Medicaid Transformation Demonstration
Final Project Plan Template
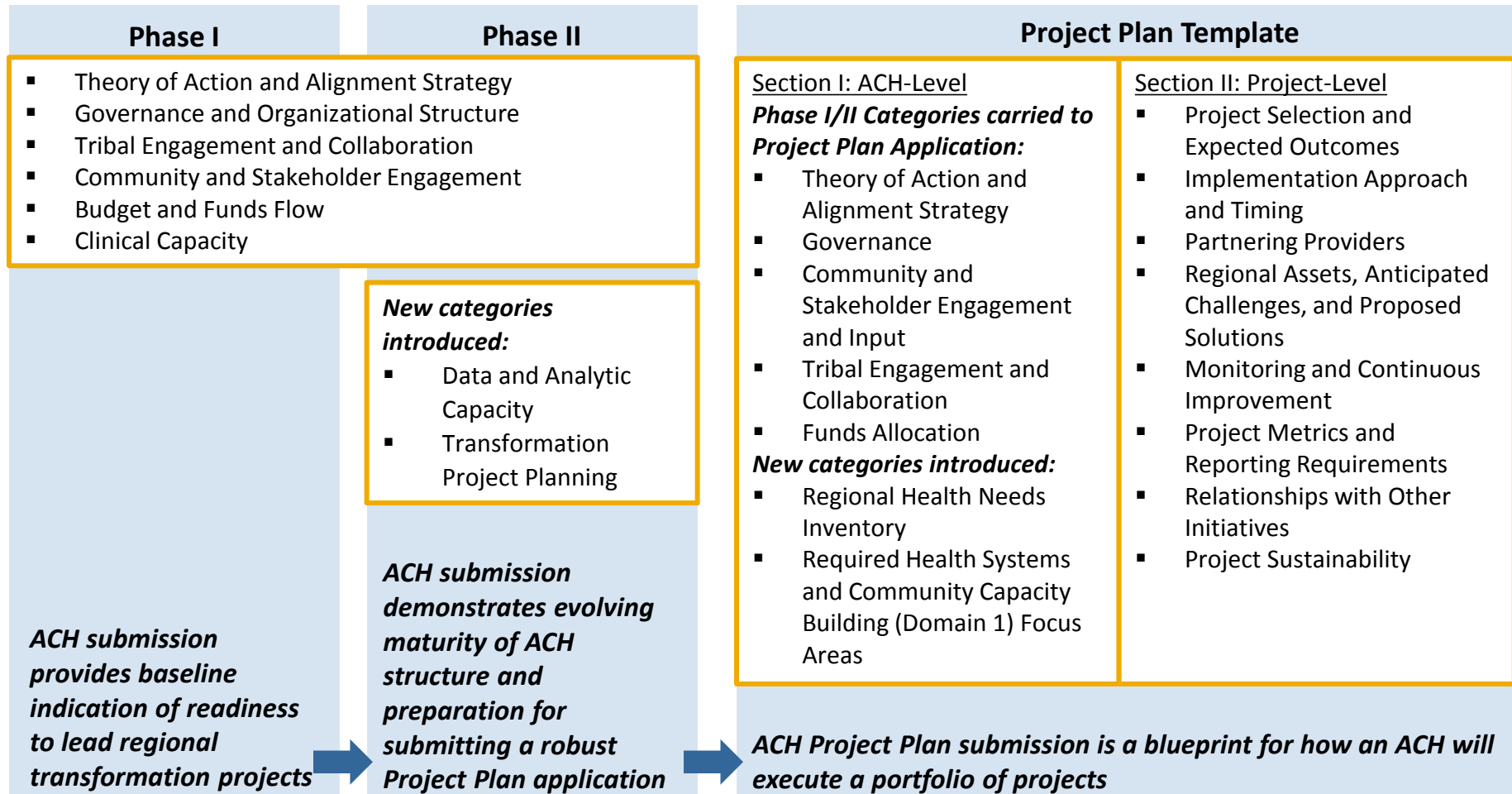
July 31, 2017

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Today's Agenda

- Overview

- Category Deep Dives: Section I (ACH-level)

- Category Deep Dives: Section II (Project-level)

- Preliminary Project Plan Scoring

- Questions

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Final Project Plan Template Overview

Developing ACHs to Lead Transformation Projects

The Project Plan Template was built on components of Phase I and Phase II, with the goal of preparing ACHs to implement robust transformation projects

Phase I

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

ACH submission provides baseline indication of readiness to lead regional transformation projects

Phase II

New categories introduced:
- Data and Analytic Capacity
- Transformation Project Planning

ACH submission demonstrates evolving maturity of ACH structure and preparation for submitting a robust Project Plan application

Project Plan Template

Section I: ACH-Level
Phase I/II Categories carried to Project Plan Application:
- Theory of Action and Alignment Strategy
- Governance
- Community and Stakeholder Engagement and Input
- Tribal Engagement and Collaboration
- Funds Allocation

New categories introduced:
- Regional Health Needs Inventory
- Required Health Systems and Community Capacity Building (Domain 1) Focus Areas

Section II: Project-Level
- Project Selection and Expected Outcomes
- Implementation Approach and Timing
- Partnering Providers
- Regional Assets, Anticipated Challenges, and Proposed Solutions
- Monitoring and Continuous Improvement
- Project Metrics and Reporting Requirements
- Relationships with Other Initiatives
- Project Sustainability

ACH Project Plan submission is a blueprint for how an ACH will execute a portfolio of projects

What is the Project Plan?

✓ **Demonstrates ACH development since Phase II Certification and readiness for project planning and implementation**

✓ **Explains how projects will respond to community-specific needs and support sustainable delivery system transformation for Medicaid beneficiaries in the region**

✓ **Provides a blueprint of the work that the ACH will undertake**

Successful completion enables ACHs to secure DY 1 funds for project implementation

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Notable Changes to Project Plan Template

A number of changes were made to the Project Plan Template and Supplemental Workbook based on ACH, stakeholder and general public feedback

- Refining requirements on Required Health Systems and Community Capacity (Domain 1) Focus Area and removing the requirement to address Domain 1 at a project level

- Modifying level of detail required for project funding allocation by organization and use types

- Increasing the word count in several sections

- Adding detailed submission instructions

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Project Plan Template:
Overview of Section Categories

Section I: ACH-Level

Covers information at the ACH level:

- Regional Health Needs Inventory
- ACH Theory of Action and Alignment Strategy
- Governance
- Community and Stakeholder Engagement and Input
- Tribal Engagement and Collaboration
- Funds Allocation
- Required Health Systems and Community Capacity Building (Domain 1) Focus Areas

Section II: Project-Level

Covers information at a project level:

- Project Selection and Expected Outcomes
- Implementation Approach and Timing
- Partnering Providers
- Regional Assets, Anticipated Challenges, and Proposed Solutions
- Monitoring and Continuous Improvement
- Project Metrics and Reporting Requirements
- Relationships with Other Initiatives
- Project Sustainability

ACHs will complete Section II for each selected project. For example, an ACH that chooses all eight projects will fill out Section I once and Section II eight times

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Types of ACH Responses

ACHs will be asked to respond to Project Plan Template sections using four different mechanisms

Narratives: ACHs will provide narrative responses (with word count requirements) for majority of Project Plan Template sections. ACH may also include tables or graphs, which will not be included in word count.

     o *Example:* Narrative response that describes the process the ACH followed to consider and select projects as part of a portfolio approach.

Attestations: ACHs must attest that they have completed certain activities and agree to complete others through the check boxes provided.

     o *Example:* Attestation that ACH understands and accepts the responsibilities/requirements for reporting on all metrics for required and selected projects

Attachments: ACHs must provide attachments where indicated.

     o *Example:* Attachments of meeting minutes/summaries to indicate evidence of public input to project selection and planning

Supplemental Workbook: ACHs must complete a Supplemental Workbook (Excel document) to provide additional detail for certain sections

     o *Example:* Input planned use of Project Incentive funds, Managed Care Integration Incentive funds, and Reinvestment funds for each demonstration year by use category (e.g., project management, community outreach) and by organization type (e.g., providers traditionally reimbursed by Medicaid, providers not traditionally reimbursed by Medicaid).

Project Plan Submission Instructions

Word Count: ACHs must clearly respond to questions in the Project Plan Template response boxes. Tables and graphs may be inserted into the narrative response boxes and will not be included in the word count. ACHs must adhere to the response word count limit per category. ACHs are strongly encouraged to be both responsive and concise.

Attachments: If including additional attachments beyond those that are required or recommended, label and make reference to these attachments in the responses. Additional attachments may only substantiate, not substitute for, a response to a specific question. HCA reserves the right to not to review attachments beyond those that are required or recommended.

File Format: ACHs must submit one zip file comprised of completed Project Plan Template, Supplemental Data Workbook, and attachment files. The overall zip file must be titled: "[ACH Name] – Project Plan Submission." Further submission instructions forthcoming.

Deadline: Submissions must be uploaded <u>no later than 3:00 pm PT on November 16, 2017</u>. Late submissions will not be accepted.

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Project Plan Template: Deep Dive

Section I: A Deeper Dive

Regional Health Needs Inventory

- How ACHs have used and gathered data
- Summary of the regions' health needs
- Identified capacity or access gaps
- **Key Updates/Changes:**
  - Added clarifying introduction language
  - Doubled word count

ACH Theory of Action and Alignment Strategy

- Vision, strategies, and processes for health transformation
- How the projects work together to improve health
- How ACHs addressed gaps and/or areas of improvement
- *Attachment:* Logic model(s), driver diagrams, tables, and/or TOA illustration
- **Key Updates/Changes:**
  - Added preamble text, including definition of health equity
  - Changed the logic model or other illustration to a required attachment
  - Increased word count

Section I: A Deeper Dive

Governance

- How ACHs governance structures provides oversight, specifically:
    - <u>Financial</u>: allocation methodology, role & responsibility of each provider
    - <u>Clinical</u>: expertise and strategies for monitoring clinical outcomes
    - <u>Community</u>: health equity and engagement of community and consumers
    - <u>Data</u>: data-driven decision-making and formative evaluation
    - <u>Program Management</u>: organizational capacity and administrative support
- Process for ensuring oversight of partnering provider participation and performance
- *Attachment:* Visual/chart of the governance structure
- **Key Updates/Changes:**
    - Added a visual/chart of the governance structure as a required attachment

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Section I: A Deeper Dive

Community and Stakeholder Engagement and Input

- How ACHs solicited robust public input to project selection and planning
- How ACHs will continue to engage the public throughout the Demonstration
- How ACHs engage with county governments
- How ACHs addressed any areas of improvement identified in Certification Phase II
- *Attachment*: Evidence of how the ACH solicited robust public input into project selection and planning
- **Key Updates/Changes:**
  - Recognizing the importance of local county government's role and experience implementing related transformation efforts, a question was added on the processes ACHs have used, and will continue to use, to engage local county government(s).

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Section I: A Deeper Dive

Tribal Engagement and Collaboration

- Description of key tribal priorities identified through tribal engagement efforts and how those priorities informed project selection and planning
- How ACHs addressed any areas of improvement identified in Phase II Certification
- *Attachment:* Statements of support for the ACH from ITUs in the ACH region
- **Key Updates/Changes:** Adjusted questions to ask about how tribal priorities are being identified, recognizing that tribes in some ACHs may choose to only engage in tribal specific projects

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Section I: A Deeper Dive

Funds Allocation

- How ACHs will manage and oversee demonstration funds flow
- How Project Design funds have been used thus far and will be used throughout the demonstration
- Description of the ACH's anticipated funds flow distribution
- ***Attestations & Supplemental Data Workbook*** – Funds Distribution Tabs
- **Key Updates/Changes:**
  - Modified the funding distribution by organization type tab in the Supplemental Data Workbook to reflect the following organization categories:
    - ACH Organization / Sub-contractors
    - Partnering Provider Organizations
      - Providers traditionally reimbursed by Medicaid (e.g., primary care providers, oral health providers, mental health providers, oral health providers, hospitals and health systems, nursing facilities)
      - Providers not traditionally reimbursed by Medicaid (e.g., community-based and social organizations, corrections facilities, Area Agencies on Aging)
      - Tribes/ITUs
    - Other
  - Modified the funding distribution by use tab to reflect the following categories:
    - Project Management and Administration
    - Provider Engagement, Participation and Implementation
    - Provider Performance and Quality Incentive Payments
    - Sustainability Support (e.g., temporary revenue loss encountered during transition to VBP)
    - Workforce Development
    - Population Health Management

Section I: A Deeper Dive

Required Systems and Community Capacity Building (Domain 1) Focus Areas for All ACHs

- Domain 1 Strategies
  - Describe how capacity building will support all projects
  - Describe ACHs' necessary investments to carry out the projects
- Strategies for value-based payment (rewarding outcomes)
  - Describe ACH's approach to implementing and supporting current VBP strategies
- Workforce Strategies
  - Describe approach to leveraging workforce strategies
  - How ACHs identify workforce and leverage current workforce initiative and resources
- Population Health Management Systems
  - Describe ACHs' approach to leveraging, expanding, using, supporting and maintain population health management systems
- **Key Updates/Changes:**
  - Clarified requirements in all three Domain 1 focus areas
  - Updated VBP questions to assess how ACHs supported the VBP Provider Survey, whether the ACH obtained additional information beyond what the survey included, whether providers expect their participation in VBP to change in the next 12 months, and what the ACH's role will be in supporting providers in the transition to VBP arrangements
  - Updated Workforce and Population Health Management Systems questions to focus on ACH's <u>plans</u> to identify necessary workforce and assess capabilities, capacities and gaps recognizing the assessment and identified strategies will be early milestones in DY 2

Section II: A Deeper Dive

Project Selection and Expected Outcomes

- Justification for selecting projects, how they address regional priorities, and how they support sustainable delivery system transformation
- Description of how ACHs ensure selected project is coordinated, and not duplicative in the region.
- Anticipated scope of projects, including target population and providers
- Plan to ensure health equity(e.g., demographic, geographic)
- How ACHs' project support Medicaid population
- **Key Updates/Changes:**
    - Added language to reflect that the scope of the project can be preliminary and subject to further refinement
    - Expanded languages to include demographic disparities in addition to urban versus rural health disparities
    - Increased word count

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Section II: A Deeper Dive

Implementation Approach and Timing

- How ACHs will accomplish project milestones in each stage
- Description of resources, evidence-based approach options, and milestones will be used for each project
- *Supplemental Data Workbook* – Implementation Approach Tabs
- **Key Updates/Changes:** None.

Partnering Providers

- How ACHs will ensure partnering providers continue to serve Apple Health clients and represent a broad spectrum of care and social services
- Describe how ACHs will secure partnering providers that are critical to success and how ACHs leverage MCO's current projects to avoid duplication of efforts.
- *Attachment:* Supplemental Data Workbook – Partnering Providers Tabs
- **Key Updates/Changes:**
  - Added introductory language to emphasize the section's intent

Section II: A Deeper Dive

Regional Assets, Anticipated Challenges, and Proposed Solutions

- Describe the assets the ACHs and partnering providers bring to the projects
- Describe the challenges or barriers to improving outcomes and lowering costs and the ACH strategy for mitigating those risks
- **Key Updates/Changes:** No major changes.

Monitoring and Continuous Improvement

- Describe how the ACH will monitor project implementation progress and address delays
- Describe how the ACH will ensure partnering providers achieve continuous improvement
- Describe how the ACH will Identify and address project initiatives or strategies that are not working/achieving desired outcomes
- **Key Updates/Changes:** No major changes.

Section II: A Deeper Dive

Project Metrics and Reporting Requirements

- ***Attestation Only***
    - Report semi-annually on project implementation progress
    - Update provider rosters involved in project activities
- **Key Updates/Changes:**
    - Updated key reporting expectations

Relationships with Other Initiatives

- ***Attestation Only***
    - Identify partnering provider initiatives that are funded by the U.S. Department of Health and Human Services or other delivery system reform initiatives
    - Ensure those initiatives do not duplicate demonstration projects
- **Key Updates/Changes:** No major changes.

Section II: A Deeper Dive

Project Sustainability

- Describe ACHs' strategies for ensuring long-term project sustainability and impact beyond the demonstration period
- **Key Updates/Changes:** No major changes.

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Preliminary Project Plan Scoring

Preliminary Project Plan Scoring Framework

- Prioritize quality of Project Plan application and number of projects selected

- Every ACH will have an opportunity to earn its full DY1 funds

- Re-distribution of unearned funds maintains Medicaid delivery transformation resources in Washington State

*Framework is subject to additional refinement and development.
HCA is considering feedback from ACHs received thus far and will be finalizing the Project Plan scoring approach with the Independent Assessor.*

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Preliminary Project Plan Scoring Framework

An ACH's overall score on its Project Plan is based on the quality of the ACH's responses to ACH-level and project-level questions, as well as the number of projects selected.

Remediation: If ACH receives < 60 pts on project will have an opportunity to improve that project plan and re-submit, or drop that project plan from its submission

Section I: ACH Level + **Section II: Project Level** = **Project Plan Score**

30%   70%

- Each section out of 100 points (minimum of 60) required per section
- Each project level section averaged together

score	% max project valuation for DY 1
60-69%	60%
70-79%	70%
80-89%	80%
90%+	90%

Project Selection Bonus

Projects	Additional % max project valuation for DY 1
4	0%
5	5%
6*	10% + possible unearned funds
7*	15% + possible unearned funds
8*	20% + possible unearned funds

*The maximum an ACH will receive is 100% of project valuation for DY 1, plus the possibility for funds that are unearned by ACHs if they achieve less than 100%. Unearned funds will be distributed based on Project Plan quality, project selection, and attribution.

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Preliminary Project Plan Scoring Permutations

The example scoring scenarios below are based on the preliminary project plan scoring framework.

Section I & II Score	# Projects Selected	Valuation	Eligible to Receive Portion of Unearned Funds?
60%	4	60%	No
	6	70%	Yes
	8	80%	Yes
80%	4	80%	No
	6	90%	Yes
	8	100%	Yes
100%	4	90%	No
	6	100%	Yes
	8	100%	Yes

For example: An ACH scoring a combined 80% on its Section I & II Project Plan and selecting 6 projects would receive 90% of its Year 1 Project Incentive maximum potential funding amount, and would be eligible to receive a portion of the funds unearned across all ACHs.

Questions?

TA Resource Calendar - July

Date	TA Session	Objectives
July 10	**Fund Flow Update (LC/OH) – Sarah Sullivan Codner / Joseph Ray**	Session is formatted as a presentation, with time for Q&A; goals are to share additional details on funding mechanics, explain the Financial Executor's role, review the project plan scoring methodology as it relates to funding.
July 17 (New)	**Certification Phase II (OH) – Alice Lam**	Session is formatted as "Office Hours," i.e., SME will be available to answer questions on Certification Phase II Template, requirements and expectations
July 17 (New)	**Stakeholder Engagement: Best Practices (LC) – Stephanie Anthony**	Session is formatted as a presentation, with time for Q&A; goals are to share leading practices from other state multi-stakeholder transformation activities and facilitate ACH peer learning
July 17	**Portfolio Planning Review for ACH staff (LC) – Lammot Du Pont**	Session will be formatted as a presentation with time for Q&A. It is a reprise of the June Convening session, **intended for ACH staff.** Presenter will review tools for effectively portfolio planning, including project process, resource and relationship mapping to aid in the development of Demonstration budgets and plans.
July 24	**VBP Update (LC/OH) – Hailey Davis / Joseph Ray**	Session is formatted as a presentation, with time for Q&A. Presenter will review an inventory of educational resources on VBP, help clarify the role of ACHs in supporting the transition to VBP and provide updates from recent MVP Action Team meetings
July 24	**DSRIP Calculator v2 Release (LC) – Joseph Ray**	TA team will release version 2 of 3 of the DSRIP Calculator. Functionality will allow ACHs to estimate DY1 funds based on Project Plan score assumptions.
July 31 (New)	**Review of Final Project Plan Application (LC) – Alice Lam**	Session will be formatted as a presentation with time for Q&A. Presenter will review updates to the Project Plan Template and review scoring methodology to ensure ACHs understand final requirements
July 31 (New)	**DSRIP Calculator v2 (OH) – Joseph Ray**	Session is formatted as "Office Hours," i.e., SME will be available to answer questions on DSRIP Calculator and Funds Flow.

TA Resource Calendar - August

Date	TA Session	Objectives
Aug 1	**Governance Best Practices for ACH Board Members: CoI (LC) – Helen Pfister**	Session is formatted as a presentation, with time for Q&A and will be geared towards ACH Board members. Presenter will review guidance on leading practices for effective governance as it relates to managing conflicts of interest and decision-making processes.
Aug 7	• **Funds Flow Update (including Review of Funding Allocation Methodologies) &** • **Review of Fund Distribution Tabs of ACH Project Plan Supplemental Data Workbook (LC/OH) - Joseph Ray**	Session is formatted as a presentation, with time for Q&A. Presenter will review new information on funds flow, discuss funding allocation methodologies for ACH consideration, and will review the work book requirements for the project plan application.
Aug 16	**Project Planning Office Hours (OH) – Lammot Du Pont**	SME will be available to address questions regarding project planning.
Aug 21	**Tribal Engagement: Show Case & Office Hours with HCA liaisons (LC/OH)**	Session is formatted as presentation followed by office hours. OCH will present their work and lessons learned from their tribal engagement activities. HCA Tribal liaisons will be available for questions.
Aug 21	**DSRIP Calculator v3 (OH) – Joseph Ray**	The presenter will walk through the 3rd and final version of the DSRIP Calculator. Version 3 of the DSRIP calculator builds on top of V2 of the calculator and will allow ACHs to calculate the estimated project incentive funds they can expect to receive in DSRIP years 2 through 4 based on input assumptions regarding their semi-annual performance progress and outcome targets.
Aug 28 (New)	**Opioid Intervention Framework – David J. Tauben & Mark Stephens**	The presenters will provide an overview of the Six Building Blocks framework for addressing opioid overuse; there will be time for Q&A.
Aug 28	**Placeholder Workforce – Sample Project Response (LC) (Proposed)**	Session format TBD, more details forthcoming