Accountable Communities of Health
Phase II Certification Submission Drafting Guidance
July 31, 2017

The below drafting guidance is intended for ACHs to use as they prepare their Phase II Certification submissions. It provides pointers for crafting a robust answer to each question.

As you may recall, Phase I was described as the "Tell Me" Phase, in which ACHs were asked to share their plans for developing their capabilities to serve as the regional lead entity and single point of accountability for Medicaid Transformation. Phase II is the "Show Me" Phase, in which the ACHs are asked to demonstrate steps taken to build those capabilities. To that end, ACH are encouraged to provide concrete examples of steps taken and describe how those steps will advance their broader vision.

Although the submission deadline is not until August 14, 2017 at 3 PM, ACHs are encouraged to work on their certification submissions early, and share them with their Regional Coordinators (RCs) so that the RCs can identify any major issues with the submission and provide meaningful feedback. The RCs will be positioned to check for the minimum requirements, and provide guidance on how to strengthen the application. We strongly encourage ACHs to establish an interim review deadline with their RC.

As noted in the Phase II Certification Submission Amended Template, a few HCA reviewers will each independently review an ACH's entire certification submission. A few additional HCA Subject-Matter Experts (SMEs) will also independently review and provide scoring input on specific categories, so ACHs should not assume reviewers will have read other sections, and should craft answers in each category to stand alone. Additionally, reviewers will be familiar with ACH scores from Phase I, but will not review Phase I submissions in advance or in parallel to reviewing Phase II submissions. For those questions that request "updates since Phase I" ACHs should therefore provide a very brief recap of the status at Phase I to provide context for the updates (For instance, "In Phase I, we stated that we would . . . . Since then, we have done . . ."). This approach will help the ACH prepare for the Project Plan Submission, which will be reviewed and scored by an Independent Assessor, who will not be familiar with the ACH, prior Certification submissions, or other background documents. ACHs that received a score of 1 or 3 in any category in Phase I Certification are particularly encouraged to focus on these updates.

When conducting the qualitative review and scoring for Phase II Certification submissions, HCA reviewers will evaluate the following, as noted in the Phase II Certification Submission Amended Template:

- **Completeness** – Responds to all parts of the question, and required attachments provide all information requested and support narrative responses
- **Clarity** – Articulates clear answers to the question
- **Specificity and Detail** – Provides a level of depth in information that conveys thoughtful and meaningful efforts and evolving capacity, e.g., articulates key steps, considerations, timing, accountability; cites examples of progress/achievements

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- **Logic** – Provides rationale between the strategy/process/mechanism and the intended impact

Theory of Action and Alignment Strategy – 10 points
Description Provide a narrative describing the ACH's regional priorities and how the ACH plans to respond to regional and community priorities, both for the Medicaid and non-Medicaid population. Describe how the ACH will consider health disparities across 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. Identify and address any updates/improvements to the ACH's Theory of Action and Alignment Strategy since Phase I Certification. Provide optional visuals if helpful to informing the narrative; visuals will not count toward the total word count.
Instructions **Provide a response to each question.** *Total narrative word-count for the category is up to 1,250 words.*
ACH Strategic Vision and Alignment with Healthier Washington Priorities and Existing Initiatives
1. **Define a clear and succinct region-wide vision.**
Articulates overall focus, key aims and long term goals and objectives and identifies linkages to and support of the Healthier Washington priorities *Conveys understanding of "what will be different if ACH is successful"* *Creates a logical link to the long-term goals and measurable objectives* *Addresses potential role for ACH beyond DY5*
2. **Summarize the health care needs, health disparities, and social risk factors that affect the health of the ACH's local community.**
Describes needs, disparities, and social risk factors specific to the ACH region *Discusses the key variables, inputs, and considerations that will affect the ability to address the community's needs*
3. **Define your strategies to support regional healthcare needs and priorities.**
Describes specific existing and planned activities and programs *Discusses how the strategies will address the healthcare needs and priorities*

4. Describe how your project selection approach addresses the region-wide needs and priorities.
Describes the various criteria used to inform project selection, including regional needs and community health priorities

5. Explain how you will align existing and planned resources and activities into a region-wide strategy, including complementary projects, community resources and other investments.
Describes systematic approach for alignment of existing and planned resources, including inventorying existing resources to help identify complementary projects, community resources and other investments
Specifies action steps, timing, and points of accountability for carrying out alignment approach

6. Describe the interventions and infrastructure investments that will potentially be shared or reused across multiple projects.
Clearly summarizes and provides key details of the interventions/activities and infrastructure capabilities (e.g., population health data systems, health IT, workforce) and logically describes why specific ones will be shared or reused.

Attachment(s) Recommended
A. Logic model(s), driver diagrams, tables, and/or theory of action illustrations that visually communicate the region-wide strategy and the relationships, linkages and interdependencies between priorities, key partners, populations, regional activities (including workforce and population health management systems), projects, and outcomes.
Note: These documents are intended to reflect the thought process that the ACH went through to define a vision for transformation that is grounded in community needs and tied to the broader Healthier Washington objectives, and to define how it will align its activities and resources to advance this vision in an efficient manner.

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Governance and Organizational Structure – 10 points
Description
Provide a description on the evolution of the governance and organizational structure of the ACH. Identify and address any updates/improvements to the ACH's Governance and Organizational Structure since Phase I Certification. Visuals can be used in this section to inform the narrative and will not count toward the total word count.
Instructions
Complete the attestations and provide a response to each question. *Total narrative word-count for the category is up to 1,000 words.*
ACH Attestation(s)
ACH has secured an ACH Executive Director. ☐ **YES**
ACH has been established as a legal entity with an active contract with HCA to serve as the regional lead entity and single point of performance accountability for DSRIP transformation projects. ☐ **YES**
ACH Structure
1. **Describe the ACH's sector representation approach in its governance structure. Describe how the ACH is interacting with particular sectors across the region (e.g., primary care, behavioral health, etc.), and how those sectors are engaging with the decision-making body.**
Describes deliberative process undertaken by ACH for identifying sectors to be represented in its governance, including how it weighed participation and identified appropriate sector representative *Describes and provides concrete examples of how sectors engage with the ACH decision-making body* *Describes ACH's expectations for how sector representatives engage with the rest of their sector* *Provides concrete examples of how sector representatives communicate with others in their sector and bring the voice of the entire sector (not just their organization) to the governance table*
2. **If applicable, provide a summary of any significant changes that have occurred within the governance structure (e.g., composition, committee structures, decision-making approach) since Phase I Certification, including rationale for those changes.** *(Enter "not applicable" if no changes)*
Briefly recaps status at Phase I Certification

Summarizes any significant changes to the governance structure, including its composition, committee structure, and decision-making approach, since Phase I Certification
Provides clear logic/rationale for any significant changes
Note: If an ACH received a 1 or 3 in this category in Phase I Certification, the ACH is particularly encouraged to focus on showing progress on this question

3. Discuss how personal and organization conflict of interest concerns are addressed within the ACH, including considerations regarding the balanced and accountable nature of the ACH decision-making body to directly address identified conflicts.
Provides concrete examples of personal and organization level conflict of interest that the policy is intended to address
Specifies procedures for identifying and mitigating personal and organizational conflicts in a timely manner

Staffing and Capacities

4. Provide a summary of staff positions that have been hired or will be hired, including current recruitment plans and anticipated timelines.
Clearly identifies staffing – current and planned to support demonstration activities
Provides clear logic/rationale for staffing and recruitment
Specifies action steps, timing, and points of accountability for recruitment

Attachment(s) Required

A. Copies of charters for committees and workgroups that outline purpose, members, responsibilities, and scope.
B. Conflict of interest policy.
C. Draft or final job descriptions for all identified positions or summary of job functions.
D. Short bios for all staff hired.

Attachment(s) Recommended

E. Sector representation policy describing any agreements or expectations for decision-making body members to communicate with and engage partners within a defined sector.
F. Revised visual/chart of the governance structure, if there have been significant changes since Phase I Certification.
G. Revised organizational chart that outlines current and anticipated staff roles to support the ACH, if there have been significant changes since Phase I Certification.

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Tribal Engagement and Collaboration – 10 points
Description Provide a narrative describing specific activities and events that further the relationship and collaboration between the ACH and Indian Health Service, tribally operated, or urban Indian health program (ITUs), including progress on implementing the requirements of the previously adopted Model ACH Tribal Collaboration and Communication Policy or other unanimously agreed-upon written policy. Identify and address any updates/improvements to the ACH's Tribal Engagement and Collaboration since Phase I Certification.
Instructions **Provide a response to each question.** *Total narrative word-count for the category is up to 1,000 words.*

Collaboration
1. **Provide an update on the ACH efforts described in Phase I Certification, particularly for any next steps identified.**
Briefly recaps status at Phase I Certification *Identifies specific activities and events ACH has undertaken to further tribal engagement and collaboration since Phase I Certification* *Discusses progress in adopting or implementing requirements of Model ACH Tribal Collaboration and Communication Policy since Phase I Certification* *If challenges in engaging ITUs were identified in Phase I Certification, discusses barriers/challenges and identifies efforts that ACH has undertaken to meaningfully engage with ITUs*
2. **If applicable, describe any opportunities for improvement that have been identified regarding the Model ACH Tribal Collaboration and Communication Policy and how the ACH intends to address these opportunities.** **(Enter "not applicable" if no changes)**
Briefly recaps status at Phase I Certification *Defines any opportunities for improvement that were identified regarding the policy and provides concrete examples of how the ACH has addressed or intends to address those opportunities* *Note: If an ACH received a 1 or 3 in this category in Phase I Certification, the ACH is particularly encouraged to focus on showing progress on this question*
3. **Demonstrate how ITUs have helped inform the ACH's regional priorities and project selection process to date.**
Provides specific examples/areas of how ITU input has been incorporated in project selection process to date

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Board Training
4. Demonstrate the steps the ACH has taken since Phase I Certification to ensure the ACH decision-making body receives ongoing training on the Indian health care delivery system, with a focus on the local ITUs and on the needs of both tribal and urban Indian populations. Identify at least one goal in providing ongoing training in the next six months, the steps the ACH is taking to achieve this goal and the timing of these steps.
Demonstrates progress in training of ACH decision-making body since Phase I Certification   *Articulates training goal and area of focus, with specific timing, action steps, points of accountability*

Attachment(s) Required
A. Demonstration of adoption of the Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes, or other evidence. Highlight any modifications that were agreed to by all required parties.   B. Bio(s) for the representative(s) of ITUs seated on the ACH governing board.
If you do not have an ITU representative on the governing board, please attach a description of the efforts made to fill the seat.

Attachment(s) Recommended
C. Statements of support for ACH certification from every ITU in the ACH region.

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Community and Stakeholder Engagement – 10 points
Description
Provide a narrative that describes current and future efforts regarding community and stakeholder engagement and how these actions demonstrate inclusion of and responsiveness to the community. Identify and address any updates/improvements to the Community and Stakeholder Engagement category since Phase I Certification.
Instructions
Complete the attestations and provide a response to each question. *Total narrative word-count for the category is up to 2,000 words.*
ACH Attestation(s)
ACH has convened and continue to convene open and transparent public meetings of ACH decision-making body for discussions and decisions that pertain to the Medicaid Transformation demonstration. ☐ **YES**
Meaningful Community Engagement
1. **What strategies or processes have been implemented to address the barriers and challenges for engagement with community members, including Medicaid beneficiaries, identified in Phase I Certification? What are the next steps the ACH will undertake to continue to address remaining barriers and challenges? If applicable, discuss any new barriers or challenges to engagement that have been identified since Phase I Certification and the strategies or processes that have been implemented to address them.**
Articulates barriers and challenges for engagement with community members *Identifies and provides concrete examples of strategies and processes and provides clear logic/rationale for how these strategies and processes are intended to achieve meaningful engagement* *Specifies action steps, timing, and points of accountability for strategies and processes* *Describes how the ACH defines successful engagement, including the indicators it will look to for feedback* *Illustrates progress in addressing barriers and challenges by timely implementation of strategies and processes and tangible results in engagement with community members* *Identify any new barriers and challenges to engagement since Phase I Certification* *Specifies examples of strategies and processes that have been implemented to address barriers and challenges*

Note: If an ACH received a 1 or 3 in this category in Phase I Certification, the ACH is particularly encouraged to focus on showing progress on this question
2. Describe any success the ACH has achieved regarding meaningful community engagement.
Provides concrete examples of successful engagement, including definition of indicators of success. If the ACH has not initiated community engagement efforts or has not been successful, describes what indicators it will look to or looked to inform engagement activities
3. In the Project Plan, the ACH will be required to provide evidence of how it solicited robust public input into project selection and planning, including providing examples of at least three key elements of the Project Plan that were informed by community input. Demonstrate how community member/Medicaid beneficiary input has informed the project selection process to date. How does the ACH plan to continue to incorporate community member/Medicaid beneficiary input meaningfully on an ongoing basis and meet the Project Plan requirement?
Identifies mechanism(s) for securing community member input, including specifically how ACH ensures Medicaid beneficiary input
Provides clear logic/rationale for how these mechanisms allow for meaningful engagement and consideration of community input by ACH
Provides specific examples/areas where community member input has been incorporated in project selection process to date
Partnering Provider Engagement
4. What strategies or processes have been implemented to address the barriers and challenges for engagement with providers (clinicians, social service providers, community based organizations and other people and organizations who serve Medicaid beneficiaries) identified in Phase I Certification? What are the next steps the ACH will undertake to continue to address remaining barriers and challenges? Discuss any new barriers or challenges to engagement that have identified since Phase I Certification and the strategies or processes that have been implemented to address them.
Articulates barriers and challenges for engagement with partnering providers
Considers the broader network of necessary partners (clinicians, social service providers, community based organizations and other people and organizations who serve Medicaid beneficiaries) to implement projects and accomplish ACH priorities
Identifies strategies and processes and provides clear logic/rationale for how these strategies and processes are intended to address barriers and challenges
Specifies action steps, timing, and points of accountability for strategies and processes
Illustrates progress in addressing barriers and challenges. Describes tangible results in engagement with partnering providers
Identify any new barriers and challenges to engagement since Phase I Certification

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Specifies examples of strategies and processes that have been implemented to address barriers and challenges
Note: If an ACH received a 1 or 3 in this category in Phase I Certification, the ACH is particularly encouraged to focus on showing progress on this question
5.   Describe any success the ACH has achieved regarding partnering provider engagement.
Provides concrete examples of successful engagement, including definition of indicators of success. If the ACH has not initiated partnering provider engagement efforts or has not been successful, describes what indicators it will look to or looked to inform engagement activities
6.   Demonstrate how provider input has informed the project planning and selection process to date, beyond those provider organizations included directly in the ACH governance structure. *(Note: In the Project Plan, the ACH will be required to identify partnering organizations and describe how it secured the commitment of partnering providers who: cover a significant portion of the Medicaid population, are critical to the success to the project, and represent a broad spectrum of care and related social services.)*
Identifies mechanism(s) for securing partnering provider input
Provides clear logic/rationale for how these mechanisms allow for meaningful engagement by partnering providers
Provides specific examples/areas where partnering provider input has been incorporated in project selection process to date
Articulates how partnering provider input will be incorporated in the ongoing project development process
Transparency and Communications
7.   Demonstrate how ACH is fulfilling the requirement for open and transparent decision-making body meetings. When and where does the ACH hold its decision-making body meetings (for decisions that concern the demonstration)?
Identifies mechanisms for open and transparent decision-making body meetings
Describes public notification process, frequency, and location of decision-making body meetings that allow for broad participation
8.   What steps has the ACH taken to ensure participation at decision-making meeting? (i.e., rotating locations, evening meetings for key decisions, video conference/webinar technology, etc.) Are meeting materials (e.g. agenda and other handouts) posted online and/or e-mailed in advance?
Identifies clear mechanism(s) for ensuring broad participation
Provides clear logic/rationale for how these mechanism(s) ensure broad participation
Describes availability and access of meeting materials, including timing of release and dissemination vehicles

9. Discuss how transparency has been handled if decisions are needed between public meetings.
Identifies clear mechanism(s) for ensuring transparency in decision-making between meetings
Provides clear logic/rationale for how these mechanisms ensure transparency

10. Describe the ACH's communications strategy and process. What communication tools does the ACH use? Provide a summary of what the ACH has developed regarding its web presence, including but not limited to: website, social media and, if applicable, any mobile application development.
Defines communication strategy and process and provides clear logic/rationale for how the strategy and process facilitates awareness and understanding of ACH activities
Specifies action steps, timing, points of accountability for strategy and process
Discusses meaningful use of website, electronic mail, and social media and estimated number of people reached

Attachment(s) Required

A. Meeting minutes or meeting summaries for the last three decision-making body meetings and screenshot capturing distribution of meeting minutes/summaries (e.g., email distribution, website post).

B. List of all public ACH-related engagements or forums for the last three months.

C. List of all public ACH-related engagements or forums scheduled for the next three months.

D. Evidence of meaningful participation by community members. Examples include: attestation of meaningful participation by at least one Medicaid beneficiary, meeting minutes that memorialize community member attendance and comments, and solicitation for public comment and ACH response to public comments.

E. Attestation of meaningful participation from at least three partners from multiple sectors (e.g., managed care organizations, Federally Qualified Health Centers, the public health community, hospitals, primary care, and behavioral health) not participating directly on the decision-making body.

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<table>
<tr><td colspan="2" style="background:#3d7b93;color:white">Budget and Funds Flow – 15 points</td></tr>
<tr><td colspan="2">

<u>Description</u>

Design funding is designed to ensure ACHs have the resources necessary to serve as the regional lead for Medicaid Transformation. Provide a description of how design funding has been used to date to address capacity and staffing needs and ensure successful Project Plan development. Through required Attachment C, provide a projected Phase II Project Design fund budget over the course of the demonstration.

ACH oversight of project incentive payments will be essential to the success of the demonstration. Summarize preliminary plans for funds flow and incentive payment distribution to partnering providers.

Identify and address any updates/improvements to the ACH's Budget and Funds Flow since Phase I Certification.
</td></tr>
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<u>*Instructions*</u>

Complete the attestations and provide a response to each question. *Total narrative word-count for the category is up to 1,500 words.*
</td></tr>
<tr><td colspan="2" style="background:#6b8e3d;color:white">ACH Attestation(s)</td></tr>
<tr><td colspan="2">

ACH has secured the primary decision-making body's approval of detailed budget plan for Project Design funds awarded under Phase I Certification

☐ **YES**

Date of Approval: _____
</td></tr>
<tr><td colspan="2">

ACH has secured the primary decision-making body's approval of approach for projecting and budgeting for the Project Design funds anticipated to be awarded under Phase II Certification

☐ **YES**

Date of Approval: _____
</td></tr>
<tr><td colspan="2" style="background:#6b8e3d;color:white">Project Design Funds</td></tr>
<tr><td colspan="2">

1. **Discuss how the ACH has used Phase I Project Design funds. Provide percent allotments in the following categories: ACH Project Plan Development, Engagement, ACH Administration/Project Management, Information Technology, Health Systems and Community Capacity Building, and Other.**
</td></tr>
</table>

Provides current thinking on ACH's approach to Phase I Project Design funds
Note: This approach, including the percent allotments by category, can be preliminary and subject to further refinement
Note: If an ACH received a 1 or 3 in this category in Phase I Certification, the ACH is particularly encouraged to focus on showing progress on this question.
2.   Describe how the ACH plans to use Phase II Project Design funds to support successful Project Plan development.
Provides clear logic/rationale for use of Phase II Project Design funds in supporting Project Plan development
Note: This approach can be preliminary and subject to further refinement
3.   Describe what investments have been made or will be made through Project Design funds in the following capacities: data, clinical, financial, community and program management, and strategic development.
Provides current thinking on ACH's approach to Phase I and Phase II Project Design funds
Note: This approach can be preliminary and subject to further refinement
Note: If an ACH received a 1 or 3 in this category in Phase I Certification, the ACH is particularly encouraged to focus on showing progress on this question
4.   Describe the process for managing and overseeing Project Design fund expenditures.
Defines clear process for management and oversight of Project Design funds, including decision-making body review and approval
Provides clear logic/rationale for how this process provides for appropriate controls and ensures management and oversight of Project Design funds
Incentive Fund Distribution Planning
5.   Describe the ACH's Project Incentive fund planning process to date, including any preliminary decisions, and how it will meet the Project Plan requirement. *(Note: In the Project Plan, the ACH will be required to describe how Project Incentive funds will be distributed to providers.)*
Describes how ACH is thinking about its funding and allocation methodology and what steps it has taken to date for Project Incentive fund planning
Relationship to Other Funds and Support
6.   Describe any state or federal funding provided to the ACH and how this does or does not align with the demonstration activities and funding (e.g., state and federal funds from SIM, DOH, CDC, HRSA).
Identifies sources of state and federal funding
Identifies how state and federal funding aligns or does not align with demonstration activities

7. **Describe what investments (e.g., convening space, volunteer positions, etc.) have been made or will be made for the demonstration through in-kind support from decision-making body/community members in the following capacities: data, clinical, financial, community and program management, and strategic development.**

Identifies planned or secured in-kind support from decision-making body

Demonstrates efforts to leverage in-kind support of time/resources beyond time spent at meetings

Attachment(s) Required

A. **Bio or resume for the Chief Financial Officer (CFO) or equivalent person responsible for ACH financial functions.**

B. **Financial Statements for the previous four quarters. Audited statements preferred. If an ACH does not have four quarters of financial statements available, provide as many as possible.**

C. **Completed Phase II Project Design Funds Budget Template, which includes Projected Project Design fund budget over the course of the demonstration, additional funding sources, and in-kind resources that the ACH expects to leverage to prepare their Project Plans and build the capacity and tools required to implement the Medicaid Transformation Project demonstration.**

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Clinical Capacity – 15 points
Description
Provide a summary of current work the ACH is undertaking to secure expertise and input from clinical providers. The ACH should describe strategies that identify and address gaps and make progress toward a redesigned system using statewide and regional education, workforce, and clinical systems partners. Identify and address any updates/improvements to the ACH's Clinical Capacity and Engagement since Phase I Certification.
Instructions
Provide a response to each question. *Total narrative word-count for the category is up to 1,250 words.*
Clinical Expertise
1. **Demonstrate how clinical expertise and leadership are being used to inform project selection and planning to date.**
Defines mechanism(s) for incorporating clinical expertise and leadership   *Provides clear logic/rationale for how these mechanisms allow for more informed/evidence-based project selection and planning*   *Provides specific examples/areas where clinical expertise and leadership input has been incorporated in project selection process to date*
2. **Discuss the role of provider champions for each project under consideration.**
Articulates the roles and responsibilities of provider champions   *Provides clear logic/rationale for particular provider champion type and project*
Clinical Input
3. **Demonstrate that input was received from clinical providers, including rural and urban providers. Demonstrate that prospective clinical partnering providers are participating in project planning, including providers not serving on the decision-making body.**
Provides specific examples/areas where clinical provider input has been received, representing both rural and urban providers (if applicable for geography)   *Defines mechanism(s) for incorporating prospective clinical partnering providers into project planning process and provides clear logic/rationale for how this mechanism(s) allows for more robust provider engagement*   *Provides specific examples of how clinical input has been incorporated to date*
4. **Demonstrate process for assessing regional clinical capacity to implement selected projects and meet project requirements. Describe any clinical capacity gaps and how they will be addressed.**

Defines process for assessing regional capacity for project implementation
Provides clear logic/rationale for how the process assesses regional capacity
Specifies action steps, timing, points of accountability for process
Describes progress to date
Identifies clinical capacity gaps and defines process for how they will be addressed
5.   Demonstrate how the ACH is partnering with local and state clinical provider organization in project selection and planning (e.g., local medical societies, statewide associations, and prospective partnering providers).
Defines mechanism(s) for partnering with local and state clinical provider organizations
Provides clear logic/rationale for how these mechanisms allow for robust engagement of local and state clinical provider organizations in project selection and planning
Provides specific examples of partnership to date (e.g., identify any support offered by local and state clinical provider organizations and for what purpose)
Attachment(s) Required
A.   Current bios or resumes for identified clinical and workforce development subject matter experts or provider champions. *Re-attach bio or resume even if previously provided in Phase I Certification. ACHs should also include any additional bios or resumes, if applicable.*

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Data and Analytic Capacity – 15 points
Description The ability to utilize regional data will be foundational to ACHs' success as part of the Washington Medicaid Transformation demonstration. From understanding regional health needs to project selection to project planning, ACHs will be expected to access, interpret, and apply data to inform their decisions and actions. The HCA has supplemented previously existing public data (e.g. Healthier Washington Dashboard, the Washington Tracking Network, and RDA data resources) with releases of regional population health and provider utilization data for ACH use. ACHs must identify additional, supplementary, data needs and determine, in consultation with HCA, which of those needs can be met by HCA within the timeline. ACHs will then need to detail plans to leverage data and analytics capabilities from their partner organizations (providers, CBOs, MCOs, other regional stakeholders) to further inform their decision-making. Provide a summary of how the ACH is using this data in its assessment of regional health needs, project selection, and project planning efforts.
Instructions **Provide a response to each question.** *Total narrative word-count for the category is up to 1,750 words.*
ACH Data and Analytic Capacity
1.   **List the datasets and data sources that the ACH is using to identify its regional health needs and to inform its project selection and planning process.**
Identifies state-provided data "RHNI" deliveries and any other data sources ACH has incorporated in its project selection and planning efforts to date
2.   **Describe how the ACH is using these data to inform its decision-making, from identifying the region's greatest health needs, to project selection and planning.**
Defines process for using and interpreting data to identify health needs and inform project selection and planning *Define process for sharing/socializing data with regional stakeholders involved in project selection and planning* *Provides clear logic/rationale for how this process allows for data-driven decision-making in project planning and selection*
3.   **Identify any data and analytic gaps in project selection and planning efforts, and what steps the ACH has taken to overcome those barriers.**
Identifies any data and analytic gaps in project planning and selection to-date

Defines any steps taken to overcome barriers

Data-related Collaborations
4. **Describe if the ACH is collaborating, or plans to collaborate, with other ACHs around data-related activities.**
Describes collaborative efforts to date and/or future plans and rationale.
5. **Describe to what extent to date the ACH is collaborating with community partners (e.g. providers, CBOs, MCOs) to collect data or leverage existing analytic infrastructure for project planning purposes.**
Defines process for collaborating with community partners to collect data to support project selection and planning
Defines process for leveraging existing analytic infrastructure through community partners for project selection and planning

Provider Data and Analytic Capacity
6. **Demonstrate the ACH's engagement process to identify provider data or data system requirements needed to implement demonstration project goals.**
Defines process for identifying provider data/data systems requirements to implementing Demonstration project goals
Provides clear logic/rationale for how this process allows for identification of provider data or data system requirements
Provides specific examples, if any, of how ACH has identified provider data or data system requirements to date
7. **Demonstrate the ACH's process to identify data or data system requirements needed to oversee and monitor demonstration project goals.**
Defines process for identifying HIT requirements to oversee and monitor projects
Provides clear logic/rationale for how this process allows for identification of HIT barriers
Provides specific examples, if any, of how ACH has identified HIT barriers to date
8. **Identify the ACH's process to complete a workforce capacity assessment to identify local, regional, or statewide barriers or gaps in capacity and training.**
Defines process for completing workforce capacity assessment
Provides clear logic/rationale for how this process will result in an aligned strategy for addressing gaps in capacity and training.
Specifies action steps, timing, points of accountability for process

Attachment(s) Required
None

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Transformation Project Planning - 15 points
Description Provide a summary of current transformation project selection efforts including the projects the ACH anticipates selecting.
Instructions ***Provide a response to each question.*** *Total narrative word-count for the category is up to 1,000 words.*

Anticipated Projects
1. **Provide a summary of the anticipated projects and how the ACH is approaching alignment or intersections across anticipated projects in support of a portfolio approach.**
Summarizes anticipated projects and status of project selection to date , including rationale *Defines process for alignment across projects and selection of projects as part of a portfolio* *Defines clear and logical project selection/prioritization factors and provides clear logic/rationale for how the anticipated projects complement and amplify each other*
2. **Describe any efforts to support cross-ACH project development and alignment. Include reasoning for why the ACH has, or has not, decided to undertake projects in partnership with other ACHs.**
Summarize any cross-ACH project development and alignment efforts *Defines clear and logical reasoning for why the ACH has, or has not, chosen to undertake projects with other ACHs*
3. **Demonstrate how the ACH is working with managed care organizations to inform the development of project selection and implementation.**
Defines process/mechanism for working with MCOs to inform project selection and implementation *Provides clear logic/rationale for how this process/mechanism aligns ACH and MCO transformation activities* *Provides specific examples of how ACH has worked with MCOs to date (and intends to work with MCOs in the future) to inform project selection and implementation*

Project Plan Submission
4. **What risks and mitigation strategies have been identified regarding successful Project Plan submission?**

Defines risks for not being able to submit a successful Project Plan
Defines clear strategies to mitigate those risks and how they have been implemented to date or will be implemented

5. Demonstrate how the ACH is identifying partnering providers who cover a significant portion of Medicaid beneficiaries.
Defines process/mechanism for identifying partnering providers that deliver services to a significant portion of Medicaid beneficiaries
Provides specific examples of how ACH has identified partnering providers delivering services to a significant portion of Medicaid beneficiaries to date

6. What strategies are being considered to obtain commitments from interested partnering providers? What is the timeline for obtaining these commitments?
Defines strategies under consideration for obtaining commitments from and criteria for prioritizing engagement with partnering providers
Specifies timing for obtaining commitments

7. Demonstrate how the ACH is ensuring partnering providers represent a broad spectrum of care and related social services that are critical to improving how care is delivered and paid for.
Defines process/mechanism for identifying and criteria for prioritizing engagement with partnering providers that represent a broad spectrum of care and related social services that are critical to improving how care is delivered and paid for
Provides specific examples of how ACH has identified partnering providers that represent a broad spectrum of care and related social services that are critical to improving how care is delivered and paid for to date

8. Demonstrate how the ACH is considering project sustainability when designing project plans. Projects are intended to support system-wide transformation of the state's delivery system and ensure the sustainability of the reforms beyond the demonstration period.
Defines process/mechanism for addressing sustainability of projects
Provides clear logic/rationale for how this process/mechanism will drive project sustainability

Attachment(s) Required
A. Initial list of partnering providers or categories of partnering organizations interested in or committed to implementing projects.

Accountable Communities of Health
Phase II Certification Submission Drafting Guidance
July 31, 2017

Attachments Checklist

Instructions: Check off each required attachment in the list below, ensuring the required attachment is labeled correctly and placed in the zip file. To pass Phase II Certification, all required attachments must be submitted. Check off any recommended attachments in the list below that are being submitted, ensuring the recommended attachment is labeled correctly and placed in the zip file.

Required Attachments	
Theory of Action and Alignment Strategy	
None	
Governance and Organizational Structure	
☐	A. Copies of charters for committees and workgroups that outline purpose, members, responsibilities, and scope.
☐	B. Conflict of interest policy.
☐	C. Draft or final job descriptions for all identified positions or summary of job functions.
☐	D. Short bios for all staff hired.
Tribal Engagement and Collaboration	
☐	A. Demonstration of adoption of the Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes, or other evidence. Highlight any modifications that were agreed to by all required parties.
☐	B. Bio(s) for the representative(s) of ITUs seated on the ACH governing board. *If you do not have an ITU representative on the governing board, please attach a description of the efforts made to fill the seat.*
Community and Stakeholder Engagement	
☐	A. Meeting minutes or meeting summaries for the last three decision-making body meetings and screenshot capturing distribution of meeting minutes/summaries (e.g., email distribution, website post).
☐	B. List of all public ACH-related engagements or forums for the last three months.
☐	C. List of all public ACH-related engagements or forums scheduled for the next three months.
☐	D. Evidence of meaningful participation by community members. Examples include: attestation of meaningful participation by at least one Medicaid beneficiary, meeting minutes that memorialize community member attendance and comments, and solicitation for public comment and ACH response to public comments.
☐	E. Attestation of meaningful participation from at least three partners from multiple sectors (e.g., managed care organizations, Federally Qualified Health centers, the public health community, hospitals, primary care, and behavioral health) not participating directly on the decision-making body.
Budget and Funds Flow	
☐	A. Bio or resume for the Chief Financial Officer (CFO) or equivalent person responsible for ACH financial functions.

☐	B.	Financial Statements for the previous four quarters. Audited statements are preferred. If an ACH does not have four quarters of financial statements available, provide as many as possible.
☐	C.	Completed Phase II Project Design Funds Budget Template, which includes Projected Project Design fund budget over the course of the demonstration, additional funding sources, and in-kind resources that the ACH expects to leverage to prepare their Project Plans and build the capacity and tools required to implement the Medicaid Transformation Project demonstration.

Clinical Capacity		
☐	A.	Current bios or resumes for identified clinical and workforce subject matter experts or provider champions. *Re-attach bio or resume even if previously provided in Phase I Certification. ACHs should also include any additional bios or resumes, if applicable.*

Data and Analytic Capacity		
None		

Transformation Project Planning		
☐	A.	Initial list of partnering providers or categories of partnering organizations interested in or committed to implementing projects.

Recommended Attachments		
Theory of Action and Alignment Strategy		
☐	A.	Logic model(s), driver diagrams, tables, and/or theory of action illustrations that visually communicate the region-wide strategy and the relationships, linkages and interdependencies between priorities, key partners, populations, regional activities (including workforce and population health management systems), projects, and outcomes. *Note: These documents are intended to reflect the thought process that the ACH went through to define a vision for transformation that is grounded in community needs and tied to the broader Healthier Washington objectives, and to define how it will align its activities and resources to advance the vision in an efficient manner.*
Governance and Organizational Structure		
☐	E.	Sector representation policy describing any agreements or expectations for decision-making body members to communicate with and engage partners within a defined sector.
☐	F.	Revised visual/chart of the governance structure, if there have been significant changes since Phase I Certification.
☐	G.	Revised organizational chart that outlines current and anticipated staff roles to support the ACH, if there have been significant changes since Phase I Certification.
Tribal Engagement and Collaboration		
☐	C.	Statements of support for ACH certification from every ITU in the ACH region.
Community and Stakeholder Engagement		

None
Budget and Funds Flow
None
Clinical Capacity
None
Data and Analytic Capacity
None
Transformation Project Planning
None