



Deb Miller <deb.miller@communitychoice.us>

FW: ACH Waiver Summit High Level Overview from 8/10 meeting

Barry Kling <barry.kling@cdhd.wa.gov>
To: Deb Miller <deb.miller@communitychoice.us>

Fri, Aug 14, 2015 at 8:37 AM

Deb, please share this with the board and leadership group...Thanks...Barry

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**From:** Laurel Lee [mailto:[Laurel.Lee@MolinaHealthCare.Com](mailto:Laurel.Lee@MolinaHealthCare.Com)]  
**Sent:** Thursday, August 13, 2015 1:08 PM  
**To:** Barry Kling  
**Subject:** ACH Waiver Summit High Level Overview from 8/10 meeting

Barry,

Please see my notes/takeaways below and also note the highlighted portions of the email from Katherine at HCA to Janna Wilson (King County) regarding sharing of the documents (my scanned versions attached) at this time. HCA is reportedly going to release notes next week which would probably be more appropriate to share with the larger NCACH Board.

Let me know if you have questions.

Thanks,  
Laurel

**High Level Overview 8/10 ACH Waiver Summit**

**1) The Waiver as a tool to achieve a Healthier Washington**

- Acknowledged that Waiver is focused on Medicaid population while ACH are focused on “total” population health
- Medicaid (now covers 1.8 Million in Washington) has a direct impact on the health of the population and how the market interacts.
- Medicaid waiver is a “tool” that has the potential for real dollars and a real game-changing opportunity
  - i. Move to VBP – legislative/policy directive to move toward value based payment/purchasing (VBP) by 20120 (ability to fund activities to foster the transition to VBP)
  - ii. Sustainability - opportunity to utilize waiver dollars to test initiatives and ultimately demonstrate value (impacting sustainability into the future)
  - iii. Opportunity to fund investments in the upstream issues impacting health (80% Social Determinants/20% Healthcare)
- To Insure Sustainability of Medicaid System in WA – need to address the “ Age Wave”
  - i. Age wave coming due to increased longevity and shifting demographics
  - ii. Majority of LTSS clients are already served in home setting;
  - iii. Majority of Nursing Home Patients (80%) are covered by Medicaid (66% age 65+; 33% 18-65 (primarily 40-50 years old)
  - iv. Waiver creates new benefits to delay or prevent need for Medicaid or more intensive Medicaid services.

## 2) Why the ACH as the Coordinating Entity in the Waiver Application

- ACHs have the right people around the table to tackle Medicaid Transformation (public health, delivery system, CBOs, etc) – no silos. ACH role is silo busting
- CMS demands a regional/community based approach to delivery system reform – if not ACH, would need to convene another multi-sector regional/community body to serve as the Coordinating Entity under the waiver.
- Discussed “risk” borne by ACH as Coordinating Entity
  - i. Risk of Administration and financial obligation to administer dollars
  - ii. Risk /Accountability to implement projects and meet project outcomes
- Discussed that “back office” functions of the Coordinating Entity could be contracted out to 1 or more entities (HCA is reportedly exploring this idea).

## 3) Workshop – Discussed “How do ACHs drive toward system change in a manner that impacts individual beneficiaries?”

- Discussed “John’s Story (Preface & afterword to Waiver Application). A number of themes were identified including but not limited to:
  - i. Need to build in how John’s story intersects with the context of the Community – i.e., need to develop early detection and community level strategies to impact issues upstream

- ii. Need for common performance measures/aligned goals across systems (not just MCO, BHO – but also LTSS contractors, Child Welfare, etc)
- iii. Convene around high utilizer group – look to the Trauma system for a working example of sharing across entities.
- iv. Bright Spotting (identify positive changes in the system and foster their replication

#### 4) ACH & Waiver Timelines

- Reviewed AC & Waiver timelines (attached) with a goal of identifying linkages, raising issues/questions, and identifying opportunities for engagement.
- Acknowledged tension between ACH “RHNI” work and Medicaid Waiver menu of projects. HCA indicated that they were building in some flexibility to address regional needs and priorities.
- Potential ACH Engagement in waiver work going forward:
  - i. ACH’s present agreed that the State should take the lead to organize and coordinate information and activity sessions regarding the Waiver. ACHs expressed concerns about their capacity to take on this outreach effort and also concerns about insuring consistent messaging.

#### 5) Resources available to ACHs

- Members of the ACH leadership expressed an immediate need for funding to support ongoing ACH activity. HCA clarified that the earliest time frame in which waiver dollars would be available is estimated to be April 2016.

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**From:** Latet, Katherine J. (HCA) [<mailto:katherine.ferguson-mahan@hca.wa.gov>]

**Sent:** Thursday, August 13, 2015 9:22 AM

**To:** Wilson, Janna

**Cc:** Morgan, Gena; Nachand, Lena (HCA); Napier, Chase (HCA); Hamilton, Jenny (HCA); Morris, Kali A (HCA); Down, Kayla (HCA)

**Subject:** RE: Copies of Aug 10 handouts?

*Hi Janna,*

*We are working on a packet of materials that also includes the “outputs” from the sessions, in addition to the meeting materials as well and hope to have that by next week. If you can wait that long that would be great, so it can be coupled with framing from the meeting and some of the next steps.*

*In addition, the timeline was for discussion and very, very drafty. We have a couple of edits we would like to make, just to make it cleaner and a bit more intuitive.*

*Thanks for your patience and cooperation. Let us know if you have any questions/concerns.*

*Best,*

*Kat*

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**2 attachments**



**Waiver timeline ACH Summit 081015.pdf**

153K



**ACH Timeline\_ACH Summit 081015.pdf**

139K