Call for Partners Info Session - May 25, 2018
Q & A with Liz Baxter, North Sound ACH Executive Director

Q: Will planning money be paid upfront or after the fact?

A: After the fact

Q: Will a partner be told how much money they will receive?

A: Partners will be told how amount will be determined, but how much.

Q: Are we receiving referrals from ACH? If so, can we set our own criteria due to our service access limitations?

A: We are not giving referrals or addressing anything to do with eligibility of services. (See later question: *How is eligibility for particular services determined for clients?*

Q: Can we request additional funds for staff capacity to coordinate ACH activities?

A: Not initially. Asking about staff capacity will be part of organizational assessment and individual implementation plan—that's how we will get that information. How we provide funds will be part of scoring methodology on what people earn. Outside of a Pathways agreement, others are not paying based on a budget, but on how funds are earned. Once earned, organizations can use however they see fit. Earnings for completing part 2 can be used to support FTE.

Q: Who is the ultimate coordinating entity to ensure all eligible partners in a region are participating? How would an entity (like a local government that is ultimately responsible for public safety-net and health outcomes) ensure that all the appropriate partners are participating and there are not service gaps or populations of people who are being underserved?

A: We're casting a large net. We sent this Call to Partners to our entire email list (900 addresses) and have asked recipients to share within their networks. We don't have a list of targeted organizations. We aren't able to ensure all participants are taking part, it's up to potential partners to apply – please share.

Q: Who determines if a partner is the appropriate lead in a community for a project? How is that "lead" role being determined and by whom? What if a partner proposes doing or expanding work into an area that they are currently not performing well in, but another project partner is better at servicing?

A: If there are multiple organizations working on an effort in a region, we're likely going to default to have those partners get together to decide who played a lead role. We're identifying partners who want to contract with the ACH. Organizations can coordinate with smaller organizations and take responsibility for their work and payments, or smaller organizations and apply on their own. How the initiatives are operationalized is a decision that happens among the partners that work with us this summer, both on their individual implementation plans, and for our regional implementation plan.

Q: What model do you intend to use for the distribution of waiver dollars that shows how a funded project would address the specific goals for the waiver dollars, and how the project would achieve the state and region's metrics?

A: We have a board of directors, and our board approved our funds allocation strategy for 2018. The board will meet again end of June to talk about the formula we're going to use for the second half of the payment in 2018. By August, the board will hopefully approve the strategy for how we'll be approving payments for 2019 and beyond, which are the implementation years for the Medicaid Transformation Project. There will be criteria, some scoring, everything will be public. We don't have the weighted scoring methodology finalized, but it will be there in June and August. The way we know that we're hitting our scores and metrics, is that every participating provider has to agree to report on their progress and certain deliverables via the reporting portal. Everything that will trigger payment will be lined out in a scope of work. Partners will have to report both what they commit to (individual implementation plans this summer) and the progress on that work is what will trigger payments.

Q: How will you ensure full geographic coverage of services when some agencies provide geographically isolated services?

If our organization works in multiple ACH regions (i.e. North Sound and King) - should we become partners with both ACHs?

A: We have a unique region, Everett versus rural communities, separation by bodies of water…this question of region-wide versus local, place-based initiatives has been a tension point for the ACH. Our initial goal is not to launch things that are region-wide.

The way the Medicaid Transformation is set up, is that all the initiatives start with a target population, we figure out what works, then in 2019 or 2020 we have strategies to scale and sustain those initiatives. Last summer, as we put together our Project Plan, one of the pieces of our framework was to ensure the strategies that we do in this focus phase, that we have things that are tried in various places across the region, with a bias: that not everything that works in a metro area will work in a smaller part of the region, but most things that work for a smaller part of the region can be scaled up to work in a metro area. Our goal is that we have things that are happening in rural and remote areas in the five counties, as well in the more populated cities.

If an organization is interested in partnering with more than one ACH, they will need to respond to the call for partners for each ACH. They don't have to sign multiple master service agreements, however (just accept an additional invite in the portal once the new ACH adds the organization). Once you sign the master service agreement, you have the ability to partner with any ACH in the state. An individual scope of work or participant agreement would be ACH specific.

Q: How is eligibility for particular services determined for clients (other than Medicaid enrollment)?

A: We are not touching the eligibility question. What our partnering providers do is their decision. What we're asking is providers who work with whatever is the population of the a particular initiative, that they're reporting back to us what is happening with the population. We're not asking the organizations working with us to change their current eligibility, their current approach. We're hoping to reach partners that work with the population we're starting with; we're not setting eligibility.

Q: What kind of specific reporting and tracking requirements are involved for services delivered? what are estimates of time needed to execute paperwork?

A: As frustrating as it might be, some of this we don't have an answer to. It's going to be determined by the partners who develop the individual implementation plans and help us with our regional implementation plan. We're hoping to minimize the amounts of things that require paper; we're going to be utilizing a reporting portal. There will be some online reporting, some Survey Monkey reporting. We'll be asking our partners to take part in trainings on tribal sovereignty and tribal governance, take part in equity training—we will track participation in that. But the reporting depending on the type of partner and what's being implemented. It will vary, but we'll have details of that by the time we submit our implementation plan on October 1.

Q: How much staff time can we expect will need to be dedicated to training for reporting and tracking protocols?

A: We will provide training on the reporting portal, hopefully that won't take more than an hour or so. As we look at what that scoring and weighting formula is, we're considering the size of organization, level of workforce, what your core infrastructure is for any individual provider.

Q: What are the protocols in place to protect client confidentiality?

A: The only project that the ACH is a part of that we're looking at HIPPA compliance, is Pathways. We'll be running a HUB that has certain levels of patient information in it. For the other initiatives, we're not going to be looking at individual patient data here at the ACH. For part 2 of the application process (July), we're going to be asking questions about health information exchange, health information technology, capacity, finding out the answers to those questions about how you handle data, share data. But no client information will be shared with the ACH.

Q: If interested in Pathways, when is that application available?

A: It's available now on our website. Anyone interested in Part 1 but interested in being one of the care coordination agencies under the Pathways initiatives, there is a separate set of questions released. You still have to complete Part 1 of the application, the Call for Partners AND the Pathways supplement application. (now on our website).

Q: I see that "Education Organization" is listed under organizations. Could you please give us your thoughts as to how these organizations have the potential to be an ACH partner?

Can you say more about how community-based organizations fit into some of your work? many of these strategies feel largely clinical in scope.

A: The measures and metrics we are being held accountable to, a lot of the front-end, pay-for-reporting, may feel clinical in nature, but they're really about how our region is moving to a transformed delivery system. We need responses for clinical and non-clinical partners. The years we're paid for outcomes, pay-for-performance, many of them are measured in the clinical setting. The challenge is that we're not going to get to change those outcomes without the participation of the community organizations. Often issues

don't have to do with clinical, they're about housing, transportation, nutrition. We're not going to hit the clinical outcomes if we don't do that. "health happens where you live, learn, work and play." We need to have these partners for what we're putting together in strategies.

If you had this Call for Partners in front of you, and you're looking at our initiatives, we also have an initiative that bleeds across all the others. We think of them as "Capacity building", Foundational core services, some of that has to do with workforce, some HIE, HIT, so we're looking for education in two ways: workforce training, capacity building efforts. The second is where education overlaps with community-based organizations: school-based health clinics, educational providers who are also providing some community and social services to children and their families. We want to make sure that anyone across the region who is working with these initial populations of focus has the ability to come into the project.

Q: How many full-time employees will we need to add to do this?

A: The Part 2 of the application will be asking some questions about your current workforce, what are your workforce and training needs, how you approach things like eligibility and serving who you do. That will be part of the next portion. As we move to some of the pieces required of partners over the summer, you will also be asked to come up with an individual implantation plan. We will be asking each partner, "what can you commit to?" on a detailed level. That will take time, and by various members of staff. The second payment and how we are building will be a reflection of the amount of time it will take to do the assessment and that individual plan.

To clarify: These are not grant funds. We are not asking for proposals. Partners need to be clear that if you are adding additional staff, and using these funds to help to support the front-end of that, you would need to have a plan of how you would sustain it. That would be a piece of your individual implementation plan. What we want to avoid, is that we end up in these five counties with a blip in services, then in 2.5 years, everyone is wondering how they're going to continue to fund these services, and they go away. We are looking to leverage and build upon the work that is happening, to try and help partners figure out some of those sustaining strategies. Everyone needs to walk into this knowing this is a short-term investment to help an organization move in the direction they'd like to. For some of these foundational strategies, that might include helping with some workforce build-up, but it would not be a sustaining source of revenue. There may be things we pay partners to help us with, capacity-building across the region, etc. We may be able to do additional contracts for that as well, to learn from others.

Q: What's the expected process of linking the planners and 2019 implementers? Is it assumed that even if not official partners, that 2019 implementers need to be involved in planning activities with the planning organization?

Can you say more about how the partners you bring to the table in 2018 is going to be different than 2019 and beyond?

A: As we were looking at our funds allocation strategy, what kept tripping us up was how partners were going to be paid for these projects. We decided to structure it as 2018, and 2019 and beyond. We have this 2018 strategy, and in August the board will vote on the subsequent strategy. We are not working on the assumption that every partner who is part of the work we're doing, is going to be an implementing partner. We also don't assume that we've found all our implantation partners. We have the ability to add partners through the Medicaid Transformation project. This intense time of developing implementation plans will tell us who is missing from the table, then will need to have our staff do outreach.

Q: What is the purpose of the question, "Does your organization have the current capacity to implement significant changes?"

A: If an organization is staffed in such a way that you can't take on the training or workforce changes to implement the strategies, this may not be the right fit for your organization. We are looking for partners who have the capacity to do things differently, are willing to make significant changes, and don't want to assume that is everyone. If you are committed to change but have obstacles or barriers you'd like us to consider, please add additional pages if you want to explain.

Clarification of criteria: You must be signed up in the Financial Executor's portal, be providing services in the North Sound region, be committed to serving people on Medicaid, and make a commitment to improving health equity. Your organization must be working in at least one of the initiative areas, and working with at least one of the populations we're working on. You need to have staff that can work with us on this over 4-6 months. The work over the summer is in three buckets: a much more detailed, longer organizational assessment, an assessment tool that's a HIT/HIE assessment, and a very detailed individual implementation plan. Every partner will be asked to complete that individual implementation plan, and help the ACH complete the regional implementation plan (due October 1).

Q: When will partners be chosen and what are the steps afterward? (trainings, commitment to meetings, etc.).

A: Deadline to submit application is June 21 (same deadline for the CCAs supplement). We hope to get through review in the week after. Our approach is to cap dollars, not the partners. Any partner who applies and meets the criteria, we will pay. We will know the number of partners at the end of June and communicate to the partners about the payment (first payment considered a stipend, between $20k-40k). Partnering providers will then get next step that will be due, with staggered deadlines. We will know how payments will occur and the amounts by end of June (after board meeting).

Suggestions for application: Strongly suggest that if anyone has questions about specific strategies, that you review our Project Plan Template, especially the areas you're interested in, and see the data that's supporting it, how we were thinking about each of the areas, what challenges we thought we'd encounter, etc. We hope people are going back and reading the information, so we shift from the notion that we're waiting for people to submit proposals—we have a lot in writing already around the strategies that were laid out. We are not starting with a blank slate. Get familiar with Heather Washington, do your research about what we're asking in the attestations, so you're walking into this with eyes wide open.

Encourage the sharing of this Call for Partners, far and wide!