The Readiness Architecture

Four layers, and they run as a loop: financing enables infrastructure, infrastructure enables capabilities, capabilities unlock better contracts. A plan contracts against your weakest layer, not your average.

	Emerging	Developing	Established · high performing	Leading	Your score
LAYER 0 **Trust, relational capital, community governance**	**Neighborhood presence** Input is advisory only	**Named population expertise** Accountability emerging	**Multi-generational credibility** Structural decision rights	**Community co-governance** Protected in contract terms	1 to 5
LAYER 1 **Capabilities and maturity**	**Single service, referral based** Informal documentation	**Multi-service coordination** Some outcomes tracking	**Enhanced Care Management capable** Quality improvement in place, workforce ladder, data driven	**Population health management** Value-based evidence, peer faculty	
LAYER 2 **Infrastructure**	**Paper or spreadsheet** No formal billing, no federal privacy compliance	**Basic client relationship management, some claims** Federal privacy basics, informal sharing	**Billing and case management** Integrated, Data Exchange Framework ready, closed loop referral	**Fast Healthcare Interoperability Resources enabled** Direct plan data integration, predictive	
LAYER 3 **Financing**	**Grant dependent, no reserves** Single funder, renewal risk	**Mixed grants and contracts** 30 to 60 day cash flow risk	**Diversified, 90-day reserves** Rate negotiation, per member per month contracts	**Value-based risk sharing** Equity financing, social enterprise	

In the organizations I assess, the highest-acuity work most often sits Developing to Established. The gap is not failure. It is underfunded potential.

Community-based Provider Readiness Framework (Frontline Organization Readiness Assessment), Hickman Strategies LLC. The Data Exchange Framework is California's statewide health data sharing agreement. Federal privacy compliance refers to HIPAA.

How to score this page

1

Score each row in the Your score column

Four entries, one per layer, on a 1 to 5 scale. 1 is below Emerging, 2 is Emerging, 3 Developing, 4 Established, 5 Leading. Score the layer as it actually operates today, not as it operates on a good month.

2

Circle the weakest one

A plan contracts against your weakest layer, not your average. That row is your investment priority regardless of how strong the other three are. A 4 in every row is the contracting floor.

3

Put a number on closing it

What would it cost for one year to move that layer one point to the right? An estimate you can defend is enough. That number is page one of the two pages.

4

Name who owns it

One person, with the authority to convene, answerable to the care model rather than to a single funding stream. That is page two. Send both pages to your plan and your county before your next contract conversation, and again when your plan posts its approved Community Reinvestment plan.

Established is what a high-performing CalAIM provider looks like across all four layers.

It is also where managed care plans set their contracting floor. The bar for doing this work well and the bar for keeping the contract are the same bar.

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