North Central Accountable Community of Health

Governing Board Meeting
1:00 PM–3:30 PM, November 2, 2020

Location	**Call-in Details**
Virtual Meeting Only	Conference Dial-in Number: (253) 215-8782 US Meeting ID: 831 8445 6718 Passcode: 123456 One tap mobile: +12532158782,,83184456718# *Join Zoom Meeting: https://tinyurl.com/NCACHWPCC*

TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	*Introductions* – **Blake Edwards** • Zoom Etiquette • Board Roll Call • Declaration of Conflicts • Public Comment • Approval of Consent Agenda	• Approval of Consent Agenda	• Agenda, Acronyms & Decision Funds Flow Chart • Consent Agenda - Minutes & Monthly Financial Statement	*1-4* *5-13*
1:10 PM	*Executive Director Update* – **Linda Parlette**		• Executive Director Letter	*Separate Att.*
1:20 PM	*NCACH Finance Update* – **John Schapman & Brooklyn Holton** • 2021 Draft Budget		• Draft Budget	*Separate Att.*
1:50 PM	*Annual Meeting Election* – **Blake Edwards**			
2:00 PM	*Nominations* – **Blake Edwards** • *Confluence Health Board Seat*	• Approval of Confluence Health Board Seat	• Board Decision Form & Bio for Confluence Health Board Seat	*14-15*
2:10 PM	*Community Based Care Coordination* – **Caroline Tillier**	• Approval of plan modification	• Board Decision Form CBCC plan modification	*16-17*
2:30 PM	*Telehealth* – **Wendy Brzezny**		• Telehealth discussion summary	*18*
2:45 PM	*Governance Committee Update* – **John Schapman**			
3:00 PM	*Round Table then adjourn*			

North Central Accountable Community of Health

A Handy Guide to Acronyms within the Medicaid Transformation Project

ACA: Affordable Care Act

ACH: Accountable Community of Health

ACO: Accountable Care Organization

AI/AN: American Indian/Alaska Native

BAA: Business Associate Agreement

BH: Behavioral Health

BH-ASO: Behavioral Health - Administrative Service Organization

BLS: *Basic Life Skills*

CBO: Community-Based Organization

CCHE: Center for Community Health and Evaluation

CCMI: Centre for Collaboration Motivation and Innovation

CCS: Care Coordination Systems

CHI: Coalition for Health Improvement

CHW: Community Health Worker

CMS: Centers for Medicare and Medicaid Services

CMT: Collective Medical Technologies

COT: Chronic Opioid Therapy

CP: Change Plans

CPTS: Community Partnership for Transition Solutions

CSSA: Community Specialist Services Agency

DOH: Department of Health

DSRIP: Delivery System Reform Incentive Program

EDie: *Emergency Dept. Information Exchange*

EMS: Emergency Medical Services

FIMC: Fully Integrated Managed Care

FCS: Foundational Community Supports

HCA: Health Care Authority

HIT/HIE: Health Information Technology / Health Information Exchange

MAT: Medication Assisted Treatment

MCO: Managed Care Organization

MH: Mental Health

MOU: Memorandum of Understanding

MTP: Medicaid Transformation Project(s)

NCACH: North Central Accountable Community of Health

NCECC: North Central Emergency Care Council

OHSU: Oregon Health & Science University

OHWC: Okanogan Healthcare Workforce Collaborative

OTN: Opioid Treatment Network

OUD: Opioid Use Disorder

P4P: Pay for Performance

P4R: Pay for Reporting

PCS: Pathways Community Specialist

PDSA: *Plan Do Study Act*

PHSKC: Public Health Seattle King County

RFP: Request for Proposals

SDOH: Social Determinants of Health

SSP/SEP: *Syringe Services Program / Syringe Exchange Program*

SMI: Serious Mental Illness

North Central Accountable Community of Health

SUD: Substance Use Disorder

TCDI: Transitional Care and Diversion Interventions

TCM: Transitional Care Management

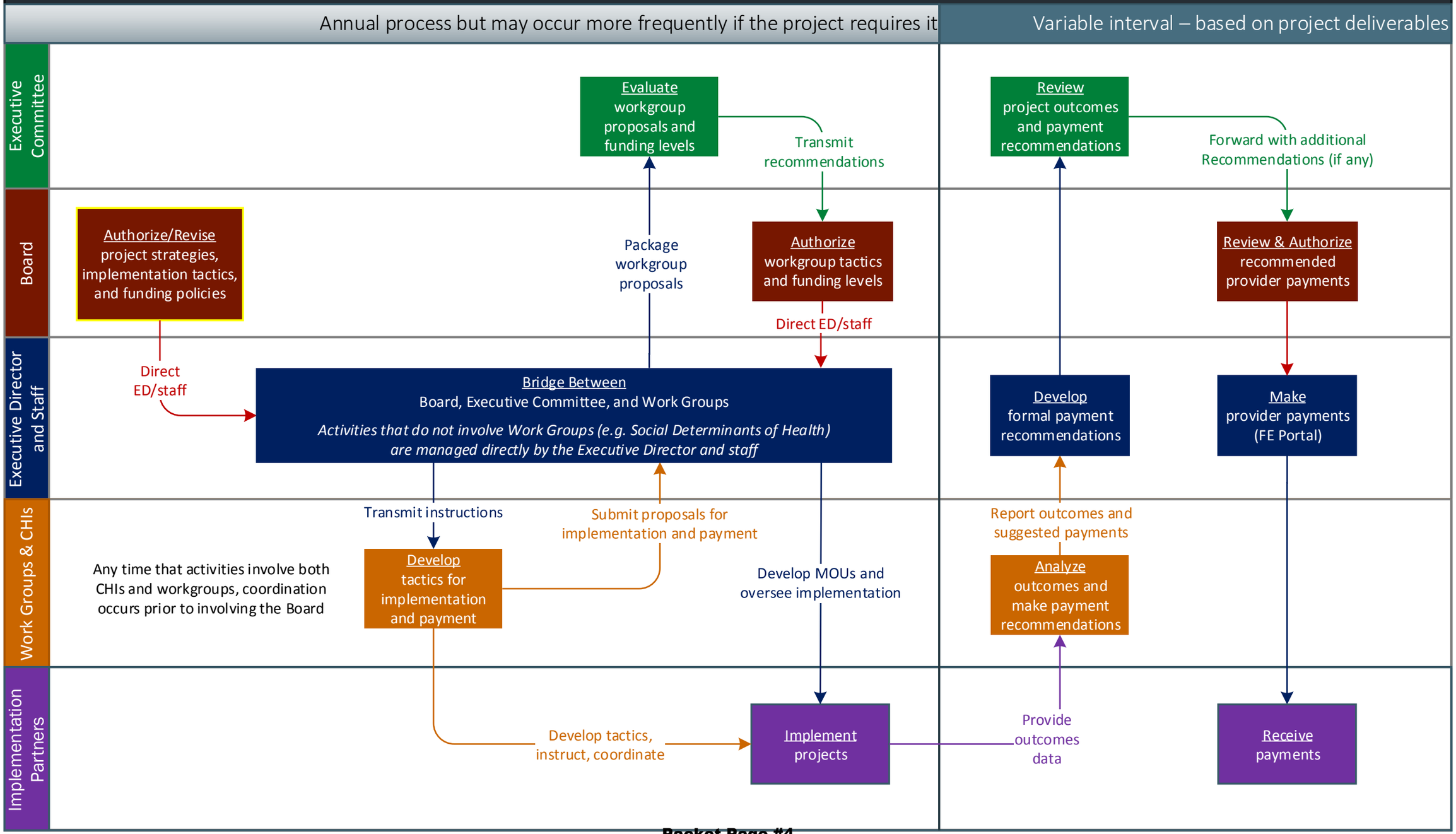
VBP: Value-Based Payment

WPCC: Whole Person Care Collaborative

LHJ: Local Health Jurisdiction

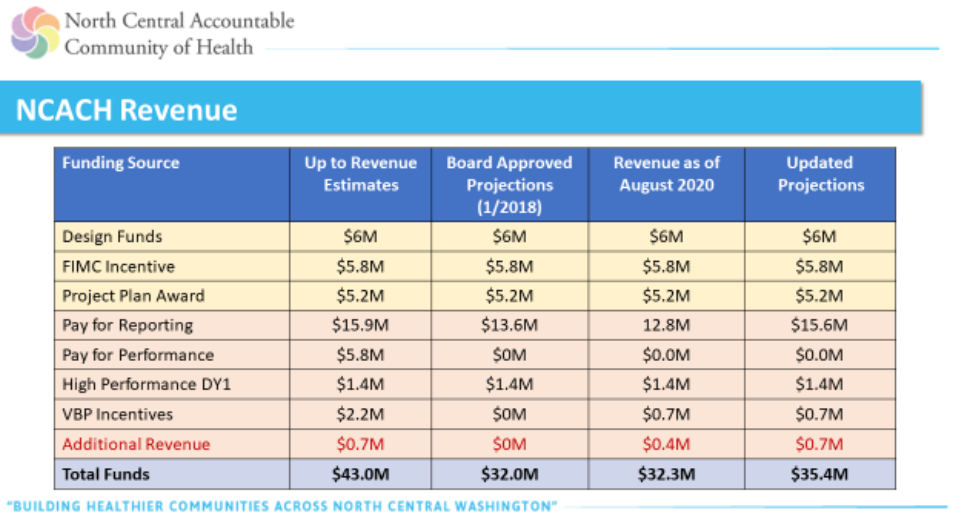
Decision Flow for Funding Design and Allocation

[This process is utilized when a budget amendment is requested to the Annual Budget]



Location	Attendees
Virtual Meeting	**Governing Board Members Present:** Blake Edwards, Rick Hourigan, Rosalinda Kibby, Doug Wilson. Christal Eshelman, Ken Sterner, Jesus Hernandez, Cathy Meuret, Carlene Anders, Brooklyn Holton, Molly Morris, Deb Murphy, Jorge Rivera, Ray Eickmeyer, Lisa Apple, Nancy Nash Mendez, Ramona Hicks **Governing Board Members Absent:** Senator Warnick **NCACH Staff**: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Tanya Gleason, Sahara Suval, Mariah Brown, Joey Hunter, and Teresa Davis – Minutes

Agenda Item	Minutes
• Declaration of Conflicts • Approval of Consent Agenda • Public Comment	• Meeting called to order at 1:00 PM by Blake Edwards • Declarations of conflicts: None • Public Comment: None ❖ **Carlene Anders moved, Nancy Nash Mendez seconded the motion to approve the consent agenda, motion passed.**
• Executive Director Report	• North Sound delivered a large amount of masks to Okanogan County for fire relief • HCA Learning Symposium registration is open, registration link: Register today. Veronica Farias from the Chelan Douglas Health District will be a panelist for our area. • Email was sent to all Public Health Districts on Saturday to try to do some community Care coordination for COVID using the CCS platform. Linda has a call scheduled today with DOH to get info.
• NCACH Finance Update	John Schapman gave an MTP Funds Flow Refresher


North Central Accountable Community of Health

NCACH Revenue

Funding Source	Up to Revenue Estimates	Board Approved Projections (1/2018)	Revenue as of August 2020	Updated Projections
Design Funds	$6M	$6M	$6M	$6M
FIMC Incentive	$5.8M	$5.8M	$5.8M	$5.8M
Project Plan Award	$5.2M	$5.2M	$5.2M	$5.2M
Pay for Reporting	$15.9M	$13.6M	12.8M	$15.6M
Pay for Performance	$5.8M	$0M	$0.0M	$0.0M
High Performance DY1	$1.4M	$1.4M	$1.4M	$1.4M
VBP Incentives	$2.2M	$0M	$0.7M	$0.7M
Additional Revenue	$0.7M	$0M	$0.4M	$0.7M
Total Funds	**$43.0M**	**$32.0M**	**$32.3M**	**$35.4M**

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

- This was what the Board approved 1.19.2018 as part of our projected revenue
- Yellow signifies dollars that we have received and have currently maximized
- Orange signifies dollars that we are still able to earn additional dollars as part of NCACH
- Red is additional revenue outside of the MTP that we have and will earn
- Overall we are on current track
- If things stay consistent, the likelihood NCACH will earn > 35.4M is pretty high.
- Entering into the 5th year of the project, but will not receive pay for performance money for a few years.
- We budgeted earned funds conservatively which puts us as earning up to $42.3M

North Central Accountable Community of Health

NCACH Expenses

Funding Source	Board Approved Projections (6/2018)	Expenditures as of August 2020
Whole Person Care Collaborative*	11.8M	$5.5M
CBCC (Pathways Hub)*	$5.2M	$1.3M
TCDI*	$2.6M	$1.1M
Opioid Use Crisis Response*	$1.2M	$0.5M
Community Engagement (includes CHI funding & Tribal Funds)	$0.0M	$1.1M
Operations*	$3.3M	$2.8M
Total Funds	**$24.1M**	**$12.3M**

*Originally project management costs were excluded in estimates in separate budget item. They are folded into these updated numbers for better comparisons.

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

Expenses are divided into three buckets: MTP Projects, Community Engagement, and Operations

- In June of 2018 Board approved projections totaling $24.1M, expenditures as of August 2020 we have expended about $12.3M
- NCACH did not consider tribal projects or non-project specific work when we approved original projections
- Original projections for ACH operations and project management expenses did not adequately support the need
- An updated expense projection through 2021 will be available at the December Board meeting

• Telehealth Presentation	Board members were broke out into small groups to discuss the folowing: **1**. The original proposal was designed to fund clinical partners. The Board wanted to expand it to include non-clinical partners. What was the vision board members had when advocating for this expansion? **2.** Is funding focused on enhancing telehealth infrastructure for providers or developing the systems to expand access to patients? Are either of the above focuses mutually exclusive or can they be done together? If focused on patient access, how do we account for agencies that do not have the infrastructure established to deliver telehealth themselves? **3.** Who is eligible to access funds, and how would they be able to obtain those funds? **a.** Who can access: WPCC clinical partners, non-WPCC clinical partners, schools, non-profit community-based organizations that address SDOH, businesses (e.g. agricultural organizations) **b.** Scale: Does the Board want to fund (1) organization-level investments, (2) collaborative regional investments, or (3) both? Report out: • Most clinical partners were forced to figure it out, we should expand to others. Make sure that providers can connect to what is happening, not necessarily build their infrastructure. • Infrastructure – promote connectivity in places that we can help. We bring the community into this through schools, libraries, churches, senior centers, employment services. Economic services is looking into installing SkyFi in rural areas. • We may want to bring in a consultant that can help us figure this out • Partner with similar systems that currently exist – build relationships • Cross sector - funding should be more broad and not narrow • Need a gap analysis - there is money flowing for K-12 and other sectors from many sources. This is why we have a multi sector Board. There is the ability to optimize our investment and fill in the gaps with our funding? • Be equitable – some organizations are under resourced, some have what they need • Health equity – how are we making sure that the all are being addressed? ➢ Wendy suggested Board members look into their sectors for funding that is out there.
• Strategic Planning	At the September 14th Board meeting, NCACH Board members discussed the potential mission statement and set of polling questions that was created by the NCACH Executive Committee in partnership with staff input and contractor Better Focus LLC (Chris Kelleher). The intent of the mission statement was discussed as well as the rationale behind each polling question. Board members provided feedback on both the mission statement and questions during the meeting. After the meeting, the poll was sent out to board and staff members to complete. Based on the results of the polling questions, we used the majority vote and are presenting the mission statement below for approval today. ❖ ***Brooklyn Holton moved, Deb Murphy seconded the motion to approve the following Mission Statement for North Central Accountable Community of Health, motion passed.***

	NCACH Mission Statement: ***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.*** ***Strategy workgroup update:*** • Membership: Blake Edwards, Christal Eshelman, Doug Wilson, Rosalinda Kibby, Caroline Tiller and John Schapman. There is still one open Board seat that we can fill later. • Next step is a kick off meeting to set ground rules about how the group is going to operate. • Will the policy discussion from a year ago be incorporated? We will refer back to it, but some of that work was rendered moot. ***Governance Committee update:*** • Chair is Carlene Anders • They have had a kick off meeting • Working towards moving to a policy governance board • Will be looking at what policies that we need to create or improve upon
• Community Based Care Coordination Update	**Caroline Tillier –** In March the Board voted to end the Pathways Community HUB. We had a timeline of four months to come up with new plan. The due date for the new plan has been bumped to December due to COVID. Since March: • Had 4 mini strategy sessions with other ACH's • Ongoing ACH Executive discussions on CBCC and CIE • Regular check ins with Action Health Partners • Health Home Demystified event – link to the recoding https://www.youtube.com/watch?v=lPViThVQ-3c&feature=youtu.be Proposed approaches: 1. Strengthen the Health Home program in our region ➢ Medicaid only ➢ Discrete ➢ Near-term 2. Invest in infrastructure that can support all care coordination ➢ All target populations, models & payers ➢ Complex ➢ Long-haul Discussion:

	• All care coordination would be covered in approach 2. • Having discussions with 211 to figure out why 211 is not working in our area
• Other Business	Dr. Hourigan announced that he is leaving Confluence Health and moving to the Seattle area. This will be his last meeting. Recommended Doug Wilson to replace him as Vice Chair on the Executive Committee. ❖ **Executive Committee appointed Dr. Doug Wilson as the Vice Chair to the NCACH Executive Committee. Lisa Apple moved, Ramona Hicks seconded the motion to approve the appointment of Dr. Doug Wilson as the Vice Chair of the NCACH Executive Committee with the term ending 12/31/2021, motion passed.**
• Roundtable	• Dr. Wilson thinks that the Care Coordination plan sounds great • Many said that the Mission Statement was a big milestone.
• Adjournment	• Meeting adjourned at 3:34 PM by Blake Edwards

NCACH Funding & Expense Summary Sheet

Funding Source	CDHD ACCOUNT			FINANCIAL EXECUTOR FUNDS		
	SIM/Design/Misc Funds Received	SIM/Design/Misc Funds Expended	SIM/Design/Misc Funds Remaining	NCACH Funds @ FE	FE Funds Expended	FE Funds Remaining
SIM Funding*	**$ 115,329**	**$ 115,329**	$ -			
Transformation Project Funding						
Original Contract K2296 - Demonstration Phase 1	$ 1,000,000					
Original Contract K2296 - Demonstration Phase 2	$ 5,000,000					
Transfer from FE Portal	$ 226,961					
Interest Earned on Demo Funds	$ 245,388					
Transformation Total	**$ 6,472,350**	**$ 3,585,574**	**$ 2,886,776**			
Workshop Registration Fees/Misc. Revenue*	**$ 24,445**	**$ 13,720**	**$ 10,725**			
	$ 50,000		**$ 50,000**			
Financial Executor Funding						
Project Incentive Funds				$ 17,956,477	$ 8,836,553	$ 9,119,924
Integration Funds				$ 5,781,980	$ 58,422	$ 5,723,558
Bonus Funds				$ 1,455,842		$ 1,455,842
Value Based Payment (VBP) Incentives				$ 650,000		$ 650,000
Interest Earned in FE Portal				$ 62,283		$ 62,283
DY1 Shared Domain 1 Funds**				$ 5,811,865	$ 5,811,865	$ -
Totals	**$ 6,662,123**	**$ 3,714,622**	**$ 2,947,501**	**$ 31,718,447**	**$ 14,706,840**	**$ 17,011,607**

**A portion of funds in this category were collected when CDHD held the SIM Contract*

***Automatically paid out through FE Portal from Health Care Authority and therefore not reflected on Financial Executor budget spreadsheet*

2020 NCACH Budget: Monthly Summary

CDHD Account Expenses

Fiscal Year: Jan 1, 2020 - Dec 31, 2020

Budget Line Item	Total Budgeted	Sep-20	Totals YTD	% Expended YTD to Budget
^ Salary & Benefits	**$ 967,407**	$ 75,575	$ 650,656	67%
Supplies				
^Office	**$ 9,420**	$ 16	$ 108	1%
Drugs and Medicines	**$ 20,000**		$ -	0%
Furniture < $500	**$ 2,400**		$ 538	22%
Books, References, & Videos	**$ -**		$ -	
^Software	**$ 2,500**		$ -	0%
Computer Hardware	**$ 6,000**	$ 825	$ 825	14%
Services				
Legal Services	**$ 8,400**	$ 873	$ 6,010	72%
Computer	**$ 9,600**		$ -	0%
Misc. & Contracts	**$ 8,000**	$ 2,960	$ 2,960	37%
Telephone				
Mileage	**$ 57,000**		$ 2,975	5%
Professional Travel and Training	**$ 9,000**	$ 10	$ 1,299	14%
Conference - Program Meals/Lodging	**$ 26,250**		$ 497	2%
Other (Train/Plane/Boat/Parking)	**$ 10,200**		$ 630	6%
Advertising - Newspapers	**$ 3,800**		$ 1,409	37%
Advertising - Other	**$ 5,400**	$ 3,130	$ 18,694	346%
Insurance	**$ 6,000**		$ 6,324	105%
Printing - Office	**$ 6,250**		$ 792	13%
Printing - Copier	**$ 11,000**	$ 216	$ 3,467	32%
Dues and Memberships	**$ 3,400**	$ 140	$ 301	9%
Subscriptions	**$ 1,280**	$ 54	$ 4,051	316%
^Other Expenditures	**$ 212,498**	$ 1,961	$ 42,046	20%
^CDHD Hosting Fee 15%	**$ 212,647**	$ 12,864	$ 111,537	52%
Grand total	**$ 1,598,452**	**$ 98,624**	**$ 855,119**	53%
			% of Fiscal Year	75%

FE Portal Account Expenses

Fiscal Year: Jan 1, 2020 - Dec 31, 2020

Budget Line Item	Total Budgeted	Sep-20	Totals YTD	% Expended YTD to Budget
Operations				
Project Management and Organizational Development	**$ 70,000**	$3,188.3	$31,545	45%
Program Evaluation	**$ 59,700**		$0	0%
Data Analytics	**$ 30,000**		$2,787	9%
Feldsman Tucker Leifer Fidell LLP	**$ 40,000**		$0	0%
Workforce Development (Carry over of $48,500, Approved in 2019)	**$ 36,000**		$2,775	8%
Workforce Development (2020)	**$ 30,000**		$0	0%
^ COVID-19 ICS & NCACH Funds (FE Portal)	**$ 69,388**	$4,500.0	$69,388	100%
^ COVID Community Support Funding	**$ 150,000**		$146,394	98%
Community Engagement and SDOH Capacity Development				
Lead Agencies (CHIs)	**$ 150,000**	$7,701.4	$115,059	77%
CHI Partner Payments (Carry over of $450,000, Approved in 2019)	**$ 350,000**		$195,050	56%
CHI Partner Payments (2020)	**$ 450,000**		$0	0%
** Community Information Exchange Workgroup*	**$ 50,000**		$0	0%
^ Tribal Investment (Colville Confederated Tribes)	**$ 669,000**		$150,000	22%
Whole Person Care Collaborative				
Comagine Health	**$ 50,000**		$100	0%
CCMI - Advising	**$ 78,000**		$37,375	48%
Learning Activities	**$ 280,000**		$133,227	48%
CSI - portal & TA	**$ 36,000**	$2,916.7	$32,916	91%
Learning Community - fixed	**$ 1,080,000**		$765,000	71%
Learning Community - variable	**$ 800,000**		$240,000	30%
Pathways Hub				
Action Health Partners - Hub Lead Agency(January - June 2020)	**$ 476,250**		$225,650	47%
** Community Based Care Coordination*	**$ 575,544**		$0	0%
Transitional Care and Diversion Intervention				
TCDI Hospital Partner Work	**$ 520,000**		$189,000	36%
EMS Partner Work	**$ 230,000**		$166,000	72%
Technical Assistance/Training	**$ 65,000**		$0	0%
^ Community Partnership for Transition Solutions (Recovery Coach Network)	**$ 9,000**		$0	0%
Opioid Project				
Rapid Cycle Applications	**$ 100,000**	$13,200.0	$18,950	19%
Support Opioid Conference Site Teams	**$ 80,000**		$0	0%
Training Opportunities (General public, organizations, sector)	**$ 15,000**		$5,750	38%
Public Awareness Contract	**$ 30,000**		$21,400	71%
School Based Prevention Contracts	**$ 120,000**		$40,000	33%
Opioid Prescriber Coaching Pilot	**$ 28,000**		$0	0%
Grand total	**$ 6,726,882**	**$31,506**	**$2,588,365**	**38%**
			% of Fiscal Year	75%

Total Budget	**$ 8,325,334**	**$ 130,130**	**$ 3,443,483**	**41%**

"*" asterisks - This means a line item will need to go back to the Board in 2020 for further approval prior to any funds being expended.

"^" Budget Amendment Occurred in 2020

Budget Amendments - 2020

Date	Amendment
2.3.20	Board moved to remove the "*" for the Community Partnership for Transition Solutions program which program cost for 2020 is expected to be $127,972. Motion Passed
3.2.20	Amend the 2020 budget to include the Recovery Coach Network (excluding Evaluation Coordination and Support) in the CDHD budget rather than the Financial Executor Budget: **Proposal Budget Item Amount** — **CDHD Budget Line Item** Salary and benefits $62,400 (For remainder of 2020) — Salary & Benefits Recovery Coach Stipends $9,200 — Other Expenditures Training Expenses $20,000 — Other Expenditures Equipment $3,500 — Software ($1000), Office Supplies ($1,000), Telephone ($1500) Supports for clients $4,854 — Other Expenditures CDHD Hosting Fee $14,993 — CDHD Hosting Fee **Total $114,947 into CDHD Account. $9,000 left in FE line item for evaluation activities**
3.2.20	Thee Board approve and commit up to $669,000 to support the Colville Confederated Tribes' health improvement efforts starting in 2020 through December 31, 2021.
4.6.20	Approval of the "NCACH COVID-19 Community Mitigation Funds: LHJ Incident Command System (ICS)" process up to $50,000.
4.6.20	Approval of the "NCACH COVID-19 Community Mitigation Funds: Community Support" Processes as attached up to $200,000. $150,000 to support community partner's work on COVID-19 $50,000 to support NCACH's direct operational work on COVID-19
4.6.20	Approve an additional $187 of NCACH expenditures above the $5,000 approved by the Executive Committee for the North Central COVID-EO Contest to increase the total NCACH expenditures to $5,187.00
5.4.20	Approval to increase Community Mitigation Incident Command System funding from $50,000 to $100,000 (allocate an additional $50K)
7.1.20	General Budget Adjustment - Funding initially approved for NCACH and ICS COVID-19 support funding was budgeted in the CDHD Monthly Budget. If able to expend out of FE portal, NCACH Staff will pay utilizing the COVID-19 ICS & NCACH Funds (FE Portal) budget line item and subsequently decrease the total budgeted in the CDHD account when done.
8.3.20	Governing Board approved 2020 CHI Initiative Proposal which resulted in the removal of the "*" for the CHI Partner Payment (2020) budget line item.

North Central Accountable Community of Health

Board Decision Form

TOPIC: Nomination of Confluence Health – CWH Sector Representative

PURPOSE: Vote on the nomination to fulfill the Confluence Health - CWH Sector Representative on the board.

BOARD ACTION:

☐ Information Only

☑ Board Motion to approve/disapprove

BACKGROUND:

At the September 25th Executive Committee meeting, Dr. Rick Hourigan let the committee know that he was resigning from the Board due to a career transition to another geographic location and that Confluence Health would work to fill the Confluence Health – CHW seat. This was announced at the October 5th board meeting. In October, Confluence Health brought forward Rebecca Davenport for consideration.

The NCACH Executive Committee, acting as the nominating committee, discussed the nomination in detail during the October 16th meeting. The nomination committee reviewed the nomination and is nominating Rebecca Davenport with endorsement to fill the Confluence Health - CWH Sector seat on the NCACH Governing Board. Below is a bio for Rebecca:

Rebecca Davenport, Bio

Rebecca Davenport, BSN, RN, COS-C, Director for Home Health and Hospice at Central Washington Hospital, has been in her current role for the past two years. She graduated from Wenatchee Valley College with her Associate Degree in Nursing (ADN) and completed her Bachelor of Science in Nursing (BSN) through Western Governor's University. She worked in the Inpatient Acute Care setting for 4 years before she transitioned into community-based care and has dedicated the past 21 years working in home health and hospice. She was the administrator for a small for-profit Home Health and Private Duty agency for 8 years before she accepted the Home Health and Hospice Clinical Manager position at Central Washington Hospital in 2008. She has served on the Wenatchee Valley College Nursing Program Advisory Board and the Home Care Association of Washington Board.

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PROPOSAL: Approve the nomination of Rebecca Davenport to the Confluence - CWH sector seat on the NCACH Governing Board for the term that goes till December 31st, 2022.
IMPACT/TIMELINE: • If approved, Rebecca Davenport would fulfill the remaining term of the Confluence Health - CHW Board seat set to end December 31st, 2022

Submitted By:	Nominating Committee
Submitted Date:	11.02.2020
Staff Sponsor:	Linda Evans Parlette

North Central Accountable Community of Health

Board Decision Form

TOPIC: *Project 2A (Community-Based Care Coordination) Modification Plan*
PURPOSE: To approve the proposed project modification plan for NCACH's Community-Based Care Coordination project (MTP Project 2A.)
BOARD ACTION: ☐ Information Only ☑ Board Motion to approve/disapprove
BACKGROUND: In March 2020, the Board came to the difficult decision to discontinue financial support to Action Health Partners for implementation of the Pathways Community HUB. This decision was informed by concerns in the fall of 2019 about the ability to expand and sustain the Pathways Community HUB pilot beyond the Medicaid Transformation, results from a rapid cycle evaluation conducted by CCHE, and policy developments at the state level. This decision represents a significant project modification. As described by the DSRIP Funding and Mechanics Protocol, Accountable Communities of Health (ACHs) must seek state review and approval/denial for proposed Project Plan modifications via a formal request process. In lieu of the Pathways Community HUB model, NCACH staff have been exploring opportunities to strengthen community-based care coordination during the remainder of the MTP. Conversations with Action Health Partners, with Health Home partners, and with neighboring ACHs surfaced key opportunities that shaped alternative strategies to advance Project 2B objectives, as outlined in the next section. This new approach places NCACH in a position to support coordination and expansion of both Health Home and other care coordination strategies across the region.
PROPOSAL: NCACH plans to formalize our request and decision to end the Pathways HUB pilot, and instead focus on a *two-pronged approach* to advance the objectives of Project 2B. 1. Strengthen the evidence-based Health Home program in our region: this is a more discrete and near-term strategy that is specific to Medicaid beneficiaries. Our role will be to work with Action Health Partners (Region 6 FFS Health Home lead) and MCOs to strengthen the program in our region. Opportunities include increasing program outreach to community partners who have clientele that qualify for program services, developing processes for additional community partners to gain visibility into Health Home eligibility, and expanding the network of CCOs to increase

availability of Health Home service providers across the region (especially in Okanogan and Grant counties).

2. Invest in building blocks that can support broader care coordination needs: this is a longer-term and much more complex strategy designed to support care coordination efforts, regardless of target population, model, and payer. NCACH's role would be to focus on coordinating the big picture and weaving together existing parts of care coordination into a more cohesive whole. Opportunities include supporting and aligning regional responses to statewide efforts, nurturing social service and healthcare partnerships locally, strengthening resource inventory tools that are regional in scope (avoiding resource directory fragmentation), investing in promising platforms where appropriate, and supporting workforce development efforts such as community health worker, peer support, and recovery coach integration in care coordination strategies. While not exclusive to the Medicaid population, these broader efforts will benefit the Medicaid population.

IMPACT/OPPORTUNITY (fiscal and programmatic):
NCACH staff is seeking formal Board approval of the proposed modifications, before submitting our formal request to the Health Care Authority. Based on conversations and review of the draft modification form, HCA's Medicaid Transformation Manager indicated that our plan looked good overall. If HCA approves our change modification, the state will coordinate with the Independent Assessor to explain the rationale and discuss future reporting adjustments, as appropriate. A modification to remove or decrease scope of a project may result in a decrease in the valuation of the potential earnable funds associated with the project area, as determined by the state. Based on conversations with HCA staff, we believe our modified plan would not decrease scope or valuation, and thus would not impact the pay-for-reporting (P4R) revenue we can earn.

TIMELINE:
While the Health Care Authority (HCA) originally asked that we submit our Project Plan Modification request by June 2020, they bumped the deadline to the next reporting period (December 2020), along with loosening reporting expectations for all Medicaid Transformation Projects, due to COVID. The state will have 30 calendar days to review and respond to the request. The state's response and decision will be considered final.

Submitted By: Caroline Tillier
Submitted Date: 11/02/2020

North Central Accountable Community of Health

Telehealth Discussion Summary

NCACH GOVERNING BOARD 10/5/2020

Background

In breakout groups, Board members were asked to discuss their vision for including non-clinical partners in telehealth investments, including who would be eligible to request funding, and whether funding should focus on enhancing telehealth infrastructure for providers (organization-level investments) and/or developing broader telehealth systems to expand access to patients (collaborative regional investments).

Discussion Summary

- Broad consensus that NCACH needs to invest in both provider and broader infrastructure, with an emphasis on regional impact, not just piecemeal improvements. At minimum, we want to see county-level collaboration. Interested in opportunities to promote scale across whole NCACH region, but recognize that each county has unique needs and barriers.
- Need to ensure clinical partners have infrastructure in place. Healthcare agencies need to be setup for telehealth internally so they have capacity to deliver services as they connect to broader telehealth partner network.
- Advocate for a community-centered approach that encourages regional investments supporting collaboration and resource sharing across partners, within and outside of clinical settings.
    - Would like this opportunity to help build relationships across partners, including clinical-community linkages.
    - Encourage infrastructure that can be used by any provider or client so we don't fragment or restrict access to care.
    - Support infrastructure that can work for everyone including community (non-clinical) partners.
    - If we don't increase access to healthcare outside of clinical settings, we will increase disparities.
- Think strategically about how to expand regional infrastructure (e.g. where to place kiosks) and ensure it can be shared and leveraged by multiple players (e.g. schools, senior centers, churches, etc.)
    - Need to recognize that multiple sectors play a part in promoting health, including corrections, DSHS, schools, etc.
    - Would like to see emphasis on clinics connecting more with schools and senior centers, as there's lots of potential for serving harder to reach population. Public health is working closely with schools, which is important as it could expand to other partnerships beyond COVID.
    - Opportunity for using telehealth as a conduit to address social determinants of health and health equity.
- Consider bringing in a consultant to form a realistic vision and comprehensive plan for telehealth infrastructure and access, since this could easily expand into a scope of work beyond NCACH's resources (community information exchange, wifi/broadband access including "last mile" barriers, purchase of devices, etc.)
    - Caution that we should be careful not to bite off more than we can chew; don't create a vision that is too big to fund.
    - In order to anticipate project management capacity, need to clarify what role NCACH staff would need to play, if any.