

Accountable Community of Health Certification Process Medicaid Transformation Project Demonstration

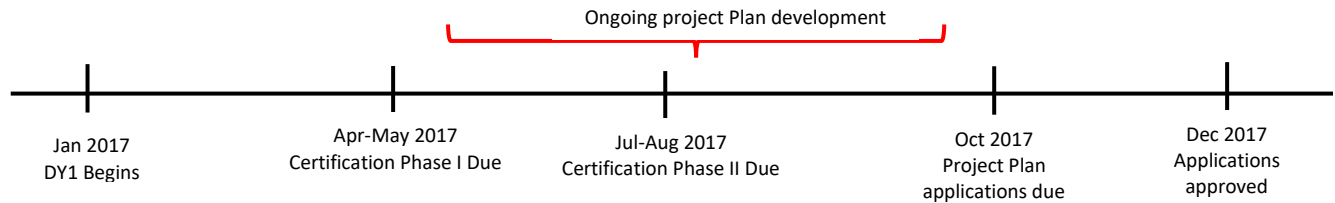
The certification process will ensure each Accountable Community of Health (ACH) is capable of serving as the regional lead entity and single point of performance accountability to the state for transformation projects under the Medicaid Transformation Project demonstration (demonstration). The certification process requires ACHs to provide information to demonstrate compliance with expectations set forth by the state and the Centers for Medicare and Medicaid Services (CMS). Through this process, the state will assess whether each ACH is qualified to fulfill the role as the regional lead and therefore 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 SIM contractual requirements, composition requirements, and organizational capacity expectations and 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 consider its Project Plan application. Given the level of effort necessary to develop thorough project plan applications, ACHs will begin project plan development prior to completion of both certification phases.

The certification process, scoring criteria and subsequent awarded funding amount is at the sole discretion of the Washington State Health Care Authority (HCA). Certification will be scored according to the table below. 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.

Score	Description	Discussion
0	No value	The response does not address any component of the requirement.
1	Poor	The response unsatisfactorily addresses the requirement and the bidder's ability to comply with the requirement, or has simply restated the requirement.
3	Acceptable	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.

Certification Process Timeline



The certification materials submitted by the ACH will be posted on the HCA website for public review. Upon successful completion of the Phase I and Phase II certification, ACHs will earn Project Design funds. These funds go directly to ACHs as opposed to incentive payments, which will flow through the financial executor. Project Design funds are intended for ACH use on development, submission and oversight of a successful Project Plan application and execution.

To craft 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 Medicaid Transformation Project demonstration [Special Terms and Conditions](#) (STCs), which set forth in detail the nature, character, and extent 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 Medicaid Transformation Toolkit, and any finalized protocols that support the demonstration STCs.
3. Other key documents and resources as listed in each section.

Certification Submission Instructions:

1. Please submit documents electronically according to the following specifications.
 - a. Must be emailed to Medicaidtransformation@hca.wa.gov
 - b. Must be formatted as one zip file comprised of completed certification submission template and attachment files.
 - i. The overall zip file must be titled: "[ACH Name] - ACH Phase I Certification Submission."
 - ii. The completed certification template file must be in PDF format and titled: "[ACH Name] – Certification Submission Template." All fields in the certification submission template must be complete.
 - iii. Each attachment to the certification template must be a separate file in PDF format. The attachment must be named according to the ACH name, corresponding section and attachment letter. For example, for the visual/chart of the governance structure, "[ACH Name] - Governance and Organizational Structure – Attachment A" and the copy of the ACHs By-laws and Articles of

Incorporation, “[ACH Name] - Governance and Organizational Structure – Attachment B.” All required attachments to the certification template must be included.

- c. Must include contact information for the point of contact for any follow-up questions.
2. Certification Phase I must be submitted between: April 17, 2017 and May 15, 2017. Electronic copies must be submitted by 3pm PT on May 15, 2017.
3. Certification Phase II must be submitted between: July 17, 2017 and August 14, 2017. Electronic copies must be submitted by 3pm PT on August 14, 2017. Submission template forthcoming.

Questions regarding the certification process must be directed to medicaidtransformation@hca.wa.gov.

Certification Phase I

ACHs must respond to a series of questions listed in the Phase I Certification Submission Template to demonstrate achievement of expectations in the following areas:

- Theory of Action and Alignment Strategy
- Governance and Organizational Structure
- Tribal Engagement and Collaboration
- Community and Stakeholder Engagement
- Budget and Funds Flow
- Clinical Capacity and Engagement

Amount: Each ACH is eligible to receive up to \$1 million for successful demonstration of Phase I expectations. Funding¹ will be distributed if certification criteria are fully met (score of three or higher) and the ACH and HCA have executed a contract for receipt of demonstration funds.

Submission: Between 04/17/2017-05/15/2017

¹ Timing and amount of Project Design funding is contingent on CMS approval of all related protocols.

Phase I Certification Submission Template

ACH Certification Phase I: Submission Contact	
ACH	
Name	
Phone Number	
E-mail	

Theory of Action and Alignment Strategy
<p><u>Description</u></p> <p>Each ACH is expected to adopt an alignment strategy for health systems transformation that is shared by ACH partners and staff. The goal is to ensure the work occurring within the region (e.g., clinical services, social services and community-based supports) is aligned and complementary, as opposed to the potential of perpetuating silos, creating disparate programs, or investing resources unwisely.</p> <p>Provide a narrative and/or visual describing the ACH's regional priorities and how the ACH plans to respond to regional and community priorities, both for the Medicaid population and beyond. Please describe how the ACH will consider health disparities across all populations (including tribal populations), including how the ACH plans to leverage the opportunity of Medicaid Transformation within the context of regional priorities and existing efforts.</p>
<p><i>References: ACH 2016 Survey Results (Individual and Compilation), SIM Contract, Medicaid Transformation STC Section II, STC 30</i></p>
<p><u>Instructions</u></p> <p><i>Please ensure that your responses address of the questions identified below. Total narrative word-count range for entire section is 400-800 words.</i></p> <p>ACH Strategic Vision and Alignment with Healthier Washington Priorities and Existing Initiatives</p> <ul style="list-style-type: none"> • What are the region's priorities and what strategies are in place to address these priorities across the region? • Describe how the ACH will consider health disparities to inform regional priorities. • Describe strategies for aligning existing resources and efforts within the region. How is the work oriented toward an agreed upon mission and vision that reflects community needs, wants and assets? • Describe how the ACH will leverage the unique role of DSRIP and consider the needs of Medicaid partners and beneficiaries to further the priorities identified above. • Describe how the ACH will leverage the Demonstration to support the ACH's theory of change and what other opportunities the ACH is considering to provide value-add to the community. • Describe any in-kind contributions and non-Medicaid resources that have been identified for supporting the ACHs work over the near-term and long-term.
<p>Attachment(s) Required</p> <p>Not Applicable</p>

Governance and Organizational Structure

Description

The ACH is a balanced, community-based table where health care, social, educational, and community entities influence health outcomes and align priorities and actions. To support this, the ACH must clarify roles and responsibilities, adopt bylaws that describe where and how decisions will be made, and describe how the ACH will develop and/or leverage the necessary capacity to carry out this large body of work.

References: ACH Decision-Making Expectations, Medicaid Transformation STC 22 and STC 23, Midpoint Check-Ins for Accountable Communities of Health, DSRIP Planning Protocol

Instructions

Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 800-1,500 words.

ACH Structure

- What governance structure is the ACH using (e.g., Board of Directors/Board of Trustees, Leadership Council, Steering Committee, workgroups, committees, etc.)?
- Describe the process for how the ACH organized its legal structure.

Decision-making

- What decisions require the oversight of the decision-making body? How are those decisions made? (E.g. simple majority, consensus, etc.)
- How and when was the decision-making body selected? Was this a transparent and inclusive process? Include decision-making body's term limits, nominating committees, and make-up, etc.
- If a board seat is vacant, how will the ACH fill the vacancy?
- How is decision-making informed? What are the documented roles and communication expectations between committees and workgroups to inform decision-making?
- What strategies are in place to provide transparency to the community?
- If the decision-making body makes a decision that is different from recommendations presented by committees and/or workgroups, how does the ACH communicate how and why that decision was made?
- Describe how flexibility and communication strategies are built into the ACH's decision-making process to accommodate nimble decision-making, course corrections, etc.
- Describe any defined scope, financial accountability or other limits placed on staff or the Executive Director regarding decision-making outside of board approval.

Executive Director

- Provide the below contact information for the ACH's Executive Director.
- How long has the Executive Director been in that position for the ACH? Provide anticipated start date if the Executive Director has been hired but has not yet started.

	Name			
	Phone Number			
	E-mail			
	Years/Months in Position			

Data Capacity, Sharing Agreement and Point Person											
<ul style="list-style-type: none"> What gaps has the ACH identified related to its capacity for data-driven decision making and formative adjustments? How will these gaps be addressed? Has the ACH signed a data sharing agreement (DSA) with the HCA? 											
<table border="1"> <tr> <td colspan="4">Data Sharing Agreement with HCA?</td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>				Data Sharing Agreement with HCA?				YES		NO	
Data Sharing Agreement with HCA?											
YES		NO									
<ul style="list-style-type: none"> Provide the below contact information for the ACH point person for data related topics. <table border="1"> <tr> <td colspan="2">Data Point Person</td> </tr> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Phone Number</td> <td></td> </tr> <tr> <td>E-mail</td> <td></td> </tr> </table>				Data Point Person		Name		Phone Number		E-mail	
Data Point Person											
Name											
Phone Number											
E-mail											

Attachment(s) Required
<ul style="list-style-type: none"> A. Visual/chart of the governance structure. B. Copy of the ACHs By-laws and Articles of Incorporation. C. Other documents that reflect decision-making roles, including level of authority, and communication expectations for the Board, committees and workgroups. D. Decision-making flowchart. E. Roster of the ACH decision-making body and brief bios for the ACH's executive director, board chair, and executive committee members. F. Organizational chart that outlines current and anticipated staff roles to support the ACH.

Tribal Engagement and Collaboration

Description

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 Indian Health Service, tribally operated, or urban Indian health program (ITU) 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 ITUs and on the needs of both tribal and urban Indian populations.

Provide a narrative of how ITUs in the ACH region have been engaged to-date as an integral and essential partner in the work of improving population health. Describe and demonstrate how the ACH complies or will come into compliance with the Tribal Engagement expectations, including adoption of the Model ACH Tribal Collaboration and Communication Policy or other unanimously agreed-upon written policy.

References: Medicaid Transformation STC 24, Model ACH Tribal Engagement and Collaboration Policy, workshops with American Indian Health Commission

Instructions

Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 700-1,300 words.

Participation and Representation

- Describe the process that the ACH used to fill the seat on the ACH governing board for the ITUs in the ACH region to designate a representative.
- Describe whether and how the ACH has reached out to regional ITUs to invite their participation in the ACH.
- Describe, with examples, any accomplishments the ACH has realized in collaborating and communicating with ITUs, including when in the planning and development process the ACH first included or attempted to include ITUs.
- Describe key lessons the ACH has learned in its attempts to engage with ITUs and the next steps the ACH will take to support meaningful ITU engagement and collaboration.

Policy Adoption

- Describe the process the ACH used to adopt the Model ACH Tribal Collaboration and Communication Policy. If the ACH has not yet adopted the Model ACH Tribal Collaboration and Communication Policy, what are the next steps, including anticipated dates, to implement the requirements?

Board Training

- Describe how the ACH governing board will receive ongoing training on the Indian health care delivery system with a focus on their local ITUs and on the needs of both tribal and urban Indian populations.

Attachment(s) Required:

A. Demonstration of adoption of Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes, correspondence or other written documentation.

Attachment(s) Recommended:

B. Statements of support for ACH certification from every ITU in the ACH region.

Community and Stakeholder Engagement

Description

ACHs are regional and align directly with the Medicaid purchasing boundaries. This intentional approach recognizes that health is local and involves aspects of life and community beyond health care services. The input of community members, including Medicaid beneficiaries, is essential to ensure that ACHs consider the perspectives of those who are the ultimate recipients of services and health improvement efforts.

Provide a narrative that outlines how the ACH will be responsive and accountable to the community.

References: Medicaid Transformation 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

Instructions

Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 800-1,500 words.

Meaningful Community Engagement

- Describe the ACH vision for fostering an authentic relationship with the community members, including Medicaid beneficiaries.
- What barriers/challenges has the ACH experienced or anticipate experiencing toward meaningful community and Medicaid beneficiary engagement?
- 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?

Partnering Provider Engagement

- What strategies does the ACH employ, or plan to employ, to provide opportunities for engagement beyond the decision-making body to ensure that community partners are addressing local health needs and priorities?
- What barriers/challenges has the ACH experienced or anticipate experiencing toward meaningful engagement of a broad spectrum of partnering providers?
What opportunities are available for bi-directional communication to ensure that partnering providers can give input into planning and decisions?

Transparency and Communications

- Describe how the ACH does or will fulfill the requirement for open and transparent decision-making body meetings. Please include how transparency will be handled if a decision is needed between public meetings.
- What communication tools does the ACH use? Describe the intended audience for any communication tools.

Attachment(s) Required:

A. Document with links to webpages where the public can access meeting schedules and other engagement opportunities, meeting materials, and contact information.

Budget and Funds Flow
<p><u>Description</u></p> <p>ACHs will oversee decisions on the disbursement of Demonstration incentive funds to partnering providers within the region. This requires a transparent and thoughtful budgeting process. Demonstration funds will be earned based on the objectives and outcomes that the state and CMS have agreed upon. Demonstration funds and funds from other federal sources (e.g., State Innovation Model sub-awards) should be aligned but ACHs cannot duplicate or supplant funding streams.</p> <p>Provide a description of how Project Design funding will support Project Plan development.</p>
<p><i>References: Medicaid Transformation STC 31 and STC 35, DSRIP Planning Protocol</i></p>
<p><u>Instructions</u></p> <p>Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 800-1,500 words.</p> <p>Project Design Funds</p> <ul style="list-style-type: none"> Describe how the ACH plans to use the Project Design funds to support Project Plan development and other capacities or infrastructure. <p>Fiscal Integrity</p> <ul style="list-style-type: none"> Provide a description of budget and accounting support, including any related committees or workgroups. Define the levels of expenditure authority held by the Executive Director, specific committees (e.g., Executive Committee), and the decision-making body. Provide a description of the tracking mechanisms to account for various funding streams (e.g., SIM and Demonstration). Describe how capacities for data, clinical, financial, community and program management, and strategic development (specified in STC 22) will be met through staffing, vendors or in-kind support from board/community members.
<p>Attachment(s) Required:</p> <p>A. High-level budget plan (e.g., chart or excel document) for Project Design funds to accompany narrative required above.</p>

Clinical Capacity and Engagement

Description

The demonstration is based on a Delivery System Reform Incentive Payment (DSRIP) program. As such, there needs to be engagement and input from clinical providers, including but not limited to MDs, RNs, ARNPs, CHWs, SUD providers, and mental health providers such as therapists and counselors.

References: Medicaid Transformation STC 36, DSRIP Planning Protocol

Instructions

Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 500-1,000 words.

Provider Engagement

- Provide a summary of current work or plans the ACH is developing to engage clinical providers. Include a summary of input the ACH has already received from clinical providers or subject matter experts regarding the mechanisms and strategies to engage providers.
- Describe how the ACH is approaching provider engagement, as well as identification of provider champions within the ACH. Include any targeted committees, panels or workgroups.

Partnerships

- Demonstrate how the ACH is partnering with local and state clinical provider organizations (e.g., local medical societies, statewide associations, and prospective partnering providers).

Attachment(s) Required:

A. Bios or resumes for identified clinical subject matter experts or provider champions

Attachments Checklist

Application Section	Required Attachments	Recommended Attachments
Theory of Action & Alignment Strategy	None	None
Governance & Organizational Structure	<ul style="list-style-type: none"> A. Visual/chart of the governance structure B. Copy of the ACH's By-laws and Articles of Incorporation C. Other documents that reflect decision-making roles, including level of authority, and communication expectations for the Board, committees, and workgroups D. Decision-making flowchart E. Roster of the ACH decision-making body and brief bios for the ACH's executive director, board chair, and executive committee members F. Organizational chart that outlines current and anticipated staff roles to support the ACH 	None
Tribal Engagement Expectations	<ul style="list-style-type: none"> A. Demonstration of adoption of Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes, correspondence, or other written documentation 	<ul style="list-style-type: none"> B. Statements of support for ACH certification from every ITU in the ACH region
Community & Stakeholder Engagement	<ul style="list-style-type: none"> A. Document with links to webpages where the public can access meeting schedules and other engagement opportunities, meeting materials, and contact information 	None
Budget & Funds Flow	<ul style="list-style-type: none"> A. High-level budget plan (e.g. chart or excel document) for Project Design funds to accompany narrative required above. 	None
Clinical Capacity & Engagement	<ul style="list-style-type: none"> A. Bios or resumes for identified clinical subject matter experts or provider champions 	None

