Washington State Medicaid Transformation Project (MTP) demonstration
Section 1115 Waiver Annual Report (DY 2) / Quarterly Report (DY 2 Q4)
Demonstration Year: 2 (January 1, 2018 to December 31, 2018)
Reporting Quarter: October 1, 2018 to December 31, 2018

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Introduction

On January 9, 2017, the Centers for Medicare & Medicaid Services (CMS) approved Washington State's request for a Section 1115 Medicaid demonstration waiver, entitled "Medicaid Transformation Project (MTP)." The activities are targeted to improve the system's capacity to address local health priorities, deliver high quality, cost-effective, whole-person care, and create a sustainable link between clinical and community-based services.

Over the five-year MTP period, Washington aims to:

- Integrate physical and behavioral health purchasing and service delivery to better meet whole-person needs.
- Convert 90 percent of Medicaid provider payments to reward outcomes instead of volume.
- Support provider capacity to adopt new payment and care models.
- Implement population health strategies that improve health equity.
- Provide new targeted services to support the state's aging populations and address key determinants of health.

The state will accomplish these goals through three programs:

- Transformation through Accountable Communities of Health (ACHs) and Delivery System Reform Incentive Payment (DSRIP) program.
- Long-term Services and Supports (LTSS) – Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA).
- Foundational Community Supports (FCS) – Community Support Services (CSS) and Supported Employment – Individual Placement and Support (IPS).

Healthier Washington

The Washington State Health Care Authority (HCA) manages the work of MTP under the banner of Healthier Washington, an initiative of Governor Jay Inslee's. Healthier Washington is a multi-sector partnership working to improve health, transform care delivery, and reduce costs. Under Healthier Washington, HCA partners with the departments of Social and Health Services (DSHS) and Health, and DSHS is the lead agency for the LTSS program.

Visit the Healthier Washington website to learn more.

Annual Report: Demonstration Year 2

In accordance with STC 76 and 42 C.F.R. § 431.428, this report summarizes the activities and accomplishments for the second year of MTP (DY 2). It documents accomplishments, project status, and operational updates and challenges. During DY 2, implementation activities for DSRIP, LTSS, and FCS began.

Visit the Medicaid Transformation webpage to learn more about HCA's Medicaid Transformation work.

Policy and administrative updates

Substance use disorder amendment approval

In July 2018, the state received approval of its 1115 waiver amendment to receive federal financial participation (FFP) for substance use disorder (SUD) treatment services, including short-term residential services provided in residential and inpatient treatment settings that qualify as Institutions of Mental Disease (IMD).

Transition of Division of Behavioral Health and Recovery to HCA

In House Bill 1388, the Governor requested the state align resources to support the integration of physical and behavioral health services for Apple Health (Medicaid) clients. The bill designates HCA as the state mental health authority. This authority extends to the Administration of the Involuntary Treatment Act, including community-based mental health services and substance use disorder (SUD) prevention and treatment. HB 1388 passed the Legislature during the 2018 session, and was signed into law.

On July 1, 2018, the Division of Behavioral Health and Recovery (DBHR) moved from DSHS to HCA. HB 1388 aligns the functions of three state agencies to improve services so consumers and providers can more effectively and efficiently navigate the system. This milestone supports the goals of MTP and the state's move toward coordinated, high quality and cost-effective care.

For more information about MTP updates, please refer to the Overall MTP development/issues section of this document.

Budget neutrality

HCA continues to respond to CMS requirements for budget neutrality monitoring, including adoption of the new budget neutrality monitoring tool in 2019. During DY 2018, HCA provided additional background and analysis to CMS based on budget neutrality projections over the life of MTP. The calculations and analysis identify unanticipated costs related to Washington's state and city minimum wage laws, and a new interpretation of federal overtime laws that took effect in late 2015. Updated budget neutrality spreadsheets are available via email and uploaded through the CMS Enterprise Portal. Future submission of budget neutrality spreadsheets will be uploaded using the workbook template provided by CMS for budget neutrality monitoring through the CMS Enterprise Portal.

For more information about MTP updates, please refer to the Overall MTP development/issues section of this document.

Annual expenditures

Delivery System Reform Incentive Payment (DSRIP) program expenditures

During the period of January 1 through December 31, 2018, all nine Accountable Communities of Health (ACHs) earned nearly $296 million in project incentives and integration incentives for demonstrating completion of required project and integration milestones during DY 2, including the submission of implementation plans.[1] During DY 2, Indian Health Care Providers (IHCPs) earned nearly $11 million for IHCP-specific projects.

[1] For more information, see Medicaid Transformation resources: hca.wa.gov/about-hca/healthier-washington/medicaid-transformation-resources#collapse_3_accordion

DSRIP expenditures

	Q1	Q2	Q3	Q4	DY 2 total	Funding source
	January 1–March 31, 2018	April 1–June 30, 2018	July 1–September 30, 2018	October 1–December 31, 2018	January 1–December 31, 2018	Federal Financial Participation
Accountable Communities of Health						
Better Health Together	$8,629,990	$7,209,119	$0	$15,435,819	$31,274,928	$15,637,464
Cascade Pacific Action Alliance	$9,301,288	$6,553,744	$0	$11,013,701	$26,868,733	$13,434,367
Greater Columbia	$10,983,624	$13,248,808	$0	$15,419,181	$39,651,613	$19,825,807
HealthierHere	$17,259,981	$20,373,755	$0	$24,230,140	$61,863,876	$30,931,938
North Central	$7,691,357	$3,276,872	$0	$8,652,924	$19,621,153	$9,810,577
North Sound	$13,709,292	$14,163,052	$0	$16,520,549	$44,392,893	$22,196,447
Pierce County	$9,414,535	$11,593,208	$0	$13,216,440	$34,224,183	$17,112,091
Olympic Community of Health	$4,594,020	$2,621,498	$0	$4,405,480	$11,620,998	$5,810,499
SWACH	$14,167,487	$4,587,621	$0	$7,709,590	$26,464,698	$13,232,349
IHCP-specific projects						
Indian Health Care Providers	$5,400,000	$0	$0	$5,579,000	$10,979,000	$5,489,500

LTSS and FCS service expenditures

	Q1	Q2	Q3	Q4	DY 2 Total
	January 1–March 31, 2018	April 1–June 30, 2018	July 1–September 30, 2018	October 1–December 31, 2018	January 1–December 31, 2018
Tailored Supports for Older Adults	$314,035	$631,626	$945,915	$1,289,456	$3,181,032
Medicaid Alternative Care	$8,107	$8,359	$15,901	$21,348	$53,715
MAC and TSOA not eligible	$210	$1,316	$61	$0	$1,587
FCS	$0	$23,800	$0	$75,755	$99,555

LTSS data annual summary

LTSS MAC

	Q1	Q2	Q3	Q4
	January 1–March 31, 2018	April 1–June 30, 2018	July 1–September 30, 2018	October 1–December 31, 2018
MAC beneficiaries	16	35	55	35
Number of new enrollees in quarter		12	18	5
Number of new person-centered service plans in quarter	4	0	2	3

Number of beneficiaries self-directing services under employer authority[2]	0	0	0	0

LTSS TSOA

	Q1	Q2	Q3	Q4
	January 1–March 31, 2018	April 1–June 30, 2018	July 1–September 30, 2018	October 1–December 31, 2018
TSOA beneficiaries	914	1553	2119	1593
Number of new enrollees in quarter		583	572	611
Number of new person-centered service plans in quarter	353	154	185	206
Number of beneficiaries self-directing services under employer authority[3]	0	0	0	0

Note: The LTSS data annual summary represents quarter-by-quarter enrollment by program. Changes in quarter-to-quarter enrollment counts are primarily due to Medicaid beneficiaries transitioning on and off Medicaid, choosing a different program because of a change in circumstances, or death of care receiver.

FCS data annual summary

Reports are available on MTP resources webpage. These reports provide a month-by-month look at Medicaid clients enrolled in IPS and CSS since the programs began in January 2018.[4]

FCS client enrollment 2018

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Supported Employment – Individual Placement and Support (IPS)	33	79	205	345	550	731	894	1,094	1,303	1,568	1,804	2,039
Community Support Services (CSS)	18	29	57	167	249	340	420	542	695	874	1,042	1,230
Total enrolled in the month	51	108	262	512	799	1,071	1,314	1,636	1,998	2,442	2,846	3,269

Data represents cumulative enrollment (number of individuals who had been enrolled at least one month during the life of the program). Month to month changes are due to client enrollment mix, not program impact. Some individuals may be enrolled in both IPS and CSS.

Data source: RDA administrative reports

MTP evaluation

After receiving CMS approval for the evaluation design plan, the state released the Request for Proposals to procure an independent evaluator on January 2, 2018. Oregon Health and Science University, Center for Health Systems Effectiveness (OHSU-CSHE) was announced as the successful bidder to fulfill the duties of Independent External

[2] The state will not be using individual providers for self-directing services until implementation of the Washington State Consumer Directed Employer.

[3] ibid

[4] January 2019 Reports: IPS: hca.wa.gov/assets/program/fcs-supported-employment-admin-report-201901_0.pdf. CSS: hca.wa.gov/assets/program/fcs-supportive-housing-admin-report-201901.pdf.

Evaluator (IEE) for MTP during Q1 2018. The IEE's focus encompasses qualitative and quantitative evaluation of all three initial initiatives relative to the overall goals of MTP. IEE responsibilities include:

- Providing an assessment of overall Medicaid system performance (related to access, quality, and efficiency of care) under the Delivery System Reform Incentive Payments DSRIP program.
- Providing an assessment of progress toward meeting Medicaid value-based payment (VBP) adoption targets.
- Providing an assessment of the impact of the transformation on the development of the workforce. Capacity is needed to support health system transformation.
- Providing an assessment of impact of the transformation on provider adoption and use of appropriate health information technology.
- Providing an assessment of the impact of transformation initiatives and projects at the state and ACH regional level.
- Providing rapid-cycle implementation and operational support, including formative evaluation activities.
- Providing an assessment of the impact of the Medicaid substance use disorder (SUD) amendment.
- Conducting a mid-point assessment of the SUD amendment.

The state executed its contract with the IEE in Q3. From Q2 onward, the state supported the IEE's onboarding and introduction to all MTP initiatives. With this support, the IEE quickly and actively:

- Attended in-person working sessions with the state's evaluation implementation team to define the first phase of data for the IEE's quantitative analysis.
- Obtained documentation in support of the IEE's Washington State Institutional Review Board application and the state's commitment to data support.
- Participated in fact-gathering meetings with subject matter experts to ground the IEE in MTP initiatives.
- Engaged in a meeting with state subject matter experts to support IEE's draft provider organization survey instruments for primary care clinics and hospitals.
- Attended additional in-person work sessions to continue determination of the next phase of administrative data needed for quantitative assessments of the ACHs' transformation projects.

The IEE produced two Rapid-cycle Monitoring Reports that reflect Q3 and Q4 2018. The state initiated discussions with the IEE to determine how to expand the original contracted scope of work to include evaluation of the SUD program, including the mid-point assessment, as required by the special terms and conditions.

The IEE is very active. Their core project management team holds regular bi-weekly phone conferences with the state's evaluation implementation team. The IEE participated in conference calls with ACH leadership following the release of each Rapid-cycle Monitoring Report. The IEE's reports are also posted on the state's website.

The IEE met the planned timeline for deliverables as defined in the state's contract through this reporting period. Deliverables include:

Establish routine communication and collaboration with HCA	
6/18/18	Facilitate kick-off meeting with HCA evaluation team.
8/10/18	Prepare detailed project plan.
12/31/18	Obtain Washington State Institutional Review Board project plan approval.
10/14/18	Delivery of 1st Quarterly Rapid-cycle Monitoring Report.
1/27/10	Delivery of 2nd Quarterly Rapid-cycle Monitoring Report.
Ongoing	Hold monthly internal evaluation team meetings.
Ongoing	Facilitate regular meetings with HCA evaluation team.
Analyze documents	
9/28/18	Carry out foundational document analysis.
Analyze quantitative data, including administrative and survey data	
Ongoing	Facilitate meetings with HCA data team as needed to define administrative and survey data needs.
3/31/19	Specify data needed from the state.
1/15/19	Create attribution model.

Carry out specialized provider organization survey and analyze data	
8/1/18	Facilitate meeting with HCA evaluation team to discuss survey goals.
4/30/19	Develop survey and sampling plan.

State legislative developments

The state legislative session convened on January 8, 2018. The 60-day legislative session adjourned sine die on March 8, 2018. The final 2017-19 state operating budget provided spending authority for MTP. In addition, legislation passed establishing a tax exemption for ACHs and public hospitals, from the business and occupation tax, for DSRIP incentives. The change is codified in RCW 82.04.43395.

In addition, at the request of the Legislature, the state presented MTP updates pertaining to all three programs to multiple legislative committees during 2018.[5]

Public forums

The state held three public forums in August, September, and October to inform the public about the progress of MTP and provide opportunities for meaningful public comment. The first two public forums were live events, held in Tukwila and Spokane. The third forum was a webinar. The forums were heavily promoted in Healthier Washington newsletters, targeted emails, and shared on the Healthier Washington events calendar. ACHs helped promote the events and co-hosted the live events. HealthierHere co-hosted the Tukwila event, and Better Health Together co-hosted the Spokane event.

Attendees at both live events included physical and behavioral health providers, managed care organization representatives, representatives of housing groups, Medicaid beneficiaries, members of community-based organizations, and people interested in MTP. They participated robustly in the public conversation periods. Discussion revolved largely around equity and social determinants of health, and the benefits offered through LTSS.

The third forum, held on October 4, was a 90-minute webinar, which included a 30-minute question and answer period. Three hundred and sixty five people registered, and 168 attended the webinar. Questions spanned all three MTP initiatives, and included questions about eligibility for LTSS, geographic availability of FCS service providers, and ACH transformation strategies. The slide deck for the webinar presentation is available on the Healthier Washington meetings and materials webpage.

Summary of public comments received during DY 2

The following public comments were received during DY 2, organized by program:

DSRIP program public comments

Quarter 1

- Through the public review process, there were questions and concerns raised about the DSRIP Measurement Guide, including requests for detail pertaining to statewide accountability, ACH High Performance Pool incentives, and pay-for-performance metrics.
    - In response, the state re-organized, revised, and updated the information in the technical specification sheets for each measure. The state is actively working on revisions to address comments received, as well as development of new content to provide more detail about more recent development of accountability measurement concepts.

Quarter 2

No comments or concerns raised during this reporting period.

Quarter 3

- Some stakeholders have requested more information regarding the use of DSRIP funds once earned and paid out by ACHs.

[5] Legislative presentations: hca.wa.gov/about-hca/legislative-relations

- In response, HCA has developed quarterly incentive reports, using information from the Financial Executor (FE) portal, to supplement ACH narrative reporting. The quarterly incentive reports describe how funds are used according to the established use categories, and are available on the Medicaid Transformation resources page.
- In addition, HCA continues to work with FE to develop a website to streamline access to funds flow information.

Quarter 4

- Stakeholders expressed continued interest in more information about the use of DSRIP funds once earned and paid out by ACHs.
    - In response, HCA will work with the FE in DY 3 to develop a website to provide access to FE portal information that is updated on a more frequent basis than the publicly available quarterly incentive reports. The state remains committed to full transparency regarding the activity surrounding earnings and distributions as reflected in the portal.

- Some stakeholders requested guidance for how to plan for long-term sustainability of transformation strategies, including the need for alignment with the timeline required for ACH and partnering provider implementation activities, and investment decisions.
    - In response, ACHs requested an in-person meeting with HCA leadership in December 2018. This will be an ongoing area of focus for the state, and the state will ensure managed care organizations, HCA, and ACHs continue discussions around sustainability planning, including issues related to non-duplication, training alignment, and reducing provider burden.

LTSS program public comments

Quarter 1

- Advocates expressed concerns and requested changes to the state's MAC and TSOA program administrative rules codified in Washington Administrative Code to clarify programmatic elements including:
    - Request for additional explanation of the algorithm behind the assessment, and how it is used to determine what services will be suggested.
        - The state addressed this concern by adding details about the algorithm, definitions, and clarification of services available.
    - Recommended use of non-gender specific pronouns. This change was addressed by the state.
    - Requested clear language stating there were no administrative hearing rights under presumptive eligibility.
        - The state added language to clarify that there is no right to hearing under presumptive eligibility.

Quarter 2

No comments or concerns raised during this reporting period.

Quarter 3

No comments or concerns raised during this reporting period.

Quarter 4

No comments or concerns raised during this reporting period.

FCS program public comments

Quarter 1

- FCS stakeholders and providers requested information and clarification on training and supports available for those providing, or preparing to provide, Community Support Services (CSS) and/or Supported Employment – Individual Placement and Support (IPS).

    - In response, the state developed a provider resource guide. This guide outlines available resources and responsibilities for FCS providers.
- Additionally, partners interested in referring potential clients to FCS services needed additional information to determine FCS eligibility. This resource does not constitute an assessment, but rather a reference guide to help build awareness of FCS services, eligibility, and referral processes.
    - The FCS third party administrator, Amerigroup, created a referral quick reference guide for these partners to help establish reliable referral pathways with community partners.

Quarter 2

- FCS stakeholders and providers requested information and clarification regarding the allowable coordination of employment services between FCS and the DSHS Division of Vocational Rehabilitation (DVR) services.
    - In response, the state developed an FCS and DVR coordination fact sheet. This fact sheet outlines the IPS and DVR programs, the eligibility requirements for FCS and DVR services, and provides guidance for which services can and cannot be braided. The guide emphasizes that the same FCS and DVR services cannot be provided to the same person at the same time.
    - The state is also developing a DVR referral form to streamline and expedite referrals from the IPS to the DVR program when a Medicaid beneficiary would benefit from DVR services that are not covered by the FCS program.

Quarter 3

- CSS providers requested clarification regarding chronic homelessness documentation requirements for the purpose of FCS eligibility. Local, state, and federal housing and service programs that use the U.S. Department of Housing and Urban Development definition of chronic homelessness require different standards of documentation to prove an individual meets the HUD definition of chronic homelessness.
    - In response, the state developed FCS chronic homelessness documentation guidance. The state has received feedback from providers that this clarification has addressed the confusion regarding chronic homelessness documentation requirements.

Quarter 4

- Stakeholders often question the quality improvement strategies in terms of what fidelity models FCS services is following.
    - In response, the state and the FCS program are committed to supporting providers in continually improving the quality of their services, and fidelity trainings and fidelity review opportunities through a learning collaborative approach.
    - IPS is modeled after the Individual Placement and Support fidelity model.
    - CSS is modeled after the federal Substance Abuse and Mental Health Service Administration's Permanent Supportive Housing fidelity model.

Quarterly Report: October 1–December 31, 2018

This quarterly report summarizes MTP activities from October 1 through December 31, 2018. This quarterly report includes details pertaining to MTP implementation, including stakeholder education and engagement, planning and implementation activities, and development of key policies and procedures.

Summary of key accomplishments of the quarter

Highlights of the quarter described in the report:

- ACH achievement of key project implementation milestones.
- Successful Learning Collaborative event that brought together more than 300 people from Washington's health and wellness systems to facilitate the sharing of best practices and lessons learned.
- Completion of the "Barrier Busting" event for the LTSS program, which resulted in multiple process improvement initiatives.
- FCS continuous quality improvement activities launched through statewide learning collaborative/fidelity review process.
- Progress towards and achievement of key implementation milestones for SUD amendment.

Stakeholder and partner engagement

MTP-wide stakeholder engagement

During the reporting quarter, the state continued its robust stakeholder communication strategy:

- Program-specific, frequently asked questions were routinely updated in response to public inquiries. Questions were generated from a variety of forums—webinars, presentations, and stakeholder interaction—and used to clarify and define program development.
- One-page documents summarizing the three MTP initiatives are available on the Healthier Washington website. New materials are continually developed and updated on the website, including information on ACH projects, earned incentives, benefit guides for MAC and TSOA, and FCS provider resource guides.
- Broad communication with stakeholders and the public was maintained through existing channels managed by Healthier Washington, the HCA, DSHS, and partner agencies. These channels include the Healthier Washington "Feedback Network" email lists, social media posts, and quarterly email newsletter digests.
- The state held the third of three public forums on October 4. For details, see Annual Report: Demonstration Year 2.
- On November 29, HCA held the last presentation of 2018 in the Healthier Washington Quarterly Webinar Series. The topic was FCS. The promotion channels were the same as mentioned above. The slides and webinar recording are posted on the Healthier Washington meetings and materials webpage.

Tribal partner engagement

With the completion of site visits to all Indian Health Care Providers (IHCPs) and submission of the ICHP projects plan on October 1, 2018, the state emphasized increasing awareness and understanding of how the IHCP projects plan fits within the context of MTP. This was done through state attendance and participation at the following events:

- October 8: The state presented on IHCP-specific MTP projects to the Olympic Community of Health (OCH) board.
- October 10: The state participated in and presented at the tribal-specific bi-directional integration of care workshop.
- October 17: The state participated in the OCH Tri-County Opioid Response Summit.
- October 18: The state participated in the Better Health Together (BHT) Tribal Alignment Meeting.
- October 24: The state participated in and presented at MTP Learning Collaborative.
- November 1: The state presented on IHCP-specific MTP projects to the HealthierHere (HH) board.
- November 6-8: The state attended the American Indian Health Commission of Washington State Tribal-State

Leaders Health Summit, which included an IHCP projects presentation and a presentation by ACHs on tribal engagement.

- November 13: The state participated in and presented at the North Central ACH (NCACH) Fully-Integrated Managed Care Collaborative.
- December 6: The state participated in the North Sound ACH (NSACH) Tribal Alignment Committee.
- December 13: The state participated in the American Indian Health Commission of Washington State's quarterly meeting.

DSHS Aging and Long-Term Support Administration met with a number of tribes to discuss Medicaid services and LTSS and FCS programs during Q4 2018.

- October 2: 7.01 planning meetings with Quileute, Jamestown S'Klallam, and Hoh Tribes. Service descriptions included MAC/TSOA conversation.
  7.01 Follow-up meeting with Jamestown S'Klallam Tribe. Discussed a variety topics including MAC/TSOA for caregivers who may be over income.
- Oct./Nov.: Further developed ideas for MAC/TSOA public service communications outreach to tribes/tribal organizations.
- November 26: 7.01 planning meeting with Makah Tribe. Discussed a variety of topics including MAC/TSOA.
- November 6-8: Engaged with tribes during a 2-day tribal summit, where LTSS was one of the topics covered.

DSRIP program stakeholder engagement activities

Representatives of HCA have participated in numerous stakeholder engagement activities, including public forums, presentations, emails, webinars, and direct technical assistance. HCA continued to host weekly Transformation Alignment Calls with ACHs, key state partners, and other partners by invitation or request. Topics this quarter included MTP reporting and implementation planning guidance, opportunities for alignment with state initiatives that support DSRIP objectives, and data and analytics presentations to discuss available or developing resources to support implementation and monitoring. The state also provided updates on the progress towards value-based payment goals, and on tribal project activities.

In December 2018, ACH executive directors from across the state requested and attended a meeting with HCA leadership to discuss the importance of sustainability planning, including the need to differentiate between the sustainability of ACHs and the sustainability of delivery system reform. The meeting represented a continuation and long-term focus on the importance of alignment between ACHs, managed care organizations. (MCOs) and HCA. MCOs have been invited to related discussions, including discussions about sustainability planning related to community based care coordination.

The state also supported numerous integrated managed care (IMC) readiness and educational activities during Q4 2018. Examples of key activities include:

- October 5: HCA hosted a webinar for behavioral health providers in IMC regions. In this webinar, HCA reviewed the changes to the IMC Service Encounter Reporting Instructions Guide and the requirement to enroll all National Provider Identifier numbers with HCA. MCOs also participated in the Q&A.
- Oct./Nov.: HCA hosted a webinar series to provide information and training to behavioral health providers about interpreter services before the implementation of IMC in January 2019. Services provided by HCA will be different from what many behavioral health providers are using currently, so the goal of the webinar series was to support behavioral health providers as they transition to IMC. (Dates: October 4, November 15 and November 20.)
- Nov. 1 and 14: HCA, the Department of Health and the Practice Transformation Hub co-hosted a two-part learning event for behavioral health agencies and providers. The event focused on guided activities for billing and value-based purchasing readiness, as well as to build awareness for the support available to providers during the transition to IMC. Attendees included executive leaders, IT, billing, and contracting specialists.

Additionally, the following engagement activities occurred during the reporting quarter:

- October 9: HCA presented an update to the Health Information Technology (HIT) operational plan to ACHs and stakeholders. The HIT team highlighted updates on the SUD Consent Management project, Behavioral Health Reporting and Data Standardization project, conversations with Washington Association of Community & Migrant Health Centers (WACMHC) regarding social determinants of health data, Master Patient Index and Provider Directory, and the HCA HIT decision packages. Participants included internal and external partners, including providers, ACHs, and other agency staff.
- October: The state created a new view on the Medicaid Transformation webpage to help stakeholders and partners find information related to DSRIP targets, including ACH project pay for reporting (P4R) and pay for performance (P4P) metrics, ACH high performance metrics, and DSRIP statewide accountability quality metrics. Users can find technical specifications for how metrics are calculated and related guidance materials.[6] In November, the state posted the first set of ACH baselines and improvement targets for project P4P metrics associated with DY 3.[7]
- December 18: The Performance Measures Monitoring Committee (PMCC) held its quarterly meeting, continuing the discussion on the State Common Measure Set and opportunities to align with emerging health and health care issues in the state.[8] The efforts by the PMCC ensure the promotion of standardized measurement, using an inclusive and transparent approach, and covering the many initiatives underway, including MTP. Participants included ACHs, payers, state agencies, and state associations. The objectives for the meeting included finalizing the State Common Measure Set for 2019 implementation, and agreeing on which measures are recommended for value-based contracting and payment. Staff members from HCA presented recommendations for the 2019 State Common Measure Set.

LTSS program stakeholder engagement activities

- Updated the content of the website for the MAC and TSOA page to make documents easier to find, and to align language and messaging based on the development of an LTSS communication plan.
- DSHS Aging and Long-Term Support Administration (ALTSA) worked with the Healthier Washington communications team to develop content for a caregiver-focused, December issue of the Healthier Washington newsletter. This monthly newsletter goes to the broad Healthier Washington audience. The December issue highlighted success stories and the work being done to reach individuals and dyads (caregiver/care receiver pairs) who could benefit from these services.

FCS program stakeholder engagement activities

During the reporting quarter, staff from HCA's Policy division, DBHR, ALTSA, and Amerigroup—the FCS third party administrator—supported a variety of stakeholder engagement activities. An aggregated summary of activities is listed in the table below.

[6] hca.wa.gov/about-hca/healthier-washington/medicaid-transformation-metrics

[7] hca.wa.gov/assets/2019-ach-improvement-targets-report.pdf

[8] hca.wa.gov/about-hca/healthier-washington/performance-measures

FCS program stakeholder engagement activities

	October	November	December
Training and assistance provided to individual organizations	5	9	5
Community and regional presentations and training events	3	3*	1
Informational webinars	5	9	8
Stakeholder engagement meetings	4**	3	3
Total activities	**17**	**24**	**17**

* The Washington State Co-occurring Conference was held October 15–16, 2018. FCS conducted a post-conference institute with 65 people in attendance. The "Great Minds at Work" Statewide Supported Employment Conference was held November 6–7, 2018. Two hundred and forty individuals attended.

** Additional engagement products were the development of "Foundations" (the monthly newsletter for FCS), an FCS-focused webinar, and Amerigroup monthly Q&A webinar for providers.

Key concerns raised by stakeholders

DSRIP stakeholder concerns

For details, see DSRIP Quarter 4 program public comments in the Annual Report.

FCS stakeholder concerns

For details, see FCS Quarter 4 program public comments in the Annual Report.

DSRIP program implementation accomplishments

This section summarizes DSRIP program implementation activities and accomplishments from October 1 through December 31, 2018. Key accomplishments for this quarter include:

- Independent assessor findings for ACH's first semi-annual report initiated project incentive payments to ACHs for demonstrated progress during the first six months of 2018.
- All nine ACHs successfully met the implementation plan milestone according to the Project Toolkit timeline, earning ACHs full project incentives associated with this achievement value.
- Successful Learning Collaborative event brought together over 300 people from Washington's health and wellness systems to share best practices and lessons learned in support of MTP efforts.
- State measure producers completed calculation of the first baseline and improvement targets that set the goals for ACH project P4P for performance year DY 3 (2019).

ACH project milestone achievement

Semi-annual reporting

As part of MTP, ACHs submit reports to provide updates on MTP activities, project implementation, and progress on required milestones. This is outlined in the Project Toolkit. Semi-annual reports are submitted every six months.

The first set of semi-annual reports describe progress made by each ACH on selected projects from January 1 through June 30, 2018. Projects were reviewed by the Independent Assessor (IA) to determine whether project milestones have been achieved and incentive funds have been earned.

After a rigorous independent assessment process in Q3, all nine ACHs demonstrated completion of milestones through the first half of 2018, based on submissions of their semi-annual reports. All ACH regions earned incentive

funds to continue their health transformation efforts. The IA notified ACHs of their achievements and incentive amounts on October 1, 2018. These funds were distributed in DY 2 Q4. An executive summary of semi-annual report findings for Q1-2 2018 is available on MTP resources webpage.

Implementation plans

As part of MTP, ACHs must submit implementation plans to the state. These plans lay the groundwork for current and future specific work steps. These work steps are required for successful implementation of MTP strategies and achievement of key project milestones. Implementation plans allow the state to understand how the ACHs are moving forward and tracking progress. The plans also provide HCA with information necessary to monitor the ACHs' activities and project implementation timelines.

Implementation plans build upon ACH Phase I/Phase II certification and project plan submissions, providing insight to:

- Key milestones.
- Work steps the ACHs or their partnering providers will complete to achieve milestones.
- Key deliverables/outcomes for each task.
- The ACHs' staff members and/or partnering provider organizations accountable for completion of the work steps, and whether ACHs' staff members/partnering provider organizations are leading the work steps, or if responsibilities are shared.
- The timeline for completing action steps and milestones.

ACHs submitted their initial implementation plans to the state and the IA on October 1, 2018.

The IA concluded all ACH implementation plans included sufficient work steps describing approaches to meet required project milestones during DY 3-5. ACHs earned the full amount of project incentives associated with the implementation plan milestone. The IA notified ACHs of their achievements and incentive amounts on December 14, 2018. These funds will continue the ACHs' health transformation efforts, and will be distributed in Q2 2019. An executive summary of implementation plan findings is available on the Medicaid Transformation resources webpage.

Next steps

Implementation of project activities is underway across the state. ACHs will continue to inform the state about project progress by submitting updated implementation plans that reflect progress during the reporting period. Additionally, ACHs will submit regional quality improvement strategies that detail how ACHs are supporting partnering providers in quality improvement processes, and define a feedback loop for partnering providers to report to the ACHs on progress.

Indian Health Care Provider projects plan milestone achievement

The Tribal Coordinating Entity, the American Indian Health Commission of Washington State, submitted the Indian Health Care Provider (IHCP) projects plan, on behalf of the delegates to the Commission on October 1, 2018. All 31 IHCPs in Washington State (29 federally recognized tribes and the two Urban Indian Health Programs) are participating in MTP, in partnership with HCA. This DY 2, Q4 milestone initiated the payment of IHCP-specific project incentive funds to IHCPs through the FE portal.

Learning Collaborative (Learning Symposium)

The 2018 Medicaid Transformation Learning Collaborative, or Learning Symposium, was held on October 24 and 25, 2018. Beginning with ACH-focused pre-meetings, this event brought together more than 300 people from Washington's health and wellness systems to share best practices and lessons learned, and was free to attendees. Attendees included representatives from ACHs, state government, Medicaid managed care plans, provider organizations, and social service agencies.

The theme of the Learning Symposium was "Managing Change and Advancing Equity." The event included three keynote speakers, nine learning sessions, and several thematic meetings for ACHs and their partners.

- Keynote speakers were Professor John A. Powell of the Haas Institute for a Fair and Inclusive Society; Dr. Joseph Conte of Staten Island Performing Provider System (PPS); and Sinsi Hernandez-Cancio from Families USA.
- Session topics included organizational equity, participatory budgeting, tribal affairs, value-based payment, provider supports, and social determinants of health.

HCA administered a follow-up survey. Respondents ranked the event highly, and commented that it facilitated connections and learning. Learning Collaborative materials can be found on the Medicaid Transformation Learning Symposium webpage.

FE portal activity

- ACHs continue to distribute incentive funds to partnering providers through the FE portal. During the reporting quarter, ACHs distributed over $69 million to 291 partnering providers and organizations in support of project planning and implementation activities.
    - In total, during DY 2, ACHs distributed over $137.7 million to 312 partnering providers.
- The state distributed approximately $5.5 million in earned incentive funds to IHCPs in Q4 for achievement of IHCP-specific project milestones.
    - In total, during DY 2, the state distributed approximately $10.9 million in earned incentive funds to ICHPs for achievement of IHCP-specific project milestones.
- Attachment C provides a detailed account of all funds earned and distributed through the FE portal to date.

The state's FE, Public Consulting Group, continued to provide direct technical assistance and resources to ACHs as they registered and distributed payments to providers in the portal during this quarter. Additionally, HCA worked with the FE to gather feedback from ACHs on the successes and challenges of using the portal. During Q4, the FE conducted process improvements to the portal to address ACH feedback regarding portal functionality. To support the implementation of process improvements, the FE made a test site available for ACHs to review and provide feedback on updates to the portal to ensure the adjustments supported ACH business needs.

DSRIP measurement activities

ACH pay for performance metric improvement targets released

By selecting projects from the Project Toolkit, each ACH region must demonstrate improvement in health quality and outcomes over the course of MTP. Indicators of health quality and outcomes associated with an ACH's project plan, known as pay for performance (P4P) metrics, determine the proportion of earned project incentives for each performance year. Data are collected and results are calculated by the state for each ACH region. Improvement target methodology and measure specifications are available in the Measurement Guide and the Medicaid Transformation metrics webpage.

On October 26, 2018, the state provided each ACH with a report of P4P metrics results that set the baseline (from DY 2017) on which to improve and receive incentive funds in DY 3 (2019).

In early November 2018, the state released ACH project P4P baselines and improvement targets. Interested stakeholders, partners, and the public can view ACH P4P metrics on the Healthier Washington Measures Dashboard, as well as in summary format (by metric and ACH) on the Medicaid Transformation metrics webpage.

Healthier Washington Measures Dashboard release

The updated Healthier Washington Measures Dashboard launched the week of November 5, 2018. The interactive dashboard allows people to explore Washington State population and measures data. It supports ACHs, local health jurisdictions, and communities by providing information to assess regional health needs for health improvement, and monitor outcomes over time.

The Q4 2018 update includes all ACH project P4P metrics under MTP effort. In addition, key features of the Q4 2018 update include:

- Over 20 new measures and sub-measures.
- Updated specifications for existing measures to align with pay-for-performance requirements.

- A new dashboard tab, "Transformation Measures," which displays baseline, improvement target, and current measure rates for P4P measures, by project area and ACH region.
- New data dimensions, including two types of race/ethnicity breakouts and additional age group filters.
- P4P metrics will be updated on a quarterly basis so users can monitor changes over time.

Users can find the dashboard on the Healthier Washington website under "Healthier Washington Measures Dashboard."

State measurement support

HCA continues to monitor stakeholder questions related to the project P4P metrics, the Measurement Guide, and metric technical specifications. HCA will update documents as necessary to capture further DSRIP program development, as well as participate in ACH-led staff calls, and in other related forums to address DSRIP measurement questions.

Upcoming activities

- ACHs and partnering providers continue project implementation activities, and further development of the regional quality improvement strategy, ongoing.
- IA review of semi-annual report for the period July–December 31, 2018, Q1 2019.
- IA and state planning for the 2019 mid-point assessment, Q1 2019.
- Quarterly refresh of Healthier Washington Dashboard metric results, ongoing.
- Implementation of IMC in a number of ACH regions on January 1, 2019, which is the milestone associated with Phase 2 integration incentive funds, Q1 2019.

LTSS implementation accomplishments

This section summarizes LTSS program development and implementation activities conducted from October 1 through December 31, 2018.

Key accomplishments for this quarter include:

- Enrollments as of December 28, 2018 were 2,871.
- "Barrier Busting" event of 2018 officially concluded in December.
- The second issue of "What's Up" newsletter for internal ALTSA and Area Agencies on Aging (AAA) staff was distributed in December 2018.

Network adequacy for LTSS programs, MAC and TSOA

The state received the 2018 network adequacy milestone documents for the three AAAs that were not submitted by the time of the last quarterly report. The state reviews this documentation as part of monitoring and for accuracy and contract compliance.

Network adequacy milestones for 2019 were under development late in this quarter with the AAAs. Compliance continues to be monitored by ALTSA and DSHS Home and Community Services (HCS).

Assessment and systems update

As part of the ongoing change control process for the various system applications used to operate the MAC and TSOA programs, HCS and AAA staff continue to identify, prioritize, track and develop enhancements to the applications to maximize usability and outcomes. During this quarter, the development team worked on the following:

- Final development and system testing of the new electronic Exception to Rule/Exception to Policy Request functionality in GetCare.
- Development of the revised TSOA without a caregiver screening and assessment tools.
- Generating development requirements for revisions to GetCare care plan.
- Began planning regarding how to embed the caregiver assessment tool within the GetCare system.

Staff training

Program training for MAC and TSOA case management, LTC case management, and community partners, which began in September, concluded in November. The training team traveled statewide and conducted 18 sessions for more than 465 attendees. Feedback from attendees was positive.

"The role playing and scenarios section is helpful practice of thinking outside the box in a person-centered way."

"I very much appreciated the person-centered approach."

"Great to have financial and social services together."

The training plan for 2019 is currently under development.

Data and reporting

Beneficiary enrollment by program

	MAC	TSOA
LTSS beneficiaries by program as of December 28, 2018	35	1593
Number of new enrollees in quarter by program	5	611
Number of new person-centered service plans in quarter by program	3	206
Number of beneficiaries self-directing services under employer authority	0	0

The state continues to monitor and assist AAAs with compliance in timely completion of care plans for enrollees.

Outreach and engagement

LTSS program communication plan

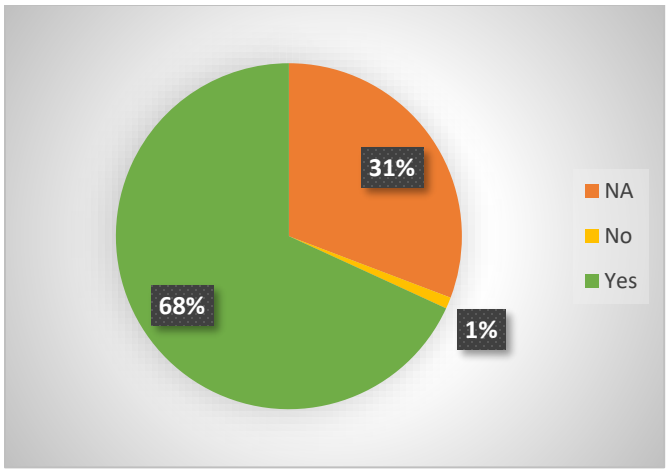
Community outreach and engagement efforts continue to increase enrollment of caregivers in both programs. The LTSS program communications plan was developed this quarter, which aligns messaging and talking points. Other outreach activities included development of posters and rack cards that can be distributed to local Community Service Offices, hospitals, senior housing centers, medical clinics, etc. Pierce County AAA created and posted a YouTube video on caregiving for community outreach.

The AAA, in coordination with the state, will be devoting additional time and effort to outreach and engagement of individuals eligible for MAC and TSOA, with a primary focus on dyads (caregiver/care receiver pairs). We will continue to provide updates in future quarterly reports.

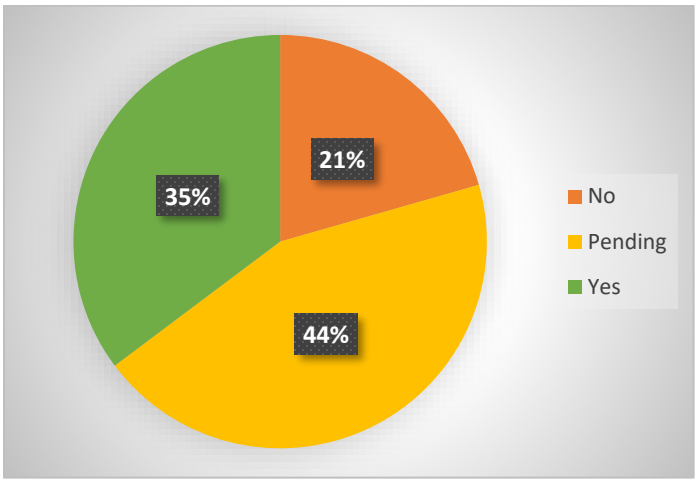
Quality Assurance

Quarterly presumptive eligibility Quality Assurance (QA) review:

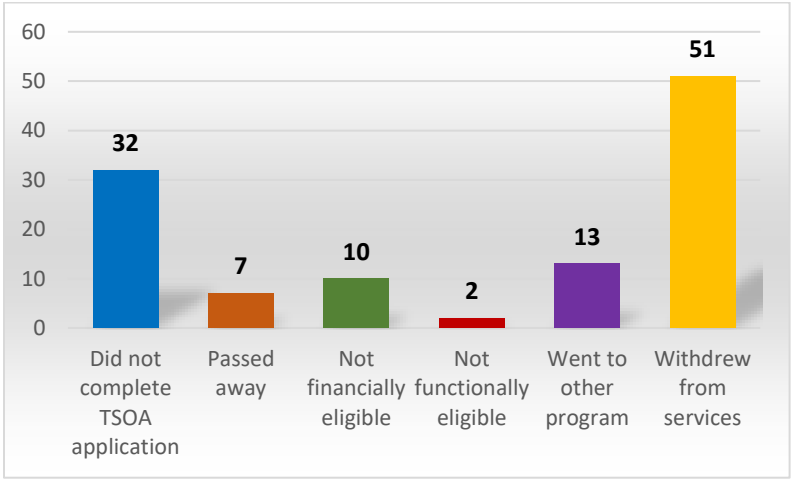
Question 1: Was the client appropriately determined to be NFLOC eligible for PE? (Note: the N/A represents clients who were part of the last quarter's review and question 1 was "Yes" but they were "Pending" for question 2.)



Question 2: Did the client remain eligible after the PE period? (Note: "Pending" means the client was still in PE period during the QA review.)



Question 2b: If "No" to question 2, why?



Y3 Quality Performance Measures were refined and training on the QA questions, and processes were provided to AAA staff in preparation for the 2019 QA audit cycle, which begins in January 2019. In future years, the state will annually report on health and welfare data. Beginning in DY3, it will report quality data resulting from the QA audits in future reports.

State rulemaking

Emergency rules were filed in December to change the step three benefit level for MAC and TSOA because the Legislature increased hourly rate for home care agency workers.

Permanent rulemaking activities were initiated to modify the current rule for the TSOA without a caregiver screening tool and related risk levels. The public hearing for this rule change will be held next quarter.

Upcoming activities

- The revisions to TSOA without a caregiver screening and assessment tools will be tested and released next quarter in the GetCare system.
- The public hearing and permanent rule making process will be completed next quarter related to the revisions of the screening tool and risk levels for TSOA enrollees without a caregiver.
- A few AAAs will volunteer to station staff in the local Community Service Offices as part of the community outreach efforts to raise awareness of programs available to support clients and their family caregivers.
- MTP Independent External Evaluator (IEE) will present to the AAA directors and HCS regional directors in January 2019 about the work they will be doing to evaluate the LTSS program.

FCS implementation accomplishments

This section summarizes the FCS program development and implementation activities conducted from October 1 through December 31, 2018.

Key accomplishments for the quarter include:

- Transitioned FCS program from the HCA Policy Division to the HCA Division of Behavioral Health.
- Total number of individuals enrolled in FCS services at the end of Q4: 3,116.
    - Community Support Services (CSS): 1,077.
    - Supported Employment – Individual Placement and Support (IPS): 1,886.
    - Note: the IPS and CSS caseloads include 153 people enrolled in both services.
- Q4 providers contracted: 92 (325 service locations).
- FCS continuous quality improvement activities launched through statewide learning collaborative/fidelity review process.
- FCS network adequacy standards were drafted and are on track to be implemented by the beginning of DY3.
- Continued outreach and support for prospective and current FCS providers to build the FCS provider network and increase the service delivery capacity of contracted providers.

In July 2018, DBHR transitioned to HCA and in December 2018, DBHR physically moved to HCA. The oversight of the FCS program and contract management of the third party administrator contract transitioned to DBHR.

During the reporting quarter, the state focused on increasing the number of individuals enrolled in CSS by presenting to the housing system in partnership with the Corporation for Supportive Housing. These strategies also included increasing the number of contracted providers and service locations and supporting providers in increasing their internal capacity to implement and grow their delivery of FCS services. Activities that supported the growth of the provider network included outreach to individual providers by state staff and Amerigroup staff.

The state also launched its continuous quality improvement strategy during this quarter. Four one-day FCS fidelity reviewer trainings occurred in Eastern and Western Washington. Two of the trainings focused on IPS, and the other two focused on CSS. The events were free for FCS providers. They provided an in-depth training about:

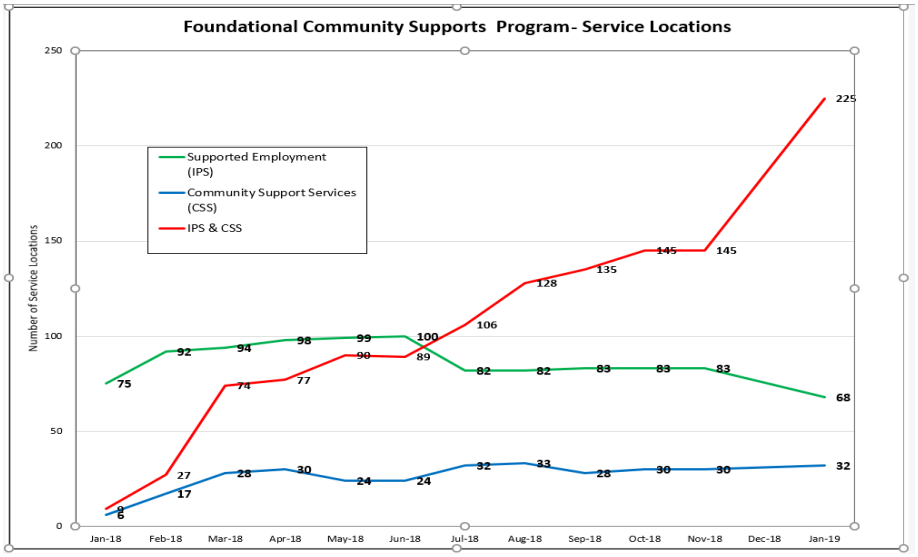
- The FCS service fidelity models.
- How to conduct internal and external service fidelity reviews.
- FCS quality improvement resources and activities that will be offered in the future.

Starting in 2019, the state will organize FCS provider fidelity learning collaboratives and conduct fidelity reviews of contracted FCS providers through a learning collaborative approach.

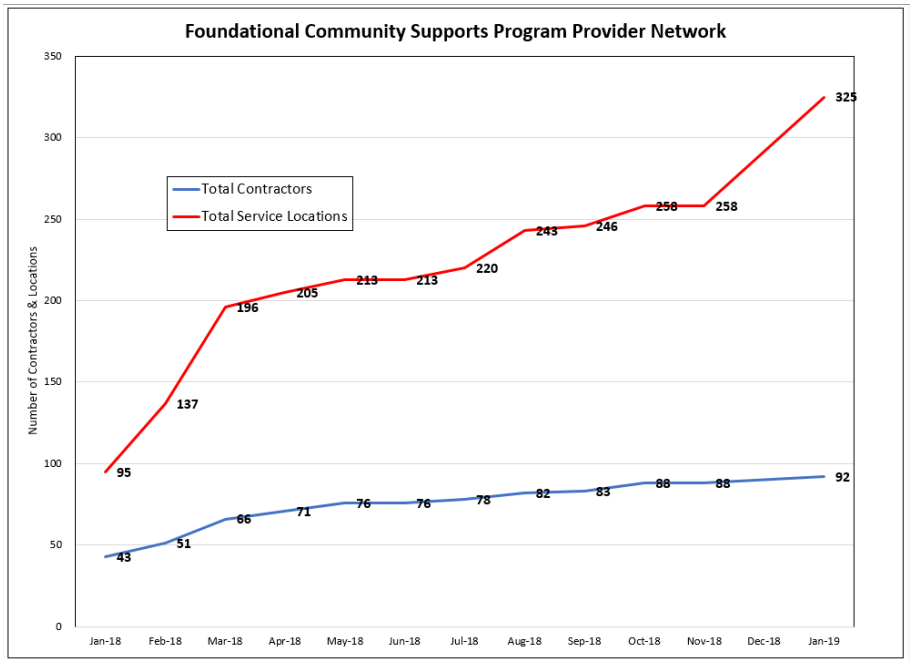
Numerous presentations, workshops, regional events, webinars, and individual technical assistance occurred this quarter. This included the "Great Minds at Work" Statewide Supported Employment Conference. About 240 individuals attended; many of whom work for FCS contracted agencies. In addition, a post-conference institute at the statewide Co-occurring Conference included 65 participants from FCS contracted agencies or agencies interested in contracting.

Network adequacy for FCS

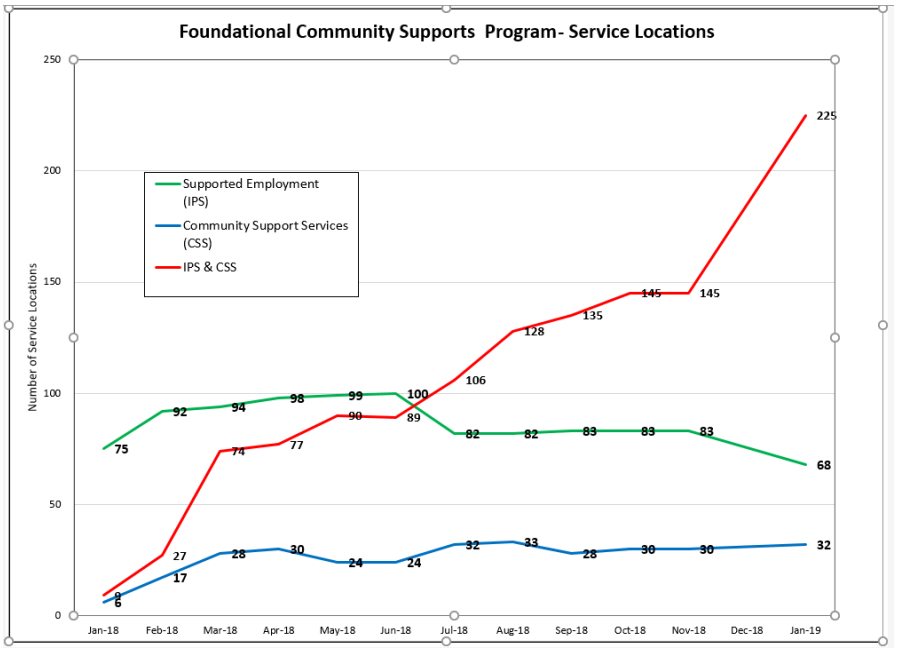
The number of FCS contracted providers has increased over time. Since the program started in January 2018, Amerigroup expanded its participating contractors and their service locations each month.



The decline in the number of service locations and contracts in October and November 2018 reflects a change in the overall mix of FCS service capacity, as FCS providers expanded the types of services they offered to both IPS and CSS.



This shift in the types of services offered at a given service location has corresponded with an increase each month in both IPS and CSS service capacity.



FCS provider network development

	October		November		December	
FCS service type	Contracts	Service locations	Contracts	Service locations	Contracts	Service locations
Supported Employment – Individual Placement Support (IPS)	27	83	27	83	23	68
Community Support Services (CSS)	18	30	18	30	17	32
CSS and IPS	43	145	43	145	53	225
Total	**88**	**258**	**88**	**258**	**93**	**325**

Client enrollment

The total number of clients enrolled in FCS increased from 1,941 people at the end of Q3 to 3,116 at the end of Q4. IPS continues to have the largest enrollment, with 1,308 people enrolled at the end of Q3 and 2,192 enrolled at the end of Q4 (this includes 153 people enrolled in both IPS and CSS services during Q4).

During Q4, the state and Amerigroup invested significant staff resources in supporting CSS providers to build their internal capacity to serve clients and CSS referral pathways. This includes a series designed for housing providers and housing systems. CSS client enrollment has increased at a slower rate than IPS client enrollment because CSS providers are typically smaller organizations and are non-traditional Medicaid providers. Anecdotally, the state has heard concerns that some CSS providers are hesitant to add these services due to the lack of bricks and mortar housing availability.

FCS client enrollment

	October	November	December
Supported Employment – Individual Placement and Support (IPS)	1415	1651	1886
Community Support Services (CSS)	874	1042	1077
CSS and IPS	74	92	153
Total Aggregate Enrollment	2363	2785	3116

Data source: RDA administrative reports

Additional information about the characteristics of FCS clients are included in the tables below. FCS continues to reach people with high rates of behavioral health diagnoses and people who are receiving services from multiple systems of care. A high rate (approximately 45%) of FCS enrollees continue to be Affordable Care Act Medicaid Expansion adults. Participant interest in the services has not specifically outweighed the capacity, based on our network adequacy standards, but rather the providers in the network are not willing to accept external referrals. To address this, the FCS program and Amerigroup:

- Addressed the issue around needing providers to accept external referrals every month in the monthly Amerigroup forums that started in July 2018.
- Brainstormed with the Amerigroup advisory council as well as keeping it as a standing agenda item.
- Continue to pursue new providers through various recruitment efforts.
- Conduct quarterly meetings within larger county systems, such as King County and SW region on joint recruitment efforts.
- Identify opportunities, such as braiding resources, for agencies willing to accept external referrals. Examples include the Vancouver Housing Authority, which dedicated up to 50% of its vouchers to the FCS population, and the launch of non-clinical supported employment support grant dollars to agencies willing to accept external referrals.
- Developed a protocol tableau map that incorporates contracted agencies and the counties they serve. The map also identified which agencies are accepting external referrals. The map will be released for testing February 2019.

FCS client risk profile

		Meet HUD Homeless Criteria	Avg. PRISM Risk Score	Serious Mental Illness
October	IPS	156 (10%)	1.13	1,199 (76%)
	CSS	232 (27%)	1.85	678 (78%)
November	IPS	182 (10%)	1.14	1,368 (76%)
	CSS	279 (27%)	1.87	790 (76%)
December	IPS	211 (10%)	1.14	1,538 (75%)
	CSS	336 (27%)	1.81	948 (77%)

HUD = Housing and Urban Development

PRISM = Predictive Risk Intelligence System

Note: Month-to-month changes are due to client enrollment mix, not program impact

Data source: RDA administrative reports 1.19

FCS client risk profile continued

		MH Treatment Need	SUD Treatment Need	Co-occurring MH + SUD Treatment Need Flags
October	IPS	1492 (95%)	791 (50)	769 (49%)
	CSS	840 (96%)	640 (73%)	621 (71%)
November	IPS	1706 (95%)	911 (50%)	884 (49%)
	CSS	997 (96%)	763 (73%)	738 (71%)
December	IPS	1902 (93%)	1027 (50%)	989 (49%)
	CSS	1175 (96%)	881 (72%)	851 (69%)

MH = Mental Health

SUD = Substance Use Disorder

Data source: RDA administrative reports

FCS client service utilization

		Long-Term Services and Supports	Mental Health Services	SUD Services	CARE + MH or SUD Services
October	IPS	430 (27%)	1262 (80%)	341 (22%)	286 (18%)
	CSS	233 (27%)	674 (77%)	270 (31%)	173 (20%)
November	IPS	465 (26%)	1405 (78%)	389 (22%)	299 (17%)
	CSS	256 (25%)	785 (75%)	328 (31%)	183 (18%)
December	IPS	519 (25%)	1542 (76%)	438 (21%)	327 (16%)
	CSS	291 (24%)	914 (74%)	374 (30%)	211 (17%)

MH = Mental Health

SUD = Substance Use Disorder (Services received in the last 12 months)

(Aging CARE assessment in last 15 months)

Data source: RDA administrative reports

FCS client Medicaid eligibility

		CN Blind/Disabled (Medicaid-Only & Full Dual Eligible)	CN Aged (Medicaid-Only & Full Dual Eligible)	CN Family & Pregnant Woman	ACA Expansion Adults	CN & CHIP Children
October	IPS	563 (36%)	72 (5%)	169 (11%)	709 (45%)	55 (4%)
	CSS	348 (40%)	57 (7%)	72 (8%)	395 (45%)	NA
November	IPS	640 (35%)	76 (4%)	196 (11%)	830 (46%)	62 (3%)
	CSS	406 (39%)	64 (6%)	89 (9%)	476 (46%)	NA
December	IPS	719 (35%)	82 (4%)	219 (11%)	830 (46%)	78 (4%)
	CSS	490 (40%)	81 (7%)	105 (9%)	546 (44%)	NA

ACA = Affordable Care Act

CHIP = Children's Health Insurance Program

CN = Categorically Needy

Data source: RDA administrative reports

Other FCS program activity

HCA and the cross-agency FCS core team drafted a set of measures to be used in monitoring Amerigroup's FCS provider network adequacy. For the calendar year 2018 and 2019 period, the FCS program will employ three measures to assess whether the IPS and CSS provider network meets the timely service standards:

- **Statewide service availability:** The FCS provider network has supported employment and supportive housing service locations that can provide these services to FCS enrollees residing in each of Washington's 39 counties. This condition can be met by either having a supported employment and supportive housing service location in each county or having service locations in a county that will also provide services in another county.
- **Capacity to provide services:** The FCS network's service locations have the capacity to serve supported employment and supportive housing clients. The capacity measure is based on the ratio of enrolled supported employment and supportive housing clients receiving services through the Amerigroup assigned service location, divided by the number of reported supported employment and supportive housing direct service staff members at the assigned location. At this time, there is no established client/FTE ratio standard. The standard will be developed by HCA and Amerigroup, based in part on the observed ratios across the state.
- **Timeliness of services:** The FCS network's service locations can provide timely supported employment and supportive housing services for all FCS enrollees. The definition of service time is the number of days from when an applicant was enrolled in the FCS program, to the date they received their initial and second supported employment or supportive housing service. At this time, there is no contract time standard; however, there is a "target timeframe" of 15 business days. This is comprised of five business days for the FCS provider to confirm it has the capacity to service the authorized client, and 10 business days for the first service to be delivered.

In accordance with K2440, Sec.7.1, HCA will evaluate network adequacy on a quarterly basis. The three network measures are based on data from Amerigroup's quarterly FCS Provider Network Report and FCS Enrollee Provider Assignment Report. The Timeliness of Service measure will also use information from the Amerigroup's service payment data.

Finalizing these initial network adequacy measures has been delayed until a new FCS program manager is hired. The Timeliness of Service measure will be delayed until the FCS encounter data and automated service-based enhancement is fully operational. It is anticipated at this time that the first network adequacy analysis will be completed during the second quarter of 2019. In the interim, HCA will monitor Amerigroup's bi-weekly network tracking report to ensure network stability and continued statewide expansion.

Upcoming activities

- FCS continuous quality improvement activities launched during Q3. During DY3, the state will plan for the creation of FCS quality improvement learning collaboratives and implementation of FCS fidelity reviews, which will be implemented in the spring of 2019, and will continue throughout DY 3, 4, and 5. The FCS service models are evidence-based programs that use quality improvement tools called fidelity scales to track performance against model standards. The goal is to improve services and achieve better housing and employment outcomes. For more information on continuous quality improvement, review the FCS Provider Resource Guide. The goal of the Cross-Site Learning Collaborative is to increase quality outcomes while expanding and sustaining availability of these services for individuals with mental health and/or co-occurring mental health and substance use disorders.
- Recruitment and hiring for the FCS Program administrator and manager.

SUD program implementation accomplishments

In July 2018, Washington State received approval of its 1115 waiver amendment to receive federal financial participation for substance use disorder (SUD) treatment services, including short-term residential services provided

in residential and inpatient treatment settings that qualify as Institutions of Mental Disease (IMD). This section summarizes SUD program development and implementation activities conducted from October 1 through December 31, 2018. Key accomplishments for the quarter include:

- Workgroups finalized managed care contract language to address the requirements of Milestone 3 and Milestone 6.
- A data workgroup continued to identify available data sources and solutions related to the statewide assessment of SUD services, including Medication-Assisted Treatment (MAT) (Milestone 4).
- The state finalized billing guide language to address the independent assessment requirement of Milestone 2.
- The state operationalized the tasks in the SUD Health Information Technology (HIT) plan and incorporated these tasks into the 2019 HIT plan required in MTP.

Implementation plan

In accordance with the amended special terms and conditions (STCs), the state is required to submit an implementation plan for the SUD program, incorporating six key milestones outlined by CMS. At the time of the waiver application, Washington met a number of these milestones in its provision of SUD services. Where the state did not meet the milestones, it agreed to implement changes. These changes, included in the state's SUD implementation plan, are described below:

- **Milestone 2:** While the state met the requirement for an independent assessment prior to residential treatment in the managed care system, it agreed to make changes to the assessment process for the fee-for-service (FFS) system. The FFS mainly affects American Indian/Alaska Native (AI/AN) individuals at this time. The state plans to update the FFS SUD Billing Guide to require an independent assessment as outlined in the final STCs. A subgroup was formed to address these changes and the state does not anticipate any delays making these changes to the FFS SUD Billing Guide.
    - **Update:** The Milestone 2 Workgroup met and finalized changes to the FFS SUD Billing Guide. These changes require an independent assessment for all residential SUD treatment episodes.

- **Milestone 3:** The state will require all residential SUD agencies to provide or facilitate access to MAT. A sub-workgroup was formed, which meets regularly. The group is currently finalizing contract language to meet the requirements of the milestone. The state expects to have the requirement in the July 1, 2019 managed care contracts.
    - **Update:** The Milestone 3 workgroup finalized the contract language referenced above and prepared to share the new requirements with stakeholders. The new language is on track for inclusion in the July 1, 2019 managed care contracts.

- **Milestone 4:** The state will assess the availability of MAT services across the state, including both outpatient and residential agencies that provide MAT services, and their current ability to accept clients. A subgroup was formed to address this milestone. This subgroup includes both policy and data subject matter experts. At this time, the state is analyzing what data are available and working on definitions for various data points. The overall assessment has proven to be complex, involving multiple state agencies, including DSHS, HCA, and the DOH.
    - **Update:** The Milestone 4 workgroup met and continued to clarify available data and other resources available to complete this milestone.

- **Milestone 6:** The state will require residential and outpatient providers to improve coordination between levels of care. A sub-workgroup was formed and meets regularly. The group is currently finalizing contract language to meet the requirements of the milestone. The state expects to have the requirement in the July 1, 2019, managed care contracts.
    - **Update:** The Milestone 6 workgroup finalized the contract language referenced above and prepared to share the new requirements with stakeholders. The new language is on track for inclusion in the July 1, 2019 managed care contracts.

Health Information Technology

During this quarter, the state operationalized the tasks in the SUD Health Information Technology (HIT) Plan and incorporated these tasks into the 2019 HIT Plan required in MTP. In addition, the state completed the first task in the

SUD HIT Plan (Task A: Develop a Financial Map for the SUD HIT Plan work). The written deliverable for this task will be submitted to CMS in January 2019.

Evaluation design

As part of the amended STCs, the state is adding a section specific to the SUD amendment to the current MTP evaluation design. A workgroup was formed to address these changes. HCA, DSHS RDA division, and the IEE have agreed upon a proposed SUD evaluation design. The draft design is currently under review by subject matter experts and the state is on track to submit the updated evaluation design on time (by January 14, 2019).

Monitoring protocol

In accordance with the amended STCs, the state is required to submit its SUD Monitoring Protocol by mid-December 2018. The state obtained an extension of the protocol due date to February 19, 2019. During this quarter, the state received final protocol technical specifications and began final work on protocol development.

Upcoming activities

- Continued development and submission of SUD Monitoring Protocol, Q1 2019.
- Obtain stakeholder feedback regarding draft contract language related to Milestone 3 and Milestone 6, Q1 2019.
- Finalize data parameters for Milestone 4—assessment of services and MAT availability statewide, Q1 2019.
- Finalize and submit updated evaluation and design to CMS, Q1 2019.

Quarterly expenditures

The following tables reflect quarterly expenditures for DSRIP, LTSS, and FCS during DY 2 (2018).

DSRIP expenditures

	Q1	Q2	Q3	Q4	DY 2 Total	Funding Source
	January 1–March 31	April 1–June 30	July 1–September 30	October 1–December 31	January 1–December 31	Federal Financial Participation
Accountable Communities of Health						
Better Health Together	$8,629,990	$7,209,119	$0	$15,435,819	$31,274,928	$15,637,464
Cascade Pacific Action Alliance	$9,301,288	$6,553,744	$0	$11,013,701	$26,868,733	$13,434,367
Greater Columbia	$10,983,624	$13,248,808	$0	$15,419,181	$39,651,613	$19,825,807
HealthierHere	$17,259,981	$20,373,755	$0	$24,230,140	$61,863,876	$30,931,938
North Central	$7,691,357	$3,276,872	$0	$8,652,924	$19,621,153	$9,810,577
North Sound	$13,709,292	$14,163,052	$0	$16,520,549	$44,392,893	$22,196,447
Pierce County	$9,414,535	$11,593,208	$0	$13,216,440	$34,224,183	$17,112,091
Olympic Community of Health	$4,594,020	$2,621,498	$0	$4,405,480	$11,620,998	$5,810,499
SWACH	$14,167,487	$4,587,621	$0	$7,709,590	$26,464,698	$13,232,349
IHCP-specific projects						
Indian Health Care Providers	$5,400,000	$0	$0	$5,579,000	$10,979,000	$5,489,500

Note: Project and integration incentives for DY 1 were paid to the ACHs in Q2 of 2018. Earned project incentives for the first semi-annual reporting period of DY 2 were paid out in Q4 of 2018. Therefore, no incentive payments were made in Q3.

LTSS and FCS service expenditures

	Q1	Q2	Q3	Q4	DY 2 Total
	January 1–March 31	April 1–June 30	July 1–September 30	October 1–December 31	January 1–December 31
Tailored Supports for Older Adults	$314,035	$631,626	$945,915	$1,289,456	$3,181,032
Medicaid Alternative Care	$8,107	$8,359	$15,901	$21,348	$53,715
MAC and TSOA not eligible	$210	$1,316	$61	$0	$1,587
FCS	$0	$23,800	$0	$75,755	$99,555

Overall MTP development/issues

Operational/policy issues

Implementation activities for DSRIP, LTSS, and FCS are currently underway. There are no significant operational or policy issues to report for this quarter.

Regarding FCS, it is worth noting that the state is continuing work to implement automated FCS payments through the ProviderOne system. Currently, the state is manually processing payments for FCS services, which results in delayed payments to Amerigroup. The state is hoping to automate that process in ProviderOne by summer 2019.

Consumer issues

The state has not experienced any major consumer issues for the DSRIP, FCS, and LTSS programs during this reporting quarter, other than general inquiry about benefits available through MTP.

Quality assurance/monitoring activity

View the Q4 quality assurance summary for the LTSS program.

MTP evaluation

The state continued to support foundational tasks in support of the contracted scope of work by MTP IEE, Oregon Health Sciences University, Center for Health System Effectiveness (OHSU-CSHE). The state's activities included:

- Facilitation of a meeting with state subject matter experts to support IEE's draft provider organization survey instruments for primary care clinics and hospitals.
- Facilitating outreach to key stakeholders for IEE's ongoing information gathering.
- Coordination of work sessions to identify administrative data needed for quantitative assessments of the ACHs' transformation projects.
- DSHS subject matter experts met with the IEE to educate and provide information about the MAC and TSOA programs. Note: The state had a robust conversation with the IEE and provided documentation and training materials to assist in program evaluation. There was discussion about meeting again to share and explore more detailed information about the programs, the benefits, and the people served.

In addition, the IEE received Washington State IRB approval during DY 2 Q4, and will begin qualitative interviews in DY 3 Q1. The state also received IEE's second quarterly Rapid-cycle Monitoring Report. The report is a high-level summary of key evaluation activities that occurred between October 1 and December 31, 2018. Looking forward, the state expects the IEE's next quarterly Rapid-cycle Monitoring Report to include initial results from the first round of qualitative interviews.

The state also worked with the IEE to finalize the draft evaluation design for the SUD amendment, which was submitted to CMS in early January, 2019. The state also began discussions on a statement of work and budget to have the IEE conduct the mid-point assessment required in the STCs for the SUD amendment.

Value-based payment

Value-based Roadmap: Apple Health Appendix

HCA submitted its annual update to the state's Value-based Roadmap Apple Health Appendix on October 1, 2018. The Apple Health Appendix, in accordance with the STCs, describes how MTP is supporting providers and managed care organizations in moving along the value-based care continuum. It establishes targets for VBP attainment and related DSRIP incentives for MCOs and ACHs. The state received comments from CMS in December 2018, and is actively working to address those comments with CMS in Q1 2019.

Validation of financial performance measures

In DY 1, HCA contracted with Myers and Stauffer LC to serve as the Independent Assessor (IA) for MTP. In this role, the IA functions as the third-party assessor of financial measures data submitted by MCOs as part of their contracts with HCA. HCA's contracts with the five MCOs establish parameters for the VBP assessment process. These parameters include the nature of the financial performance measures, the timelines under which MCOs must submit data, and the review process, which includes third party validation.

The IA completed validation of statewide and regional financial measure data submitted by managed care organizations (MCOs), per the terms of MCO contracts with the HCA. Based on the review of supporting contract documentation submitted by MCOs during the validation process, the IA determined with confidence that MCOs applied the Health Care Payment & Learning Action Network (HCP-LAN) framework appropriately to categorized provider contracts payment arrangements.

Statewide progress toward VBP targets

According to 2017 MCO financial performance measure data, both MCOs and ACH regions are outpacing the annual, state-financed VBP targets. In addition, HCA issued two annual VBP surveys to

- Track health plan and provider progress toward the state's goal of paying for value.
- Identify barriers impeding desired progress. Responses were collected through August 31, 2018. During Q3, the state synthesized and analyzed results from the annual survey respondents. In Q4, a summary of key

findings was made available to ACHs, stakeholders and the public on the Healthier Washington Paying for Value webpage.

Upcoming activities for the next quarter include:

- The state will continue to convene discussions with ACHs, MCOs, and other partners to identify opportunities to support VBP readiness and attainment. This includes coordinated efforts on a VBP toolkit containing technical assistance resources for providers. During Q1 DY3, HCA will work with ACHs and MCOs on appropriate deployment mechanisms for the VBP toolkit technical assistance resource, including identification of where ACH and MCO support is most appropriate.
- The state will respond to CMS comments and questions related to the 2018 Apple Health Appendix submission.

Health Information Technology

In Q4, HCA worked across the organization and collaborated with Department of Health (DOH) and ACHs in the development of the 2019 Health IT (HIT) Operational Plan. The plan includes tasks in several categories including data and governance; master person index and provider directory; payment models; health information exchange, including tasks to expand the functionality, use, and users of the Clinical Data Repository (CDR); and engaging behavioral health providers. HCA and DOH staff met frequently during Q4 to operationalize the tasks in the SUD Health IT Plan (a required component of the IMD Waiver). The 2019 Health IT Operational Plan integrates the tasks in the SUD Health IT Plan. HCA submitted its 2019 Health IT Operational Plan to CMS on January 3, 2019.

HCA completed its initial mapping of financial resources that could be used to support the tasks in the SUD Health IT Plan (Task 1 in the SUD Health IT Plan/ ask 14-01 in the Health IT Operational Plan).

HCA and DOH collaborated on the feasibility of leveraging the 100 percent federal match available for the design, development, and implementation of a qualified prescription drug monitoring program (PDMP) as defined in the "Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act" (the Support Act). Many of the requirements for a qualified PDMP overlap with the tasks in the SUD Health IT Plan and have been incorporated into the state's 2019 Health IT Operational Plan.

HCA continued developing educational resources for a template that could be used to support the exchange of SUD information that is subject to 42 C.F.R. Part 2. In addition, requirements for the electronic exchange of this information were specified. Contingent on funding, work will continue to refine requirements and deploy an electronic consent management solution that could support the exchange of information, which is subject to 42 CFR Part 2 via the CDR.

Integrated managed care

One of the key goals of MTP is the comprehensive integration of physical and behavioral health services. During the reporting quarter, HCA continued to support regional transitions to integrated managed care (IMC), including the following activities:

- HCA conducted education activities to prepare MCOs and behavioral health organizations (BHOs) for integrated care, including "knowledge transfers," webinars, and guidance documents to educate MCOs on behavioral health programs and services.
- HCA worked with the mid-adopter regions (2019 implementation) to develop client, provider, and community communications regarding the change to IMC, and sent those communications out to stakeholders and beneficiaries.
- HCA provided technical assistance and support to the mid-adopter regions to develop regional Early Warning Systems.
- HCA monitored provider, MCO, and behavioral health–Administrative Services Organization (BH-ASO) readiness activities in the 2019 regions, and provided guidance/support to ensure they were ready for implementation of IMC.
- HCA continued extensive stakeholder engagement with the 2019 mid-adopter regions, including continued participation in regional meetings/workgroups and regular meetings with the MCOs and BHOs/BH-ASOs to address IMC issues/concerns/questions.

- HCA actively engaged with stakeholders in the regions preparing for 2020 implementation. (E.g., attended regional meetings, gave presentations about IMC, and included the BHOs in those regions in the regular BHO check-in calls).

HCA will continue to engage stakeholders and beneficiaries regarding changes to managed care coverage in each region.

Financial/budget neutrality development/issues

Financial

HCA continues to work with our partners at the State Auditor's Office on a routine agency audit on MTP expenditures.

Budget neutrality

HCA continues to respond to CMS requirements for budget neutrality monitoring, including adoption of the new budget neutrality monitoring tool. HCA provided additional background and analyses requested by CMS, based on budget neutrality projections over the life of MTP.

HCA will continue to work on SUD budget neutrality reporting (including reporting SUD IMD member months) and provide an update once it is available.

Below are the counts of member months eligible to receive services under MTP. Member months are updated retrospectively, based on the current Caseload Forecast Council (CFC) medical caseload data. November 2018 through December 2018 are forecasted caseload figures from CFC.

Member months eligible to receive services count

Calendar month	Budget neutrality eligibility groups
Jan-17	375,822
Feb-17	374,596
Mar-17	374,147
Apr-17	372,994
May-17	372,558
Jun-17	372,483
Jul-17	371,611
Aug-17	371,360
Sep-17	370,128
Oct-17	369,963
Nov-17	369,815
Dec-17	369,842
Jan-18	369,900
Feb-18	368,521
Mar-18	368,365
Apr-18	367,079
May-18	367,421
Jun-18	366,687
Jul-18	366,420
Aug-18	365,846
Sept-18	364,852
Oct-18	364,859
Nov-18	364,739
Dec-18	364,527
Total	8,864,536

Designated State Health Programs (DSHP)

No updates to report on DSHP.

Summary of additional resources, enclosures and attachments

Additional resources

More information about Washington's MTP is available on the Healthier Washington website.

Interested parties can sign up to be notified of MTP developments, release of new materials, and opportunities for public comment through the Healthier Washington GovDelivery system.

Summary of attachments

Attachment A: State contacts

Attachment B: independent external evaluator Rapid-cycle Monitoring Report, Q4 2018

Attachment C: Financial Executor Portal Dashboard, Q4 2018

Attachment A: state contacts

Contact these individuals for questions within the following MTP-specific areas.

Area	Name	Title	Phone
MTP and quarterly reports	Chase Napier	Manager, Medicaid Transformation	(360) 725-0868
DSRIP program	Chase Napier	Manager, Medicaid Transformation	(360) 725-0868
LTSS program	Kelli Emans	Managed Care Policy Analyst, DSHS	(360) 725-3213
FCS program	Melodie Pazolt	Deputy Director, Behavioral Health and Recovery	(360) 725-0487
SUD program	Melodie Pazolt	Deputy Director, Behavioral Health and Recovery	(360) 725-0487

For mail delivery, use the following address:

Washington Health Care Authority
Policy Division
Mail Stop 45502
628 8th Ave SE
Olympia, WA 98501

Attachment B: independent external evaluator Rapid-cycle Monitoring Report

View the IEE Rapid-cycle Monitoring Report on the Healthier Washington website.

Attachment C: Financial Executor Portal Dashboard, Q4 2018

All funds earned and distributed through the Financial Executor portal through December 31, 2018.

	Total	Better Health Together	Cascade Pacific Action Alliance	Greater Columbia Accountable Community of Health	HealthierHere	North Central Accountable Community of Health	North Sound Accountable Community of Health	Olympic Community of Health	Pierce County Accountable Community of Health	SWACH	IHCP-Specific Projects
Project Description											
Funds Earned by ACH											
2A: Bi-directional Integration of Physical and Behavioral Health through Care Transformation	119,628,300.38 $	13,553,541.48 $	9,681,100.96 $	19,973,641.27 $	31,387,148.85 $	4,419,633.96 $	12,198,186.31 $	5,004,384.79 $	14,785,680.84 $	8,624,981.92 $	
2B: Community-Based Care Coordination	43,493,398.05 $	9,318,059.60 $	6,655,757.57 $			3,038,497.48 $	8,386,253.64 $		10,165,155.74 $	5,929,674.02 $	
2C: Transitional Care	31,549,257.26 $		3,932,947.25 $	8,114,291.13 $	12,751,029.35 $	1,795,475.88 $	4,955,513.65 $				
2D: Diversion Interventions	8,784,021.08 $					1,795,475.88 $	4,955,513.65 $	2,033,031.55 $			
3A: Addressing the Opioid Use Public Health Crisis	14,953,538.50 $	1,694,193.29 $	1,210,137.92 $	2,496,705.27 $	3,923,393.57 $	552,454.27 $	1,524,773.66 $	625,548.02 $	1,848,210.31 $	1,078,122.19 $	
3B: Reproductive and Maternal/Child Health	4,200,573.25 $		1,512,672.40 $				1,905,966.33 $	781,934.52 $			
3C: Access to Oral Health Services	1,612,741.51 $						1,143,580.00 $	469,161.51 $			
3D: Chronic Disease Prevention and Control	29,907,072.99 $	3,388,384.58 $	2,420,274.84 $	4,993,409.54 $	7,846,787.13 $	1,104,907.54 $	3,049,547.32 $	1,251,096.03 $	3,696,420.64 $	2,156,245.37 $	
Behavioral Health Integration Incentives	35,545,522.00 $	3,320,749.00 $		4,073,566.00 $	5,955,517.00 $	5,458,866.00 $	4,332,435.00 $		3,728,715.00 $	8,675,674.00 $	
Value-Based Payment (VBP) Incentives	6,308,649.00 $		1,455,842.00 $			1,455,842.00 $	1,941,123.00 $	1,455,842.00 $			
IHCP-Specific Projects	10,979,000.00 $										10,979,000.00 $
High Performance Pool											
Total Funds Earned	**306,962,074.02 $**	**31,274,927.95 $**	**26,868,732.94 $**	**39,651,613.21 $**	**61,863,875.90 $**	**19,621,153.01 $**	**44,392,892.56 $**	**11,620,998.42 $**	**34,224,182.53 $**	**26,464,697.50 $**	**10,979,000.00 $**
Funds Distributed by ACH											
Administration	8,192,127.65 $	566,670.52 $	176,384.00 $	679,000.00 $	3,400,023.00 $		1,838,168.76 $	11,081.37 $	1,400,000.00 $	120,800.00 $	
Community Health Fund	4,240,715.00 $		940,715.00 $				1,800,000.00 $		1,500,000.00 $		
Health Systems and Community Capacity Building	9,794,305.57 $	835,000.00 $	237,374.25 $			340,000.00 $	3,059,278.32 $		4,654,653.00 $	118,000.00 $	550,000.00 $
Integration Incentives	10,566,472.66 $	1,455,000.00 $		2,524,518.00 $	4,267,854.00 $	50,571.66 $	553,320.00 $		1,715,209.00 $		
Project Management	1,962,860.05 $		999,510.00 $	287,000.00 $		489,867.76 $	186,482.29 $				
Provider Engagement, Participation and Implementation	40,785,324.52 $	3,345,000.00 $	3,115,472.00 $	671,000.00 $	5,822,287.00 $	2,196,391.52 $	8,636,100.00 $	3,775,460.00 $	4,396,000.00 $	1,090,000.00 $	7,737,614.00 $
Provider Performance and Quality Incentives	769,680.00 $		769,680.00 $								
Reserve / Contingency Fund	947,947.00 $		587,947.00 $				360,000.00 $				
Shared Domain 1 Incentives	68,739,027.00 $	7,561,292.50 $	6,873,903.00 $	9,623,464.00 $	15,122,586.50 $	3,436,951.00 $	10,310,854.50 $	2,749,561.00 $	8,248,682.50 $	4,811,732.00 $	
Total	**145,998,459.45 $**	**13,762,963.02 $**	**13,700,985.25 $**	**13,784,982.00 $**	**28,612,750.50 $**	**6,513,781.94 $**	**26,744,203.87 $**	**6,536,102.37 $**	**21,914,544.50 $**	**6,140,532.00 $**	**8,287,614.00 $**
Funds Available											
Total Funds Distributed to Date	145,998,459.45 $	13,762,963.02 $	13,700,985.25 $	13,784,982.00 $	28,612,750.50 $	6,513,781.94 $	26,744,203.87 $	6,536,102.37 $	21,914,544.50 $	6,140,532.00 $	8,287,614.00 $
Total Funds Available for Distribution	160,963,614.57 $	17,511,964.93 $	13,167,747.69 $	25,866,631.21 $	33,251,125.40 $	13,107,371.07 $	17,648,688.69 $	5,084,896.05 $	12,309,638.03 $	20,324,165.50 $	2,691,386.00 $
% of Total Funds Distributed	**47.56 %**	**44.01 %**	**50.99 %**	**34.77 %**	**46.25 %**	**33.20 %**	**60.24 %**	**56.24 %**	**64.03 %**	**23.20 %**	**75.49 %**
% of Total Funds Distributed by ACH											
Administration	5.61 %	4.12 %	1.29 %	4.93 %	11.88 %		6.87 %	0.17 %	6.39 %	1.97 %	
Community Health Fund	2.90 %		6.87 %				6.73 %		6.84 %		
Health Systems and Community Capacity Building	6.71 %	6.07 %	1.73 %			5.22 %	11.44 %		21.24 %	1.92 %	6.64 %
Integration Incentives	7.24 %	10.57 %		18.31 %	14.92 %	0.78 %	2.07 %		7.83 %		
Project Management	1.34 %		7.30 %	2.08 %		7.52 %	0.70 %				
Provider Engagement, Participation and Implementation	27.94 %	24.30 %	22.74 %	4.87 %	20.35 %	33.72 %	32.29 %	57.76 %	20.06 %	17.75 %	93.36 %
Provider Performance and Quality Incentives	0.53 %		5.62 %								
Reserve / Contingency Fund	0.65 %		4.29 %				1.35 %				
Shared Domain 1 Incentives	47.08 %	54.94 %	50.17 %	69.81 %	52.85 %	52.76 %	38.55 %	42.07 %	37.64 %	78.36 %	
Total	**100.00 %**	**100.00 %**	**100.00 %**	**100.00 %**	**100.00 %**	**100.00 %**	**100.00 %**	**100.00 %**	**100.00 %**	**100.00 %**	**100.00 %**