

ACH semi-annual reporting period summary: July 1, 2021 – December 31, 2021

As part of the Washington State Medicaid Transformation, Accountable Communities of Health (ACHs) [report](#) updates on transformation activities. Reported information includes project implementation and progress on milestones defined in the [Project Toolkit](#). This document provides ACH highlights from the reporting period, including milestones achieved, incentives earned, and a look ahead to upcoming activities.

For more information, visit the Washington State Medicaid Transformation [webpage](#).

Findings of the ACHS' Semi-Annual Report 8

All ACHs submitted their SARs by the January 31, 2022 deadline.

- ◆ **Findings.** Upon submission of RFI responses, all SARs included sufficient detail to reflect progress performance during the reporting period July 1, 2021 – December 31, 2021.
- ◆ **Recommendation.** The IA recommends Health Care Authority (HCA) approve and award full credit to ACHs for milestone achievement towards Medicaid Transformation.

COVID-19 Pandemic

The health care system and the communities of Washington State continued to be impacted by challenges from the pandemic declared on March 11, 2020 by the World Health Organization (WHO) related to the novel coronavirus (COVID-19). During this reporting period, HCA, the ACHs and partnering providers began to take steps to return to pre-pandemic activities, however some flexibilities of the Medicaid Transformation waiver approved by the Centers for Medicare and Medicaid Services (CMS) remained in place.

Highlights of the reporting period

- **ACHs and partnering providers have their MTP activities generally on track.** ACH activities have continued to support COVID-19 recovery efforts including vaccination access and financial assistance for items such as rent, utilities, groceries, and household products. Some ACHs continued to report that partnering providers are prioritizing interventions that address behavioral health needs, social determinants of health, and healthcare inequalities for black, indigenous, and persons of color (BIPOC) that have been magnified by the pandemic. Most ACHs have prioritized supporting telehealth initiatives, through the expansion of data technology and health information exchanges.
- **ACHs are taking enhanced action to address health equity.** ACHs have continued to collaborate with partners in outreach efforts to reach underserved populations, especially regarding vaccination equity. Cascade Pacific Action Alliance (CPAA) launched “The Equity Circle Podcast” to cover COVID-19 education and whole-person care through a health equity lens. Elevate Health conducted special outreach with culturally and linguistically appropriate

community based care organizations to deliver care to traditionally underserved communities across Pierce County. Greater Columbia ACH (GCACH) lowered barriers to vaccination by pursuing partnerships within counties with low vaccination rates and higher social vulnerability indexes.

- **The behavioral health crisis among children, youth, and other community members has continued to increase due to the COVID-19 pandemic.** ACHs have prioritized collaboration with community-based organizations and focused on the behavioral health needs of their communities to integrate goals for health equity and behavioral health access. Elevate Health’s investment arm, the OnePierce Community Resilience Fund has supported behavioral health access and integration throughout the pandemic. HealthierHere continues to support provider integration of physical and behavioral health through the Innovation Fund and investing in community-based non-licensed staffing to provide behavioral health care to rural areas of King County. North Central ACH has reported challenges in staffing of behavioral health providers, and in efforts to mitigate this issue the ACH has engaged in the House Bill 1504 Behavioral Health Internship program.
- **ACHs are engaged in identifying key priorities for sustaining improvements past the Medicaid Transformation Project.** ACHs are making great strides for sustainable improvements for their regions using data to identify best practices, new leadership, project coordination and enhancing partnerships. Better Health Together (BHT) has begun the implementation phase for scaling and sustaining its projects, by first restructuring its Board, and planning to adopt a 3-year strategic plan. GCACH has hired a new Executive Director and proposed an enhanced braided funding model to ensure the plan is flexible for the future. HealthierHere is in the process of developing its 2022 investment strategy, and North Sound’s Board has approved the ACH’s 2022 budget and has agreed to form a community group to advise the investment of the Community Resilience Fund.
- **ACHs shared a best practice or “bright spot” that emerged in response to the COVID-19 response and recovery efforts.** BHT challenged themselves to build a more inclusive and equitable Board, and elected 26 new board members, with 50% identifying as BIPOC. CPAA shared their success with a client who was interested in CPAA’s *Pathways* program and the opportunity to receive regular support as she began to make life changes. Southwest Washington ACH (SWACH) was very successful in their COVID-19 response efforts through their HealthConnect Hub, which has employed a culturally diverse cohort of community health workers (CHW). North Sound ACH has also found success in the increased inclusion of CHWs and Promotoras in healthcare conversations and outreach events. The work of Promotoras within the Latinx and farmworker communities was vital to the decrease in vaccine hesitancy, increase in vaccine uptake, and provision of education about COVID-19. Olympic has been excited to host several safe in-person events to meaningfully connect and build relationships.

ACH's Reflections on the Medicaid Transformation Project

As a part of the final semi-annual report, ACHs were asked to share their reflections on changes and improvements that have occurred and/or lessons learned over the past five years of MTP. Each ACH response is included in ACH-specific tables in the full Semi-Annual Report.

The following notable lessons from ACHs can be used to by CMS, HCA, other states, clinical and social service providers, or anyone seeking to actively make changes in the way that health care is delivered and paid for. These lessons are not an exhaustive list, but speaks to some of the key lessons shared amongst ACHs.

- **The best place to start with equity is to just start.** There is no perfect way to roll this out, and you will make mistakes. It's more important to start, humbly and be prepared to learn a lot along the way. You build the trust and the muscle with consistency, not perfection.
- **Team-based care is critical to the success of whole-person health.** The addition of a Community Health Worker on the team is the key to addressing the social determinants of health.
- **Providers like learning from each other.** The Learning Collaboratives have enhanced provider knowledge of best practices, and facilitated agreements and compacts between organizations.
- **Transformation can happen quickly,** as evidenced by COVID-19, and requires regulatory flexibility, funding, and a shared sense of urgency and commitment.
- **Time and space to focus on and carry out transformation are essential.** A structure to rally around and knowledge of quality improvement processes facilitate success.
- **Collaboration is key.** Partnering across sectors and building relationships are vital.

ACH milestone achievement and earned incentives

Table 1

Achievement Values (AVs) associated with project incentives, by ACH for Semi-annual Reporting Period July 1 – December 31

	BHT	CPAA	EH	GCACH	HH	NC	NS	OCH	SWACH
Number of Projects in ACH Portfolio	4	6	4	4	4	6	8	6	4
Potential AVs for semi-annual reporting period July 1 – December 31, 2021									
Completion of Semi-annual Report	4	6	4	4	4	6	8	6	4
Completion/maintenance of partnering provider roster	4	6	4	4	4	6	8	6	4
Engagement/Support of Independent External Evaluator (IEE) Activities	4	6	4	4	4	6	8	6	4
Report on quality improvement plan (Replaced by COVID-19 Response)	4	6	4	4	4	6	8	6	4
Completion of all P4R metrics (Project 2A, 3A only) (Replaced by COVID-19 Response)	2	2	2	2	2	2	2	2	2
Achievement Values for First Reporting Period									
<i>Assessed August 2021</i>	Full Credit								
Total AVs Earned	18	26	18	18	18	26	34	26	18
Total AVs Available	18	26	18	18	18	26	34	26	18

Table 2

Total P4R Project Incentives Available by ACH for Achievement of the Implementation Plan Milestone

ACH	Earned AVs	Project Incentives
Better Health Together	18	\$757,226
Cascade Pacific Action Alliance	26	\$688,388
Elevate Health	18	\$826,065
Greater Columbia ACH	18	\$963,743
HealthierHere	18	\$1,514,452
North Central ACH	26	\$344,194
North Sound ACH	34	\$1,032,581
Olympic Community of Health	26	\$275,355
SWACH	18	\$481,871
Total	202	\$6,883,875