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Washington State
Medicaid Transformation Project (MTP) demonstration

The certification process will ensure each ACH is capable of serving as the regional lead entity and single point of accountability to the state for Transformation projects. The certification process requires ACHs to provide information to demonstrate compliance with expectations set forth by the state and CMS. Through this process, the state will assess whether each ACH is qualified to fulfill the role as the regional lead and is 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 principles, composition requirements and capacity 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 entertain its Project Plan application. The certification process, scoring criteria and subsequent awarded funding amount is at the sole discretion of the HCA.

Certification will be scored as follows:[1]

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 only minimally addresses the requirement, and the Bidders 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.

The certification materials submitted by the ACH will be posted on the HCA website for public review. The HCA will review comments and feedback provided by partners and community members. The Project Plan application, which comes after the two phases of certification, will have formal opportunities for public engagement and public comment

[1] 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.

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. As such, ACHs should plan accordingly on how they will use and budget design funds over the five year demonstration.

In the process of crafting their 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 STCs, which set forth in detail the nature, character and extend 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 draft "Medicaid Transformation Project demonstration Toolkit," and the Planning Protocol (which will become Attachment C of the STCs).
3. Other key documents and resources as listed in each section.

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Certification Phase 1

ACHs must demonstrate compliance with expectations in the following areas:

- Adopt a Theory of Action and Alignment Strategy
- Development of governance and decision-making in place, demonstrating compliance with principles and composition requirements
- Outline staffing plans, organizational infrastructure, and strategies, demonstrating compliance with the minimum capacities. Initiation or continuation of work with the Tribes, including adoption of the Tribal Engagement and Collaboration Policy or alternate policy as required by STC #24.
- Initiation of stakeholder engagement and public participation plan

The ACH must respond to each question listed within the categories below. Collectively these categories and questions reflect the expectations identified above. If additional clarity is needed, ACHs should review the references listed in each of the categories.

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

Submission: Between 04/17/2017-05/08/2017

Theory of Action and Alignment Strategy
In order for the projects and work of the ACH to be cohesive and sustainable, the ACH is expected to adopt an alignment strategy for health systems transformation that is shared by ACH partners and staff. This ensures the work happening under the ACH, by clinical services, social services and community-based organizations, is aligned and complementary, as opposed to the potential of perpetuating silos, creating one-off programs or investing valuable resources unwisely. Provide a narrative and/or visual describing the ACH's regional priorities and how the ACH plans to respond to regional and community priorities. Please describe how the ACH will address health disparities across all populations, including how the ACH plans to leverage the opportunity of Medicaid Transformation within the context of regional priorities and existing efforts.
References: ACH 2016 Survey Results (Individual and Compilation), STC Section II, STC #30
Narrative and/or visual *Word-count range: 400-800 (not including visual)* *At a minimum, the ACH must address:* *i. What are the regional priorities and how does the ACH articulate/visualize the work being undertaken to address these priorities in a system-wide approach?* *ii. Describe the strategy of the ACH and community for aligning resources and efforts within the region and how the work is oriented towards an agreed upon mission and vision that reflects community needs, wants and assets.* *iii. What is the role of the ACH to support this transformation and how does the Medicaid Transformation demonstration align with regional priorities and existing or planned efforts?*

iv. *What considerations is the ACH making regarding regional health equity and actions to reduce disparities?*

Governance and Organizational Structure

The ACH is a neutral, community-based table, where entities that influence health outcomes, both health care but also social and educational entities, and the community who receives services can align priorities and actions. In order for this to happen, clarity of roles and responsibilities is required, adopted bylaws that describe where and how decisions will be made, and how the ACH will develop and/or leverage the necessary capacity to carry out this large body of work.

Provide a narrative description of how the ACH will comply with governance and decision-making expectations. Differentiate between what is current and what will be accomplished prior to Phase 2 and prior to Project Plan application.

References: ACH Decision-Making Expectations, STC #22 and #23, Midpoint Check-Ins for Accountable Communities of Health, DSRIP Planning Protocol (Attachment C)

Narrative
Word-count range: 800-1,500

At a minimum, the ACH must address:

Form:

i. *What structure is the ACH using, i.e. Board of Directors/Board of Trustees, Leadership Council, Steering Committee, workgroups, committees, etc.?*
ii. *What are the mechanisms for accountability between different bodies of the ACH, i.e. the Board and a sub-workgroup?*

Decision-making:

iii. *How are decisions made and by whom? Who is participating in the decision-making body? Provide a roster of the decision-making body.*
iv. *Provide names and brief bios for the ACHs executive director, board chair, and executive committee.*
v. *How and when was the decision-making body selected? Include term limits, nominating committees and make-up, etc.*
vi. *How is input solicited into decision making? How are people not on the decision-making body engaged in the decision-making process?*
vii. *What is the accountability mechanism for the decision-making body? If a decision-making body makes a decision that is different than the recommendation or that does not come across as in the best interest of a community, is there a mechanism for review of the decision?*
viii. *Describe how flexibility is built into the ACH if any unforeseen changes are required to the decision-making process in the future.*
ix. *How does the ACH ensure that its decision-making process is transparent and incorporates community input? Has the ACH ever conducted a survey or employed another tool for community feedback regarding processes, not just the community input on decisions or work products?*

Staffing and Capacities:

x. *Provide an organizational chart that outlines current and future staff roles to support the ACH. Include descriptions for how the required capacities of data, clinical, financial, community, and program management and strategic development are met through staffing or vendors.*
xi. *What resources and strategies are the ACH developing to leverage available data to support data-driven decision making and formative adjustments? Has the ACH signed a data sharing agreement (DSA) with the HCA? If no, provide a timeline for when the DSA will be in place.*

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 tribe and Indian Health Care Provider (IHCP) 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 tribes and IHCPs and on the needs of both tribal and urban Indian populations.

Provide a narrative on how Tribes, Urban Indian Health Programs (UIHP), Indian Health Service (IHS) Facilities, and Indian Health Care Providers (IHCP) in the ACH region have been engaged to date as an integral and necessary partner in the work of improving population health. The ACH must describe and demonstrate how it complies or will come into compliance with the Tribal Engagement expectations, including adoption of the Tribal Engagement and Collaboration Policy or other unanimously agreed-upon written policy.

References: STC 24, Tribal Engagement and Collaboration Policy (Attachment H), workshops with American Indian Health Commission

Narrative
Word-count range: 700-1,300

At a minimum, the ACH must address:

i. *What accomplishments have been realized to support tribal engagement and collaboration?*
ii. *What is the status of tribal representation as part of the composition requirements?*
iii. *In addition to decision-making body composition, has the Tribal Collaboration and Engagement policy been incorporated in ACH policies? How does the ACH demonstrate adoption of this policy, either through bylaws or other agreements? Alternatively, has there been an alternative approach adopted to support meaningful and respectful collaboration that has unanimous support from the ACH, tribes, IHC facilities and UIHPs within the region?*
iv. *What are the key lessons learned that will be applied going forward to support meaningful engagement and collaboration?*

Community and Stakeholder Engagement

ACHs are regional and align directly with the Medicaid purchasing boundaries so that Medicaid beneficiaries and other community members can contribute to the design of strategies to improve health and health care. The input of community members, including Medicaid beneficiaries, is essential to ensure ACHs consider the perspective of those who are the ultimate recipients of services

and health improvement efforts. This intent aligns with the understanding that health is local and involves aspects of life beyond health care services.

Provide a narrative that is the plan for populations within the ACH region, including Medicaid beneficiaries, and stakeholder engagement, including how the ACH will be responsive and accountable to the community.

References: 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 (Attachment C)

Narrative
Word-count range: 800-1,500

At a minimum, the ACH must address:

i. *What strategies does the ACH employ, or plan to employ, to provide opportunities for Medicaid beneficiary engagement to ensure that community partners are addressing local health needs and priorities? What barriers/challenges has the ACH experienced, or expect to experience to ensure meaningful Medicaid beneficiary engagement?*
ii. *What communication tools does the ACH use, including a public website with up-to-date minutes and contact information, and considerations of: newsletters, social media, local media outlets, application development, etc.?*
iii. *Does the ACH hold public meetings with varying times, locations, sizes, etc.? Where is information about upcoming meetings posted? Provide the dates/times and locations of the past two public meetings and how did the ACH engage meeting attendees.*
iv. *What strategies has the ACH planned to reach out to providers not yet engaged, community members and sub-populations, Medicaid beneficiaries, private payers and elected officials? What barriers and challenges does the ACH foresee in expanding participation?*
v. *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?*

Budget and Funds Flow

ACHs will be in the position of overseeing disbursement of funds to partnering providers within the region. This requires transparent and accurate budgeting process. Demonstration funds will be earned based on the objectives and outcomes that the state and CMS have agreed upon. Funds from other federal sources (e.g., State Innovation Model sub-awards) that are not tied to the demonstration further the work of the ACH as a whole.

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

References: STC #31 and #35, DSRIP Planning Protocol (Attachment C), DSRIP Program Funding and Mechanics Protocol (Attachment D)

Budget and any necessary, descriptive narrative

At a minimum, the ACH must address:

i. *A description of budget and accounting support, including any related committees or workgroups.*
ii. *A summary of how the ACH plans to use Design funds to support Project Plan development and other necessary functions for the role of ACHs in Medicaid Transformation.*
iii. *Considerations regarding how the ACH will blend and braid different federal funding sources, while keeping track of allowable expenses.*

Clinical Capacity and Engagement

This demonstration is based on a Delivery System Reform Incentive Payment (DSRIP) program. As such, there needs to be significant engagement and input from clinical providers who work within the current delivery systems and will hopefully benefit from and influence a new delivery system. This includes but is not limited to primary care providers, RNs, ARNPs, CHWs, SUD providers, and behavioral health providers such as therapists and counselors. These providers experience the challenges facing our delivery systems on a daily basis. Their insights are necessary for the success of Medicaid Transformation in reaching the goals agreed upon by the state and CMS.

Provide a summary of current work or plans the ACH is developing to engage clinical providers.

References: STC #36, DSRIP Planning Protocol (Attachment C), Project Plan Template

Narrative
Word-count range: 500-1,000

At a minimum, the ACH must address:

i. *Description of ACH plans to advance clinical engagement of front-line providers in coordination with other efforts such as the Clinical Provider Accelerator Committee, Practice Transformation Hub, etc. Include innovative approaches to solicit input and support engagement to accommodate various levels of awareness and limited availability.*
ii. *Summary of the input the ACH has received from clinical providers or subject matter experts regarding the mechanisms and strategies to engage providers.*
iii. *Describe how the ACH is developing the ability to fully engage and work with providers, as well as identification of provider champions within the ACH, include any targeted committees, panels or workgroups.*
iv. *Describe outreach to local and state clinical provider organizations, e.g. local medical societies, WSMA, WSHA, or state chapters of specialty providers such as family physicians, pediatricians, etc.*