ACH Summit | August 10, 2015 | Meeting Notes

Global Medicaid Transformation Waiver

Summary

On August 10, 2015, ACH partners and HCA and DSHS staff engaged in dialogue focused on the Global Medicaid Transformation Waiver. The meeting was focused on mapping out scenarios, alternative futures and collectively informing that future or developing a process to get there. This meeting was not about getting to all the answers, which is why the meeting notes are often in the form of questions rather than answers. As noted below, we hope to use the questions and dialogue to feed the final waiver application, subsequent FAQs, and future development phases, including Negotiation and Outreach and Implementation Design.

Attendees participated in interactive working sessions designed around the following objectives:

- Aid ACH partners in learning more about the Medicaid Transformation Waiver timeline, proposed process and approaches to authentic engagement with the ACHs throughout the timeline.
- Develop a shared understanding and define the role and expectations of ACHs and its member organizations within the Medicaid Transformation Waiver and what will it take to get there.
- Discuss approaches to authentically engage ACHs in this process and answer any outstanding questions.

Meeting Notes

Agenda Items	Summary / Notes
Global Medicaid Transformation Waiver: *A tool to achieve a Healthier Washington*	HCA and DSHS Leadership discussed how the waiver is a tool not only for Medicaid Transformation, but broader health system transformation/Healthier Washington. Noted the following: ✓ Policy direction has been set and now we are implementing it. The waiver is a tool to do that. ✓ Strategic alignment of SIM/waiver/purchasing. ✓ ACHs are Washington's vehicle to mobilize transformation for the Medicaid population. ✓ Investment and flexibility to drive change in the Medicaid delivery system impacts the broader system overall. ✓ Washington is pushing the envelope with CMS---also negotiating a waiver about the Medicaid program with CMS. There are some rules of the game: Budget neutrality, 5 year demonstration, sustainability, Medicaid population. Seeking a balance. ✓ Continuing to define role of LTSS partners are around the ACH tables Reviewed partnership document (themes from April 30 event), highlighted the following themes to which ACH partners offered the following insights on each: 1. Trust-Building/Mutual Accountability • Using waiver as lever to build on this. • Beginning of social capital to move this work forward, coming up against ambiguity. Requires different level of trust. • Continued dialogue will help build trust; ACHs need to be at the table to develop Waiver and toolkit • Engaging ACHs earlier in the process is key to trust. In the past, we have been given updates, not been engaged. We will continue to work on this, but the accelerated timelines present challenges. • Structures for ACH (approach to measures, defining success) will help mutual accountability. 2. Shared Vision, value, purpose • Need consistency in messaging what our vision is Sometimes it is triple aim, sometimes its improving health and the role for ACHs in that vision . • Do we as a region have the opportunity to define our own value proposition? Fragile thing to have all different entities sit around a table to work on common goals. Be aware of just how challenging this project is. • Clarity on different roles (State, CMS, ACH). When Waiver was lumped in the ACH, it became unclear. People are exploring different roles that may not be feasible. 3. Transparency and Communication • Involve ACH in crucial conversations. ACHs are getting good at having uncomfortable conversations. Better to have discussions early on, even if uncomfortable.

	• Consider creating a support team of cross-sector representatives. Smaller group can focus better. • Share more with ACHs when role of ACH is being referenced. What are program levels saying about role of ACHs? • Simplify language for benefit of community members, etc. (less jargon, etc.) • Give each other grace as we try to model an entirely different way of acting with one another. • Continue recognizing this is a new system. • ACH need to earn business leaders trust. • Grassroots approach (state putting so much trust into community organizations). This is innovative. We must increase trust within state and in our communities. • Trust is the base of an effective team. • Assuming good intention is crucial to our success. • When something is released that impacts ACHs (concept paper); need a contact person and after-action review of sorts.
Workshop/Activity: ACHs with the person at the center	In three groups, attendees reviewed "John's Story" (Preface/Afterword in 7/23 Global Medicaid Transformation Waiver Application). Discussed how ACHs drive toward system change in a manner that impacts individual beneficiaries, like John and existing, planned, and/or needed (but not currently present) accountability mechanisms, agreements, relationships, structures to enable ACHs to impact the health of John. Groups reported the following: Role of ACH: • Broker care coordination model; clarity regarding care coordination activities/terms • Define common assessment/include life domains to know SDOH • Define available resources • Menu inclusion? (ensure it is local and flexible; cross-county resources within an ACH, differing needs in differing counties) • Breaking down silos across sectors and initiatives • Changing current thoughts around "until new day, then rural(s) you're on your own" • Define/measure savings (data barrier for ACH?) • Purposeful about building the right leadership • Identify community policy levers: food bank, non-smoking, supportive housing, peer to peer supports • Common platform, data sharing, interoperability (EDIE) and access to that • Bring visibility around the multiple state and local funding case management structure • Make sure health literacy exists in community • Data analysis • Balance portfolio of investments; Identify projects and mechanisms for reinvestment of savings • Identify community needs • Bring small CBOs to forge stronger alliance • Use leverage to bring community leaders together and using existing structures • Strong connector (ACHs are the 100%, not the 20% or the 80%) • Ensure broader voices are represented and in agreement • Adaptive regional governance to meet needs of community • Support existing laws and regulations that require coordination between primary care and behavioral health care • Support early identification of health issues, whether behavioral, environmental or physical Accountability mechanisms: • State role of legal guidance • State provides standard measures (processes and outcomes) • Assessment of intervention outcomes on specific populations • State uses Waiver to fund projects that support life domains; reinvests savings and influences state policy • ACH act as brokers; "standard" life domains screening/assessment instrument Capacity Needs: • Network adequacy, including time and distance standards(required in MCO contracts) • ACH need time to process---things are moving so fast it's difficult for ACHs to keep up.

	• Need to build capacity for small CBOs to get them around the table • Need to be able to collect data that doesn't exist yet • Bolster current ACH infrastructure • ACH needs ability to reinvest savings • Need a reinvestment proposal so ACHs can have a voice in how/if it is feasible • Clear selection review/decision-making criteria
Workshop/Activity: A Cross Section of the ACH and Waiver Timelines: Potential scenarios, Process, Opportunities to Engage	ACH and Waiver staff teams reviewed timelines, noting they are hypothetical and there are many questions and unknowns. Discussed potential statewide engagement opportunities after the waiver submission, such as work groups, etc and development and process needs: Engagement thoughts: • Need a communication toolkit • Propose quarterly in-person meetings • ACH need to contribute to Waiver work groups; Infrastructure support for workgroups • ACH are given short timelines and have limited resources for feedback • Players at multiple tables leads to a game of telephone (plug for state-wide conversations) • ACH and toolkit need close linkage. Toolkit workgroup and ACH program staff need to sync on content and process • ACHs could ask philanthropy to designate an intermediary structure (e.g., Eastside and Westside) to provide back office supports (HR, Finance, Legal, etc.) in an efficient way to support ACH/CE role, especially during a potential transition period to full coordinating entity capacity. • ACHs should have a formal role in implementation plan design Bring ACHs and MCO and BHOs together (with HCA and DSHS) to negotiate outcomes. Attendees posed the following questions/concerns/ideas in relation to the timelines. These comments allowed for meaningful dialogue. These comments/questions will be addressed in future materials (such as the FAQ) and work that may evolve throughout the negotiation process and even into implementation, through work groups and other efforts: • • What are the potential coordinating entity models/options and how does the ACH fit within different models? • Counties are risk averse • Need a mechanism to send concerns • What about resources? (Pre/Post Waiver) • RHIP and P4HIP connections need to be considered • ACH timeline: need Phase 3 & 4 definition/delineation • What does sustainability look like? • Need examples of community-clinical linkages • What's within the domain of the state and what's in the domain of the ACH (success measures)? Who has influence in what domain and how do you measure success under SIM and Waiver? Who has the leverage that? • Project toolkit draft must reflect prevention framework and regional ACH priorities to the extent possible • If state will continue to contract with MCOs and BHOs for care; DSHS maintains contract with LTSS---what portion of the waiver will ACH be responsible for coordinating and administering? Is it more project based? If so, what scope and size is being contemplated? • Need to identify acronyms on timeline as it develops. • What does sustainability look like to ACH? Savings show up in different part of the system---that requires a very sophisticated system to support reinvestment to capture the dollars. • What is the project application for? (How does coordinating entity function?) • What type of legislative authority is/is not needed? • Are you envisioning that coordinating entities have the same structure as ACH? How do you envision Coordinating entity and ACH linking together? (See it as they build on each other…) • What are we moving backwards from? What is the end goal? (Statewide priorities under HW. Waiver is complimentary to ACH work now…waiver is fundamental and far-reaching tool.)

	• How might philanthropy be able to help ACH in the next phase? Could we provide back-office support to ACH to help make it more possible for them to become a coordinating entity? • What does it mean for an ACH/coordinating entity to be at risk and how is accountability different for the ACH and Managed Care? • Will AAA/HCBS contracts with DSHS also include 10 core performance measures and an obligation to engage with ACHs? • In addition to an integrated schedule (ACH and Waiver timeline), can it include integrated purchasing? • What would success look like in 2018 for ACHs and year 5 for Waiver? • The member foundations of the Health Philanthropy Partners (HPP) already have admin and fiscal structures fur to their granting functions. HPP has looked for ways to be wind in ACH sails. Could HPP provide back-office supports to ACHs to make it more viable and less duplicative? • How does the practice transformation intersect with Waiver?
Meeting Debrief	Meeting attendees reflected on the day's activities, noting the following: Something confirmed: • Timelines • We have the same goals • Long-term care is separate but connected • We are health partners • The state is committed to ACH • This is a lot of work Point made: • Washington is different/innovative • We have commonality • Multiple scenarios exist • The State staff are committed to the ACH • We are responsible for the 100% (not just 80%/20%) Still wondering about: • Resources • Sustainability • SIM Grant bridge • Continued engagement • 2018 successes for ACH • Year 5 Waiver success • Social entrepreneurship • ACH readiness without undermining others • Other ways to do this work