ACH CERTIFICATION PHASE 1

HIGHLIGHTS & CHALLENGES
Strong provider engagement from local hospitals, provider networks, and FQHCs. Received input from large listserv on project selection. Moving toward fully integrated managed care in three counties in 2018. Challenges: Tribal engagement, and limited crisis stabilization beds.

PRIORITY TA NEEDS

ISSUES FOR ESCALATION
Information on expectations of data sharing agreement. More information on tribal engagement including model tribal policy. Clarification on project reweighting. Information on allowable uses for fully integrated managed care incentive funding and certification funding.
NCACH strives to build capacity in the community and does not want to build an ACH empire. Strong alignment of work of ACH with community needs based on data from community needs assessment discussed at recent board governance meetings.

Formalized board with bylaws. Need to fill open board seats and formalize decision-making authority of community members and consumers.

Pursuing conversations with a couple of trusted individuals but slow process.

Planning to formalize Coalitions for Health Improvement and engage them in decision-making. Launching new website during summer of 2017. Need to engage consumers.

Formalized agreement with Chelan-Douglas Health Department to serve as backbone for 15% indirect costs. Needs to be converted into a legal contract to reflect incorporation. This includes space, internet, furniture and finance structures. Eager for guidance on project funding allocation methodology.

Diverse group of providers engaged in Whole Person Care Collaborative and Fully Integrated Managed Care workgroup based on initial phone conversation, kick-off meeting, and review of charters. Working with providers to plan transition to Value Based Payment models.