

Accountable Community of Health Certification Process Medicaid Transformation Project demonstration

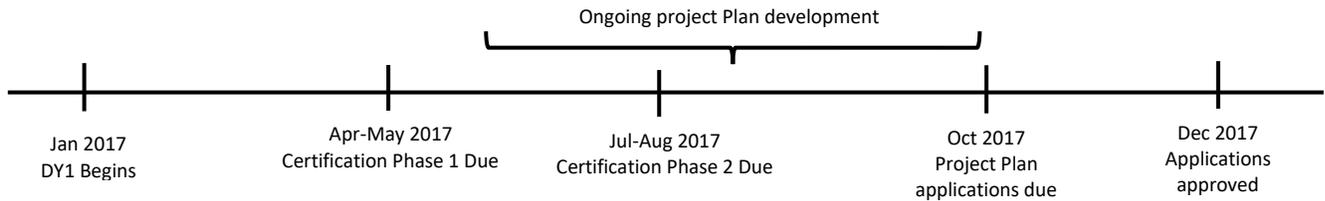
The certification process will ensure each Accountable Community of Health (ACH) is capable of serving as the regional lead entity and single point of performance accountability to the state for transformation projects under the Medicaid Transformation Project demonstration (demonstration). The certification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

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

The certification process, scoring criteria and subsequent awarded funding amount is at the sole discretion of the Washington State Health Care Authority (HCA). Certification will be scored according to the table below. ACHs must receive overall scores of 3 or higher in every category to pass the certification process. Additional information regarding the scoring process will be forthcoming.

Score	Description	Discussion
0	No value	The response does not address any component of the requirement, or no information was provided.
1	Poor	The response unsatisfactorily addresses the requirement and the bidder's ability to comply with the requirement, or has simply restated the requirement.
3	Average	The response shows an acceptable understanding or experience with the requirement. Sufficient detail to be considered "as meeting minimum requirements."
5	Excellent	The response has provided an innovative, detailed, and thorough response to the requirement, and clearly demonstrates a superior experience with or understanding of the requirement.

Certification Process Timeline



The certification materials submitted by the ACH will be posted on the HCA website for public review. Upon successful completion of the Phase 1 and Phase 2 certification, ACHs will earn Project Design funds. These funds go directly to ACHs as opposed to incentive payments, which will flow through the financial executer. Project Design funds are intended for ACH use on development, submission and oversight of a successful Project Plan application and execution.

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

1. The Medicaid Transformation Project demonstration [Special Terms and Conditions](#) (STCs), which set forth in detail the nature, character, and extent of federal involvement in the demonstration, the state's implementation of the expenditure authorities, and the state's obligations to CMS during the demonstration period. The STCs were approved on January 9, 2017.
2. The Medicaid Transformation Toolkit, and any finalized protocols that support the demonstration STCs.
3. Other key documents and resources as listed in each section.

Certification Submission Instructions:

1. Please submit documents electronically according to the following specifications. Electronic copies must be submitted by 3pm on May 15, 2017 for phase 1 and by 3pm on August 14, 2017 for phase 2.
 - a. Must be emailed to Medicaidtransformation@hca.wa.gov
 - b. Narrative documents and supporting materials including governance charters must be submitted in Word or similar format.
 - c. Must include contact information for the point of contact for any follow-up questions.
2. Certification phase 1 must be submitted between: April 17, 2017 and May 15, 2017.
3. Certification phase 2 must be submitted between: July 17, 2017 and August 14, 2017.

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

Certification Phase 1

ACHs must respond to a series of questions listed below to demonstrate achievement of expectations in the following areas:

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

Amount: Each ACH is eligible to receive up to \$1 million for successful demonstration of Phase 1 expectations. Funding¹ will be distributed if certification criteria are fully met (score of three or higher) and the ACH and HCA have executed a contract for receipt of demonstration funds.

Submission: Between 04/17/2017-05/15/2017

Theory of Action and Alignment Strategy
<p>Each ACH is expected to adopt an alignment strategy for health systems transformation that is shared by ACH partners and staff. The goal is to ensure the work occurring within the region (e.g., clinical services, social services and community-based supports) is aligned and complementary, as opposed to the potential of perpetuating silos, creating disparate programs, or investing resources unwisely.</p> <p>Provide a narrative and/or visual describing the ACH’s regional priorities and how the ACH plans to respond to regional and community priorities, both for the Medicaid population and beyond. Please describe how the ACH will consider health disparities across all populations (including tribal populations), including how the ACH plans to leverage the opportunity of Medicaid Transformation within the context of regional priorities and existing efforts.</p>
<p><i>References: ACH 2016 Survey Results (Individual and Compilation), SIM Contract, Medicaid Transformation STC Section II, STC 30</i></p>
<p><i>Narrative word-count range: 400-800</i></p> <p><u>ACH Strategic Vision:</u></p> <ol style="list-style-type: none"> 1. <i>What are the region’s priorities and what strategies are in place to address these priorities across the region?</i> 2. <i>Describe how the ACH will consider health disparities to inform regional priorities.</i> 3. <i>Describe strategies for aligning existing resources and efforts within the region. How is the work oriented towards an agreed upon mission and vision that reflects community needs, wants and assets?</i> 4. <i>Describe any in-kind contributions and non-Medicaid resources that have been identified for supporting the ACHs work over the near-term and long-term.</i> <p><u>Alignment with Delivery System Reform:</u></p>

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

5. *Describe how the ACH will leverage the unique role of DSRIP and consider the needs of Medicaid partners and beneficiaries to further the priorities identified above.*
6. *Describe how the ACH will leverage the Demonstration to demonstrate a business case for bringing clinical and community sectors and efforts to increase the health of populations.*

Required Attachment(s): Not Applicable

Governance and Organizational Structure

The ACH is a balanced, community-based table where health care, social, educational, and community entities influence health outcomes and align priorities and actions. To support this, the ACH must clarify roles and responsibilities, adopt bylaws that describe where and how decisions will be made, and describe how the ACH will develop and/or leverage the necessary capacity to carry out this large body of work.

References: ACH Decision-Making Expectations, Medicaid Transformation STC 22 and STC 23, Midpoint Check-Ins for Accountable Communities of Health, DSRIP Planning Protocol

Narrative word-count range: 800-1,500

ACH Structure:

1. *What governance structure is the ACH using (e.g., Board of Directors/Board of Trustees, Leadership Council, Steering Committee, workgroups, committees, etc.)?*
2. *Describe the process for how the ACH organized its legal structure.*

Decision-making:

3. *What decisions require the oversight of the decision-making body? How are those decisions made? (E.g. simple majority, consensus, etc.)*
4. *How and when was the decision-making body selected? Was this a transparent and inclusive process? Include term limits, nominating committees, and make-up, etc. If a board seat is vacant, how will the ACH fill the vacancy?*
5. *How is decision-making informed? What are the documented roles and communication expectations between committees and workgroups to inform decision-making?*
6. *What strategies are in place to provide transparency to the community?*
7. *If the decision-making body makes a decision that is different from recommendations presented by committees and/or workgroups, how does the ACH communicate how and why that decision was made?*
8. *Describe how flexibility and communication strategies are built into the ACH's decision-making process to accommodate nimble decision-making, course corrections, etc.*
9. *Describe any defined scope, financial accountability or other limits placed on staff or the Executive Director decision making outside of board approval.*

Staffing and capacities:

10. *Provide contact information for the ACH's Executive Director. How long as the Executive Director been in that position for the ACH?*
11. *What gaps has the ACH identified related to its capacity for data-driven decision making and formative adjustments? How will these gaps be addressed?*

12. Has the ACH signed a data sharing agreement (DSA) with the HCA? Provide contact information for the ACH point person for data related topics.

Required Attachment(s):

- A. Visual/chart of the governance structure.
- B. Copy of the ACHs By-laws and Articles of Incorporation.
- C. Other documents that reflect decision-making roles, including level of authority, and communication expectations for the Board, committees and workgroups.
- D. Decision-making flowchart.
- E. Roster of the ACH decision-making body and brief bios for the ACH’s executive director, board chair, and executive committee members.
- F. Organizational chart that outlines current and anticipated staff roles to support the ACH.

Tribal Engagement and Collaboration

ACHs are required to adopt either the State’s Model ACH Tribal Collaboration and Communication policy or a policy agreed upon in writing by the ACH and every ITU in the ACH’s region. In addition, ACH governing boards must make reasonable efforts to receive ongoing training on the Indian health care delivery system with a focus on their local ITUs and on the needs of both tribal and urban Indian populations.

Provide a narrative of how ITUs in the ACH region have been engaged to-date as an integral and essential partner in the work of improving population health. Describe and demonstrate how the ACH complies or will come into compliance with the Tribal Engagement expectations, including adoption of the Model ACH Tribal Collaboration and Communication Policy or other unanimously agreed-upon written policy.

References: Medicaid Transformation STC 24, Model ACH Tribal Engagement and Collaboration Policy, workshops with American Indian Health Commission

Narrative word-count range: 700-1,300

- 1. Describe the process that the ACH used to fill the seat on the ACH governing board for the ITUs in the ACH region to designate a representative.
- 2. Describe whether and how the ACH has reached out to regional ITUs to invite their participation in the ACH.
- 3. Describe, with examples, any accomplishments the ACH has realized in collaborating and communicating with ITUs, including when in the planning and development process the ACH first included or attempted to include ITUs.
- 4. Describe the process the ACH used to adopt the Model ACH Tribal Collaboration and Communication Policy. If the ACH has not yet adopted the Model ACH Tribal Collaboration and Communication Policy, what are the next steps, including anticipated dates, to implement the requirements?
- 5. Describe key lessons the ACH has learned in its attempts to engage with ITUs and the next steps the ACH will take to support meaningful ITU engagement and collaboration.
- 6. Describe how the ACH governing board will receive ongoing training on the Indian health care delivery system with a focus on their local ITUs and on the needs of both tribal and urban Indian populations.

Required Attachment(s):

- A. *Demonstration of adoption of Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes, correspondence or other written documentation.*

Recommended Attachment(s):

- A. *Statements of support for ACH certification from every ITU in the ACH region.*

Community and Stakeholder Engagement

ACHs are regional and align directly with the Medicaid purchasing boundaries. This intentional approach recognizes that health is local and involves aspects of life and community beyond health care services. The input of community members, including Medicaid beneficiaries, is essential to ensure that ACHs consider the perspectives of those who are the ultimate recipients of services and health improvement efforts.

Provide a narrative that outlines how the ACH will be responsive and accountable to the community.

References: Medicaid Transformation STC 22 and 23, Midpoint Check-Ins for Accountable Communities of Health, [NoHLA's](#) "Washington State's Accountable Communities of Health: Promising Practices for Consumer Engagement in the New Regional Health Collaboratives," DSRIP Planning Protocol

Narrative word-count range: 800-1,500

Meaningful consumer engagement:

1. *Describe the ACH vision for fostering an authentic relationship with the community members.*
2. *What barriers/challenges has the ACH experienced or anticipate experiencing toward meaningful community and consumer engagement?*

Partner engagement:

3. *What strategies does the ACH employ, or plan to employ, to provide opportunities for engagement beyond the decision-making body to ensure that community partners are addressing local health needs and priorities?*
4. *What opportunities are available for bi-directional communication, so that the community and stakeholders can give input into planning and decisions? How is that input then incorporated into decision making and reflected back to the community?*

Transparency and communications:

5. *Describe how the ACH does or will fulfill the requirement for open and transparent decision-making body meetings. Please include how transparency will be handled if a decision is needed between public meetings.*
6. *What communication tools does the ACH use? Describe the intended audience for any communication tools.*

Required Attachment(s):

A. *Provide links to webpages where partners can access meeting schedules and other engagement opportunities, meeting materials, and contact information.*

Budget and Funds Flow

ACHs will oversee decisions on the disbursement of Demonstration incentive funds to partnering providers within the region. This requires a transparent and thoughtful budgeting process. Demonstration funds will be earned based on the objectives and outcomes that the state and CMS have agreed upon. Demonstration funds and funds from other federal sources (e.g., State Innovation Model sub-awards) should be aligned but ACHs cannot duplicate or supplant funding streams.

Provide a description of how Project Design funding will support Project Plan development.

References: Medicaid Transformation STC 31 and STC 35, DSRIP Planning Protocol

Narrative word-count range: 800-1,500

1. *Describe how the ACH plans to use the Project Design funds to support Project Plan development and other capacities or infrastructure.*
2. *Provide a description of budget and accounting support, including any related committees or workgroups.*
3. *Define the levels of expenditure authority held by the Executive Director, specific committees (e.g., Executive Committee), and the decision-making body.*
4. *Provide a description of the tracking mechanisms to account for various funding streams (e.g., SIM and Demonstration).*
5. *Describe how capacities for data, clinical, financial, community and program management, and strategic development will be met through staffing, vendors or in-kind support from board/community members.*

Required Attachment(s):

A. *High-level budget plan (e.g. chart or excel document) for Project Design funds to accompany narrative required above.*

Clinical Capacity and Engagement

The demonstration is based on a Delivery System Reform Incentive Payment (DSRIP) program. As such, there needs to be engagement and input from clinical providers, including but not limited to MDs, RNs, ARNPs, CHWs, SUD providers, and mental health providers such as therapists and counselors.

References: Medicaid Transformation STC 36, DSRIP Planning Protocol

Narrative word-count range: 500-1,000

1. *Provide a summary of current work or plans the ACH is developing to engage clinical providers. Include a summary of input the ACH has already received from clinical providers or subject matter experts regarding the mechanisms and strategies to engage providers.*
2. *Describe how the ACH is approaching provider engagement, as well as identification of provider champions within the ACH. Include any targeted committees, panels or workgroups.*
3. *Demonstrate how the ACH is partnering with local and state clinical provider organizations (e.g., local medical societies, statewide associations, and prospective partnering providers).*

Required Attachment(s):

- A. *Bios or resumes for identified clinical subject matter experts or provider champions*

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Certification Phase 2

Certification Phase 2 is intended to ensure that each ACH has met state expectations regarding progress and accomplishments. Each ACH will demonstrate that it is well positioned to submit a transformation Project Plan application to the state. The strength and quality of the Project Plan application, including addressing considerations or concerns the state has emphasized in Certification Phase 1 and 2, will in part determine the maximum incentive payments that regions will be eligible to earn over the course of the demonstration. In addition to recent developments and capacities, if significant changes in direction or structure have occurred since Phase 1, those need to be clearly explained and documented as part of Certification Phase 2.

Please ensure narrative is supported by documentation and evidence of accomplishments, including but not limited to the required attachments listed within each section. The ACH must respond to questions in the following areas:

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

Amount: Each ACH is eligible to receive up to \$5 million for successful demonstration of Phase 2 expectations. Funding² will be distributed if certification criteria are met and the ACH and HCA have executed a contract for receipt of demonstration funds.

Submission: Between 7/17/17-8/14/17

Theory of Action and Alignment Strategy
<p>Each ACH is expected to adopt an alignment strategy for health systems transformation that is shared by ACH partners and staff. The goal is to ensure the work occurring within the region (e.g., clinical services, social services and community-based supports) is aligned and complementary, as opposed to the potential of perpetuating silos, creating disparate programs, or investing resources unwisely.</p> <p>Provide a narrative and visual describing the ACH’s regional priorities and how the ACH plans to respond to regional and community priorities, both for the Medicaid population and beyond. Please describe how the ACH will consider health disparities across all populations (including tribal populations), including how the ACH plans to leverage the opportunity of Medicaid Transformation within the context of regional priorities and existing efforts.</p> <p><i>References: ACH 2016 Survey Results (Individual and Compilation), SIM Contract, Medicaid Transformation STC Section II, STC 30</i></p>

² Timing and amount of funding is contingent on CMS approval of all related protocols.

Narrative word-count range: 400-800

ACH Strategic Vision:

1. *Has the ACH modified its regional priorities since phase 1? If so, please describe those modifications.*
2. *Summarize the health care needs and disparities that affect the health of your local community.*
3. *What progress has been made to align existing resources and efforts within the region?*
4. *Describe any in-kind contributions and non-Medicaid resources that have been identified for supporting the ACHs work over the near-term and long-term.*

Required Attachment(s):

- A. *Logic model³ describing how the ACH will address regional priorities. The logic model must include regional activities and effects, in addition to Demonstration activities and effects on the Medicaid population specifically.*

Governance and Organizational Structure

Provide a description on the evolution of the governance and organizational structure of the ACH since Phase 1 certification.

Narrative word-count range: 500-1,000

ACH Structure:

1. *Describe the ACH sector representation approach.*
2. *Provide a summary of any significant changes that have occurred within the governance structure (e.g., composition, committee structures, decision-making approach), including rationale for those changes.*
3. *Demonstrate how personal and organization conflict of interest concerns are addressed within the ACH, including considerations regarding the balanced and accountable nature of the ACH decision-making body to directly address identified conflicts*

Staffing and Capacities:

4. *Provide a summary of staff positions that have been hired or will be hired, including current recruitment plans and anticipated timelines.*

Required Attachment(s):

- A. *Copies of charters for committees and workgroups that outline purpose, members, responsibilities and scope.*
- B. *Conflict of interest policy.*
- C. *Draft or final job descriptions for all identified positions.*

³ At a minimum, the logic model must include: a purpose or mission statement, key resources and constraints, activities, outputs, and effects or results. <http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>

- D. Short bios for all staff hired.
- E. Sector representation policy.

Tribal Engagement and Collaboration

Provide a narrative describing specific activities and events that further the relationship between the ACH and ITUs, including progress on implementing the requirements of the previously adopted Model ACH Tribal Collaboration and Communication Policy.

Narrative word-count range: 500-1,000

1. *Provide an update on the ACH efforts described for Phase 1 Certification, particularly for any next steps identified.*
2. *Describe any opportunities for improvement that have been identified regarding the Model ACH Tribal Collaboration and Communication Policy and how the ACH intends to address these opportunities.*
3. *Describe what training the ACH governing board has received on the Indian health care delivery system with a focus on the local ITUs and on the needs of both tribal and urban Indian populations. Describe how the ACH governing board will ensure that it receives ongoing training going forward.*
4. *Demonstrate how ITUs have helped inform the ACH's regional priorities and project selection process to-date.*

Required Attachment(s):

- A. *Demonstration of adoption of the Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes or other evidence. Please highlight any modifications that were agreed to by all required parties.*
- B. *Provide a bio(s) for the representative(s) of ITUs seated on the ACH governing board.*

Required Attachment(s):

- A. *Statements of support for ACH certification from every ITU in the ACH region.*

Community and Stakeholder Engagement

Provide a narrative that describes current and future efforts regarding community and stakeholder engagement and how these actions demonstrate inclusion of and responsiveness to the community.

Narrative word-count range: 500-1,000

Meaningful consumer engagement:

1. *What strategies or processes have been implemented to address the barriers and challenges for community/consumer engagement identified in phase 1? What are the next steps the ACH will undertake to continue to address remaining barriers and challenges?*
2. *How has community member/consumer input informed the project selection process to-date?*

3. *How is the ACH satisfying requirements for holding at least two public meetings to solicit community input in the Project Plan development? How will/did the ACH advertise these meetings?*
4. *What specific strategies have been implemented to provide adequate opportunities for people from diverse life experiences, who have different understandings of this work and different schedules, to participate in the ACH?*

Partner Engagement:

5. *What opportunities were provided to partners and stakeholders to inform project selection, beyond those included directly in the ACH governance structure?*
6. *How is the ACH fulfilling the requirement for open and transparent discussion-making body meetings? Please include how transparency has been handled if a decision was needed between public meetings.*
7. *How is the ACH ensuring that partnering providers (for transformation projects) serve a significant portion of Medicaid covered lives in the region and represent a broad spectrum of care and related social services that are critical to improving how care is delivered and paid for?*

Transparency and Communications:

8. *What communication tools does the ACH use? Provide a summary of what the ACH has developed regarding its web presence, including but not limited to: website, social media and any mobile application development.*
9. *Provide a link to the ACH's public-facing website.*
10. *Provide a list of all public ACH related engagements or forums for the last 3 months.*
11. *Provide a list of all public ACH related engagements or forums scheduled for the next 3 months.*

Required Attachment(s):

- A. *A list of communication tools/resources and corresponding target audiences.*
- B. *Meeting minutes or meeting summaries for the last 3 decision-making body meetings.*
- C. *Attestation of meaningful participation by at least one Medicaid consumer reflecting meaningful participation in the process described in the narrative.*
- D. *Attestation from a partner not participating directly on the decision-making body of meaningful participation in the process as described in the narrative.*

Budget and Funds Flow

Design funding should be sufficient to ensure ACHs have the resources necessary for serving as regional lead for Medicaid Transformation.

Provide a description of how design funding has been used to date to ensure successful Project Plan development. Summarize discussions relating to funds flow and incentive payments and distribution.

Narrative word-count range: 500-1,000

1. *Demonstrate how the ACH has and plans to use Design funds to support successful Project Plan development.*

<ol style="list-style-type: none"> 2. <i>Demonstrate how capacities for data, clinical, financial, community and program management, and strategic development have been met through staffing, vendors or in-kind support from board/community members?)</i> 3. <i>Provide a projection of budget categories (e.g. ACH program administration, partnering provider incentives, and other) and allocations over the course of the Demonstration.</i> 4. <i>Provide an update on funds flow and incentive structures, including a summary of discussions to date with partnering providers to inform agreements as part of the project plan application.</i> 5. <i>Describe any state or federal funding provided to the ACH and how this does or does not align with the Demonstration activities and funding.</i> 6. <i>What is the status on the use of tracking mechanisms to account for various funding streams (e.g., SIM and Demonstration)?</i>
<p><i>Required Attachments:</i></p> <ol style="list-style-type: none"> A. <i>Bio or resume for the treasurer and/or CFO or equivalent</i> B. <i>Audited Financial Statements for the previous 2-4 quarters, as applicable</i> C. <i>Actual expenditures for Phase 1. Provide amounts and description.</i> D. <i>Demonstration budget projection for years 1-5. Provide budget categories and percentages, if applicable (e.g., administrative costs, participating providers and community based organizations).</i> E. <i>Provide documentation of in-kind support or resources being provided.</i>

<p>Clinical Capacity and Engagement</p>
<p>The Medicaid Transformation demonstration is based on a Delivery System Reform Incentive Payment (DSRIP) program. As such, there needs to be engagement and input from clinical providers, including but not limited to MDs, RNs, ARNPs, CHWs, SUD providers, and mental health providers such as therapists and counselors.</p> <p>Provide a summary of current work the ACH is undertaking to engage clinical providers.</p>
<p><i>References: Medicaid Transformation STC 36, DSRIP Planning Protocol</i></p>
<p><i>Narrative word-count range: 500-1,000</i></p> <ol style="list-style-type: none"> 1. <i>Demonstrate clinical expertise and leadership to inform project planning and decision-making.</i> 2. <i>Demonstrate that input was received from clinical providers and that prospective clinical partnering providers are participating in project planning.</i> 3. <i>Demonstrate how clinical input on workforce needs has been incorporated into project planning.</i> 4. <i>Demonstrate how the ACH is partnering with local and state clinical provider organizations (e.g., local medical societies, statewide associations, and prospective partnering providers).</i>
<p><i>Required Attachment(s):</i></p> <ol style="list-style-type: none"> A. <i>Additional and/or current bios or resumes for identified clinical subject matter experts or provider champions not provided in phase 1.</i>

Data
Data will be an underlying, foundational piece of the Medicaid Transformation demonstration. With the need to quantify improvement in health outcomes, ACHs will need to interpret and use data to drive key decisions including: project selections, tracking outcomes and making adjustments.
<i>References: Medicaid Transformation STC 36, DSRIP Planning Protocol</i>
<i>Narrative word-count range: 500-1,000</i>
<ol style="list-style-type: none"> 1. Describe how the ACH is collaborating, or plans to collaborate, with other ACHs for data-related activities such as interpreting data sets provided by the state. 2. Describe how the ACH has utilized health information provided by the state, leveraged existing community health needs assessments, as well as other sources of data, to direct the project planning process. 3. Describe ACH-led efforts to collect information at the regional level pertaining to health care and community-based service systems and capacity. 4. Describe asset mapping efforts conducted by the ACH to inform project selection and planning.
<p><i>Required Attachment(s):</i></p> <ol style="list-style-type: none"> A. Provide meeting minutes or materials that highlight data-driven decision making for the demonstration (i.e. project selection, target populations, partnering providers).

Transformation Project Planning
Provide a summary of current transformation project selection efforts including the projects the ACH anticipates selecting.
<i>References: Medicaid Transformation STC 36, DSRIP Planning Protocol</i>
<i>Narrative word-count range: 500-1,000</i>
<ol style="list-style-type: none"> 1. Provide a summary of the anticipated projects, including rationale for selection and how the ACH is approaching alignment or intersections across anticipated projects in support of a portfolio approach. 2. Demonstrate any efforts to support cross-ACH project development and alignment. Include reasoning for why the ACH has, or has not, decided to undertake projects in partnership with other ACHs. 3. What risks and mitigation strategies have been identified regarding successful project application submission? 4. What strategies are being considered to obtain commitments from interested partnering providers? What is the timeline for obtaining these commitments?
<p><i>Required Attachment(s):</i></p> <ol style="list-style-type: none"> A. Provide an initial list of partnering providers or categories of partnering organizations interested in or committed to implementing projects.