Medicaid Transformation

Accountable Communities of Health

SWACH Semi-annual Report

SAR 7.0

Reporting Period:

January 1, 2021 – June 30, 2021

DY5 Q1-Q2

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Semi-annual report information and submission instructions

Purpose and objectives of ACH semi-annual reporting

As required by the Medicaid Transformation's Special Terms and Conditions, Accountable Communities of Health (ACHs) must submit semi-annual reports on project implementation and progress milestones. ACHs submit documentation per the requirements of the reporting guidance. The guidance will evolve over time to capture relevant information and to focus on required milestones for each reporting period. ACHs must submit reports as follows each year of the Medicaid Transformation:

- **July 31** for the reporting period January 1 through June 30
- **January 31** for the reporting period July 1 through December 31

The purpose of the semi-annual reporting is to collect necessary information to evaluate ACH project progress against milestones, based on approved project plans and corresponding implementation plans. The Washington State Health Care Authority (HCA) and the state's contracted Independent Assessor (IA) will review semi-annual report submissions.

The ACH may be called upon to share additional information that supports the responses submitted for the purposes of monitoring and auditing, or for general follow-up and learning discussions with HCA, the IA and/or the Independent External Evaluator (IEE).

Achievement values

The amount of incentives paid to an ACH region will be based on the number of earned AVs out of total possible AVs for a given reporting period.

AVs associated with Project Incentives for this reporting period are identified in the table below.

Table 1. Potential P4R Achievement Values (AVs) by ACH by Milestone for Semi-annual Reporting Period January 1 – June 30, 2021

	BHT	CPAA	EH	GCACH	HH	NC	NS	OCH	SWACH
Number of Projects in ACH Portfolio	4	6	4	4	4	6	8	6	4
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)	2	2	2	2	2	2	2	2	2
Total AVs Available	18	26	18	18	18	26	34	26	18

Table 2. Potential P4R AVs for Project Incentives, January 1 – June 30, 2021

ACH	2A	2B	2C	2D	3A	3B	3C	3D	Total Potential AVs
Better Health Together	5	4	-	-	5	-	-	4	18
Cascade Pacific Action Alliance	5	4	4	-	5	4	-	4	26
Elevate Health	5	4	-	-	5	-	-	4	18
Greater Columbia ACH	5	-	4	-	5	-	-	4	18
HealthierHere	5	-	4	-	5	-	-	4	18
North Central ACH	5	4	4	4	5	-	-	4	26
North Sound ACH	5	4	4	4	5	4	4	4	34
Olympic Community of Health	5	-	-	4	5	4	4	4	26
SWACH	5	4	-	-	5	-	-	4	18

Reporting requirements

The semi-annual report for this period (January 1 – June 30, 2021) includes three sections as outlined in the table below.

Semi-annual reporting requirements (January 1 – June 30, 2021)		
Section	**Item num**	**Sub-section components**
Section 1. ACH organizational updates	1-8	Attestations
	9-11	Documentation - Key staff position changes - Budget/funds flow update
Section 2. Project implementation status update	12-13	Attachments - Implementation work plan - Partnering provider roster
	14	Documentation - Quality improvement strategy update
	15-17	Narrative responses - General implementation update - Regional integrated managed care implementation update - Scale and sustain update
	18	Attestations
Section 4. Pay-for-Reporting (P4R) metrics	22	Documentation

There is no set template for the semi annual report. All required elements are to be clearly addressed. ACHs may be requested to provide supporting information and/or back-up documentation related to the information provided to the IA and HCA.

While ACHs have flexibility in how to develop the report, the main report should be navigable for reviewers and ready to publish to HCA's webpage. See instructions for how to format the report below.

File format

ACHs are to submit all required elements as a single searchable PDF, with the exception of the Implementation work plan, the partnering provider roster, and the P4R metrics, which are to be submitted as separate Microsoft Excel files or PDFs. Below are examples of the file naming conventions ACHs should use:

- *Main Report or Full PDF:* ACH Name.SAR7 Report.08.02.21
- *Implementation work plan:* ACH Name.SAR7 Implementation work plan.08.02.2021
- *Partnering provider roster:* ACH Name.SAR7 provider roster. 08.02.2021
- *P4R metrics:* ACH Name.SAR6 P4R metrics. 08.02.2021

Upon submission, all submitted materials (except for the P4R metrics reporting workbook) will be posted publicly to HCA's Medicaid Transformation resources webpage.[1]

Semi-annual report submission instructions

ACHs must submit their completed semi-annual reports to the IA **no later than August 2, 2021 at 3:00p.m. PST.**

Washington Collaboration, Performance, and Analytics System (WA CPAS)

ACHs must submit semi-annual reports through the WA CPAS: https://cpaswa.mslc.com/.

ACHs must upload their semi-annual report and associated attachments to the sub-folder titled "Semi-Annual Report 7."

The folder path in the ACH's directory is:

Semi-Annual Reports → Semi-Annual Report 7.

See WA CPAS User Guide available in each ACH's directory on the CPAS website for further detail on document submission.

[1] https://www.hca.wa.gov/about-hca/healthier-washington/ach-submitted-documents

Semi-annual report submission and assessment timeline

Below is a high-level timeline for assessment of the semi-annual reports for reporting period January 1, 2021 – June 30, 2021.

ACH semi-annual report 7 – submission and assessment timeline			
No.	**Activity**	**Responsible party**	**Anticipated timeframe**
1.	Distribute semi-annual report instructions for reporting period July 1 – December 31, 2020 to ACHs	IA	March 2021
2.	Submit semi-annual report	ACHs	August 2, 2021
3.	Conduct assessment of reports	IA	August 3, 2021 – August 25, 2021
4.	If needed, issue information request to ACHs within 30 calendar days of report due date	IA	August 25
5.	If needed, respond to information request within 15 calendar days of receipt	ACHs	August 26 – September 9, 2021
6.	If needed, review additional information within 15 calendar days of receipt	IA	August 27 – September 24, 2021
7.	Issue findings to HCA for approval	IA	October 2021

Contact information

Questions about the semi-annual report template, submission, and assessment process should be directed to WADSRIP@mslc.com.

ACH contact information

Include in the semi-annual report the 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, also include their information.

ACH name:	Southwest Washington ACH (SWACH)
Primary contact name **Phone number** **E-mail address**	Alanna Hein 360-952-0922 alanna.hein@southwestach.org
Secondary contact name **Phone number** **E-mail address**	Jason Burton 360-628-3919 Jason.Burton@southwestach.org

Section 1. ACH organizational updates

The following sub-sections are required components of the ACH's semi-annual report. ACHs may submit reports in the formats of their choosing, as long as all required elements are clearly addressed.

Attestations

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

Foundational ACH requirements	Yes	No
1. 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	
2. The ACH has an Executive Director.	X	
3. 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 • 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
4. At least 50 percent of the ACH's decision-making body consists of non-clinic, non-payer participants.	X	
5. Meetings of the ACH's decision-making body are open to the public.	X	
6. Within the last 12 months, the ACH has completed an organizational self-assessment of internal controls and risks (using this template or a similar format) that addresses internal controls, including financial audits.	X	
7. The ACH maintained ongoing compliance with the Model ACH Tribal Collaboration and Communication Policy.	X	
8. The ACH conducted communication, outreach and engagement activities to provide opportunities for community members to inform transformation activities and to receive updates on progress.		X

If unable to attest to one or more of the above items, provide a brief explanation of how and when the ACH will come into compliance with the requirements. Identify the specific attestation number when providing the response.

3. We had a number of Board Members leave the board or retire from their job, thus changing their representation. We are currently lacking representation from Primary Care Providers, and Public Health representation. We are actively recruiting for new Board members, and the newly developed Board of Trustees Membership and Recruitment Committee is strategically reviewing and addressing other skill/representation gaps. We aim to have at minimum 3 new members on the board before the end of the year.

8. SWACH communicates to our partners and public outwardly via our newsletter, social media, and public Board and Regional Health Improvement Plan (RHIP) Council meetings. However, we recognize these activities do not provide a proper avenue for the public to learn, understand, and provide feedback on SWACH's programs. Within the next 6 months, we hope to better engage with our community, and provide specific and targeted activities and events which would allow direct feedback from the public on our work. We have recently hired a Communication Manager to help with these efforts and provide additional ways to reach and engage our community.

Documentation

The ACH should provide applicable documents or additional context for clarity that addresses the following:

9. **Key staff position changes.** If key staff changes occurred during the reporting period, include as an attachment a current organizational chart. Use ***bold italicized font*** to highlight changes to key staff positions during the reporting period.
    - Include staff names and titles in the organizational chart. For vacant positions, mark each applicable position as "vacant" on the organizational chart.
    - Provide a narrative explanation of the organizational changes.

    If applicable, include current organizational chart.

See attachment SWACH.SAR7.ORGANIZATION CHART. 08.02.21

10. Budget/funds flow.

a) Financial Executor Portal activity for the reporting period. The Independent Assessor will receive an ACH-specific report from the Financial Executor Portal, representing activity in the Portal during the reporting period. The Independent Assessor will append this document to the semi-annual report. No action is required by the ACH for this item.

b) The ACH is asked to provide additional context to add clarity about the portal activity payments made outside the portal.

- For COVID-19 related payments made outside the portal during the reporting period, populate and submit the payment reconciliation spreadsheet.[2]
- For payments not related to COVID-19 made outside the portal during the reporting period, populate and submit the payment reconciliation spreadsheet.[3]

No payments were made outside the portal

11. **Incentives to support integrated managed care.** Regardless of integrated managed care implementation date, provide the following information regarding ACH incentives to support the region in transition to integrated managed care.

    a) List of use and expenditures that reflect a cumulative accounting of all incentives distributed or projected to support the transition to integrated managed care. It is not limited to the reporting period.

        i. ACHs may use the table below or an alternative format as long as the required information is captured.

        ii. Include any earned Integration Incentives, Project Incentives or other funds that have been or will be used.

        iii. Description of use should be specific but concise.

Use of incentives to assist in the transition to integrated managed care		
Description of Use	**Expenditures ($)**	
	Actual	**Projected**
HIE/HIT and Clinical Assessments	**655,000**	
Behavioral Health Integration support including: • Investments into provider organizations to support evidence based clinical integration models and shared learning across networks of care • Investments into provider organizations to support workforce recruitment, development, and training integrated care teams • Investments to support the advancement of utilization of equity lens to support continuous quality improvements Limited IT investments related to administrative support processes.	**$6,731,298** NOTE: Reduced from amount reported in SAR 6 due to re-evaluation of previous reporting (incentives not related to IMC were reported)	**$0**

[2] The HCA issued COVID 19 reconciliation spreadsheet can be found at the following link: https://hca.wa.gov/assets/program/payment-reconciliation-template-covid.xlsx.

[3] The HCA issued non -COVID reconciliation spreadsheet can be found at the following link: https://hca.wa.gov/assets/program/payment-reconciliation-form-sar-5.0-noncovid.xlsx.

Section 2. Project implementation status update

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

Attachments

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

12. Implementation work plan

The reporting requirements for the implementation work plan updates are temporarily replaced with COVID-19 related responses in the "Narrative Responses" section. The submission of an updated implementation work plan is considered optional for this reporting period but is encouraged to the extent the ACH has an updated work plan.

Implementation plans are "living documents" that outline key work steps and plans to be conducted within the time frame of the Medicaid Transformation. The ACH's implementation plan (work plan) is a key resource that allows HCA to understand how the ACH is moving forward and tracking progress. These plans provide HCA information to monitor ACH activities and project implementation timelines.

- Optional: The ACH may submit an **updated implementation plan** reflecting *progress made during the reporting period*.

See attachment SWACH.SAR7.Implementation Plan.08.02.21

13. Partnering provider roster.

The roster should reflect **all partnering providers** that are participating in project implementation efforts through the ACH under Medicaid Transformation. To earn the achievement value associated with this reporting component, ACHs are required to update and submit the list of partnering provider sites that are participating in Medicaid Transformation Project Toolkit activities in partnership with the ACH.

Instructions:

a) For each partnering provider site identified as participating in transformation activities, the ACH should use the template provided by the IA to indicate:

   i. Whether the partnering provider site is pursing tactics or strategies in support of specific project areas from the Project Toolkit. Populate the appropriate project column(s) with Y/N.

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

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

Submit updated partnering provider roster.

See attachment SWACH.SAR7.Provider Roster.08.02.21

Documentation

The ACH should provide documentation that addresses the following:

14. Quality improvement strategy update

The reporting requirements for the quality improvement strategy updates are temporarily replaced with COVID-19 related responses in the "Narrative Responses" section. The submission of quality improvement strategy updates are considered ***optional*** for this reporting period but are encouraged to the extent the ACH has an updated quality improvement strategy to keep HCA and the IA apprised of quality improvement activities and findings. If submitting updates, ACHs may determine the format to convey this information.[4]

Narrative responses

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

15. COVID-19

a) Provide an update on COVID-19 activities. If applicable, please describe any support of vaccine efforts, or other ACH COVID-19 activities that emerged or evolved during the reporting period (e.g., PPE, project management, communication and engagement, coordination of funding).

- SWACH attempted to place an order for PPE (gowns) from the Health Care Authority for our partners when the opportunity was shared with SWACH in May.
- SWACH staff began participating in Slavic Engagement Collaborative with community members, Clark County Public Health, health system leaders, behavioral health and other partners across our region, including the Portland Metro Area with the aim of increasing vaccine confidence thru building trusted relationships with the Slavic community.
- SWACH partnered with DOH to launch the Care Connect WA Program (CCWA) in our region through the HealthConnect community-based care coordination infrastructure.
    - Resources include immediate connection to a community health workers who provide Covid-19 information to help promote effective Q&I strategies for the family as well as access to fresh food and financial support for household costs (Rent, mortgage, utilities)
    - The team of CHW within HealthConnect providing this program is called the CARE cohort for Culturally Appropriate Response and Engagement. CHWs are culturally and linguistically specific for the household demographics.
    - The CARE cohort CHWs also attend the monthly HealthConnect large cohort convenings for trainings and support. CHWs are cross trained in Pathways to promote the longer care coordination that many people find crucial after a Covid 19 diagnosis.

[4] Reporting requirements for the quality improvement strategy updates will be fulfilled by COVID-19 context in the "Narrative Responses" section

- Monthly convenings for 50+ Community Based Workforce and community partners for shared learning/training to support COVID-19 response and whole person care including: COVID-19 Vaccine Confidence and Community Questions; Food, Transportation and Housing Insecurity and Resources in COVID-19 Response; Substance Use and Harm Reduction, Opioid Response, Narcan training; Suicide and Crisis Response; Culturally Specific Communities, Organization and Leaders: Strengthening Connection
- Developed COVID-19 response referral partnerships, workflows, and provided trainings for LHJ's in Clark, Skamania, and Klickitat to create community health records (CHRs) for referral into HealthConnect.
- Participation in Clark County Public Health COVID-19 Response Ethics Committee
- Coordinated/collaborated/partnered with NAACP, LULAC, PICA, Odyssey World International, and others to hold community events for distribution of needed food kits to COVID-19 impacted households
- Coordinated/collaborated/partnered with PeaceHealth and BIPOC community leaders to align HealthConnect food kit distribution with testing events prioritizing BIPOC.
- BIPOC and culturally specific community leader participation in monthly HealthConnect Cohort Convening to strengthen connection, trust and share learning for culturally appropriate COVID-19 response
- Community leaders represented: NAACP, Odyssey World International, League of Latin American Citizens, Pacific Islander Community Association, Slavic community, Gorge Native American Community Partner Collaboration.
- In partnership with WSU-Extension Clark County, developed and promoted 1 year calendar of consistent regional programming for evidence-based self-management programming: Chronic Disease Self-Management Program (CDSMP), Chronic Pain Self-Management Programs (CPSMP), Diabetes Prevention Program (DPP) which also supports COVID-19 recovery and Long-Haul effects.
- Partnered with DSHS for extension and expansion of funding for CDSMP/CPSMP training and integration with HealthConnect Hub

b) During this reporting period, has your ACH made any notable changes or decisions related to your DSRIP activities? For example, are there updates regarding your region's balancing of COVID-19 response and activities that were already in motion?

<u>2A Integration</u>

- SWACH had initially planned to relaunch its Integrated Care Collaborative during this reporting period. Due to changes in staffing and capacity with COVID-19 response work, SWACH is now aiming for re-launch by the end of 2021 or early 2022.

3A Opioid

- The Clark County Opioid Taskforce and Steering Committee continue to meet regularly virtually for shared learning, collective impact, community engagement, and advocacy.
- The Klickitat Opioid Treatment Network virtual meeting continues to serve as a broad cross sector opioid collaboration and systems integration meeting.
- Clark County Opioid Treatment Network continues to integrate Medication Assisted Treatment into their network and works to improve the efficacy of the approach.
- The Skamania County SUD Taskforce continues to meet virtually to facilitate shared learning and collective impact.

Equity Collaborative

- The Equity Collaborative was originally planned to end in December 2020, but was extended thru March 2021 due to COVID-19. While the Collaborative ended in March, staff are in the early stages of planning for a re-launch. The timing is delayed due to changes in staffing and capacity with COVID-19 response work. SWACH is now aiming for re-launch by the end of 2021 or early 2022. Partners that participated in the Collaborative were sent a supplemental partner report for the January-June 2020 time period. SWACH will leverage the data collected to inform how to support partners moving forward

COVID-19 Recovery & Integration of HealthConnect Partnerships and Programs already in motion

Deployment of Care Connect WA (CCWA) leveraged and integrated with existing HealthConnect partner agencies and programs

- Expansion to 15 HealthConnect Integrated Partner Agencies with trained community-based workforce providing community care coordination (See *Table 1: HealthConnect and Integration of CareConnect WA*)
- Expansion to 7 HealthConnect Integrated Care Programs supporting access to a continuum of care across 7 programs that center the community-based workforce. (See *Table 2: COVID-19 Response and HealthConnect Infrastructure/Activities*)
- CCxP (CareConnect X Pathways)- Piloted an integrated program model to supported engagement of COVID-19 impacted community members through CareConnect WA and connection to longer term community based coordination through Pathways.

Table 1: HealthConnect and Integration of CareConnect WA

HealthConnect Integrated Partner (HIP) Agency and Community Based Workers	Agency Area of Expertise	Cultural and Community Lived Experience/ Representation	HealthConnect Care Programs
Share- 2 CBWs / 1 Supervisor	CBO: Housing and Social Services	Chuukese / LatinX CHWs	CCWA; Pathways
Washington Gorge Action Program- 4 CBWs/ 1 Supervisor	CBO: Rural Housing and Social Services	Native American / LatinX / Rural CHWs & Peers - Lived Experience	CCWA; Pathways
Lutheran Community Services- 3 CBWs/ 1Supervisor	CBO: Refugee and Immigrant Services / Family and Community Support	Russian / Slavic CHWs	CCWA; Pathways
YWCA- 2 CBWs/ 1 Supervisor	CBO: Eliminating Racism / Empowering Women	LatinX CHWs	CCWA; Pathways
SeaMar CHC- 4 CBWs/ 1Supervisor	Physical and Behavioral Health: Federally Qualified Health Center	LatinX / Slavic / Korean CHWs	CCWA; Pathways
Skamania County Community Health- 2 CBWs / 1 Supervisor	Physical and Behavioral Health: Rural/ Frontier Community Health Clinic	Rural CHWs & Peers - Lived Experience	CCWA; Pathways
PeaceHealth Family Medicine SW- 2 CBWs / 1 Supervisor (SWACH)	Physical and Behavioral Health: Community Clinic for underserved neighborhoods	Black African American/ CHWs & Peers- Lived Experience	CCWA; Access to Health
Clark County Fire and Rescue- 3 CBWs / 1 Supervisor	EMS and Community Paramedicine: Complex / High-risk / medically fragile populations	Trusted EMS/ Paramedic, Social Worker and Social Work Intern	CCWA; Community Paramedicine
Lifeline Connections- 2 CBW s/ 1 Supervisor	Physical and Behavioral Health: Substance Use/ Mental Health/ Crisis, Detoxification/ Social Support	Peers - Lived Experience	Pathways
Vancouver Housing Authority- 1 CBW / 1 Supervisor	CBO: Housing and Social Services	CHW-Supported Housing Experience	Pathways
Outsiders Inn- 4 CBWs/ 1 Supervisor	CBO: Housing and Social Services	Recovery Coaches & Peers- Lived Experience	Pathways
Council for the Homeless- 1 CBW/ 1 Sup	CBO: Housing and Social Services	CHW - Housing Experience	Pathways
Area Agency for Aging and Disabilities- 23 CBWs/ 3 Supervisors	CBO: Home and Community Based Services for Seniors, Adults with Disabilities, and Care Givers	Russian / LatinX / Community Based Social Workers-	Health Homes; Humana
White Salmon School District – 1 CBW	School: Vulnerable students/households	School Resource Coordinator	Pathways
WSU- Extension- 2 CBW	Chronic Disease/Pain Self Management Programs	Community Based Program Leaders	CDSMP/CPSMP

Table 2: COVID-19 Response and HealthConnect Infrastructure/Activities

"Care Traffic Control"- Integration of COVID-19 Response (CCWA) with Existing HealthConnect Care Programs	
HealthConnect Care Program	Coordinated Community-Based Supports and Services
Care Connect WA (CCWA)	COVID-19 Response to support immediate needs: food and finance / connection to CHWs and continuum of community-based care coordination
Pathways	Whole person community-based care coordination
Access to Health	Low barrier/ high engagement / connection to CHW / limited scope
Health Homes	Integration of 12,000 CHR's for master client index and "care traffic control"
Humana Care Coordination	Integration of 800+ CHRs for care coordination & "care traffic control"
Community Paramedicine	Referral partnerships with hospitals and connection to HealthConnect programs
Chronic Disease / Chronic Pain Self-Management Programs	Evidence based prevention and management of chronic conditions & connection to continuum of community-based care coordination

c) Describe any updates, new approaches, or new partnerships related to how your ACH has included Tribes/IHCPs in your COVID-19 response activities.

HealthConnect / CARE Cohorts includes native American CHW representation for culturally appropriate response and engagement and increased access/support for Native American community members. This includes coordinated shared learning to support strengthening and connection to Native American communities, leadership and resources for 50+ community-based workers through the HealthConnect Cohort monthly shared learning event.

SWACH also participates in regular meetings and strengthening connection with the Gorge Native American Community Partner Collaboration for coordination with tribal partners around community care coordination including COVID-19 Response, and the Columbia River Inter-Tribal Fishing Commission (CRITFC) for coordination and partnership around in-lieu fishing sites and tribal community member access to supports and services

d) Specific to partnering providers, describe any updates, new approaches regarding provider contracts, reporting, type of providers engaged, support provided, and/or payment strategies.

SWACH continued to conduct partner reporting on a semi-annual basis instead of quarterly to reduce burden on its partners. However, funding continues to be distributed quarterly.

Care Connect WA (CCWA) provided an opportunity to develop new partnerships and well as new contracts, training, staffing and braided programming for HealthConnect integrated partner agencies. (See Table 1 -Above. Darker Green are CCWA contracted)

Reporting: SWACH CareConnect WA requires regular quarterly reporting to DOH as well as monthly financial reporting (A-19s) on procurement expenses (groceries, household assistance requests etc.)

Type of Providers Engaged: Cross sector agency partners, including two new HealthConnect Integrated Partner (HIP) agencies (Lutheran Community Services, YWCA), are engaged as contracted providers of CCWA. A diverse "Culturally Appropriate Response and Engagement" (CARE) Cohort of CHWs are cross trained to ensure equity and access to immediate and long-

term supports and services for COVID-19 Response. (See Above Table 1: HealthConnect and Integration of CareConnect WA- Darker green are CCWA contracted)

Support Provided: In addition to the CCWA specific supports for COVID-19 positive households to I&Q at home as detailed above, all HealthConnect Integrated Partner (HIP) agencies and CBW access training monthly on COVID-19 community information and education including testing, vaccine, and resources for recovery.

Payment Strategies: HealthConnect developed procurement payment workflows to ensure timely purchase of needed fresh food as well as payment of household assistance request (mortgage, rent, utilities). CCWA contracted partnering agencies received FTE funding for CHWs and supervisors as well as related program costs such as mileage and indirect.

Other New Approaches- Increased Access to Vaccines: SWACH and Southwest Washington Equity Coalition (SWEC) have partnered to collectively apply for funding through the HRSA 21-140 grant opportunity to increase access to COVID-19 vaccines. If awarded grant, SWACH will work with SWEC and existing HealthConnect partner agencies to increase vaccine information, engagement and access for BIPOC communities through an expanded cohort of trained community health workers integrated with HealthConnect. (Award decision is still pending.)

e) Describe specific risks/issues that emerged during the reporting period (e.g., workforce, information exchange, access), including any notable impacts to specific providers or communities. Also highlight any mitigation strategies or activities that shifted as a result, if applicable.

While our partners did not specifically indicate in their reports any risks or issues that emerged during this period, they did note that the COVID-19 pandemic continues to impact their work. During this reporting period, partners have identified several COVID-19 response activities. Examples of these activities included:

- Supporting vaccine efforts: education, outreach, and hosting vaccine clinics
- Linking and coordinating agencies and resources: coordinating across sectors to streamline services for community needing to quarantine and providing transportation to vaccine clinics.
- Convening groups for collaborative problem solving: providing the platform for community to come together and collaborate and problem solve around the pandemic, reintegration post quarantine, and how to increase support for our most vulnerable folks experiencing homelessness.
- Adapting services: developed distant and hybrid education options, delivering meals, providing transportation to fitness classes, and increased outreach services to meet people where they are.

Risk: delayed service provision for the Care Connect WA program, particularly household assistance payments as part of the CCWA program. SWACH worked with DOH to mitigate this risk and developed/implemented high efficiency payment systems for household assistance payments to support COVID-19 Q&I. Mitigation activities included:

- Migrating COVID-19 household assistance payment for applicable clients from a DOH payment system to a SWACH payment system.

- Significant coordination and workflow planning.
- Implementation of rapid response payment systems consistently successful in timely distribution.
- Since migration to SWACH, $379,537.39 has been paid on behalf of COVID-19 clients.

Risk: delayed referrals into HealthConnect for Care Connect WA services. SWACH built a workflow to support COVID-19 positive referrals from the Washington Disease Reporting System (WDRS) directly into HealthConnect hub. This workflow addressed a capacity issue with a LHJ and resulted in referrals being sent into the Hub more quickly with clients being contacted at least one day earlier than prior workflow.

Risk: accessing CCWA services for community members needing support to Q&I. During this reporting period, various coordination barriers resulted in one LHJ not utilizing the Hub as a referral point for COVID-19 positive households in their county. As a result, critical resources were less likely to reach those impacted households. SWACH mitigation strategies included development of complementary/alternative referral networks in county leveraging partnerships with community based and clinical organizations. Coordination challenges have since been resolved and the LHJ referral partnership has been established. HealthConnect will be used as a referral point for COVID-19 positive households by the LHJ moving forward into the next reporting period.

f) Highlight one best practice or "bright spot" that emerged during this reporting period as a result of COVID-19 response and recovery efforts, if applicable.

Best Practice: Leveraging of Community Based Care Coordination Infrastructure and Partnerships for a Coordinated Regional COVID-19 Response

HealthConnect's focus on COVID-19 response through the integration of Care Connect WA (CCWA) into the continuum of community-based care coordination programs is a best practice that has:

- Provided direct supports to COVID-19 impacted community members and
- Brought community partners together to collaborate in COVID-19 response and increase access to supports and services for historically marginalized populations.

This strengthening of services and partnerships emerged as a result of SWACH's COVID-19 response and recovery efforts.

After months of planning and coordination with DOH, SWACH launched the Care Connect WA program on January 11, 2021, in our region. SWACH leveraged the existing HealthConnect community-based infrastructure and partnerships (see Table 1: HealthConnect and Integration of CareConnect WA) to rapidly and nimbly recruit, train and deploy a Culturally Appropriate Response and Engagement (CARE) Cohort of Community Health Workers to support COVID-19 impacted community members and household. To date CCWA program outcomes include:

- Served 1,500+ people including 430+ children / 560+ Homes
- Delivered 4,235 food/care kits into SWACH three county region
- 450+ immediate fresh food deliveries to families (24-48 hours)

- $410,800 + in household assistance for rent, utilities, mortgage
- CCWA Community Based Workforce cross trained in Pathways and/or Access to Health and/or Community Paramedicine
- CCWA Community Based Workforce refer to Pathways and/or Access to Health and provide continuity of care for longer term care coordination for physical health, behavioral health, SDOH, and COVID-19 recovery
- Contracted partnerships with 8 CBOs and clinical partners to recruit/hire/train and support culturally diverse community health workers to deliver CCWA.

The HealthConnect Hub is a community-based care coordination infrastructure that drives networking, coordination, collaboration and community-based workforce development in service of community members. HealthConnect's COVID-19 focus has supported the community coming together to connect, coordinate, collaborate and strengthen the ecosystem of care in support of community members impacted by COVID-19. Monthly HealthConnect convening of 50+ community-based workers (CBW) allow for peer-to-peer support and continued education as well as connection to community leaders and regional resources.

HealthConnect meetings have focused on a coordinated COVID-19 response. For example, a recent HealthConnect Cohort meeting brought together key BIPOC and community-based leaders from around Southwest Washington including NAACP, Pacific Islander Community Association, Odyssey World International, Native American communities, Slavic communities, League of United Latia American Citizens, and members of Clark County Public Health. These community partners engaged with a cohort of 50+ community-based workers to strengthen connections, share learnings, and support best practices for culturally appropriate engagement, information and access related to COVID-19 response, information, testing and vaccine uptake.

HealthConnect's focus on COVID-19 response also includes cultivation of community partnerships to support testing events and vaccine access, leveraging grassroots and trusted community leaders to support equity and access. HealthConnect has partnered with diverse community organizations around events to support food kit distribution for COVID-19 impacted communities. SWACH and HealthConnect have also partnered with the Southwest Washington Equity Coalition for HRSA funding to increase BIPOC vaccine uptake through community engagement, information, and access to the vaccine.

These and other examples underscore the best practice of leveraging the HealthConnect infrastructure to support community COVID-19 response. HealthConnect will continue to directly support COVID-19 impacted community members as well as provide backbone support for community coming together to collectively respond to the COVID-19 crisis.

16. Scale and sustain update

a) In SAR 6.0, ACHs reported on activities and/or conversations regarding the sustainability of DSRIP funded infrastructure, activities, and/or evidence-based models. Please describe relevant updates from the reporting period. These could include (but are not limited to) board decision regarding priority ACH investments and projects, strategic planning results, community/partner engagement, sustainability planning TA or coordination, etc.

The SWACH Board of Trustees-appointed Sustainability Leadership Work Group conducted an RFP for business consultants to lead the development of a business plan as part of SWACH's sustainability efforts. During this time, the Work Group decided it was not the right timing to bring in a consultant and put this search on hold. The Work Group continued its information gathering (e.g. strategic plan, defining how SWACH measures success, financial forecasting). At this time, SWACH is still focusing on Care Coordination (HealthConnect) and Equity and Collaborative Impact Services as strong components of future Sustainability.

SWACH staff have continued planning for additional funding streams post DSRIP, i.e., grants, billing for care coordination services, etc. Current contracted partners have been requested to address plans for MTP project sustainability within their current structures in their fourth quarter reports, which will be submitted to SWACH in January 2022.

SWACH had one clinical partner contract end in June 2021. SWACH partners were encouraged to plan for sustaining their DSRIP projects when initially developing their scopes of work for these projects. The clinical partner was asked the sustainability questions for their project area(s) (see "Project Sustainability Questions" listed below) in our January-June semi-annual partner report. SWACH intends to use partner responses to inform how we can best support partners in the continuation of DSRIP funded activities as part of our Equity & Collaborative Impact infrastructure.

SWACH reviewed the clinical partner responses submitted in January 2021 from the contracts that ended in December 2020. All partners reported that they planned to sustain their DSRIP projects. Across all SWACH's project areas, most clinical partners had developed plans to continue their work and secured or committed resources to sustaining this work by the time their contract ended. At least one-third developed plans to expand or spread their interventions and/or utilized systems and policy change to support their sustainability efforts.

Partners identified bringing cross-sector partners together for shared learning opportunities as a key role for SWACH to play in supporting them in sustaining their DSRIP projects. Policy advocacy was another area of support, particularly around behavioral health and physical health integration.

Project Sustainability Questions

[Sustainability questions will only appear for those with contracts ending in 2020]

*From 2019-2020, what additional resources did you leverage outside of SWACH funding?

	Select all that apply	Please describe:
Workforce or staff time	☐	
Funding from other sources	☐	
Equipment and supplies	☐	
Facilities	☐	
Other	☐	
N/A	☐	

*Do you plan to sustain this work beyond December 2020? *[If response is "yes", next 3 questions will populate. If no, will skip to next question set]*

☐ Yes

☐ No

*What resources will you leverage after December 2020?

	Select all that apply	Please describe:
Workforce or staff time	☐	
Funding from other sources	☐	
Equipment and supplies	☐	
Facilities	☐	
Other	☐	
N/A	☐	

*Which of the following have you completed for this work?

	Select all that apply	Please describe:
Developed plans to continue this work	☐	
Developed plans to build out and expand interventions to additional sites, populations, locations	☐	
Secured/committed resources to sustaining this work beyond December,	☐	

2020. For example: workforce, equipment, facilities, technology, other.		
Demonstrated cost savings	☐	
Changes in policies and/or systems (internal and/or external)	☐	

*How can SWACH continue to provide support to sustain this work?

	Select all that apply	Please describe:
Convening groups for collaborative problem solving	☐	
Facilitating opportunities for shared learning	☐	
Community Engagement technical assistance	☐	
HealthConnect HUB technical assistance	☐	
Other technical assistance	☐	
Policy advocacy	☐	
Other	☐	
N/A	☐	

b) In SAR 6.0, some ACHs reported that P4P incentives for DY4 and DY5, to be paid out in 2022 and 2023, had been obligated, and others reported they had not been obligated. Please provide any updates based on this reporting period, or simply indicate "no updates" as applicable.

i. Have P4P incentive funds for DY4 and DY5 (to be paid out in 2022 and 2023) been obligated?

No updates.

ii. What types of entities are those funds obligated to?

No updates.

iii. Will the ACH retain some of this funding for post-2021 admin?

No updates.

iv. Are providers receiving any of these funds for P4P or for future deliverables?

No updates.

c) If applicable, describe how any other P4R or P4P funds (already earned or to be earned before the end of the DSRIP period) have been obligated for ACH or provider payments post-2021.

No updates.

17. Regional integrated managed care implementation update

a) For **all regions**, briefly describe any challenges the region continues to experience due to the implementation of integrated managed care. What steps has the ACH taken during the reporting period, or what steps does the ACH plan to take, to address these challenges?

b) For **all regions**, what steps has the ACH taken, or what steps does the ACH plan to take, to support coordination with local, regional and statewide partners to design and implement strategies to address gaps and barriers impacting the health system in response to integrated managed care implementation?

c) For **all regions**, what challenges or opportunities has the ACH identified during the reporting period tied to clinical integration measurement and assessment?

A-C: During this time period SWACH did not have contracted partners working on integrating managed care. SWACH Leadership is in discussion with the four Managed Care Organizations in our region on how to best collaborate moving forward to support our partnering providers. Preliminary discussions include the opportunity around revamping SWACH's Integrated Care Collaborative. Based on the final partner reports we received from a majority of our clinical partners with contracts ending in December 2020, we anticipate that the COVID-19 pandemic will continue to be a challenge for collaborative efforts between physical health and behavioral health providers.

Attestations

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

	Yes	No
18. 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: • Identification of partnering provider candidates for key informant interviews. • ACH participation in key informant interviews. Note: Participation in interviews for the evaluation is voluntary. • 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.		X

If the ACH checked "No" in item above, provide the ACH's rationale for not supporting IEE activities for evaluation of Medicaid Transformation during the reporting period.

SWACH staff are not aware of any IEE activities in which we were asked to participate. SWACH would have supported any activities otherwise and will be happy to do so in the future.

Section 3. Pay-for-Reporting (P4R) metrics

Documentation

19. P4R Metrics

The reporting requirements for the P4R Metrics updates are temporarily replaced with COVID-19 related responses in the "Narrative Responses" section. ACHs may use discretion, and will not be penalized, surrounding the timing and volume of P4R metric data collection during the COVID-19 pandemic. For example, an ACH may choose to delay data collection, make participation optional, or target participation. The submission of P4R Metrics are considered optional for this reporting period but are encouraged.

P4R metrics provide detailed information to the IA, HCA and ACHs on partnering provider implementation progress for Projects 2A and 3A at a clinic/site level. Potential respondents should be consistent with the list of partnering provider sites identified in the ACH's Partnering Provider Roster affiliated with Project 2A and 3A.

Related resources and guidance:

- For important points to consider when collecting and reporting P4R metric information, refer to the following resource: How to read metric specification sheets.
- Full P4R metric specifications are available on the Medicaid Transformation metrics webpage, under "ACH pay for reporting metrics."

Instructions:

a) Submit aggregate summary of P4R metric responses collected from partnering provider sites (e.g., count of sites that selected each response option).

b) Provide a summary of respondents overall, by Project (2A/3A), and stratified by site-level provider characteristics as specified in the reporting template.

Format:

a) ACHs submit P4R metric information using the reporting template provided by the state.

See attachment SWACH.SAR7.2021Q2 P4R Metric Reporting Template.08.02.21

Narrative responses:

20. If the ACH **is not** providing updates on the MeHAF this reporting period, please describe what, if anything, the ACH is doing instead to assess partnering provider implementation progress at a clinic/site level?

21. If the ACH **is** providing updates on the MeHAF this reporting period, please provide any additional context if applicable.

As of January 2021, a majority of SWACH's contracts with clinical partners working on integrating behavioral and physical health came to an end at the end of 2020. During this reporting period, SWACH analyzed data collected in January 2021 from partners that participated in the Integrated Care Collaborative (ICC) that ended in December 2020. SWACH compared pre- and post- MeHAF scores that were cross walked to Safety Net's Patient Center Medical Home change concepts. We found that overall, as a collaborative, our partners made improvements across all eight change concepts: Care Coordination; Empanelment; Enhanced Access; Leadership; Organized, Evidence Based Care; Patient Centered Interactions; Quality Improvement Strategy; and Team-Based Healing Relationships.

See Attachment: SWACH.SAR7.ICCPrePostMeHAF.08.02.21

During this reporting period, SWACH staff reviewed partnering provider survey data and began the early planning stages of developing the second iteration of the ICC and continue supporting implementation at the clinic level.

Optional: The ACH <u>may</u> submit P4R metric information

See Attachment: SWACH.SAR7.2021Q2 P4R Metric Reporting Template.08.02.21

South West ACH

January 1-June 30, 2021

Cumulative snapshot	
Funds Earned	$ 50,313,089.74
Funds Distributed	$ 31,134,864.54
Funds available	$ 19,178,225.20

Table 1: Incentive Funds earned

	Q1	Q2	Q3	Q4	Total
Project 2A	$ -	$ 2,058,460.00			$ 2,058,460.00
Project 2B	$ -	$ 1,245,390.00			$ 1,245,390.00
Project 3A	$ -	$ 238,012.00			$ 238,012.00
Project 3D	$ -	$ 522,334.00			$ 522,334.00
VBP	$ 250,000.00	$ 150,000.00			$ 400,000.00
Bonus pool/High Performance Pool		$ 1,327,108.00			$ 1,327,108.00
Total	$ 250,000.00	$ 5,541,304.00			$ 5,791,304.00

Table 2: Interest accrued for funds in FE portal

	Q1	Q2	Q3	Q4	Total
Interest accrued	$ -	$ -			$ -

Table 3: Incentive funds distributed, by use category

	Q1	Q2	Q3	Q4	Total
Adminstration	$ -	$ 239,321.64			$ 239,321.64
Community health fund	$ -	$ 63,936.16			$ 63,936.16
Health systems and community capacity building	$ 4,950.00	$ 856,760.39			$ 861,710.39
Integration incentives	$ -	$ -			$ -
Project management	$ -	$ -			$ -
Provider engagement, participation, and implementation	$ 90,000.00	$ 260,603.51			$ 350,603.51
Provider performance and quality incentives	$ 1,600,434.00	$ 484,163.00			$ 2,084,597.00
reserve/contigency fund	$ -	$ -			$ -
Total	$ 1,695,384.00	$ 1,904,784.70			$ 3,600,168.70

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 July 21, 2021 to accompany the seventh Semi-Annual Report submission for the reporting period January 1 to June 30, 2021.