



North Central Accountable Community of Health

Governing Board Meeting 1:00 PM–3:30 PM, May 2nd, 2022

Location	Call-in Details
Virtual Meeting Only	Conference Dial-in Number: (253) 215-8782 US Meeting ID: 858 8918 2417 Passcode: 275107 +12532158782,,85889182417# US Join Zoom Meeting: https://us02web.zoom.us/j/85889182417?pwd=ZmUyM215ZVc0TGZVTW43K0k0WU9rZz09

TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	Introductions – Molly Morris <ul style="list-style-type: none">Zoom EtiquetteBoard Roll CallDeclaration of ConflictsPublic CommentApproval of Consent Agenda	<ul style="list-style-type: none">Approval of Consent Agenda	<ul style="list-style-type: none">Agenda, AcronymsConsent Agenda –<ul style="list-style-type: none">Minutes 04/04 MeetingMonthly Financial Report	1-3 4-14
1:05 PM	Acting Executive Director Update – John Schapman			
1:35 PM	Board Election – Ken Sterner	<ul style="list-style-type: none">Approval of Okanogan CHI Nominee Peter Morgan	<ul style="list-style-type: none">Peter Morgan Board Decision Form w/ bio	15
1:45 PM	Telehealth – Wendy Brzezny		<ul style="list-style-type: none">Presentation	16-28
2:15 PM	Break			
2:20 PM	MTP Waiver Renewal Deep Dive – John Schapman & Michael Arnis		<ul style="list-style-type: none">Presentation	29-43
3:05 PM	Strategic Planning and Future State Updates – Chris Kelleher			
3:25 PM	Roundtable & Adjournment – Molly Morris			

The mission of NCACH is to advance whole-person health and health equity in North Central Washington by unifying stakeholders, supporting collaboration, and driving systemic change, with particular attention to the social determinants of health.

A Handy Guide to Acronyms within the Medicaid Transformation Project

ACA: Affordable Care Act	EMS: Emergency Medical Services
ACH: Accountable Community of Health	FIMC: Fully Integrated Managed Care
ACO: Accountable Care Organization	FCS: Foundational Community Supports
AI/AN: American Indian/Alaska Native	HCA: Health Care Authority
BAA: Business Associate Agreement	HIT/HIE: Health Information Technology / Health Information Exchange
BH: Behavioral Health	MAT: Medication Assisted Treatment
BH-ASO: Behavioral Health - Administrative Service Organization	MCO: Managed Care Organization
BLS: Basic Life Skills	MH: Mental Health
CBO: Community-Based Organization	MOU: Memorandum of Understanding
CCHE: Center for Community Health and Evaluation	MTP: Medicaid Transformation Project(s)
CCMI: Centre for Collaboration Motivation and Innovation	NCACH: North Central Accountable Community of Health
CCS: Care Coordination Systems	NCECC: North Central Emergency Care Council
CHART: Community Health Access and Rural Transformation	OHSU: Oregon Health & Science University
CHI: Coalition for Health Improvement	OHWC: Okanogan Healthcare Workforce Collaborative
CHW: Community Health Worker	OTN: Opioid Treatment Network
CMS: Centers for Medicare and Medicaid Services	OD: Opioid Use Disorder
CMT: Collective Medical Technologies	P4P: Pay for Performance
COT: Chronic Opioid Therapy	P4R: Pay for Reporting
CP: Change Plans	PCS: Pathways Community Specialist
CPTS: Community Partnership for Transition Solutions	PDSA: Plan Do Study Act
CSSA: Community Specialist Services Agency	PHSKC: Public Health Seattle King County
DOH: Department of Health	RFP: Request for Proposals
DSRIP: Delivery System Reform Incentive Program	SDOH: Social Determinants of Health
EDie: Emergency Dept. Information Exchange	SSP/SEP: Syringe Services Program / Syringe Exchange Program



North Central Accountable Community of Health

SMI: Serious Mental Illness

SUD: Substance Use Disorder

TCDI: Transitional Care and Diversion Interventions

TCM: Transitional Care Management

VBP: Value-Based Payment

WPCC: Whole Person Care Collaborative

LHJ: Local Health Jurisdiction

Location Virtual	Attendees				
	Board Member	04/04/22	Guests	Staff	Presenters / Consultants
	Molly Morris	X	Penny Quist	John Schapman	Kristin Solberg
	Carlene Anders	X	Deb Miller	Caroline Tiller	Sara Croskey
	Cathy Meuret	X	Chenia Flint	Wendy Brzezny	
	Deb Murphy	X	Gerado Perez-Guerrero	Joseph Hunter	
	Dell Anderson	X	Kelsey Gust	David Goehner	
	Jesus Hernandez	X		Mariah Kelley	
	Ken Sterner				
	Ramona Hicks	X			
	Ray Eickmeyer				
	Rebecca Davenport	X			
	Rosalinda Kibby	X			
	Senator Warnick	X			
	Michael Tuggy				
	Kat Latet	X			
	Theresa Adkinson	X			
	Nancy Spurgeon	X			
	Agenda Item	Minutes			
<ul style="list-style-type: none">• Roll Call• Declaration of Conflicts• Approval of consent agenda• Public Comment	<ul style="list-style-type: none">• Meeting called to order at 1:00 PM by Molly Morris.• Molly started the meeting with a land acknowledgment.• Declarations of conflicts: None• Public Comment: None <p>❖ Rosalinda K. moved, Rebecca D. seconded the motion to approve the consent agenda, no further discussion, motion passed.</p>				

**Acting Executive Director
Update – John Schapman**

State Updates

- MTP Renewal – public comment begins April 18th
- CHART tour with HCA – visited last week, met with NCACH staff and hospital partners in Chelan and Okanogan counties
- Legislative Session
 - SB 5589 passed, HB 1865 did not pass, HB 1868 did not pass

NCACH Region and Partner Updates

- Emergency Department pilot with Samaritan and HopeSource
- Narcan vending machine arrived at Advance in Okanogan County last week
- NCACH meetings:
 - Monthly partner convening on April 19th
 - Behavioral Health Learning Series is April 13th
- Health Equity: connected to NCW Equity Alliance and contracting with Karen Francis-McWhite
- WA 2-1-1 Lab and Learn: training took place last week to connect recovery coaches with WA 2-1-1

Board Member Conversations and Feedback

- Appreciate the focus on overall health and not just healthcare
- Disagreement on what it means to do equity work
- Some members expressed desire to learn more about future state work; would like to understand next steps
- Outcomes/metrics for review
- Format works well for most board members
- Breakouts are helpful when discussing topics
- Would like to have time to connect with other board members
- *Recommendations:*
 - Enhance board trainings and orientation so members feel that they can be ambassadors for NCACH in community
 - Formalize an equity statement with the Board with a few key principles
 - Provide board with key goals/metrics that can demonstrate progress
 - Routine evaluation opportunities – monthly, or quarterly
 - In-person retreats and virtual board meetings

Staff/Operational Updates

- David Goehner, Communications Manager, will be relocating. His final day with NCACH will be April 8th
- Sara Bates, Director of Community Data, will start on April 18th
- Joey Hunter appointed as a Board member to Chelan-Douglas Board of Health
- John Schapman will be taking paternal leave at the end of April and beginning of May

<p>NCACH Financial Report John Schapman Sarah Croskey and Kristin Solberg, CLA</p>	<p>Sarah C. shared financial statements with cash balance, budget overview, revenue and expenditures, selected information, and summary of significant assumptions.</p> <p>Molly M. asked about sharing ongoing financial reporting at monthly board meetings. Previously the budget has been shared in consent agenda at each monthly meeting.</p>
<p>Waiver Renewal Update John Schapman</p>	<p>The current Medicaid Transformation Project (MTP) waiver period ends on December 31, 2022. If approved, the renewal would begin on January 1, 2023, and end on December 31, 2027.</p> <p>Formal public comment period will be April 18 – May 18. Renewal application submission is set for July 15, 2022.</p> <p>Specific Goals of Initiative 1:</p> <ul style="list-style-type: none"> • Expanding coverage and access to care, ensuring people can get the care that they need • Advancing whole-person primary, preventive and home-and-community-based care • Accelerating care delivery and payment innovation focused on health-related social needs <p><i>Health-related services</i> Populations of Focus:</p> <ul style="list-style-type: none"> • Individuals transitioning out of incarceration • Pregnant individuals and families with infants • Youth experiencing unmet social needs <p>Community-based care coordination (Community Hub) to help people get social needs met in community</p> <p>Theresa A. wants to ensure that there is not a duplication of services, as some already have a functioning community-based care coordination model. Caroline T. shared the desire for Healthcare Authority (HCA) to work with the WA Department of Health to ensure that there is not duplication and fragmentation.</p> <p>HCA would like to know the following after reviewing renewal package:</p> <ul style="list-style-type: none"> • What is exciting? • What is concerning? • Is there anything HCA needs to know? • What is working well that should continue? <p>Penny Q. shared concerns about telehealth reimbursement rates. Telehealth is not specifically called to attention in the waiver renewal. Jesus H. shared thoughts on telehealth and NCW libraries. Jesus also commented on housing, investing funds to promote opportunities to expand housing. Kat L. mentioned community paramedicine and how it fits into the renewal.</p>

Telehealth Proposal
Wendy Brzezny

Wendy B. shared background and timeline on telehealth proposal. Beginning in 2020, board members expressed interest in funding telehealth opportunities in North Central Washington.

Community Assessment Recommendations (WSU)

- Broadband Access
- Technology challenges
- Telehealth preferences
- Community Education and building trust

Clinical Assessment Recommendations (Ingenium)

A menu of options for shared support services, shared support resources and individual support services was presented. The support provided to clinical organizations would be individualized based on need and desire.

Community Next Steps

- North Central Washington Regional Library system
- Community centers
- Educational service districts
- Digital navigator program
- Other

Clinical Next Steps

- Contract with Digital Health Advisors to assist clinical organizations on building out their telehealth program
- Provide partial funding to support upgrade of telehealth equipment, software infrastructure to support the offering of telehealth services

Funding

- \$2,000,000 over 2.5 years
 - \$500,000 for community partners
 - 30 library locations, community resource centers, schools, digital navigator
 - \$1,500,000 for clinical organizations
- **Considerations:**
 - Not all clinical organizations will participate
 - Telehealth grant opportunities
 - Telehealth is included in the CHART model

Discussion

	<p>Jesus H. discussed Community Health worker role in telehealth adaptation. Virtual care is happening and electronic health records each have their own model. Jesus also brought to attention the role agricultural employers in our area could play in telehealth implementation.</p> <p>Dell Anderson shared the need for telehealth in specialty, especially psychiatry.</p> <p>Rosalinda K. had a question about budget breakdown. Cathy M. mentioned the role of schools in implementation. Wendy B. expressed that distributed leadership will play a role in how it is presented to the school districts.</p> <p>Jesus H. in support of funding telehealth proposal, but it does feel like signing a “blank check” without specific deliverables. Rosalinda K. likes the idea of setting aside the funding and allowing for the NCACH staff to come back with tangible rollout process. Cathy M. agrees, in that she would like more information about the spending. Carlene A. also wants to set aside the funding amount for the telehealth proposal, with the opportunity to revisit more specific breakdown. Nancy S. acknowledged that each organization would need varied levels of funding. Ramona H. would like to know how each organization would utilize funding and how it would breakdown in each county. Jesus H. suggested approving the funding amount and developing framework for the funding process.</p> <p>Wendy B. shared that NCACH staff will develop criteria and bring to the next board meeting on May 2, 2022. Carlene offered to review proposal. Senator Warnick would also be willing to review the updated proposal prior to the next board meeting.</p> <p>Amended motion: Motion to approve up to \$2,000,000 to support the build out of telehealth infrastructure in the North Central Washington region and will defer action until framework for distributing funds is approved by the board.</p> <p>Motion: ❖ <i>Jesus H moved, Senator W. seconded the motion to approve the funding for telehealth, Kat L. abstained, motion passed.</i></p>
Roundtable Discussion Molly Morris	Theresa A. shared updates from Public Health. Chelan-Douglas board finalized their membership; Grant and Okanogan Counties will be following soon.
Adjournment	Meeting adjourned at 3:29 PM by Molly Morris.

North Central Accountable Community of Health Monthly Board Report

Financial Reports

Cash Balances

Statement of Cash Receipts and Cash Disbursements

DRAFT

North Central Accountable Community of Health
Cash Balances as of: March 31, 2022

Checking/Savings	
FE Portal (WAFE)	\$16,370,020
Cashmere Valley Bank Checking Account	\$2,065,259
CDHD - County	\$0
Total Checking/Savings	<u><u>\$18,435,279</u></u>

DRAFT

The financial statements omit substantially all of the disclosures ordinarily included in financial statements prepared in accordance with the cash basis of accounting, and no assurance is provided on them.

North Central Accountable Community of Health

Statement of Cash Receipts & Cash Disbursements for the Three Month Ended March 31, 2022 and the Twelve Months Ending December 31, 2022

	<u>January</u>	<u>February</u>	<u>March</u>	<u>Year To Date</u>	<u>YTD Budget</u>	<u>Change to Budget</u>	<u>Full Budget</u>
<u>REVENUE</u>							
SPECIAL EVENTS	-	-	-	-	-	- 100%	-
GRANT REVENUE	-	-	-	-	12,500	(12,500) -100%	50,000
WAVIER REVENUE	-	-	-	-	1,033,249	(1,033,249) -100%	4,132,995
CONTRACT REVENUE	-	-	-	-	73,167	(73,167) -100%	292,666
				-	-	100%	-
GROSS REVENUE	-	-	-	-	1,118,915	(1,118,915) -100%	4,475,661
<u>EXPENDITURES</u>							
SALARIES & WAGES	-	44,033	44,033	88,066	216,322	128,255 59%	865,286
EMPLOYEE BENEFITS	-	14,158	13,587	27,744	33,572	5,828 17%	134,287
MILAGE	-	-	-	-	5,500	5,500 100%	22,000
SUPPLIES	-	284	1,700	1,984	34,853	32,869 94%	139,412
DUES AND SUBSCRIPTIONS	7	18	47	72	1,964	1,892 96%	7,854
CONTRACT SERVICES	37,133	43,380	58,330	138,843	188,762	49,918 26%	755,046
IT SERVICES	-	3,840	1,805	5,645	1,750	(3,895) -223%	7,000
ACCOUNTING SERVICES	3,150	-	14,271	17,421	10,444	(6,977) -67%	41,776
LEGAL SERVICES	2,635	333	75	3,043	2,500	(543) -22%	10,000
PROGRAM	-	102,917	358,350	461,267	1,635,994	1,174,727 72%	6,543,975
TRAVEL/TRAIN/MEETINGS	-	-	101	101	10,375	10,274 99%	41,500
ADVERTISING	-	782	270	1,052	3,250	2,198 68%	13,000
RENT	4,425	2,213	2,213	8,850	6,638	(2,213) -33%	26,550
UTILITIES	-	1,867	744	2,611	-	(2,611) 100%	-
INSURANCE	-	113	-	113	1,700	1,587 93%	6,800
EVENTS	-	-	11,008	11,008	21,500	10,492 49%	86,000
MAINTENANCE	4,060	-	60	4,120	-	(4,120) 100%	-
MISCELLANEOUS	-	-	-	-	-	- 100%	-
EXCISE TAX/USE TAX	-	-	-	-	750	750 100%	3,000
				-	-	100%	-
TOTAL EXPENDITURES	51,410	213,935	506,593	771,938	2,175,872	1,403,933 65%	8,703,486
NET RESULTS OF OPERATIONS	(51,410)	(213,935)	(506,593)	(771,938)	(1,056,956)	285,018 -27%	(4,227,825)
<u>OTHER EXPENDITURES</u>							
CAPITAL EXPENDITURES	-	-	-	-	-	- 100%	-
TOTAL OTHER EXPENDITURES	-	-	-	-	-	100%	-
NET INCOME/(LOSS)	(51,410)	(213,935)	(506,593)	(771,938)	(1,056,956)	285,018 -27%	(4,227,825)

The financial statements omit substantially all of the disclosures ordinarily included in financial statements prepared in accordance with the cash basis of accounting, and no assurance is provided on them.

**North Central Accountable Community of Health
Selected Information**

The accompanying financial statements include the following departures from accounting principles generally accepted in the United States of America:

The financial statements omit substantially all disclosures typically required by accounting principles generally accepted in the United States of America.

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North Central Accountable Community of Health Summary of Significant Assumptions

Salaries are determined by an employee compensation matrix

The following programs will carry over from the 2021 budget

- CHI Community Initiative Funding

- Hope Squad Funding

- Recovery Coach Network

All program revenues and expenditures are based on contracts, recognized upon completion of milestones

Administrative expenses are based on prior year performance with a nominal growth rate

The budget does not include Telehealth Implementation Funds

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**North Central Accountable Community of Health
Budget by Class**

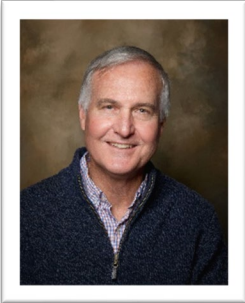
Strategic Priority	YTD	Budgeted
Equity		699,000.00
Behavioral Health & Recovery	109,083.38	2,668,825.00
Capacity Building	22,636.67	1,053,100.00
Cross Sector Collaboration	388,353.46	2,668,825.00
Education & Advocacy		18,000.00
Operations	251,864.95	1,590,911.00
Total	771,938.46	8,700,485.00

Funding Buckets	YTD	Budgeted
Capacity Building	9,083.38	233,750.00
Organizational Redesign	419,880.00	3,698,000.00
System Redesign	88,193.46	2,647,325.00
Consultants	2,916.67	873,080.00
Operations	251,864.95	1,248,331.00
Total	771,938.46	8,700,485.00



North Central Accountable Community of Health

Board Decision Form

TOPIC: Okanogan CHI Board Seat Nomination – Peter Morgan	
PURPOSE: Nomination of Peter Morgan as Okanogan CHI Representative on the NCACH Board. Lisa Apple resigned from the NCACH Board effective at the end of October, 2021. The Okanogan CHI is nominating Peter Morgan to fill the vacant seat. The Nominating Committee and Executive Committee have considered Peter's nomination and recommends the nomination move forward for approval at the May, 2022 Governing Board Meeting.	
BOARD ACTION: <input type="checkbox"/> Information Only <input checked="" type="checkbox"/> Board Motion to approve/disapprove	
	<p>Peter's Bio</p> <p>Peter Morgan is a former NCACH Board member and former Director of NCACH's Whole Person Care Collaborative. Peter has been a member of several health care boards of directors over the years, including the Washington State Hospital Association, Health Care Financial Management Association, Country Doctor Community Health Centers, and King County Project Access. He is currently on the board of the Family Health Centers in Okanogan where he's served for 10 years and on the Leadership Council of the Okanogan Coalition for Health Improvement (CHI).</p> <p>Peter retired from Group Health Cooperative (now Kaiser Permanente of Washington) in 2010 where he worked for 18 years, the last 5 as the Executive Vice President for Delivery System Operations. Prior to that he worked as an auditor and consultant for Arthur Young (now EY- Ernst & Young) in both Denver and Seattle for 7 years and for his own consulting firm in Seattle for 5 years.</p> <p>Peter has a B.A. in History from The Colorado College and an M.B.A. in Finance from the University of Denver. He was a licensed C.P.A. in Colorado while working for Arthur Young.</p> <p>He and Raleigh Bowden, M.D., his wife of 43 years moved to Twisp in 2010 where they owned and operated the historic Methow Valley Inn until 2017. They have two children and two grandchildren. When he's not working or volunteering, Peter enjoys being outdoors hiking, backpacking, biking and cross-country skiing.</p>
PROPOSAL: Approve the nomination of Peter Morgan to fill the Okanogan CHI Representative Seat on the NCACH Governing Board effective 5/2/2022	
IMPACT/OPPORTUNITY (fiscal and programmatic): Peter will fulfill the remainder of the current term that was held by Lisa which is set to expire December 31 st , 2022.	
RECOMMENDATION:	

Submitted By:
Submitted Date:
Staff Sponsor:

Executive/Nominating Committee
05/2/2022
John Schapman



Telehealth Capital Investment Fund

Wendy Brzezny
Director of Clinical Integration

April Board Meeting Board Direction

NCACH Board approved \$2,000,000 earmark to support the build out of telehealth infrastructure in the North Central Washington region and charged NCACH staff to bring back more detail about the framework for distributing funds for the Board to review prior to distribution.

Telehealth Funding Principles

- All investments must directly or indirectly benefit a **Community Initiative**
 - DIRECT investments: community remodeling, signage, training, technology (e.g., kiosks, vans), staffing, etc.
 - INDIRECT investments: capability building within the clinical partners to effectively and efficiently deliver telehealth services through one or more community initiatives
- NCACH will consider *both* equality and equity as we strive for a balance across geography and populations
 - Are all counties benefiting from investments? Are outlying areas that are most challenged by transportation benefiting from investments?
 - Are all populations (age, race and ethnicity, socio-economic status) benefiting from investments? Are targeted investments being made for those with unique challenges?

Telehealth Funding Principles (cont.)

- NCACH staff will ensure that all entities that have a physical presence in the north central region have **equal** access to the telehealth funding.
- It is important that funding be distributed **equitably** based on need.
- Clinical organizations receiving funding to optimize their system will identify a **community initiative** they will tie into once their system is optimized. NCACH will work with that community initiative to ensure optimal connectivity.
- Funding will be distributed over 2.5 years to ensure that organizations that are not currently ready are able to access telehealth support in the future (if interested)
- Community initiatives will be individualized for each community based on:
 - **Ability** for clinical engagement (e.g. will not engage school telehealth until clinical organizations are willing to provide the service to the school)
 - **Readiness** of site (e.g. will not engage a library until we have staff buy-in at the library site)

Telehealth Community Initiative Examples

Identified through assessments

Community Kiosks

- Library Telehealth Sites
- Community Resource Centers
- Community-specific locations such as fire department or churches

Digital Navigators for Telehealth TechChecks – shared service

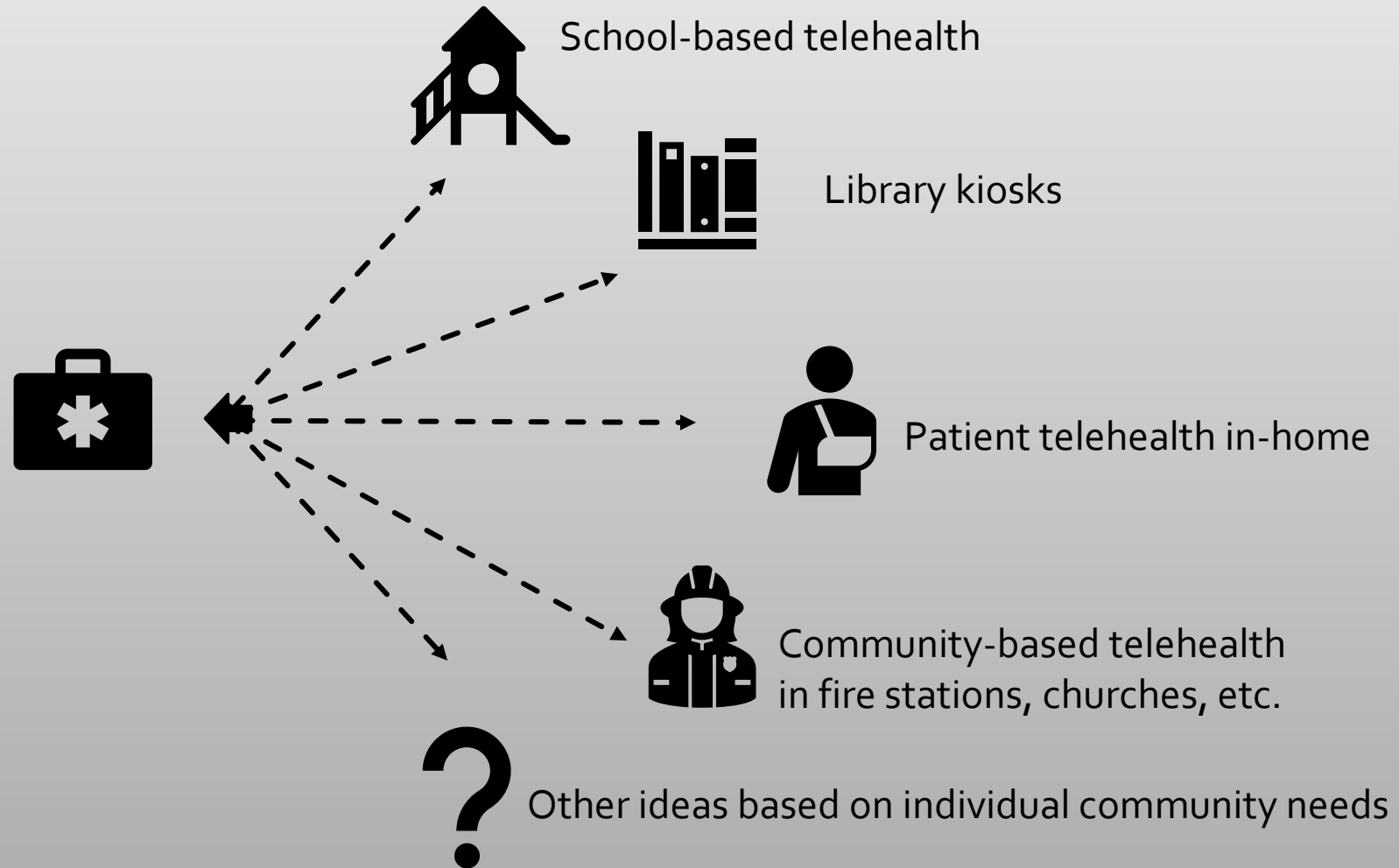
School-based telehealth

Employer-based telehealth (e.g. agriculture)

Home-based senior care

Telehealth Community Initiatives

Phase I telehealth investments for clinical settings will bridge to **Phase II** telehealth investments for community settings.



Funding Estimates

Up to \$2,000,000 over 2.5 years
through 2024

**Clinical Telehealth
Optimization**
\$1,500,000

Avg = \$71,000/organization

**Community Telehealth
Optimization**
\$500,000

Clinical Telehealth Optimization

Organization Types

- 21 potential organizations (including behavioral health and physical health)
- 7 organizations have already expressed interest by completing the optimization survey conducted after assessment.
 - 3-Okanogan, 2-Grant, 2-Chelan-Douglas

Investment Types

- Infrastructure for clinical partners (~\$1,000,000)
 - Partner-specific capital and software needs
- Technical assistance for clinical partners from Ingenium (~\$500,000)
 - Staff education and training
 - Coaching
 - Toolkits
 - Strategy development
 - Outcome evaluations

Clinical Support Needs

Identified through assessment and post-assessment survey

Infrastructure Supports

Software

- Telehealth software integrated into EHR (start-up costs)

Hardware

- Remote Patient Monitoring Devices
- Computer/hardware to optimize telehealth services

Technical Assistance Supports

Telehealth Optimization Support

- Telehealth Coordinator Education & Support
- Telehealth Optimization Education & Support
- Telehealth Optimization Toolkit
- “Webside Manners” Training & Coaching
- Telehealth Marketing Support
- Telehealth or Digital Health Strategy Development
- Telehealth Outcomes/Performance Evaluation

Technology Support (Solutions & Hardware)

- Telehealth TechCheckSM Setup Support
- Telehealth Technology Standard Development
- Telehealth Technology Selection Support
- Remote Exam Tools Selection Support
- Remote Physiological Monitoring Tools Selection

Community Telehealth Optimization

Organization Types

- Community organizations currently working on telehealth initiatives with clinical partners (schools, growers, etc.)
- Libraries (30 potential locations) prioritized by physical space to host, willingness of staff and proximity to clinical sites
- Community organizations willing to host a telehealth kiosk (e.g. fire department, community center, economic development council, etc.).
- Organizations working on Digital Navigator workforce development

Investment Types

- Infrastructure for community partners
 - Space Furnishing, Remodeling
 - Technology (e.g., kiosks, remote patient monitoring)
- Technical assistance for community partners from Ingenium
 - Initiative Design & Planning
 - Launch (Proof of Concept) & Implementation Mgmt.
 - Operational & Technical Support
 - Staff Training
 - Marketing Plan

Next Steps:

Engage:

- Clinical providers who completed the assessment and expressed interest in implementation.
- NCW Library System leadership to plan next steps based on the priorities of the library.
- NCESD and/or individual schools to assess barriers and need.

Work with these partners to develop a plan that outlines need, budget, deliverables and measurable outcomes.

Promote and support successful community-clinical linkages.

Next Steps cont.

Outreach:

- Clinical organizations who
 1. Completed assessment, but not the follow up implementation survey
 2. Expressed interest in completing survey, but did not initiate
 3. All other clinical organizations
- Community organizations who
 1. Participated in WSU assessment or focus groups
 2. Engaged in community work
 3. Other opportunities identified through community engagement

Next Steps cont.

- Staff to update board when appropriate regarding the progress of the telehealth work
- Move forward with distribution of funds based on the principles outlined during the board meeting.

Medicaid Transformation Project Renewal

May 2, 2022

MTP renewal: key dates

- ▶ **February and March 2022:** partner and tribal engagement, continued refinement of concepts
- ▶ **March and April 2022:** CMS input on new and evolving programs
- ▶ **April and May 2022:** public comment processes and Tribal Consultation
- ▶ **July 15, 2022:** submit application to CMS

MTP renewal aims

- ▶ Ensure equitable access to whole-person care, empowering people to achieve their optimal health and well-being in the setting of their choice.
- ▶ Build healthier, equitable communities with communities.
- ▶ Pay for integrated health and equitable, value-based care.

MTP renewal goals

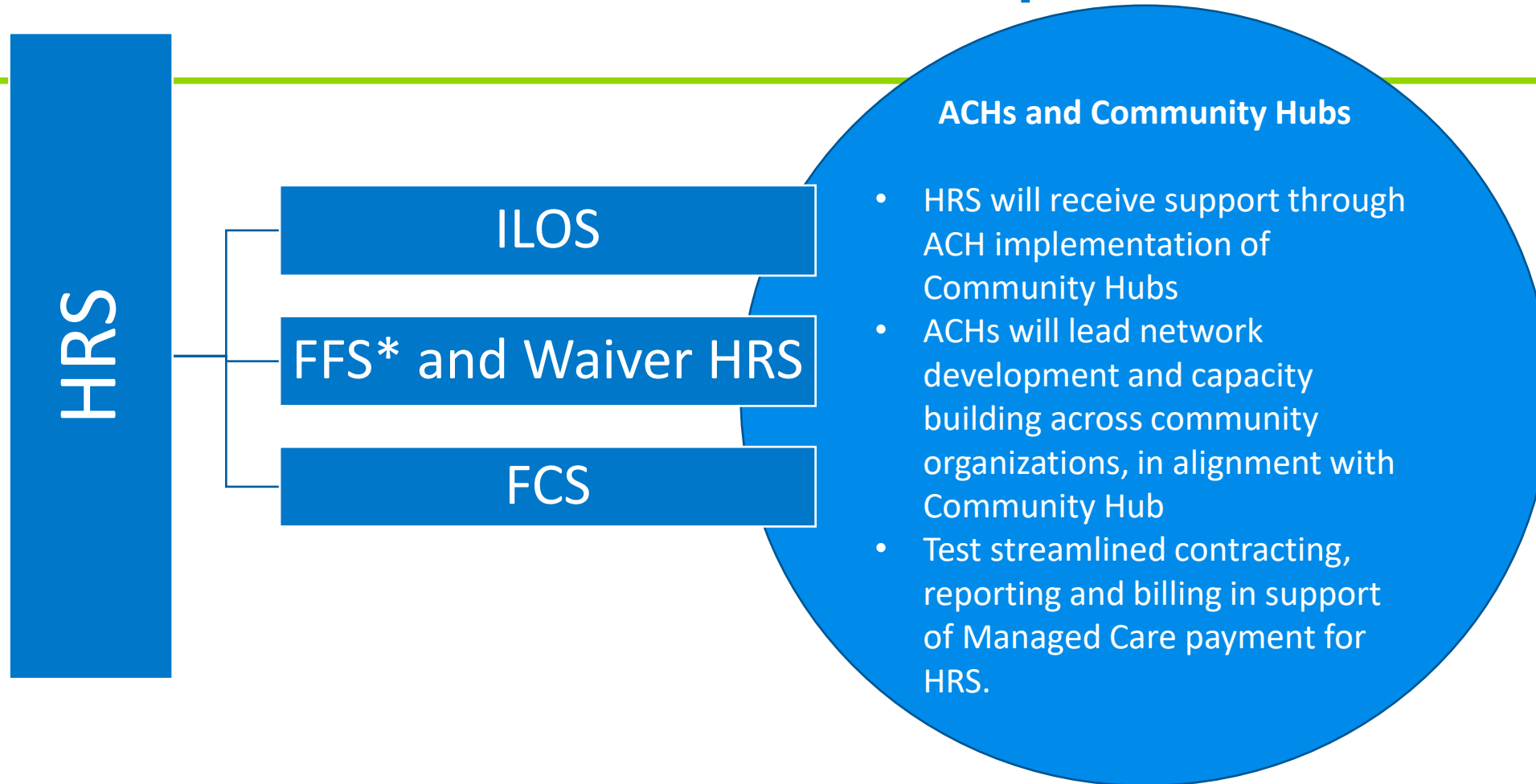
- ▶ **1. Expanding coverage and access to care, ensuring people can get the care they need**
 - ▶ Continuous enrollment up to age six
 - ▶ Re-entry coverage and services for people entering or exiting prison, jail, or other correctional institutions
 - ▶ Expanded postpartum coverage
 - ▶ Substance use disorder/mental health IMD
- ▶ **2. Advancing whole person primary, preventive, and home and community-based care**
 - ▶ Primary care and behavioral health integration (assessment) - continued focus
 - ▶ Long-term services and supports
 - Continuing programs: Medicaid Alternative Care and Tailored Supports for Older Adults
 - New programs: Guardianship, presumptive eligibility, coordinated personal care, rental subsidies
- ▶ **3. Accelerating care delivery and payment innovation focused on health-related social needs**
 - ▶ Community convening and capacity (workforce)
 - ▶ Community Hub model, Health-Related Services, and equity investment
 - ▶ Foundational Community Supports

Deeper dive into Goal 3:
Accelerating care delivery and payment
innovation focused on whole-person
care and health-related social needs

Health-Related Services (HRS)

- ▶ Menu of HRS to address health-related social needs
 - ▶ Prioritize use of In-lieu of services (ILOS) and the existing FCS program
 - ▶ Like CA, to be paid for outside the waiver, managed by MCOs in partnership with ACHs
 - MCOs will work with ACH Community Hubs to screen and refer to Hub community network providers
 - Exploring other strategies to work collaboratively recognizing we need to leverage MCO and ACH strengths to provide better care and support for our clients
 - ▶ Some services will likely require 1115 authority and funding for payment – these distinctions will be finalized during negotiations with CMS
 - ▶ Exploring an equivalent set of services for the fee-for-service population

HRS and ACH Partnership



*AI/AN services to be addressed through a tribal hub or other tribal strategy

In Lieu of Services (ILOS): Regulatory Requirements and Implementation Framework

Shared in CA's 1115/1915(b) approval

Regulatory Requirements

- ▶ **Medically appropriate and cost-effective substitute** for the covered service or setting under the Medicaid State Plan
- ▶ **Authorized and identified in the plan contract and offered at plan option**
- ▶ Payment through **rate setting**
- ▶ **Voluntary for plan and enrollee**

Implementation Framework for ILOS

- ▶ **Medical appropriateness and cost effectiveness** is aggregate, not individual, test (important for equity/children)
- ▶ Does not need to be a medical service but must have **clinically oriented definitions** that outline **populations** for which service is likely to be **medically appropriate**, and **reduce or prevent utilization of state plan services**
- ▶ Does not need to be a substitute for an immediate service, may address an **assessed risk of incurring other Medicaid services in the future** (e.g., risk of inpatient hospitalization or ED visit)
- ▶ **Room and board guardrails**, not blanket prohibition on food or shelter
- ▶ For initial approval state can rely on **national and local evidence base; state must undertake ongoing monitoring and oversight**, including independent evaluation of each ILOS and reporting on medical appropriateness and cost effectiveness

HRS Menu (adapted from CalAIM ILOS)

- ▶ Housing Transition Navigation Services
- ▶ Housing Deposits
- ▶ Housing Tenancy and Sustaining Services
- ▶ Respite Services
- ▶ Day Habilitation Programs
- ▶ Nursing Facility Transition/Diversion to Assisted Living Facility
- ▶ Community Transition Services/Nursing Facility Transition to a Home
- ▶ Personal Care and Homemaker Services
- ▶ Environmental Accessibility Adaptations (Home Modifications)
- ▶ Asthma Remediation
- ▶ Medically Tailored Meals
- ▶ Sobering Centers
- ▶ Short-term post-hospitalization housing*
- ▶ Medical respite*
- ▶ Non-medical transportation supports*
- ▶ Targeted resources (e.g., utilities, childcare, language access, legal support)*

*1115 authority is likely required

HRS Principles

- ▶ Build CBO capacity to take on new contracts, services and receive payment
- ▶ Leverage necessary CIE infrastructure while building toward a more robust and cohesive future state
- ▶ Ensure shared accountability for HRS between ACHs and MCOs and leverage strengths/efficiencies
- ▶ Identify clear measurement and evaluation strategies
- ▶ Minimize variation and related provider/client burden
- ▶ Minimize administrative complexity, including strategies to streamline contracting and payment

Health equity and community capacity

- ▶ Regional equity investments
 - ▶ Equity funding managed by ACHs to address health inequities
 - ▶ Invest in community-based approaches that improve health equity across Medicaid clients
- ▶ Community-based care coordination: Community Hubs
 - ▶ Regional community hubs managed by ACHs. Coordinating with DOH regarding CareConnect, which is operational in several regions.
 - ▶ Core regional infrastructure for community convening and capacity planning – HCA and DOH are interested in leveraging and building/shaping from the existing statewide infrastructure
 - ▶ Consider certain populations of emphasis for Hub priority: re-entry, etc.
- ▶ ACHs convening for system capacity and workforce developments (and related innovative regional system needs)
- ▶ Capacity building will require investment and time. We don't expect to launch new policies or programs right away, e.g. 1/1/2023

Hub Functions

- ▶ **Identify** and engage patients who are likely to have multiple health and social needs.
 - ▶ The hub isn't a gatekeeper, rather a resource & coordinator – we see the Hub as a tool for managed care ILOS community services and potentially other services like reentry transition needs etc.
- ▶ **Screen** patients for social determinants of health (SDOH) needs and determine the appropriate organizations with the resources and knowledge to address their specific needs.
- ▶ **Establish and ensure network of community organizations** to help with capacity to deliver health-related services and ILOS community service
- ▶ **Connect** patients with these community organizations that can help address their social needs within the community care coordination system.
 - ▶ High touch approach (CHWs/Peers build and maintain relationship, warm hand offs to services)
 - ▶ Develop a comprehensive community care plan
 - ▶ Coordinate the coordinators/ caseworkers (when available)
- ▶ **Community organization network provider payment:** Community Hubs ensure there's a network of these non-traditional providers (not managed care network providers) and ensure outcome-based payment or other CBO support and incentive for network
- ▶ **Follow-up** to ensure patients are connected and facilitate completion of the SDOH interventions or activities and closely engage managed care coordination, primary care referrals or discharge/transition planning etc.
- ▶ **Track outcomes** of patients receiving community-based services.
- ▶ **Ensure accountability** for the Community Hubs through contract, external review, VBP approaches etc.

To Discuss: MCO and ACH Role Clarity

	MCO	ACH
Payment	<ul style="list-style-type: none">• Behavioral and physical health care• Medically oriented HRS (e.g., medical respite, sobering centers)• Community-based workforce	<ul style="list-style-type: none">• Delegated community oriented HRS (e.g., food and transportation)• Testing payment strategies to reduce barriers and create efficiencies for community organizations• Community Hub incentives for community partners
Care Coordination	<ul style="list-style-type: none">• Clinical care coordination• Complex case management	<ul style="list-style-type: none">• Community resource and referral coordination• Community-based workforce training and coordination
CIE and data	<ul style="list-style-type: none">• Aligned standards, SDOH screening, and resource/referral processes (two way)• Economies of scale and alignment to mitigate duplication and vendor fatigue• Eligibility data and information exchange: ProviderOne and beyond	

Discussion

- ▶ Do you feel that these policies and programs are the right course to improve clients' health?
- ▶ Where does the proposal give you pause? Could there be ways to alleviate those concerns?
- ▶ Does the proposal make use of your organization's strengths?
- ▶ What infrastructure and capacity building is necessary to support HRS?

Next Steps

- ▶ Establish regular cadence for collaboration
 - ▶ Community Hub development
 - ▶ Community-based workforce and payment
 - ▶ CIE gap analysis and alignment
- ▶ MTP public comment and feedback to inform CMS submission