King County Accountable Community of Health
Governing Board Meeting
June 8, 2017, 9:00 am – 12:00 pm **(9-10:30 am closed session)**
Navos, Revelle Hall, 1210 SW 136th Street, Burien, WA 98166

MEETING GOALS
The primary objectives of today's meeting are to (1) learn about the work of the Performance Measurement Work Group and the ongoing efforts to build a dynamic Regional Health Needs Inventory for the King County ACH; and (2) begin to understand the Demonstration project planning work through interaction with the draft project planning template.

9:00 a.m.	**1. Decision Making – *CLOSED SESSION***	*Betsy Lieberman and Esther Lucero, Board Co-Chairs*

AGENDA

10:30 a.m.	**2. Welcome – OPEN TO THE PUBLIC** ▪ Introductions ▪ Meeting Goals & Agenda Review	*Betsy Lieberman and Esther Lucero, Board Co-Chairs*
10:40 a.m.	**3. ACH Data Planning** ▪ Regional Health Needs Inventory ▪ Q&A	*Marguerite Ro, Public Health SKC* *Eli Kern, Public Health SKC*
11:20 a.m.	**4. Interested Party Comment Period**	
11:30 a.m.	**5. Demonstration Project Planning** ▪ Project Planning Template Discussion	*Demonstration Project Planning Staff Leads*
11:50 a.m.	**6. Wrap-Up** ▪ Meeting Evaluation	*Betsy Lieberman and Esther Lucero, Board Co-Chairs*
12:00 p.m.	**Meeting Adjourn**	

Next Meeting: *Wednesday, June 28, 2017, 1:00 am – 4:00 pm (King County Elections, 919 SW Grady Way, Renton, WA 98057). Refreshments and networking at 12:30 p.m.*

King County ACH Design Team Formation

The King County ACH through the Demonstration Project Committee (DPC) is assembling **one Design Team per project,** although strategies may cross several projects. Multi-sector representation on Design Teams will be sought to assure successful project design and scoping.

Design Teams will be undertaking intensive and rapid work this summer to:
1. serve as one **collective table** for each individual project area
2. ensure **multi-sector** participation inclusive of all sectors critical to project success
3. scope project strategies outlined in the [Medicaid Transformation Demonstration (MTD) toolkit](#) for King County
4. evaluate both the feasibility of and interest in project strategies for King County
5. submit a draft project plan if interest and alignment exists using the draft project plan template to the DPC *by 7/14**
6. provide an opportunity for public comment on the draft project plan *by 7/30**
7. work with Project Plan consultants to integrate feedback from the public and DPC into the final project plan template
8. complete project application and submit to the DPC *by 8/21**

The King County ACH will facilitate bringing interested parties together in each potential project area to form ACH Design Teams. Administrative and planning support will be provided to the Design Teams from King County, as part of backbone services.

If there are existing groups that are currently exploring project ideas for consideration under the Medicaid Transformation Demonstration, those groups should join the ACH project-specific Design Teams. ***Importantly, development of project ideas or plans formed by entities or groups separate and outside of the ACH Design Teams will not be considered by the ACH.*** Design team membership is open to any and all individuals though may be limited to a functional group size. The expectation is that individuals commit to participating from no

* Dates are subject to change pending CMS and HCA negotiation

until submission of the ACH application.

The DPC will provide additional guidance about alignment across project areas by (date) to assist teams with project scoping.

Note: participation on design teams is **not** required for participation in the implementation phase of the demonstration.

There will be opportunities for stakeholders, partners and interested community members to provide input and to comment on project plans through project-specific informational meetings and open public comment periods in addition to review by the Demonstration Project Committee.

A portfolio of recommended projects from the ACH is due to the Health Care Authority in October. The ACH may decide to recommend projects in fewer than all the eight areas.

Parties interested in participating on an ACH project-specific Design Team should indicate their interest by emailing the staff member listed for the project area(s) of interest:

CARE DELIVERY REDESIGN

> **Bi-Directional Integration of Physical and Behavioral Health through Care Transformation** (**required**): Liz Arjun at Elizabeth.Arjun@Kingcounty.gov
> **Community-Based Care Coordination** *(optional)***:** Betsy Jones at Betsy.Jones@kingcounty.gov
> **Transitional Care** *(optional):* Kirsten Wysen at Kirsten.Wysen@kingcounty.gov
> **Diversion Interventions** *(optional):* Travis Erickson at Travis.Erickson@kingcounty.gov

PREVENTION AND HEALTH PROMOTION

> **Addressing Opioid Use** (**required**): Steve Gustaveson Steve.Gustaveson2@kingcounty.gov
> **Reproductive and Maternal/Child Health** *(optional):*
> > For Reproductive Health, LeeChe Leong at LCLeong @kingcounty.gov
> > For Maternal/Child Health: Jen DeYoung at Jennifer.DeYoung@kingcounty.gov
> **Access to Oral Health Services** *(optional)***:** LeeChe Leong at LCLeong @kingcounty.gov
> **Chronic Disease Prevention and Control** *(optional)***:** Mariel Medipour Torres at Mariel.TorresMehdipour@kingcounty.gov

Additional information about potential project areas and recommended strategies can be found in the Medicaid Transformation Demonstration (MTD) toolkit.

For the schedule of informational meetings: http://www.kingcounty.gov/elected/executive/health-human-services-transformation/ach/medicaid-demo-planning.aspx

Medicaid Transformation
Accountable Communities of Health (ACH)
Project Plan Template

ACH REVIEW DRAFT
June 2, 2017

Send comments by June 9, 2017 to medicaidtransformation@hca.wa.gov
Use the subject line "PROJECT PLAN TEMPLATE COMMENT"

Table of Contents

PROJECT PLAN TEMPLATE OVERVIEW AND SCORING FRAMEWORK

SECTION I: ACH PLAN			
Sub-Section	**Total Points Available**	**Response Format**	**Max Word Count**
Regional Health Needs Inventory	[to be populated]	Narrative	2,000 words
ACH Theory of Action and Alignment Strategy	[to be populated]	Narrative	1,000 words
		Optional Attachment: Logic model(s), driver diagrams, tables, and/or theory of action illustrations that visually communicate the region-wide strategy and the relationships, linkages and interdependencies between priorities, key partners, populations, regional activities (including workforce and population health management systems), projects, and outcomes	n/a
Governance	[to be populated]	Narrative	1,000 words
Community and Stakeholder Engagement and Input	[to be populated]	Narrative	1,000 words
		Attachment(s): Evidence of how the ACH solicited robust public input into project selection and planning (more details in template below)	n/a
Tribal Engagement and Collaboration	[to be populated]	Narrative	1,000 words
		Optional Attachment(s): Statements of support for the ACH from ITUs in the ACH region	n/a
Funds Allocation	[to be populated]	Narrative	3,000 words
	[to be populated]	Attestation	n/a
	[to be populated]	Supplemental Data Workbook: Funds Distribution Tabs	n/a

| Required Health Systems and Community Capacity (Domain I) Focus Areas for all ACHs | [to be populated] | Narrative | 2,000 words |

SECTION II: PROJECT PLAN PORTFOLIO			
Sub-Section	**Total Points Available**	**Response Format**	**Max Word Count**
Project Selection & Expected Outcomes	[to be populated]	Narrative	1,000 words
Implementation Approach and Timing	[to be populated]	Supplemental Data Workbook: Implementation Approach Tabs	n/a
Required Health Systems and Community Capacity (Domain I) Focus Areas for all ACHs	[to be populated]	Narrative	1,500 words
Partnering Organizations	[to be populated]	Supplemental Data Workbook: Partnering Organizations Tabs	n/a
	[to be populated]	Narrative	500 words
Regional Assets, Anticipated Challenges and Proposed Solutions	[to be populated]	Narrative	1,000 words
Monitoring and Continuous Improvement	[to be populated]	Narrative	500 words
Project Sustainability	[to be populated]	Narrative	500 words
Project Metrics and Reporting Requirements	[to be populated]	Attestation	n/a
Relationship with Other Initiatives	[to be populated]	Attestation	n/a

SECTION I: ACH PLAN

Regional Health Needs Inventory

Describe how the ACH has used data to inform its decision-making, from identifying the region's greatest health needs to project selection and implementation planning. This section should serve as a summary description of how data were used, with additional data relevant to specific projects referenced in each project description and justification in Section II of the Project Plan Template.

Address the following:

- Describe how the ACH has used data to inform its project selection and planning, including highlighting additional uses of data beyond those described in the Phase II Certification submission.
- Describe the data sources the ACH has acquired or gathered to inform its decision-making, noting where data was provided by partner organizations (MCOs, providers, CBOs, etc). Highlight additional uses of data beyond those described in the Phase II Certification submission.
- Provide a high level summary of the region's health needs relevant to Demonstration project planning, highlighting key sub-regions or sub-population groups if/as appropriate. For each of the identified topics, cite the data sources and the process/methods used by the ACH.
    - Medicaid beneficiary population profile, including number of patients, geographic, demographic and socio-economic characteristics, and prevalence of adverse social determinants of health.
    - Medicaid beneficiary population health status, including prevalence of chronic conditions, vital statistics, and other measures of health.
    - Existing healthcare providers serving the Medicaid population (e.g., hospitals, Federally qualified health centers, primary care providers, mental health and substance use disorder treatment providers) available across the care continuum in the community, and how these healthcare providers are currently serving the Medicaid population.
    - Existing community-based resources available to the Medicaid beneficiary population (e.g., supportive housing, homeless services, legal services, financial assistance, education, nutritional assistance, transportation, translation services, community safety, and job training or other employment services), and how those community-based organizations are currently serving the Medicaid population.
    - Medicaid beneficiary population's level of access or connection to care, and their greatest barriers to accessing needed health care services.
- Outline any identified capacity or access gaps between the Medicaid population's identified health care and health care access needs, and the services (or service capacity) currently available from identified providers and CBOs.

ACH Response *(max 2,000 words)*

ACH Theory of Action and Alignment Strategy

Describe the ACH Theory of Action and Alignment Strategy. In the narrative response, address the following:

- Describe the ACH's vision for health system transformation in its region; include a vision statement and a discussion of how the vision addresses the community needs and priorities.
- Define the ACH's strategies to support regional healthcare needs and priorities.
- Indicate projects the ACH will implement (at least a minimum of four).

Project Plan Portfolio
Domain 2: Care Delivery Redesign
☒   2A: Bi-Directional Integration of Physical and Behavioral Health through Care Transformation (required)
☐   2B: Community-Based Care Coordination
☐   2C: Transitional Care
☐   2D: Diversions Interventions
Domain 3: Prevention and Health Promotion
☒   3A: Addressing the Opioid Use Public Health Crisis (required)
☐   3B: Reproductive and Maternal and Child Health
☐   3C: Access to Oral Health Services
☐   3D: Chronic Disease Prevention and Control

- Describe the process the ACH followed to consider and select projects as part of a portfolio approach.
  - o What were the criteria for selecting projects?
  - o How do the selected projects work together to support Medicaid transformation goals?
  - o How do the selected projects work together to address region-wide needs and priorities?
  - o Which interventions, resources, and infrastructure will be shared across its portfolio of projects, and how will they be shared?
- Describe how, through these projects, the ACH plans to improve region-wide health outcomes.
- Describe how, through these projects, the ACH plans to improve the region-wide quality, efficiency, and effectiveness of care processes.
- Describe how, through these projects, the ACH plans to advance equity in its community.
- Discuss how the ACH addressed any gaps and/or areas of needed improvement identified in its Phase II Certification related to aligning ACH projects to existing resources and initiatives within the region.
  - o If available, submit logic model(s), driver diagrams, tables, and/or theory of action illustrations that visually communicate the region-wide strategy and the relationships, linkages, and interdependencies between priorities, key partners, populations, regional activities (including workforce and population health management systems), projects, and outcomes.
  - o If already submitted in Phase II Certification, submit again if changes have been made.

ACH Response *(max 1,000 words)*

Governance

Describe the ACH's governance structure. In the narrative response, address the following:

- Describe how the ACH's governance structure provides oversight for the following five required domains:
  - *Financial*, including decisions about the allocation methodology, the roles and responsibilities of each partnering provider organization, and budget development.
  - *Clinical*, including appropriate expertise and strategies for monitoring clinical outcomes and care delivery redesign and incorporating clinical leadership, including large, small, urban, and rural providers.
  - *Community*, including an emphasis on health equity and a process to engage the community and consumers.
  - *Data*, including the processes and resources to support data-drive decision-making and formative valuation.
  - *Program management and strategy development*, including organizational capacity and administrative support for regional coordination and communication.
- If applicable, provide a summary of any significant changes or developments related to the governance structure (e.g., composition, committee structures, decision-making approach) and decision-making processes since Phase II Certification, including a rationale for changes.
- Discuss how the ACH addressed any areas of needed improvement identified in its Phase II Certification related to its governance structure and decision-making processes.
- Describe the process for ensuring oversight of partnering provider participation and performance, including how the ACH will address low-performing partnering providers or partnering providers who cease to participate in the ACH.

ACH Response *(max 1,000 words)*

Community and Stakeholder Engagement and Input

Describe the ACH's community and stakeholder engagement and input. In the narrative response, address the following:

- Describe and provide evidence of how the ACH solicited robust public input into project selection and planning (e.g., attachments of meeting minutes or meeting summaries where input was solicited) *(not counted toward word count; submit as Community and Stakeholder Engagement and Input – Attachment A).* In the narrative, address:

- Through what means and how frequently were these opportunities for input made available? (e.g., ACH website posting, ACH listserv, surveys, newspaper, etc.)
    - How did the ACH ensure a broad reach and ample response time in its solicitation?
    - How did the ACH ensure transparency around how public input was considered?
    - How did the ACH address concerns and questions from community stakeholders?
- Provide examples of at least three key elements of the Project Plan that were informed by community input.
- Describe the processes the ACH will use to continue to engage the public throughout the demonstration period.
- Discuss how the ACH addressed any areas of improvement identified in its Phase II Certification related to meaningful community engagement, partnering provider engagement, or transparency and communications.

ACH Response *(max 1,000 words)*

Tribal Engagement and Collaboration

Describe the ACH's tribal engagement and collaboration. In the narrative response, address the following:
- Describe three key tribal priorities identified through ACH's tribal engagement efforts, and how those priorities informed project selection and planning.
    - If possible, provide examples of at least three key elements of the Project Plan that were informed by tribal input.
- If possible, provide as attachments statements of support for the ACH from ITUs in the ACH region. *(Not counted toward word count, submit as Tribal Engagement and Collaboration – Attachment A.)*
- Discuss how the ACH addressed any areas of improvement identified in its Phase II Certification related to tribal engagement and collaboration.

ACH Response *(max 1,000 words)*

Funds Allocation

Funds Flow Oversight (*max 1,000 words)*
Describe the ACH's process for funds flow oversight. In the narrative response, address the following:

- Describe how the ACH will manage and oversee the funds flow process for DSRIP funds (Project Incentive funds, Managed Care Integration Incentive funds, and Reinvestment funds), including how decisions will be made about the distribution of funds earned by the ACH.
- Discuss the roles and responsibilities of, and relationships between, the ACH governance body and partnering providers in managing the funds flow process.
- Describe the ACH process for ensuring stewardship and transparency of DSRIP funds (Project Design funds, Project Incentive funds, Managed Care Integration Incentive funds, and Reinvestment funds) over the course of the demonstration.
- If applicable, provide a summary of any significant changes since Phase II Certification in state or federal funding or in-kind support provided to the ACH and how the funding aligns with the demonstration activities.
- If applicable, provide a summary of any significant changes to the ACH's tracking mechanism to account for various funding streams since Phase II Certification.

Project Design Funds (*max 500 words)*
Provide a narrative that describes how Project Design funds have been used thus far and will be used through the rest of the demonstration.

Funds Flow Distribution *(max 1,500 words)*
Describe the ACH's funds flow distribution. In the narrative response, address the following:
- Attest to whether all counties in the ACH region have submitted a binding Letter of Intent (LOI) to integrate physical and behavioral health managed care.

YES	NO

- Attest to whether the ACH region has implemented fully integrated managed care.

YES	NO

  o If the ACH attests to having implemented fully integrated managed care, provide date of implementation.

DATE (month, year)	

  o If the ACH attests to not having implemented fully integrated managed care, provide date of projected implementation.

DATE (month, year)	

- Describe how DSRIP funds will be utilized throughout the demonstration. For each of the below fund types, describe how funds will be distributed across use categories and by organization type. *(Refer to the Funds Distribution tabs of the ACH Project Plan Supplemental Data Workbook for use categories and organization types to inform the narrative response below and supplement the percentages given in the Workbook.)*
  o Project Incentive funds

     o Managed Care Integration Incentive funds *(if LOI and implementation are expected)*
     o Reinvestment funds
- Using the Funds Distribution tabs of the ACH Project Plan Supplemental Data Workbook, project funding by use category as a percent by year and funding by organization type as a percent by year. *(not counted toward word count)*

ACH Response *(max 3,000 words)*

Funds Flow Oversight (max 1,000 words):

Design Funds (max 500 words):

Funds Flow Distribution (max 1,500 words):

Required Health Systems and Community Capacity (Domain 1) Focus Areas for all ACHs

The Medicaid Transformation Project requires all ACHs to focus on three key areas that address the core health system capacities to be developed or enhanced to transform the delivery system: financial sustainability through value-based payment (VBP), workforce, and systems for population health management. ACHs will have an opportunity to discuss how these three focus areas relate to specific projects selected in Section II of the Project Plan Template.

The focus areas in Domain 1 require system-wide planning and capacity development to support payment and service delivery transformation activities. ACHs and statewide partners and organizations will need to work together to leverage existing infrastructure and develop sustainable solutions. While regional project implementation will require some level of targeted efforts, ACHs should focus on collective approaches to develop and reinforce statewide strategies and capacity. As a foundation to all efforts within Domains 2 and 3, this collective effort will enhance efficiency, lead to coordinated solutions, and promote sustainability. To the maximum extent possible, ACHs should seek to collaborate with and support partnerships across ACHs, providers, and payers on common topics for all Domain 1 strategies in order to promote efficiencies and reduce costs.

Domain 1 Strategies
- Describe how capacity building in these three Domain 1 focus areas will support <u>all projects</u> overall.
- Specify the investments the ACH is making to support Domain 1 projects. Describe the amount set aside and how the funds will be used to support and advance existing statewide infrastructure and capacity, or new infrastructure and capacity that will be invested in and adopted regionally or statewide by many or all ACHs

Value-based Payment Strategies
Describe the ACH's approach to implementing and supporting VBP strategies across all projects. In the narrative response, address the following:

- Describe the current state of VBP within the ACH/Region.
  - What types of alternative payment models (APMs), based on the VBP Roadmap, are currently in place? How many lives are covered? What is the level of payment?
  - What are the current barriers and enablers to VBP adoption?
- Describe efforts taken by the ACH to support the VBP survey data collection.
- Describe the regional strategies that will be used to support attainment of and readiness to achieve statewide VBP targets.
- Describe efforts taken by the ACH to partner with Managed Care Organizations (MCOs) and provider associations.

Workforce Strategies

Workforce strategies provide a foundation for creating sustainable community-based and statewide delivery system transformation. ACHs should consider opportunities to invest their resources to ensure sustainable workforce capacity assessment and development by leveraging existing collaborative activities with Washington's statewide health workforce experts.

Describe the ACH's approach to leveraging workforce strategies across all projects. In the narrative response, address the following:
- Describe how the ACH will leverage workforce across all projects to the maximum extent possible?
- How is the ACH leveraging existing workforce initiatives and resources across all projects to address gaps, challenges, and training needs, including strategies to support team-based care, cultural competency, and health literacy (i.e., DOH's Office of Rural Health, Sentinel Network, etc.)?
- How will the ACH contribute to supporting existing workforce initiatives to optimize available resources and tools to create statewide and regional innovations and approaches to workforce capacity development?

Population Health Management Systems

The overarching focus of Population Health Management Systems is to leverage and expand interoperable health information technology (HIT) and health information exchange (HIE) infrastructure and tools to capture, analyze, and share relevant data (including clinical and claims data) to support VBP models and care delivery redesign.

Describe the ACH's approach to leveraging population health management systems across all projects. Population health management systems refer to health information technology (e.g., registries, analytics, decision support and reporting tools) that supports clinical decision-making and care management. In the narrative response, address the following:
- Describe how the ACH will work with partnering providers, managed care organizations and other ACH stakeholders to leverage population health management systems across all projects to the maximum extent possible.
- Describe gaps in the region's population health management capabilities.
- How is the ACH leveraging and expanding on existing population health management systems and resources to capture, analyze and share relevant data and build towards interoperability?

ACH Response *(max 2,000 words)*
Domain 1 Strategies: *Value-based Payment Strategies:*   *Workforce Strategies:*   *Population Health Management Systems:*

SECTION II: PROJECT PLAN PORTFOLIO

Section II (including selecting the relevant project from the menu) will need to be duplicated for each project selected by the ACH (at least a minimum of four).

Transformation Projects

Check off the project addressed in the menu below and complete the Section II questions for that project.

Menu of Transformation Projects
Domain 2: Care Delivery Redesign
☐ 2A: Bi-Directional Integration of Physical and Behavioral Health through Care Transformation (required)
☐ 2B: Community-Based Care Coordination
☐ 2C: Transitional Care
☐ 2D: Diversions Interventions
Domain 3: Prevention and Health Promotion
☐ 3A: Addressing the Opioid Use Public Health Crisis (required)
☐ 3B: Reproductive and Maternal and Child Health
☐ 3C: Access to Oral Health Services
☐ 3D: Chronic Disease Prevention and Control

Project Selection & Expected Outcomes

Describe the ACH's rationale for selecting this project and expected project outcomes. In the narrative response, address the following:

- Provide the justification for selecting this project, how it addresses regional priorities, and how it will support sustainable delivery system transformation for the target population.
- Discuss how the ACH ensured the selected project is coordinated with and does not duplicate existing efforts in the region.
- Describe the anticipated scope of the project:
  - Who is the project's target population? How many individuals does the ACH anticipate reaching through the project?
  - What types of partnering organizations are involved in this project, and why are they critical to the success of the project?
  - How did the ACH consider the level of impact when selecting the project's target population? (e.g., geography, subgroups, etc.)
  - How will the ACH ensure that geographic disparities (i.e., rural and urban) are addressed in the project design?
- Describe the outcomes the ACH expects to achieve in each of the project stages:
  - Stage 1: Planning
  - Stage 2: Implementation
  - Stage 3: Scale and Sustain
- ACHs will be held accountable for the region's total Medicaid population. Describe how the ACH will ensure this project supports the total Medicaid population.

Implementation Approach and Timing

Using the **Implementation Approach tabs of the ACH Project Plan Supplemental Data Workbook,** provide a short description of how the ACH will accomplish each set of project milestones in Stage 1, Stage 2, and Stage 3.

- The ACH Project Plan Supplemental Data Workbook includes an Implementation Approach tab for each project. Fill in the appropriate tabs based on the ACH's selected projects.
- In the implementation approach descriptions:
  - o Include resources to be deployed to support partnering providers and any anticipated barriers/challenges and ACH tactics for addressing them.
  - o Specify which evidence-based approach option(s) will be used for the project.
  - o If applicable, indicate in italics whether a project milestone can be completed earlier than the required deadline in the Completion Deadline column.

Required Health Systems and Community Capacity (Domain I) Focus Areas for all ACHs

Value-based Payment Strategies

Describe how the project relates to VBP adoption in the region. In the narrative response, address the following:

- How will the project support the transition to VBP methods and help address any barriers to VBP adoption?
- How will the project help partners participate and achieve success in APM arrangements?
- How will VBP adoption help drive long-term sustainability of the project?

Workforce Strategies

Describe how the project relates to workforce strategies in the region. In the narrative response, address the following:

- How will the existing workforce in the region be leveraged to aid in project implementation?
- What, if any, gaps exist in the workforce (e.g., knowledge, experience, capacity, etc.) needed for this project, and what strategies can address those gaps?
- How will the project help promote a healthcare workforce that supports comprehensive, coordinated, and timely access to care?

Population Health Management Systems

Describe how the project relates to population health management systems in the region. In the narrative response, address the following:

- How will the existing population health management systems in the region be leveraged to aid in project implementation?

- What, if any, gaps exist in the population health management systems infrastructure needed for this project, and what strategies can address those gaps?
- How will the project help expand on population health management systems and drive toward community-based integrated care?

ACH Response *(max 1,500 words)*
Value-based Payment Strategies: *Workforce Strategies:*   *Population Health Management Systems:*

Partnering Organizations

Using the **Partnering Organizations tabs of the ACH Project Plan Supplemental Data Workbook**, list partnering providers, both traditional and non-traditional, that have expressed interest in participating in the project thus far. This can be a preliminary list and be subject to further refinement through the end of Demonstration Year 2. The ACH Project Plan Supplemental Data Workbook includes a Partnering Organizations tab for each project.

Based on the ACH's selected projects, fill in the appropriate **Partnering Organizations tab of the ACH Project Plan Supplemental Data Workbook**. Include:
- Organization name
- Organization type
- Organization address
- Organization phone number
- Organization website (if applicable)
- Brief description of organization
- Medicaid Provider ID (if applicable)

Describe engagement with partnering providers. In the narrative response, address the following:
- Demonstrate how the ACH has included partnering providers that currently cover a significant portion of the Medicaid population.
- Describe process for ensuring partnering providers commit to continuing to serve the Medicaid population.
- Describe the process for securing partnering providers that are critical to the project's success.
- Describe process for ensuring that partnering providers represent a broad spectrum of care and related social services that are critical to improving how care is delivered and paid for.
- Describe how the ACH is leveraging MCOs' expertise in project implementation and ensuring there is no duplication.

ACH Response *(max 500 words; partnering provider list not subject to word count)*

Regional Assets, Anticipated Challenges and Proposed Solutions

Describe regional assets that will be brought to the project as well as anticipated challenges with the project and proposed solutions. In the narrative response, address the following:

- Describe the assets that the ACH and partnering providers in the region will bring to the project.
- Describe the challenges or barriers to improving outcomes and lowering costs for the target populations through this project. Describe the ACH strategy for mitigating the risks and overcoming barriers.

ACH Response *(max 1,000 words)*

Monitoring and Continuous Improvement

Describe the ACH's process for project monitoring and continuous improvement and how this process will feed into a potential Project Plan modification request. In the narrative response, address the following:

- Describe the ACH's plan for monitoring project implementation progress. How will the ACH address delays in implementation progress?
- Describe the ACH's plan for monitoring continuous improvement. How will the ACH ensure partnering providers achieve continuous improvement? How will the ACH monitor day-to-day performance and understand in real-time whether the ACH is on the path to reaching their expected outcomes?
- Describe how the ACH will identify and address project initiatives or strategies that are not working/achieving desired outcomes.

ACH Response *(max 500 words)*

Project Sustainability

Describe the ACH's strategy for ensuring long-term project sustainability and a long-term sustainable impact on Washington's delivery system transformation beyond the demonstration period.

ACH Response *(max 500 words)*

Project Metrics and Reporting Requirements

Attest that the ACH understands and accept the responsibilities and requirements for reporting on all metrics for required and selected projects. These responsibilities and requirements consist of:

- *Reporting semi-annually on project implementation progress.*
- *Updating patient/provider rosters involved in project activities.*
- *Updating provider/practice level data not available at the state level.*
- *Updating required metrics that are under the ACH responsibility.*
- *Implementing data share agreements to strengthen data share capabilities among partnering providers to be consistent with applicable state and federal data privacy and security laws, and to provide for timely sharing of beneficiary data, assessment, and treatment information, for purposes of identifying and treating the beneficiary.*

YES	NO

Relationships with Other Initiatives

Attest that the ACH understands and accepts the responsibilities and requirements of identifying any initiatives that partnering providers are participating in that are funded by the U.S. Department of Health and Human Services and any other relevant delivery system reform initiatives and ensuring these initiatives are not duplicative of DSRIP projects. These responsibilities and requirements consist of:

- *Securing descriptions from partnering providers in DY 2 of any initiatives that are funded by the U.S. Department of Health and Human Services and any other relevant delivery system reform initiatives currently in place.*
- *Securing attestations from partnering providers in DY 2 that submitted DSRIP projects are not duplicative of other funded initiatives and do not duplicate the deliverables required by the other initiatives.*
- *If the DSRIP project is built on one of these other initiatives, or represents an enhancements of such an initiative, explaining how the DSRIP project is not duplicative of activities already supported with other federal funds.*

YES	NO

SUPPLEMENTARY MATERIALS CHECKLIST

SECTION I: ACH Plan

Regional Health Needs Inventory
None

ACH Theory of Action and Alignment Strategy
☐ Optional Attachment: Logic model(s), driver diagrams, tables, and/or theory of action illustrations that visually communicate the region-wide strategy and the relationships, linkages and interdependencies between priorities, key partners, populations, regional activities (including workforce and population health management systems), projects, and outcomes.

Governance
None

Community and Stakeholder Engagement and Input
☐ Attachment(s): Evidence of how the ACH solicited robust public input into project selection and planning

Tribal Engagement and Collaboration
☐ Optional Attachment(s): Statements of support for the ACH from ITUs in the ACH region

Funds Allocation
☐ Supplemental Data Workbook: Funds Distribution Tabs

Required Health Systems and Community Capacity (Domain I) Focus Areas for all ACHs
None

SECTION II: PROJECT PLAN PORTFOLIO

Project Selection & Expected Outcomes
None

Implementation Approach and Timing
☐ Supplemental Data Workbook: Implementation Approach Tabs

Required Health Systems and Community Capacity (Domain I) Focus Areas for all ACHs
None

Partnering Organizations
☐ Supplemental Data Workbook: Partnering Organizations Tabs

Regional Assets, Anticipated Challenges and Proposed Solutions
None

Monitoring and Continuous Improvement
None

Project Sustainability
None

Project Metrics and Reporting Requirements
None

Relationships with Other Initiatives
None