

## **Transitional Care and Diversion Interventions Workgroup Charter**

### **Background**

On January 9<sup>th</sup>, 2017 the Washington State Health Care Authority (HCA) signed an 1115 Waiver, now known as the Medicaid Transformation Demonstration Project. The goal of the Demonstration is to improve care, increase efficiency, reduce costs and integrate Medicaid contracting. To align clinical integration with payment integration within the Demonstration Project, HCA developed the [Medicaid Demonstration Project Toolkit](#). Two of the projects that were selected are Transitional Care and Diversion Intervention. The project objects, as described in the toolkit, are:

- Transitional Care – improve transitional care services to reduce avoidable hospital utilization and ensure beneficiaries are getting the right care in the right place
- Diversion Interventions – Implement diversion strategies to promote more appropriate use of emergency care services and person-centered care through increased access to primary care and social services, especially for medically underserved populations.

### **Charge**

The Transitional Care and Diversion Interventions Workgroup will ensure that the North Central region implements effective evidence based practices that align with the milestones and approaches described in the Toolkit. Specifically the Workgroup will complete the following:

- Provide recommendations to the NCACH Governing Board and staff on approaches to take for Transitional Care and Diversion Interventions projects.
- As much as possible, ensure Diversion Interventions and Transitional Care projects align with all six projects NCACH selected to implement.
- Collect, synthesize, and use stakeholder and community input on project planning and implementation.
- Work with NCACH partners to implement sustainable changes in the regional health care system (broadly conceived) that improve effective transitions for patients re-entering the community from intensive care settings or incarceration, and provide more effective alternatives to incarceration, inpatient treatment or emergency department care for patients whose needs can be better addressed in other ways.
- Determine how work completed through Transitional Care and Diversion Interventions are able to be financially sustainable past the Demonstration period.
- As much as possible, ensure projects effectively connect patients with resources to mitigate the negative consequences of the social determinants of health.
- Identify how IT, workforce, and value-based payment strategies can support this project.

### **Composition**

The Transitional Care and Diversion Interventions Workgroup will include representatives from Grant, Chelan, Douglas, and Okanogan Counties. Workgroup membership is not a prerequisite to receiving funding through the Demonstration. The NCACH Executive Committee will recommend to the Governing Board workgroup members from a list of interested parties which may include representation from:

- Emergency Medical Services (EMS)
- Law Enforcement
- Legal Services
- Regional Justice Centers (Jails)

- Hospitals
- Skilled Nursing Facilities/Assisted living/Long-term Care Facility/Hospice
- Aging and Adult Care
- Managed Care Organizations (*Operating in all 4 NCACH counties after January 1<sup>st</sup>, 2018*)
- Behavioral Health Administrative Service Organization
- Behavioral Health Providers including Crisis providers
- Primary Care Providers
- Care Coordination agency/Case Managers
- Education
- Tribal

Additional representation will be added to the Workgroup by the Executive Director if it is deemed necessary. A Workgroup Chair will be appointed by the Executive Director. The Transitional Care and Diversion Interventions Workgroup is a sub-committee of the NCACH board and as such will be led by the Workgroup Chair and NCACH staff and must have a minimum of two board members serving on the Workgroup.

### **Meetings**

Transitional Care and Diversion Interventions Workgroup meetings will be held once per month, with additional meetings scheduled as necessary. Meetings will be held in Chelan, Douglas, Grant, and Okanogan Counties; locations will vary and an effort will be made to hold meetings in each of the Local Health Jurisdictions throughout the year. Whenever possible, meetings will have an option to participate via teleconference or audioconference for those unable to attend in person, although in-person participation is encouraged. NCACH program staff and the Workgroup Chair shall be responsible for establishing the agendas. Notes for all meetings will be provided to the Workgroup by NCACH staff within two weeks of each meeting. Monthly meetings will be open meeting minutes and materials will be posted on the NCACH website ([www.ncach.org](http://www.ncach.org)).

### **Membership Roles and Responsibilities**

1. Attend at least 75% of regular meetings of the Workgroup and actively participate in the work of the Workgroup.
2. Sign a Membership Agreement (attachment A)
3. Communicate with other members of your sector and/or community to ensure broader input into the design, planning, and implementation process.
4. Assess current state capacity to effectively deliver Transitional Care and Diversion Interventions.
5. Select initial target population and evidence-supported approaches informed by the regional health needs assessment and community data.
6. Review prepared data to recommend target population(s), to guide project planning and implementation, and to promote continuous quality improvement
7. Assist in identifying, recruiting, and securing formal commitments for participation from implementation partners via a written agreement specific to the role each organization and/or provider will perform in the selected approach.

8. Recommend to the Board a project implementation plan, including a financial sustainability model and how projects will be scaled to full region in advance of HCAs project implementation deadline.
9. Monitor project implementation plan, including scaling of implementation plan across region, and provide routine updates and recommended adjustments of the implementation plan to the NCACH Governing Board.
10. Develop and recommend a funding process to the NCACH Governing Board for non-primary care and outpatient behavioral health members involved in Transitional Care and Diversion Interventions projects
11. Collaborate with NCACH staff on data and reporting needs related to Demonstration metrics, and on the application of continuous quality improvement methods in this project.
12. Use strategies that are supported by regional data, to advance equity and reduce disparities in the development and implementation of the Transitional Care and Diversion Intervention Projects.

**Authority**

The Transitional Care and Diversion Interventions Workgroup is an advisory body that will inform decision-making by the NCACH Governing Board and ensure regional priorities and local considerations are incorporated in program design decisions. Recommendations and input developed by the Workgroup will be shared in regular monthly progress reports to the NCACH Governing Board.

**North Central Accountable Community of Health  
Transitional Care and Diversion Interventions Workgroup  
(Attachment A)**

**Membership Agreement**

I acknowledge by my signature of this membership agreement that I have read, understood, and agreed to follow the guidelines and policies outlined in the North Central Accountable Community of Health Transitional Care and Diversion Interventions Workgroup Charter.

I understand that continued membership in the Workgroup is contingent on following the requirements of membership that are outlined in the Charter. Not meeting the requirements for membership could result in the loss of my membership status in the Workgroup.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_