan scoring criteria (pp 4-5), each subsection is further defined in the Project Plan Template. For example, Governance includes five domains (financial, clinical, community, data, program management and strategy development) and there are specific questions to which responses are requested. However, no detail on specific point allocation for each domain and/or question is provided. Further, there are no specified criteria; it appears that if an ACH responds to a question then the ACH has fulfilled its obligation and points are allocated. This is not an adequate method of assessing whether an ACH has met its obligations with regard to a given domain or subsection. We recommend minimum criteria be set for each subsection, without which the score will be zero. For example, in the “Community and Stakeholder Engagement and Input” subsection, ACHs are asked to discuss, describe, or provide examples of their consumer engagement activities with no identified criteria on which to base point allocation. HCA should include minimum criteria for ACHs that should include: allocating 10% of the voting seats on its governing body to low-income consumers, creation and operation of a workgroup or committee focused specifically on consumer engagement efforts within the ACH, and a written consumer engagement plan. For additional recommendations on consumer engagement criteria, please refer to our report, Promising Practices for Consumer Engagement in the New Regional Health Collaboratives.1

Page 6
Further Consideration for ACH Fund Allocation
ACHs are eligible for additional funds if more projects are selected. Consideration should be given to what happens if an ACH has to abandon a project.

Thank you very much for your consideration of our comments. Please feel free to contact us with any questions about this document or other issues regarding ACHs and the Medicaid Demonstration.

Sincerely,

/s/ Huma Zarif
Northwest Health Law Advocates

/s/ Amy Crewdson
Columbia Legal Services

/s/ Sara Robbins
Solid Ground
October 13, 2017

Submitted via email to: medicaidtransformation@hca.wa.gov

MaryAnne Lindeblad
Medicaid Director
Health Care Authority
626 8th Avenue, SE
Olympia, WA 98501

RE: Public Comments Regarding the Project Plan Assessment Review Tool Components

Dear Ms. Lindeblad:

The community health center (CHC) members of the Community Health Network of Washington and the Washington Association of Community and Migrant Health Centers appreciate this opportunity to provide written comments on the Health Care Authority’s (HCA’s) Medicaid Demonstration’s Project Plan Assessment Review Tool Components. The project review process and this tool in particular are crucial in ensuring that Accountable Communities of Health (ACHs) are set up for success in implementing projects that will meet the objectives of the Demonstration and will improve the health outcomes for Washington consumers.

CHC providers have been partners throughout the development and implementation of the Demonstration. Washington State CHCs have more than 40 years of experience providing high-quality medical, dental, behavioral health, and pharmacy services to the state’s low-income population. This includes providing a number of population health services proven to improve patient health outcomes. Our CHC members have representatives active in all nine of the state’s ACH regions and have contributed to the Demonstration and ACH regional work. We have a long-standing, vested interest in the successful implementation of the Demonstration project.

Greater Specificity, Need for Examples, Measuring Impact

The assessment and scoring of project plan proposals is a key milestone of the Medicaid Transformation Demonstration (Demonstration). As such, this document describing the components, process, and criteria must be clear and complete in order to both provide necessary context and clarity to foster broad understanding of the process and expectations. We recommend that the document provide more definition around the criteria and criteria categories described in Table 1. Specifically:

- The assessment document lacks specificity and would be improved by including examples that reflect what completeness, clarity, specificity, and detail and logic mean if an ACH’s proposal “meets expectations”, for example. Providing examples of what meets the described criteria, beyond the definition, would be helpful guidance for both the entities submitting proposals as well as the interested partners and the public reviewing the ultimate decisions made by the independent assessor. Additionally, examples of successful proposals will ensure that the state and the Independent Assessor have common understanding of what demonstrates meeting each criteria category.
• The components also do not seem to address how the impact of the project plan will be measured. What process is Independent Assessor using to assess the level of change and impact the proposed interventions and strategies will have at demonstrating the expected performance measures? This is now an increased concern as requests from ACHs are asking for a reduction in expectations related to the project plans and supplemental workbooks due to reduction in funding. It will be important to understand how the Independent Assessor will truly understand the value of the project plans with reduced requirements on what ACHs submit and what additional information will be provided post project plan submission and the role that will play in determining the value of the project plans, whether this be information provided at a later date or in the implementation plan due in 2018.

Approach to Project Plan Assessment and Ensuring a High Quality Process
CHNW and WACMHC appreciate the timeline of the review process described within the assessment document. However, even the document itself describes it as “high-level.” It is imperative that this critical step in the Demonstration be explained in as much detail as possible to promote transparency in the process. Such a high-level overview fails to meet this objective.

• For example, the document describes two so-called “write back” processes, yet the document does not provide any meaningful information explaining what this process entails. Additionally, the process does not describe how the feedback from the Independent Assessor to the ACH and the ACH’s response will be made publicly available for review. We recommend providing additional detail within this assessment document describing the process in greater elemental depth. This should include elements such: as how much change an ACH will be able to make between the write-backs; who within the ACH is responsible for reviewing and making the updates; and how failure to address the concerns will impact the final scoring and assessment of individual projects proposals. An understanding of this process is important since the overall project plans will be approved by the board of each ACH. Therefore, the boards and key partners must be informed of any of these changes directed to the ACH during the write back period.

• While the HCA has drafted the assessment criteria and scoring sheet, the document does not address how HCA will oversee quality control of the assessment and product of the Independent Assessor. It would be helpful to understand this quality control process and will ensure the Independent Assessor is performing its duties effectively, since ultimately the result of the Independent Assessors work will determine the value of the project plan and impact of the interventions proposed overall. Additionally, we hope that HCA will review the project plans in detail along with the Independent Assessor, so they understand what can and cannot be proposed within projects. For example, within one ACH there had been an early proposal related to co-payments for certain services, which are not appropriate or legal to incorporate into a Medicaid program, so we will want to ensure these elements, are not overlooked.

Scoring
Incentivize Improvement
To this point, the ACH’s have been provided a strong foundation for each ACH to manage the Demonstration efforts within its respective region through the Certification process, with all ACHs earning the maximum funds available. While CHNW and WACMHC are supportive of strong ACH capacity, as new organizations, the recent processes have not sufficiently incentivized improvement which is critical for ACH long-term growth and sustainability.

• The deficiencies identified within the Certification Round 2 should be elevated within the assessment of the project plans.
Additionally, the assessment components should also build in the flexibility to earn additional dollars by satisfying recommended action steps to remedy an identified deficiency after the submission and assessment of the plan. The basis of the Demonstration is built on earning incentives through demonstrating the completion of plans, implementing processes and ultimately improving measures. HCA should use the Project Plan assessment process to motivate continuous improvement across the ACHs. Infusing opportunities for improvement into this process will foster a culture of improvement that will prove incredibly valuable over the duration of the Demonstration.

Project Level Plan Scoring
Table 3 describes the points available for elements of the project proposal, however there are gaps in the scored sub-sections as well as a need to reallocate the total points available to properly incent the more valuable elements of the project process so that.

- With regard to the sub-sections included in the chart, the table fails to score/assess how all the projects proposed by the ACH work with one another. This seems like an odd oversight considering HCA’s emphasis on ACHs promoting a “portfolio” approach to project design. It is critical for the success of the ACHs overall implementation to ensure that the efforts of one project support or promote the success of another and that they operate in synergy. It elevates the importance of breaking down silos, leveraging resources, encouraging innovative provider partnerships, and building a region’s capacities. The interrelation of projects also will impact the sustainability over time of the projects. We recommend the scoring include an element related to how an ACH’s portfolio of projects works together. This should be awarded a comparatively higher level of points considering the significant impact it has across the other elements on which the proposals will be judged.

As to how the document describes the breakdown of available points, the proposed breakdown does not allocate the points to effectively incentivize performance on the most important elements of a project proposal. For example, the most points are awarded for simply selecting project and identifying outcomes. Identifying the projects and outcomes is central to the proposal; however, it is not the most important element. By awarding it the highest points, it encourages the ACH to focus on this aspect of the proposal more so than others.

- We recommend a reallocation of points and ensuring that other more critical areas of the proposals in terms of impacting the success of implementation be rewarded with a higher point value. These elements include: implementation approach and timing; regional assets, anticipated challenges, and proposed solutions, the project supplemental workbook, and the recommended added category of relationship with other ACH projects.

Lastly, the current proposed funding reductions may shift the state’s approach to rewarding ACHs that choose six or more projects, we believe that ACHs should take on the work that they believe they can manage and do best. However, if this results in a reduction of funding due to the breadth and depth of impact they believe they can make, we understand that result.

Thank you for the opportunity to review and offer comments on the draft Project Plan Assessment Tool Components. CHNW and WACMHC believe a strong evaluation of the proposed projects will create a more sound foundation for the ACHs to ensure an effective implementation of Medicaid Demonstration Transformation projects. If you have any questions about our comments, please do not hesitate to
Sincerely,

Leanne Berge  
Chief Executive Officer  
Community Health Network of Washington

Bob Marsalli  
Chief Executive Officer  
Washington Association of Community and Migrant Health Centers

contact us at Leanne.Berge@chpw.org or (206) 515-4710; or at BMarsalli@wacmhc.org or (360) 786-9722 ext. 224.
October 13, 2017
Submitted via email to: medicaidtransformation@hca.wa.gov

MaryAnne Lindeblad
Medicaid Director
Health Care Authority
626 8th Avenue, SE
Olympia, WA 98501

RE: Public Comments Regarding the Project Plan Assessment Review Tool Components

Dear Ms. Lindeblad and Medicaid Transformation Team,

Community Health Plan of Washington (CHPW) appreciates the opportunity to provide feedback on the draft Project Plan Assessment Review Tool Components. We are a committed partner in Medicaid Transformation as a key strategy to achieve a Healthier Washington. As the only Washington-based, not-for-profit Medicaid managed care plan, CHPW is focused squarely on the success of Washington’s Medicaid program, the health of the Washingtonians it serves, and the communities in which they live. The Project Plan Template and accompanying workbook serve as a regional framework for the planning and implementation of the Medicaid Transformation Demonstration effort which is why a strong assessment and evaluation process will be critical. The Project Plan Assessment Review Tool Components are an opportunity to provide guidance to the ACHs and the communities they serve on what is expected within the project plan template and workbook thus fostering a shared awareness across partners of what demonstrating success looks like. Please find our key themes and comments below:

Greater Specificity, Need for Examples, Measuring Impact

The assessment and scoring of project plan proposals is a key milestone of the Medicaid Transformation Demonstration (Demonstration). As such, this document describing the components, process, and criteria must be clear and complete in order to both provide necessary context and clarity to foster broad understanding of the process and expectations. We recommend that the document provide more definition around the criteria and criteria categories described in Table 1. Specifically:

- The assessment document lacks specificity and would be improved by including examples that reflect what completeness, clarity, specificity, and detail and logic mean if an ACH’s proposal “meets expectations”, for example. Providing examples of what meets the described criteria, beyond the definition, would be helpful guidance for both the entities submitting proposals as well as the interested partners and the public reviewing the ultimate decisions made by the independent assessor. Additionally, examples of successful proposals will ensure that the state and the Independent Assessor have common understanding of what demonstrates meeting each criteria category.

- The components also do not seem to address how the impact of the project plan will be measured. What process is Independent Assessor using to assess the level of change and impact the proposed interventions and strategies will have at demonstrating the expected performance measures? This is now an increased concern since ACHs are asking for a reduction in expectations related to the project plans and supplemental workbooks due to reduction in funding. It will be important to understand how the Independent Assessor will truly understand the value of the project plans with
reduced requirements on what ACHs submit and what additional information will be provided post project plan submission and the role that will play in determining the value of the project plans, whether this be information provided at a later date or in the implementation plan due in 2018.

**Approach to Project Plan Assessment and Ensuring a High Quality Process**

CHPW appreciates the timeline of the review process described within the assessment document. However, even the document itself describes it as “high-level.” It is imperative that this critical step in the Demonstration be explained in as much detail as possible to promote transparency in the process. Such a high-level overview fails to meet this objective.

- For example, the document describes two so-called “write back” processes, yet the document does not provide any meaningful information explaining what this process entails. Additionally, the process does not describe how the feedback from the Independent Assessor to the ACH and the ACH’s response will be made publicly available for review. We recommend providing additional detail within this assessment document describing the process in greater elemental depth. This should include elements such: as how much change an ACH will be able to make between the write-backs; who within the ACH is responsible for reviewing and making the updates; and how failure to address the concerns will impact the final scoring and assessment of individual projects proposals. An understanding of this process is important since the overall project plans will be approved by the board of each ACH. Therefore, the boards and key partners must be informed of any of these changes directed to the ACH during the write back period.

- While the HCA has drafted the assessment criteria and scoring sheet, the document does not address how HCA will oversee quality control of the assessment and product of the Independent Assessor. It would be helpful to understand this quality control process and will ensure the Independent Assessor is performing its duties effectively, since ultimately the result of the Independent Assessors work will determine the value of the project plan and impact of the interventions proposed overall. Additionally, we hope that HCA will review the project plans in detail along with the Independent Assessor, so they understand what can and cannot be proposed within projects. For example, within one ACH there had been an early proposal related to co-payments for certain services, which are not appropriate or legal to incorporate into a Medicaid program, so we will want to ensure these elements, are not overlooked.

**Comments related to Scoring**

- CHPW believes this document should focus more on incentivizing improvement. To this point, the ACH’s have been provided a strong foundation to manage the Demonstration efforts within its respective region through the Certification process, with all ACHs earning the maximum funds available. While CHPW is supportive of strong ACH capacity, as new organizations, the recent processes have not sufficiently incentivized improvement which is critical for ACH long-term growth and sustainability. The deficiencies identified within the Certification Round 2 should be elevated within the assessment of the project plans. Additionally, the assessment components should also build in the flexibility to earn additional dollars by satisfying recommended action steps to remedy an identified deficiency after the submission and assessment of the plan. The basis of the Demonstration is built on earning incentives through demonstrating the completion of plans, implementing processes and ultimately improving measures. HCA should use the Project Plan assessment process to motivate continuous improvement across the ACHs. Infusing opportunities
for improvement into this process will foster a culture of improvement that will prove incredibly valuable over the duration of the Demonstration.

- CHPW would like to ensure that the assessment adequately accounts for project alignment. Table 3 describes the points available for elements of the project proposal, however there are gaps in the scored sub-sections as well as a need to reallocate the total points available to properly incent valuable elements of the project process. With regard to the sub-sections included in the chart, the table fails to score/assess how all the projects proposed by the ACH work with one another. This seems like an odd oversight considering HCA’s emphasis on ACHs promoting a “portfolio” approach to project design. It is critical for the success of the ACHs overall implementation to ensure that the efforts of one project support or promote the success of another and that they operate in synergy. It elevates the importance of breaking down silos, leveraging resources, encouraging innovative provider partnerships, and building a region’s capacities. The interrelation of projects also will impact the sustainability over time of the projects. We recommend the scoring include an element related to how an ACH’s portfolio of projects works together, not just the recognition of other non-demonstration initiatives. This should be awarded a comparatively higher level of points considering the significant impact it has across the other elements on which the proposals will be judged.

- The proposed breakdown does not allocate the points to effectively incentivize performance on the most important elements of a project proposal. For example, the most points are awarded for simply selecting project and identifying outcomes. Identifying the projects and outcomes is central to the proposal; however, it is not the most important element. By awarding it the highest points, it encourages the ACH to focus on this aspect of the proposal more so than others. We recommend a reallocation of points and ensuring that other more critical areas of the proposals in terms of impacting the success of implementation be rewarded with a higher point value. These elements include: implementation approach and timing; regional assets, anticipated challenges, and proposed solutions, the project supplemental workbook, and the recommended added category of relationship with other ACH projects.

- While the recent announcement related to the reduction in funding may impact the reward for choosing more than 6 projects, CHPW believes that the state should support ACHs in the number of projects they believe they can effectively manage and do well. However, if the choice of doing fewer projects ultimately reduces the depth and breadth of the impact the selections will make than the funding should reflect that.

Thank you for the opportunity to review and offer comments on the draft Project Plan Assessment Tool Components. CHPW believe a strong evaluation of the proposed projects will create a more sound foundation for the ACH to ensure an effective implementation of Medicaid Demonstration Transformation projects. Please don’t hesitate to reach out with any questions you may have.

Sincerely,

[Signature]

Leanne Berge
Chief Executive Officer
Community Health Plan of Washington
MaryAnne Lindeblad  
State Medicaid Director  
Washington State Health Care Authority  
Submitted via email: medicaidtransformation@hca.wa.gov

Dear MaryAnne,

Thank you for the opportunity to review the draft scoring criteria for Demonstration Year 1 Project Submissions under Initiative 1 of Washington State’s Medicaid Waiver. Providence St. Joseph Health appreciates the Health Care Authority’s transparency in releasing the scoring criteria. As we have demonstrated through our participation in six of the nine regional Accountable Communities of Health (ACHs), we see the Medicaid Waiver as a critical opportunity to improve the health and well-being of Washington’s citizens over the long-term. On behalf of Providence St. Joseph Health in Washington and its secular affiliates, including Swedish Health Services, Pacific Medical Centers (PacMed) and Kadlec, we submit the following brief comments that we hope you will consider as this process moves forward.

Overall, the scoring methodology appears reasonable. We especially appreciate that multiple feedback loops have been built in to the scoring timeline, whereby ACHs can work with the third party evaluator to clarify information prior to final scoring. This will ensure that ACHs have equal opportunity to communicate goals and program designs. However, we are concerned that in light of the recent funding reduction announced by the Health Care Authority for overall funding available in Demonstration Year 1, the strong incentives included in the scoring criteria for communities to implement at least six projects puts undue burden on communities that are carefully considering what activities would be sustainable throughout the demonstration timeline and beyond. We believe that there should not be a penalty for ACHs that choose to implement four projects, as long as the implementation details for those four projects is sound, reasonable, and has a likelihood of achieving success with the identified populations, for a couple of key reasons:

- The recent announcements regarding the 36 percent reduction – now revised down to a 27 percent reduction – has contributed to uncertainty in communities as to what ACHs will ultimately be able to draw down to support and reward their work. In turn, ACHs have been carefully scoping their work plans to ensure they are able to implement the chosen portfolio well – rather than run the risk of only being able to partially deliver on a greater number of projects.
- Sustainability in demonstration activities should be incentivized by allowing ACHs to scale their efforts according to community resources. The Health Care Authority has been very clear that sustainability is a crucial consideration throughout the demonstration, yet the scoring criteria has the potential to incentivize ACHs to stretch beyond what’s reasonable to sustain by essentially penalizing those that choose to implement fewer than five projects.
Again, we appreciate the opportunity to dialogue with HCA on this part of the process, as the scoring criteria will be essential guidance to ACHs as they make decisions regarding their final project plan submissions. If you have any questions about the information above, please contact Lauren Platt, State Advocacy Program Manager, at lauren.platt@providence.org or by phone at (425) 525-5734.

Sincerely,

Kristen Federici  
Director, Government Affairs – WA & MT  
Providence St. Joseph Health
To whom it may concern,

Below are the key items North Central Accountable Community of Health would like Myers and Stauffer to consider during the project plan assessment scoring process:

**Specific details pertaining to target populations and evidence based approaches:**
It appears that the level of detail the HCA is expecting in our project application is greater than initially thought. The timing and number of things that are still in draft mode 4 weeks out is concerning; For example, HCA indicated an expectation that the application narrative describe specific target populations being proposed while the toolkit suggests that this would happen during the planning phase (DY2 Q2); This is inconsistent. As well, ACHs could not possibly have been able to gain the level of detail HCA now expects them to incorporate into their project plan due to the number of certification proposals they have requested ACHs to spend a significant amount of their time on during 2017. NCACH recommends that scoring reflects the process as defined in the Demonstration project toolkit and that target populations in the project plan are still considered high level and preliminary. ACHs should not be negatively scored based on following the original guidance of the HCA and identifying specific target populations in DY2 Q2 as outlined in the toolkit.

**Separating out registration/administrative needs from the application:**
NCACH strongly advocate to separate out the administrative needs to populate the payment portal and the requirements to identify partnering providers in the project application. Our concern is that this could have big negative impacts on ACH and community/provider relationships and set unrealistic expectations that all providers identified will get paid when that is not the case.

**Better definition of requirements outlined in the supplemental workbook tab:**
The supplemental workbook tab scoring is based on pass/fail criteria. A better definition of what this means is imperative to ensure ACHs understand what an adequate score is.

**Section II project weighting:**
The Section II parts for each project are all weighted equally rather than weighted the way the project specific funding is weighted. NCACH believes it would be beneficial that the scores in the project plans outlined in section II be weighted the same way P4R and P4P is weighted (i.e. 2a and 2b would be worth substantially more).

Thank you for your consideration on these changes to the Project Plan Assessment and its scoring criteria. If you have any questions, please reach out to our Program Manager John Schapman at john.schapman@cdhd.wa.gov.

Thank you,

Linda Evans Parlette
Executive Director
North Central Accountable Community of Health