



North Central Accountable Community of Health

Governing Board Retreat

10:00 – 3:00, September 8, 2017

North Central ESD 430 Olds Station Rd Wenatchee WA 98802	4th Floor – Cottonwood Retreat Center
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<u>Agenda Item:</u>	<u>Time:</u>
Welcome – Coffee	9:45 AM
Roll Call	10:00 AM
NCACH / CDHD Hosting Agreement – Linda & Barry <ul style="list-style-type: none">• Board of Health Meeting Update / Comments	10:05 AM
Staffing - John Schapman <ul style="list-style-type: none">• Work plan for the next three months• Comparison to other ACH's• Proposal for added position• Data Capacity – Caroline Tillier	10:25 AM
Workgroup Planning <ul style="list-style-type: none">• Charters<ul style="list-style-type: none">➤ WPCC - Peter➤ Opioid - Christal➤ Transitions and Diversions - John• Board Member Participation on workgroups	10:45 AM
Working Lunch – Introduction to finance / preliminary funds flow – John Schapman	12:00 PM
Pathways HUB Background – Christal Eshelman <ul style="list-style-type: none">• HUB Quickstart Guide• PowerPoint Presentation	1:00 PM
Round Table	2:45 PM

From: [Linda Parlette](#)
To: [Jay Johnson](#)
Cc: [Pam Running](#); [John Schapman](#)
Subject: RE: Hosting Agreement Passed by BOH
Date: Wednesday, August 23, 2017 8:06:21 AM

No need for a call; thank you very much for the green light.

Linda Evans Parlette, Executive Director
North Central Accountable Community of Health

Chelan-Douglas Health District

200 Valley Mall Parkway

East Wenatchee, WA 98802

Phone: (509) 886-6438

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Fax: (509) 886-6449

From: Jay Johnson [mailto:Jay@dadkp.com]
Sent: Wednesday, August 23, 2017 7:56 AM
To: Linda Parlette <Linda.Parlette@cdhd.wa.gov>
Cc: Pam Running <Pam@dadkp.com>; John Schapman <John.Schapman@cdhd.wa.gov>
Subject: RE: Hosting Agreement Passed by BOH

Hi Linda:

I just reviewed the revised draft of the Hosting Services Agreement. I thought the revisions were fine. From a legal standpoint I have no problem with the NCACH Board approving the Hosting Services Agreement at its Board meeting on September 11, 2017. Let me know if you want me to give you a call. Thanks.

Jay

Jay A. Johnson

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From: Linda Parlette [mailto:Linda.Parlette@cdhd.wa.gov]

Sent: Tuesday, August 22, 2017 4:14 PM

To: Jay Johnson <Jay@dadkp.com>

Cc: Pam Running <Pam@dadkp.com>; John Schapman <John.Schapman@cdhd.wa.gov>; Linda Parlette <Linda.Parlette@cdhd.wa.gov>

Subject: FW: Hosting Agreement Passed by BOH

Jay,

I attended part of the Chelan/Douglas Board of Health meeting on Monday, August 21st. They adopted a modified hosting agreement between CDHD and NCACH.

Most of the new language is clarification language—and since Barry Kling explains it well, I have included his comments.

Chair, Commissioner Keith Goehner suggested that the NCACH give an update twice a year—April and October—to the Board of Health

Since board members may change and NCACH leaders may change. I thought this was an excellent idea.

Please review the document for me. I hope it passes the test from the NCACH position too so the Board can approve on September 11th,
At our next meeting.

Thanks so much.

Linda

Linda Evans Parlette, Executive Director
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From: Barry Kling

Sent: Tuesday, August 22, 2017 3:03 PM

To: Teresa Davis <Teresa.Davis@cdhd.wa.gov>; Linda Parlette <Linda.Parlette@cdhd.wa.gov>; John Schapman <John.Schapman@cdhd.wa.gov>

Subject: Hosting Agreement Passed by BOH

Here's the version of the hosting agreement passed by BOH on Monday, with changes highlighted.

Linda, here are some explanations of the changes, which might be helpful for your discussion with Jay. The changes were made after input from CDHD's attorney and from the Chelan County

Treasurer, as explained below.

In the Recitals, we added some language emphasizing that CDHD's role as NCACH host is within its statutory purposes. This was added because the Chelan County Treasurer was concerned that the hosting arrangement might seem to involve Chelan County (since our funds are handled there) in supporting a nongovernmental private nonprofit corp (NCACH) – not something the County is prepared to do. So I convinced him, and it is important that the agreement say, that CDHD is doing this not only as a service to NCACH but because it also serves CDHD's statutory purposes. In that sense, it would be no different in principle from a Robert Wood Johnson Foundation grant, in which we would be serving RWJF's purposes but also CDHD's, while accounting for the funds involved. This issue just came up – I hadn't anticipated it – but I think it is resolved given appropriate language in the agreement.

In paragraph 2 I added the sentence discussed at BOH regarding the Exec Director's reports to BOH every 6 months.

Para 3.1 is revised as we previously discussed. The intent was just to clarify the earlier version, which seemed to handle several issues at once and was a bit confusing. Also it seemed to say the NCACH Governing Board could terminate the Executive Director without the Administrator's consent, which I do not believe was the intent. Since the ED is a CDHD employees like other NCACH staff, the same issue exists regarding CDHD's liability for any personnel actions taken. But this section also makes clear that the Administrator's role in personnel actions is "only to assure that laws and regulations applicable to CDHD, including CDHD procedures and union contracts, are observed in the process," not to oversee NCACH programs or activities. So I believe it both clarifies and limits the Admin's role in personnel matters. I put the old version after the new 3.1 in ~~strikeout font~~ for comparison.

3.2 repeats the point that NCACH initiatives are within CDHD's statutory purposes, just in case the Treasurer didn't get it earlier in the document.

In 3.3 the earlier version said software and hardware purchased by NCACH shall belong to NCACH, while in fact CDHD will technically do the purchasing and carry it on its inventory so long as the hosting agreement is in place. So instead the language says that NCACH will own any such software and hardware upon termination of the agreement.

Para 4, says NCACH must purchase furniture it needs but cannot get from CDHD's current stock, but NCACH doesn't actually have the capacity to purchase anything separately from CDHD so long as the agreement is in place, so this was clarified to say that such purchases would be made by CDHD with NCACH funds. And it still says such furniture will belong to NCACH upon termination.

Para 5 changes the phrase about funds deposited with the Chelan Treasurer "for the benefit of NCACH" to "to support NCACH programs and activities" just to be sure the Treasurer is happy that we're not giving away his services to another organization but using funds from a nonprofit for programs and initiatives (within CDHD's statutory etc.).

On the last page of the document is the resolution used by BOH to adopt the agreement, in case

anyone is interested.

Overall I believe these changes are neutral in terms of the NCACH Governing Board's intent, but of course the Gov Bd will need to decide that and pass a version with these changes if they are acceptable.

Barry

~~~~~

Barry Kling, MSPH  
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East Wenatchee, Washington 98802  
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**Attachment A**  
**CDHD/NCACH**  
**HOSTING SERVICES AGREEMENT**

THIS CDHD/NCACH HOSTING SERVICES AGREEMENT ("Agreement") is entered into by and between the Chelan-Douglas Health District (the "CDHD") and the North Central Accountable Community of Health, a Washington non-profit corporation (the "NCACH"), sometimes individually referred to as "Party" or collectively as the "Parties".

**RECITALS**

- A. CDHD, as sub awardee, has received and administered funding from the Washington State Health Care Authority (the "HCA") in furtherance of the realization of an Accountable Community of Health serving Chelan, Douglas, Grant and Okanogan Counties.
- B. Pursuant to CDHD Board of Health Resolution 2016-002, which expresses the CDHD Board of Health's finding that it is within the statutory purposes and mission of Chelan-Douglas Health District to support the initiatives and projects of the North Central Accountable Community of Health, the CDHD has been acting as host for the administrative functions of the NCACH prior to the NCACH's incorporation as a Washington non-profit corporation.
- C. NCACH incorporated on March 22, 2017 under the laws of the state of Washington and is governed by a Governing Board.
- D. NCACH desires that the CDHD continue to provide the administrative hosting services to the NCACH (the "Services") and contemplated the provision of such Services by reference to a "backbone organization" in the NCACH Bylaws.
- E. The CDHD desires to continue providing the Services, provided such Services do not result in a net cost to the CDHD, in order to support the implementation of health improvement initiatives by NCACH consistent with CDHD's statutory purposes and mission.
- F. The Parties now wish to set out their mutual agreement regarding the Services and replace and supersede CDHD Resolution 2016-002.

NOW, THEREFORE, in consideration of the mutual benefits contained herein, the adequacy and receipt of which are hereby acknowledged, the Parties hereby agree as follows:

## AGREEMENT

1. Incorporation. The Recitals set forth above are by this reference incorporated into this Agreement and are binding commitments and representations of the Parties.

2. Term. This Agreement shall remain in force so long as both Parties continue to operate, provided that any Party may terminate this Agreement by providing written notice as set forth herein. So long as this Agreement is in force, the Administrator of the CDHD shall be permitted to attend and participate in (without vote) all Governing Board meetings of the NCACH, if the Administrator is not otherwise a member of the NCACH Governing Board. The NCACH Executive Director shall present a report to the CDHD Board of Health in April and October of each year regarding ACH activities and the hosting agreement.

3. Administrative Services. The CDHD shall provide the following Services to NCACH so long as this Agreement is in force:

3.1 Personnel. The NCACH Executive Director and other staff shall be employees of CDHD so long as this agreement is in force. Because CDHD is legally responsible for actions taken with regard to its employees, CDHD through its Administrator must have the right of final approval regarding any personnel actions taken with regard to CDHD staff, including those hired on behalf of NCACH. The intent of this provision is not to interfere with the capacity of the NCACH Governing Board to conduct NCACH programs and activities; the CDHD Administrator's role in personnel matters regarding NCACH positions will be only to assure that laws and regulations applicable to CDHD, including CDHD procedures and union contracts, are observed in the process. No personnel action, including hiring, discipline or termination, will be taken with regard to NCACH staff, including the Executive Director, without the consent of the CDHD Administrator. The CDHD Administrator will not take any personnel actions regarding NCACH staff without the approval of the NCACH Executive Director, or if the personnel action is regarding the NCACH Executive Director, the NCACH Governing Board, except when such actions are necessary to comply with laws and regulations applicable to CDHD, including CDHD procedures and union contracts.

3.1.1 NCACH Executive Director The NCACH Board shall be responsible for the selection, oversight, and evaluation of the NCACH Executive Director, subject to the requirements of 3.1 above. The NCACH Executive Director shall report to the NCACH Board and the CDHD Administrator. If it becomes necessary to discipline or terminate the Executive Director, this shall be handled cooperatively by the NCACH Board and the CDHD Administrator, subject to the requirements of 3.1 above.

3.1.2 Other NCACH Staff The NCACH Board shall be responsible, through its Executive Director, for the selection, oversight and management of the NCACH staff,

including the establishment and evaluation of said staff members' services and deliverables. The Executive Director will not hire, terminate or otherwise discipline any CDHD staff in NCACH positions without the prior approval of the Administrator, which approval shall not be unreasonably withheld, subject to the requirements of 3.1 above.

3.1.3 NCACH Positions NCACH staff members shall have the same privileges, obligations and benefits as other CDHD employees have, and will be selected, managed and compensated consistent with CDHD policies, pay scale, job descriptions and union contracts, as applicable. Should the NCACH Board elect to adopt and implement its own policies regarding NCACH positions, such policies must be presented to the CDHD Board for CDHD Board review and approval prior to their adoption and application, and said policies must not contravene any applicable laws or CDHD labor agreements.

~~3.1 (Version passed by NCACH Gov Bd 8/7/2017) Personnel. The NCACH Executive Director and other staff shall be employees of CDHD. The NCACH Board shall be responsible, through its Executive Director, for the selection, oversight and management of the NCACH staff, including the establishment and evaluation of said staff members' services and deliverables, and the termination or discipline of said staff. The Administrator will not terminate or otherwise discipline any CDHD staff that are providing services to NCACH without first obtaining input from the Executive Director. The NCACH Board shall be responsible for the selection, oversight, evaluation, discipline, and termination of the NCACH Executive Director. The NCACH Executive Director shall report to the NCACH Board and the Administrator. Notwithstanding the selection and oversight by the NCACH, these staff members shall have the same privileges, obligations and benefits as other CDHD employees have, and will be selected, managed and compensated consistent with CDHD policies, pay scale, job descriptions and union contracts, as applicable. Should the NCACH Board elect to adopt and implement its own policies, such policies must be presented to the CDHD Board for CDHD Board review and approval prior to their adoption and application, and said policies must not contravene any applicable laws or CDHD labor agreements.~~

3.2 Funding, Budget and Expenditures. A primary purpose of this Agreement is to enable NCACH to acquire from CDHD the services of its fiscal infrastructure, including its fiscal policies and procedures, to assure transparency and accountability regarding NCACH funds. For CDHD, the basis for providing such services is the finding by the CDHD Board of Health that the purposes and initiatives of NCACH are within the statutory purposes and mission of CDHD.

3.2.1 Through this Agreement NCACH authorizes and directs that all funds



received for NCACH be deposited in CDHD accounts and managed through CDHD's accounting system. As a Health District established under Chapter 70.46 RCW, all CDHD funds must be managed through Chelan County under established policies and procedures. NCACH is entering into this Agreement in part to acquire appropriate funds management and accountability services for NCACH through CDHD's administrative and fiscal infrastructure, but NCACH acknowledges that NCACH retains responsibility for meeting the terms of any NCACH contracts, including programmatic and administrative requirements, under which funds are provided to NCACH.

3.2.2 CDHD will administer the funds of NCACH in conformity with any grant and contract requirements imposed by the HCA and other NCACH funding sources, and the fiscal policies and procedures of CDHD. The administrative and fiscal policies and procedures of the CDHD shall govern the mechanics and protocols for the issuance of checks, drafts or other payments from the NCACH funds. CDHD fiscal staff will support and participate in any audits of NCACH funds. NCACH shall pay any additional CDHD audit fees related to CDHD's administrative hosting of NCACH funds. CDHD will maintain and provide fiscal records needed for such audits.

3.2.3 The annual budget of the NCACH shall be prepared on a calendar fiscal year basis, by the NCACH Executive Director working with the CDHD, and presented for approval to the NCACH Board consistent with the NCACH Bylaws. All NCACH expenditures shall be made pursuant to the NCACH budget in effect at the time of expenditure, and any other provisions of the NCACH Bylaws.

3.2.4 CDHD will provide monthly, quarterly and annual financial reports for all NCACH funds to the NCACH Executive Director within the same time frame as the CDHD undertakes reporting of its own funds.

3.3 IT and Phone Services. The CDHD will provide access to its computer network, internet connectivity, phone system and IT support services during the term of this Agreement. The NCACH shall be responsible for funding the purchase of any and all computer hardware and software (including without limitation desktops, laptops, printers, and other technology equipment) and desktop phone equipment necessary for the NCACH's operations; provided that such hardware and software shall be approved by CDHD for compatibility with the CDHD's network and phone system. NCACH shall abide by all CDHD standards and policies regarding computer and IT matters. ~~Any software and hardware purchased by the NCACH shall belong to NCACH. At the termination of this agreement NCACH will own any software and hardware purchased with NCACH funds.~~

4. Office Space and Furniture. During the term of this Agreement, CDHD shall provide office space and supplies, of the CDHD's choosing, to the NCACH staff. To the extent

not in use for the CDHD's operations, the office space will include CDHD furniture provided "as-is" and "where is". ~~Any furniture and office supplies not provided by CDHD shall be the responsibility of the NCACH to purchase...~~ Purchase of any furniture and office supplies needed by NCACH and not provided by CDHD shall be funded by NCACH, and the NCACH will own such furniture and supplies at the termination of this Agreement.

5. Fees. As fees for the Services hereunder, the CDHD shall be paid a fee equal to 15% of the NCACH's total expenditures (excluding expenditure for the fee payable to the CDHD) on a cash and not accrual basis. The fee shall be calculated and paid quarterly, within thirty (30) days of the end of the fiscal quarter. For the purposes of determining the fee, the CDHD reports provided under Section 3.2.4 shall be conclusive as to the determination of the total expenditures and calculation of the fee. For purposes of clarity, the Parties agree that the fee calculated pursuant to this section will only be based on funds that are deposited with the Chelan County Treasurer ~~for the benefit of NCACH to support NCACH programs and activities.~~ The fee shall not be applied to any uncommitted NCACH funds which may be transferred from CDHD to the recipient specified by NCACH in the event this agreement is terminated.

6. Termination. Except as otherwise provided herein, either Party may terminate this Agreement, for any reason, upon at least sixty (60) days written notice to the other. At such time as a Party provides a written notice of termination to the other, the Parties will promptly cooperate in obtaining written approval from the HCA (and any other applicable NCACH funding source) for the transfer of uncommitted NCACH funds and deliverables administered by the CDHD under this Agreement to an entity designated by the NCACH (the "designee"). The Parties agree to comply with written directions provided by the funding source regarding disposition of any uncommitted NCACH funds. If no such direction is provided, the Parties will cooperate to determine the amount of uncommitted NCACH funds and such funds will be transferred to a recipient designated by the NCACH Governing Board, consistent with applicable laws and regulations.

6.1 Transfer of Funds/Personnel. At such time as the designee has been approved as set out in Section 6, above, the CDHD will transfer any uncommitted NCACH funds it is administering to the designee. At that time, NCACH staff shall no longer be employees of CDHD and NCACH will be responsible for any arrangements regarding staff employment. Any and all costs associated with this transition and transfer, including by way of example and without limitation, accrued and unpaid leave payable to NCACH staff consistent with any policy of the CDHD, will be charged to the NCACH funds prior to the transfer of NCACH funds to the designee.

6.2 Records. Upon termination of this Agreement, CDHD shall make available to the NCACH the computer files generated by NCACH staff or programmatic activities. In addition, the NCACH staff shall be permitted to take the NCACH's hard copy files. The CDHD will

retain duplicates of the data, in formats of the CDHD's choosing, for the purpose of any financial or program audit. The Parties agree to cooperate promptly and fully in any audits following the termination of this Agreement.

7. Indemnification. The NCACH shall hold harmless, indemnify and defend the CDHD, its officers, agents and employees, from and against any and all claims, losses, or liability, for injuries, sickness or death of persons, or damage to property, arising out of or in connection with the performance of this Agreement, except for injuries or damages caused by the sole negligence of CDHD. The CDHD shall hold harmless, indemnify and defend the NCACH, its officers, agents and employees, from and against any and all claims, losses, or liability, for injuries, sickness or death of persons, or damage to property, arising out of or in connection with the performance of this Agreement, except for injuries or damages caused by the sole negligence of NCACH.

8. Insurance. The NCACH shall maintain Commercial General Liability insurance written on an occurrence basis with an insurer acceptable to the CDHD with coverage of not less than \$1,000,000 per occurrence. The policy of insurance shall name the CDHD as an additional insured.

9. Notices. All notices required or permitted to be given hereunder shall be in writing and shall be personally delivered, sent by facsimile or sent by U.S. certified mail, return receipt requested, addressed as set forth below:

To the NCACH:           Attn: Executive Director, NCACH  
                                  200 Valley Mall Parkway  
                                  East Wenatchee, WA 98802

To the CDHD:            Attn: Administrator, CDHD  
                                  200 Valley Mall Parkway  
                                  East Wenatchee, WA 98802

Either Party hereto may, by proper notice to the other, designate such other address for the giving of notices as deemed necessary. All notices shall be deemed given on the day such notice is personally served or transmitted by facsimile; or on the third business day following the day such notice is mailed in accordance with this Section.

10. Severability. In the event any provision in this Agreement shall be determined to be unenforceable or otherwise invalid for any reason, the remainder of this Agreement shall be enforced and validated to the extent permitted by law. All provisions of this Agreement are severable and the unenforceability or invalidity of a single provision hereof shall not affect the remaining provisions.

11. No Assignment. Except as otherwise specifically provided in this Agreement, the Parties may not assign any rights or delegate any duties under this Agreement, whether by assignment, subcontract or other means.

12. Governmental Regulation. This Agreement is subject in all respects to the terms and conditions of the rules, regulations and policies of the CDHD, together with the assurances, requirements and regulations applicable to or imposed by the funding source for the NCACH. The Parties agree to comply with all applicable federal, state, tribal, and local laws, rules, regulations, and Court decisions.

13. No Entity Created. It is understood that the CDHD and the NCACH are independent entities and not agents of each other, or joint ventures. Nothing herein shall be construed as creating a separate organization, partnership, joint venture or other entity between the Parties.

14. Administration and Delegation of Authority. Except as otherwise provided herein, or as may be required by the Bylaws or Articles of Incorporation of the NCACH, or the Resolutions of the CDHD, the Executive Director of the NCACH shall be responsible for administration of this Agreement on behalf of the NCACH and the Administrator of the CDHD shall be responsible for administration of this Agreement on behalf of the CDHD.

IN WITNESS WHEREOF, the Parties have signed this Agreement to be effective the day and year of the last signature written below.

Approved by the Board of the Chelan Douglas  
Health District at an Open Public Meeting the  
\_\_\_\_\_ day of \_\_\_\_\_ 2017

Approved by the Governing Board of the  
North Central Accountable Community of  
Health the \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ 2017

\_\_\_\_\_  
KEITH GOEHNER,  
CDHD Board of Health Chair

\_\_\_\_\_  
LINDA EVANS PARLETTE,  
NCACH Executive Director

ATTEST/AUTHENTICATED:

\_\_\_\_\_  
BARRY KLING, CDHD Administrator

The following resolution was passed by the Chelan Douglas Health District Board of Health on August 21, 2017, to adopt the above agreement:

**RESOLUTION NO. 2017-001**

**A RESOLUTION OF CHELAN-DOUGLAS BOARD OF HEALTH APPROVING  
THE CDHD / NC ACH ADMINISTRATIVE HOSTING SERVICES AGREEMENT  
AND REPEALING DISTRICT RESOLUTION NO. 2016-002.**

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**WHEREAS**, the Chelan-Douglas Health District ("CDHD") pursuant to District Resolution No. 2016-002 has provided administrative hosting services for the North Central Accountable Community of Health, a Washington non-profit corporation ("NC ACH") for the past several months; and

**WHEREAS**, the CDHD and NC ACH have negotiated the terms of an agreement to replace Resolution No. 2016-002; AND

**WHEREAS**, the CDHD Board continues to find that the work of the NC ACH is aligned with the mission of the CDHD for our community and is in compliance with the statutory authorizations under which the CDHD operates; and

**WHEREAS**, the CDHD Board has determined that passage of this Resolution and approval of the CDHD / NC ACH Agreement is in the best interest of the health, safety, and welfare of the citizens served by the CDHD; NOW, THEREFORE

**THE BOARD OF HEALTH OF CHELAN-DOUGLAS HEALTH DISTRICT HEREBY  
RESOLVES AS FOLLOWS:**

Section 1. The Chair of CDHD Board is hereby authorized and directed to execute the CDHD / NC ACH Administrative Services Hosting Agreement in the form attached hereto and marked as Exhibit "A" to this Resolution.

Section 2. CDHD Board of Health Resolution No. 2016-002 is hereby repealed.

Section 3. This Resolution shall be effective immediately upon passage by the Board of Health.

## **NCACH Staffing Report Overview:**

### **Why we need to ensure we have adequate NCACH staff:**

1. NCACH only has 4.5 years to make the necessary changes in the Demonstration period. It is important that NCACH staff support for our partners is not the limiting factor in a successful Demonstration.
2. Meaningful collaboration takes dedicated time. Inadequate staffing will risk NCACH not having the capacity to gather input from state, local, and consumer level partners to help guide the success of the demonstration.
3. Inadequate development and reporting of project plans, funds flow, and data analysis could put NCACH at risk for losing Millions of dollars.

Per the Demonstrations Special Terms and Conditions (STC) #22, The ACH must provide the organizational structure to reflect the capability to make decisions and be accountable for the following five domains at a minimum:

- **Financial**, including decisions about the allocation methodology, the roles and responsibilities of each partner organization, and budget development.
- **Clinical**, including appropriate expertise and strategies for monitoring clinical outcomes. The ACH will be responsible for monitoring activities of providers participating in care delivery redesign projects and should incorporate clinical leadership, which reflects both large and small providers and urban and rural providers.
- **Community**, including an emphasis on health equity and a process to engage the community and consumers.
- **Data**, including the processes and resources to support data-driven decision making and formative evaluation.
- **Program management and strategy development**. The ACH must have organizational capacity and administrative support for regional coordination and communication on behalf of the ACH.

### **How does NCACH compare with other ACHs?**

- Average ACH staff level is 8 (min 5; max 12.5)
- Other ACH Staffing levels are rapidly evolving to meet the needs of the Demonstration
- Every ACH has staffing that covers the 5 main HCA focus areas (who will also support project management)
- NCACH is the only ACH that is not currently planning to use dollars outside of the Design Funds (\$6M) to support staffing

## NCACH Staffing Analysis:

### Strengths

- NCACH has developed processes to support and engage clinical providers in the work of the Demonstration
- NCACH staff has strong expertise in data management
- CDHD has allowed NCACH staff to focus on items outside of daily financial management, IT and Human Resources
- NCACH recognized the need for administrative support early in our staffing model and hired an Executive Assistant

### Gaps

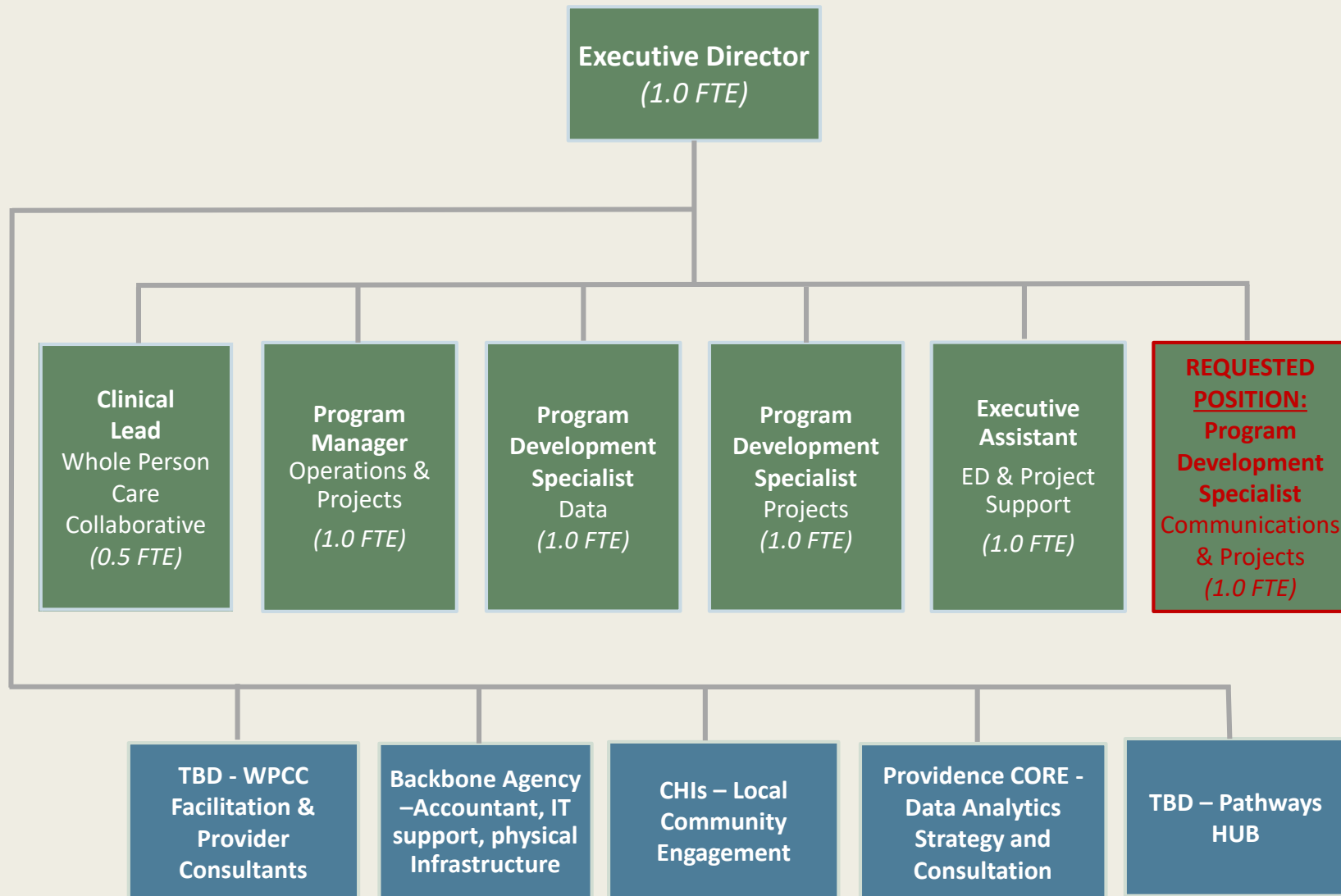
1. Data analysis including identifying target populations, improvement in outcomes, and ensuring accurate data to reward financially incentives to partners is crucial.
  - a. **Planned Action:** Move current Program Development Specialist into the role of data management full time
2. Need support and a plan to address Domain 1 activities: VBP, Workforce Development, Population Health Management
  - a. **Planned Action:** Allocate Staffing (0.2 FTE – 0.4 FTE) to properly address these Domains
3. Funds Flow allocation processes and monitoring are currently not fully addressed within NCACH staffing model.
  - a. **Planned Action:** Allocate Program Management time to work with the CDHD Finance team to better support funds flow processes for the region
4. Community Engagement needs to be completed at not only the local level but regional level.
  - a. **Planned Action:** Add Staff to manage within the NCACH (0.2 FTE Community Engagement)
5. Community feedback collected by partners needs to be analyzed and presented to the Governing Board and Board decisions shared with the community.
  - a. **Planned Action:** Add 0.3 FTE staff to Communications and ensuring community input is incorporated into decisions
6. Current staffing is unable to fully address important steps in project management work due to managing other requirements of the Demonstration (i.e. Certification, funds flow, data, and community engagement)
  - a. **Planned Action:** Add an additional 0.5 FTE in staffing to support the development and implementation of projects

### Recommended Changes in NCACH Staffing

- Hire a 1.0 FTE to address the current staff gaps outlined in 4, 5, and 6

# Proposed NCACH Organizational Chart (6.5 FTE)

September 11, 2017





**Proposed NCACH Demonstration Staffing (6.5 FTE)**

*September 11, 2017*

| North Central ACH                               | FTE | 2017                                                                                                                |    | 2018                                                               |    |                                                                                                      |    | 2019 |    |    |    | 2020 |    |    |    | 2021 |    |    |    |
|-------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------|----|------|----|----|----|------|----|----|----|------|----|----|----|
|                                                 |     | Q3                                                                                                                  | Q4 | Q1                                                                 | Q2 | Q3                                                                                                   | Q4 | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 |
| Executive Director                              | 1   | Strategic Planning Development (0.5 FTE)<br>Staff/Daily Operations Oversight (0.5 FTE)                              |    |                                                                    |    |                                                                                                      |    |      |    |    |    |      |    |    |    |      |    |    |    |
| Executive Assistant                             | 1   | Executive Director Support (0.5 FTE)<br>Governing Board and Administrative Support (0.5 FTE)                        |    |                                                                    |    |                                                                                                      |    |      |    |    |    |      |    |    |    |      |    |    |    |
| Director of the Whole Person Care Collaborative | 0.5 | Whole Person Care Collaborative (0.5 FTE)                                                                           |    |                                                                    |    |                                                                                                      |    |      |    |    |    |      |    |    |    |      |    |    |    |
| Program Manager                                 | 1   | Project Plan Application (0.5)<br>Program Management (0.25)<br>Chronic Care (0.25)                                  |    |                                                                    |    | Program Management (0.5 FTE)<br>Pathways Community HUB Oversight (0.1 FTE)<br>WPCC Support (0.4 FTE) |    |      |    |    |    |      |    |    |    |      |    |    |    |
| Program Development Specialist                  | 1   | FIMC (0.25)<br>Pathways HUB project (0.35)<br>Opioid Project Plan (0.2)<br>Transitions/Diversion Project Plan (0.2) |    |                                                                    |    | Opioid Project (0.5)<br>Transitions/Diversion (0.5)                                                  |    |      |    |    |    |      |    |    |    |      |    |    |    |
| Program Development Specialist                  | 1   | Data Analytics (1.0)                                                                                                |    |                                                                    |    |                                                                                                      |    |      |    |    |    |      |    |    |    |      |    |    |    |
| Program Development Specialist                  | 1   |                                                                                                                     |    | Communications and CHI Liaison (0.5 FTE)<br>Chronic Care (0.5 FTE) |    |                                                                                                      |    |      |    |    |    |      |    |    |    |      |    |    |    |

Red = Position requested

**Contracted Support**

| Pathways Community HUB Program | FTE | 2017                               |    | 2018 |    |    |    | 2019 |    |    |    | 2020 |    |    |    | 2021 |    |    |    |
|--------------------------------|-----|------------------------------------|----|------|----|----|----|------|----|----|----|------|----|----|----|------|----|----|----|
|                                |     | Q3                                 | Q4 | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 |
| HUB Director                   | 1   | Direct Pathways HUB                |    |      |    |    |    |      |    |    |    |      |    |    |    |      |    |    |    |
| Program Coordinator            | 1   | Pathways HUB program support (1.0) |    |      |    |    |    |      |    |    |    |      |    |    |    |      |    |    |    |
| Fiscal Assistant               | 1   | Pathways HUB program support (1.0) |    |      |    |    |    |      |    |    |    |      |    |    |    |      |    |    |    |

| Coalitions for Health Improvement | FTE | 2017            |    | 2018 |    |    |    | 2019 |    |    |    | 2020 |    |    |    | 2021 |    |    |    |
|-----------------------------------|-----|-----------------|----|------|----|----|----|------|----|----|----|------|----|----|----|------|----|----|----|
|                                   |     | Q3              | Q4 | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 |
| Grant County                      | 0.3 | CHI Coordinator |    |      |    |    |    |      |    |    |    |      |    |    |    |      |    |    |    |
| Chelan/Douglas Counties           | 0.3 | CHI Coordinator |    |      |    |    |    |      |    |    |    |      |    |    |    |      |    |    |    |
| Okanogan County                   | 0.3 | CHI Coordinator |    |      |    |    |    |      |    |    |    |      |    |    |    |      |    |    |    |

|                 |    |                                                                    |
|-----------------|----|--------------------------------------------------------------------|
| Providence CORE | NA | Currently Contracted for Data Consultation<br>August-December 2017 |
|-----------------|----|--------------------------------------------------------------------|

|                                |    |                                                                                                                         |
|--------------------------------|----|-------------------------------------------------------------------------------------------------------------------------|
| Chelan-Douglas Health District | NA | Currently Contracted through the Hosting Agreement to provide, space, accounting support, and IT support/infrastructure |
|--------------------------------|----|-------------------------------------------------------------------------------------------------------------------------|

|     |    |                                          |
|-----|----|------------------------------------------|
| TBD | NA | WPCC Facilitation & Provider Consultants |
|-----|----|------------------------------------------|

## Cover Sheet - Proposed NCACH Demonstration Staffing (6.5 FTE)

| Position Title (FTE)                                                 | Position Description                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Executive Director (1.0 FTE)</b><br>Linda Evans Parlette          | Facilitate the development of the NCACH vision and strategic plan in collaboration with the Governing Board, maintain strong working relationships with key community and state partners, and manage the daily operations of NCACH staff and contractors                                                                                                                                                                                                                |
| <b>Executive Assistant (1.0 FTE)</b><br>Teresa Davis                 | Support the executive director in scheduling meetings and connecting with key partners, assist all NCACH staff in meeting preparation and recording of meeting minutes, and assist in the day-to-day operations of the NCACH including tracking invoices for all NCACH purchases.                                                                                                                                                                                       |
| <b>Program Manager (1.0 FTE)</b><br>John Schapman                    | Assist in day-to-day management of the NCACH including ensuring contractor deliverables are complete, completing all State required reporting, and supporting the creation of budgets and financial models related to funds allocation, project planning, and implementation. Support project management of Bi-directional integration, Chronic Care, and Pathways Community HUB.                                                                                       |
| <b>Program Development Specialist (1.0 FTE)</b><br>Christal Eshelman | Project management of the Pathways HUB, Opioid Project, and Transitional Care & Diversion Intervention projects including project plan development, implementation, and monitoring to ensure project deliverables are met. Project Coordinator for all NCACH Integrated Managed Care related projects.                                                                                                                                                                  |
| <b>Program Development Specialist (1.0 FTE)</b><br>Caroline Tillier  | Manage data infrastructure needed by NCACH for successful completion of the Medicaid Demonstration Project including acting as the NCACH liaison for all local and state related meetings. Support all NCACH workgroups in analyzing community data and identifying strategies specific to project plans to address health disparities in the region.                                                                                                                   |
| <b>Director of Whole Person Care (0.5 FTE)</b><br>Peter Morgan       | Manage the Whole Person Care Collaborative, coordinate change plans with providers, and work with designated contracts to ensure providers receive the appropriate resources to complete objectives outlined in the Demonstration                                                                                                                                                                                                                                       |
| <b>Program Development Specialist (1.0 FTE)</b><br>TBD               | Project management of the Chronic Care project including project plan development, implementation, and monitoring to ensure project deliverables are met. Act as the NCACH representative for all state and regional level communication groups, including NCACH maintains bi-directional communication with Coalition for Health Improvements, provides input to NCACH workgroups on community feedback, and management of NCACH's regional community engagement plan. |

## Proposed NCACH Demonstration Staffing (6.5 FTE)

| Executive Director: Senator Linda Evans Parlette (1.0 FTE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | FTE Requirement |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|
| Strategic Planning/Development:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                 |
| <ul style="list-style-type: none"><li>Facilitate the development of an ACH vision and/or work with the governing board to do so.</li><li>Oversee and direct the ACH's certification submissions, project proposal submissions, project planning processes and project implementation.</li><li>Ensure that ACH activities are designated to address the needs of the local community and conform with HCA guidance and requirements.</li><li>Establish and maintain strong working relationships with Board members and key community partners.</li><li>Work with the Regional Coordinator and HCA staff regarding project planning, implementation, emerging risks, and opportunities.</li><li>Primary Spokesperson for all ACH activity including attendance of local coalition and partner meetings.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 0.6 FTE         |
| Staff/Daily Operation Oversight:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                 |
| <ul style="list-style-type: none"><li>Oversee the development of ACH organizational capacity, infrastructure and budgets, taking into account long-term sustainability needs.</li><li>Provide administrative leadership by direction and managing all staff, operations, and financial performance in order to ensure efficient and effective planning.</li><li>Stay current with all programs and processes being completed by staff, and attend all pertinent workgroup meetings</li><li>Connect NCACH staff with key partners (local and statewide).</li><li>Review, analyze, and process modifications to operating budgets and assist leadership in meeting all financial commitments and goals, including overseeing payroll functions, auditing requirements, and contractor agreements.</li><li>Support the creation of communications to ACH providers and stakeholders regarding funds flow and other Demonstration financial requirements.</li><li>Oversee any contractors supporting ACH financial management and back office accounting functions, and ensure accountability and efficient decision-making.</li><li>Coordinate with the Financial Executor on distribution of payments to ACH participants.</li><li>Communicating the expenditure authority held by the Executive Director, specific committees (e.g., Executive Committee), and other decision-making bodies.</li></ul> |  | 0.4 FTE         |
| Executive Assistant: Teresa Davis (1.0 FTE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | FTE Requirement |
| Executive Assistant Duties:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                 |
| <ul style="list-style-type: none"><li>Support Executive Director (ED) in scheduling of meetings and connecting with key partners.</li><li>Ensure ED is prepped for all upcoming meetings.</li><li>Help prepare presentations for ED.</li><li>Assist in any reporting that needs completed.</li><li>Organize and prep team for NCACH Governing Board meetings.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 0.3 FTE         |
| Meeting/Administrative support:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                 |
| <ul style="list-style-type: none"><li>Prep for Demonstration workgroups</li><li>Assist in compiling data/information for documents</li><li>Compile meeting minutes and documents</li><li>Distribution List management</li><li>Website maintenance (Assists communication lead)</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 0.5 FTE         |
| Assistance in day-to-day operations:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                 |
| <ul style="list-style-type: none"><li>Complete invoicing for NCACH purchases.</li><li>Schedule travel and other arrangements for all NCACH staff.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 0.2 FTE         |

| Program Manager: John Schapman (1.0 FTE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FTE Requirement                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <p>Program (Operations) Management:</p> <ul style="list-style-type: none"> <li>• Lead for annual and semi-annual reporting to HCA and other state required reports.</li> <li>• Ensure completion of contracts and deliverables within contracts are met.</li> <li>• Lead for recruiting, hiring, and onboarding of staff.</li> <li>• Comply with all local, state, and federal filings.</li> <li>• Assist in workgroup development and direction of project including development and review of documents, and assistance in outreach as needed.</li> <li>• Backup on Demonstration projects for other NCACH staff.</li> <li>• Ensure Domain 1 requirements are addressed in each project.</li> <li>• Support the creation of budgets and financial models related to funds allocation, project planning, implementation and ongoing sustainability.</li> <li>• Outreach and Operations Staff Support: <ul style="list-style-type: none"> <li>○ NCACH representative at local meetings</li> <li>○ Assist in direction of day to day operations</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                            | 0.5 FTE                                                               |
| <p>Project management of the following projects: Bi-directional Integration, Chronic Care , Pathways Community HUB (Contract Oversight):</p> <ul style="list-style-type: none"> <li>• Organize partners for workgroup and schedule workgroup meetings.</li> <li>• Work with Data lead to track project specific outcomes.</li> <li>• Meet outside of workgroup with applicable local and state partners to ensure work is moving forward.</li> <li>• Partner with WPCC Director to ensure Collaborative is addressing deliverables in Toolkit.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0.5 FTE                                                               |
| Program Development Specialist: Christal Eshelman (1.0 FTE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FTE Requirement                                                       |
| <p>FIMC Advisory Committee:</p> <ul style="list-style-type: none"> <li>• Organize partners Advisory Committee and workgroups.</li> <li>• Schedule and develop material for workgroup meetings.</li> <li>• Meet outside of workgroup with applicable local, and state partners to ensure work is moving forward.</li> <li>• Prepare and submit required deliverables.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.25 FTE<br><i>Through 2017</i>                                       |
| <p>Project management and oversight of the following projects: Pathways HUB <i>through 2017</i>; Opioid Project; Transitional Care/Diversion Intervention Project:</p> <ul style="list-style-type: none"> <li>• Determine and direct implementation of the ACH plan to develop and/or leverage the necessary capacity to deliver work products under set timelines.</li> <li>• Organize partners for workgroup including communications with partners.</li> <li>• Schedule and develop material for workgroup meetings.</li> <li>• Work with Data lead to track project specific Demonstration outcomes.</li> <li>• Meet outside of workgroup with applicable local and state partners to ensure work is moving forward.</li> <li>• Ensure projects are addressing deliverables in Toolkit.</li> <li>• Coordinate with other local workgroups in the region addressing similar topics (ie. County Opioid Stakeholders Groups).</li> <li>• Prepare required deliverables for submission.</li> <li>• Provide administrative and project management support for ACH Board and committee meetings and stakeholder engagement sessions.</li> <li>• Work with ACH partners to ensure alignment of activities, monitor progress; interface with financial/clinical/analytics staff as appropriate.</li> <li>• Develop templates and tools to track project progress, and drive decision making across staff.</li> </ul> | 0.75 FTE<br><i>Through 2017</i><br><br>1.0 FTE<br><i>2018 Forward</i> |

| Program Development Specialist: Caroline Tillier (1.0 FTE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | FTE Requirement |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|
| Data Analytics:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                 |
| <ul style="list-style-type: none"> <li>Serve as NCACH Liaison to the HCA AIM team.</li> <li>Analysis of data products from State.</li> <li>Manage data infrastructure needed by NCACH for successful completion of the Medicaid Demonstration Project.</li> <li>Support a data analytics workgroup (if applicable).</li> <li>Assist in IT system discussion with Providers.</li> <li>Assist in the development of HUB software.</li> <li>Review and manage data sharing agreements with HCA and partner organizations.</li> <li>Accountable for the overall management of analytic projects, including timeliness, quality and value.</li> <li>Develop dashboards to oversee ACH and partner progress against project milestones (if necessary).</li> <li>Provide accurate work estimates and oversees delivery against budget.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 0.5 FTE         |
| Data support for Workgroups                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                 |
| <ul style="list-style-type: none"> <li>Collect and analyze community health metric data necessary to inform key decision by workgroups for demonstration project planning, implementation, and sustainability.</li> <li>Identify and help implement strategies to address health disparities in the region.</li> <li>Manage resources and projects concurrently to ensure successful completion of analytic projects.</li> <li>Serve as primary contact on all phases of analytic analyses from problem definition through presentation, appropriately reporting progress and results throughout projects to the Executive Director.</li> <li>Monitor reporting and performance metrics associated with the Demonstration Projects for each workgroup.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 0.5 FTE         |
| Director of Whole Person Care: Peter Morgan (0.5 FTE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | FTE Requirement |
| WPC Collaborative:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                 |
| <ul style="list-style-type: none"> <li>Manage WPC Collaborative workgroup.</li> <li>Coordinate change plans with providers.</li> <li>Work with Qualis Health or designated contract support to ensure providers have appropriate resources to complete objectives</li> <li>Work with state partners related to provider work in the Demonstration.</li> <li>Develop and direct implementation of a plan for engaging clinical providers in the ACH's activities, including but not limited to MDs, RNs, ARNPs, CHWs, SUD providers, and mental health workers.</li> <li>Work with partnering providers independently to ensure they are on track to complete the planning process, have the most current information pertaining to the Demonstration, and receive any technical assistance needed to be successful in the Demonstration.</li> <li>Serve as a liaison and build partnerships between the ACH and local and state clinical provider organizations (e.g., local medical societies and/or statewide associations).</li> <li>Establish, monitor, and improve clinical outcomes and care management activities to provide patient-centered care and ensure effective integration of services.</li> <li>Advise on clinical aspects related to the development of integrated care delivery and value-based purchasing models.</li> <li>Partner with the data lead on metrics reporting.</li> </ul> |  | 0.5 FTE         |

| POSITION REQUESTED: Program Development Specialist: TBD (1.0 FTE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FTE Requirement |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <p>Project Management and Oversight:</p> <ul style="list-style-type: none"> <li>• Determine and direct implementation of the ACH plan to develop and/or leverage the necessary capacity to deliver work products under set timelines.</li> <li>• Organize partners for workgroup including communications with partners.</li> <li>• Schedule and develop material for workgroup meetings.</li> <li>• Work with Data lead to track project specific Demonstration outcomes.</li> <li>• Meet outside of workgroup with applicable local and state partners to ensure work is moving forward.</li> <li>• Ensure projects are addressing deliverables in Toolkit.</li> <li>• Coordinate with other local workgroups in the region addressing similar topics (ie. County Opioid Stakeholders Groups).</li> <li>• Prepare required deliverables for submission.</li> <li>• Provide administrative and project management support for ACH Board and committee meetings and stakeholder engagement sessions.</li> <li>• Work with ACH partners to ensure alignment of activities, monitor progress; interface with financial/clinical/analytics staff as appropriate.</li> <li>• Develop templates and tools to track project progress, and drive decision making across staff</li> </ul> | 0.5 FTE         |
| <p>Regional Communications:</p> <ul style="list-style-type: none"> <li>• Participate in HCA Communications Council.</li> <li>• Communicate ACH implementation activities to ACH participants and stakeholders through: <ul style="list-style-type: none"> <li>○ Website</li> <li>○ Email listservs</li> <li>○ Social Media</li> <li>○ Newsletters</li> <li>○ Press Releases (when applicable)</li> <li>○ And other regional NCACH communications</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.3 FTE         |
| <p>Community Engagement:</p> <ul style="list-style-type: none"> <li>• Manage the dissemination of information and lead the development of public-facing communication materials for NCACH partners and related stakeholders.</li> <li>• NCACH Regional Consumer Engagement (i.e. working with state on consumer meetings and public forums).</li> <li>• Ensures public facing materials and communications are culturally competent for consumers.</li> <li>• NCACH liaison for the Coalitions for Health Improvement and Tribes, including providing bi-direction feedback between community partners, groups, on the decisions of the NCACH Board and ensuring NCACH complies with tribal engagement expectations around transparency and inclusion on governing decisions.</li> <li>• Prep presentations and materials for outreach events by NCACH Staff or Board members.</li> <li>• Develop processes for soliciting input from ACH stakeholders (e.g., Medicaid beneficiaries, provider partners, community-based organizations) through multiple channels, such as regional in-person meetings, webinars, and public comment periods.</li> </ul>                                                                                                                          | 0.2 FTE         |

## Additional Contractors

|                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Coalitions for Health Improvement <ul style="list-style-type: none"><li>Grant Co. CHI Coordinator</li><li>Chelan/Douglas Co. CHI Coordinator</li><li>Okanogan CHI Coordinator</li></ul> | <ul style="list-style-type: none"><li>Coordinate public meetings and outreach to project partners and stakeholders, with attention to issues affecting both tribal and rural regions.</li></ul>                                                                                                                                           |
| Chelan-Douglas Health District <ul style="list-style-type: none"><li>Currently contracted to serve as the backbone organization</li></ul>                                               | <ul style="list-style-type: none"><li>Tracking mechanisms to account for various funding streams (e.g., SIM and Demonstration projects, ACH operational budgets, individual project budgets, integration budgets).</li><li>Set up necessary bank accounts, treasury functions and associated processes and checks and balances.</li></ul> |
| Providence CORE <ul style="list-style-type: none"><li>Currently Contracted for Data Consultation Aug-Dec 2017</li></ul>                                                                 | <ul style="list-style-type: none"><li>Defines analytics ramp-up strategy and plan, integrating with strategy and technology organizations.</li></ul>                                                                                                                                                                                      |
| TBD <ul style="list-style-type: none"><li>Pathways Community HUB</li></ul>                                                                                                              | <ul style="list-style-type: none"><li>Pathways Community HUB planning and implementation.</li></ul>                                                                                                                                                                                                                                       |
| TBD <ul style="list-style-type: none"><li>WPCC Facilitation &amp; Provider Consultants</li></ul>                                                                                        | <ul style="list-style-type: none"><li>Provides on-line and in-person tools and facilitation, to enable an active collaborative on care transformation.</li><li>Provides a corps of consultants experienced in care transformation, for WPCC members wanting such assistance.</li></ul>                                                    |

## **Position Description – August 21, 2017**

### **Program Development Specialist,**

### **North Central Accountable Community of Health (NCACH)**

Salary: \$4,508 to \$6,036 monthly (\$54,094 to \$72,437 annually) plus benefits.

(Line P or PP of the CDHD Wage Matrix, depending on credentials and experience.)

Hours: 40 hours/week (100% FTE), may include evening or weekend hours

Status: Regular, full-time, with benefits, union membership required.

Starting Date: ASAP      Closing Date: Open Until Filled      Work Location: In North Central Region

#### **The Position**

Definition: The NCACH Program Development Specialist (PDS) is responsible primarily for developing project plans, working with community health partners on health improvement programs and initiatives, and ensuring NCACH obtains meaningful community and partner input in the region.. At this time, Chelan-Douglas Health District (CDHD) is serving as the NCACH Interim Backbone Organization, providing an administrative home for NCACH. As a result, the Program Development Specialist would be hired by CDHD and would report directly to the NCACH Executive Director. Current funding for NCACH operations is provided through contracts from the Washington State Health Care Authority as part of the Healthier Washington initiative.

The North Central Accountable Community of Health is one of nine such organizations created statewide as part of the Healthier Washington initiative. The North Central region includes Okanogan, Grant, Douglas and Chelan Counties. More information on Healthier Washington can be found at <https://www.hca.wa.gov/about-hca/healthier-washington>. The NCACH Governance Charter describes the organization's purpose as follows:

#### **NCACH Purpose and Rationale**

The purpose of the North Central Accountable Community of Health is to improve the health of our communities in Okanogan, Grant, Chelan and Douglas Counties through achievement of the Triple Aim, which includes:

- Improving patient care, including quality and satisfaction;
- Reducing the *per-capita* cost of health care, and;
- Improving the health of the population.

There is a diversity of opinion in North Central Washington about health care reform, but one common principle informs NCACH's work: major changes are coming to our health care system, and it is critical for our communities to have a strong voice in that process. NCACH is the primary vehicle through which our communities can be heard and can participate in the process of change.

Information on NCACH activities so far can be found at <http://www.mydocvault.us/>.

NCACH is about to develop several health improvement initiatives, ranging from broad efforts to improve Whole Person Care to focused responses to the opioid epidemic. The initial role of the NC ACH Program Development Specialist is to assist in the design of, and development of competitive project plans for these health



improvement initiatives, and ensure community input is incorporated into the development of the project plans. Research into evidence based interventions to be used in these projects will be an important early responsibility. Development of cooperative agreements and other plans involving community health partners will be an important aspect of proposal development, as will the analysis of community health information and other data related to design of the initiatives. Some of the expected initiatives involve the improvement of care provided to Medicaid patients, and an understanding of health care delivery would be an asset. The ideal PDS would be a highly professional self-motivated results-oriented project manager with communication experience, a broad understanding of health, including the social determinants of health, the health care system and the state agencies involved in the Healthier Washington initiative.

### **Essential Functions**

- Analyzes program guidelines and requirements, along with relevant health and other data, as they relate to development of competitive project proposals, budgets and evaluation plans for NCACH initiatives.
- Assist NCACH managers in the start-up phases of health projects and establish the groundwork for effective evaluation of the projects.
- Once projects are funded and initiated, assist the NCACH Executive Director to provide ongoing oversight for projects including the measurement of required performance metrics and a continuous quality improvement approach to project implementation.
- Work effectively with a wide range of health partners such as the leaders of medical and behavioral health provider organizations, individual health care providers, social service providers, consumers, Tribal members and officials, elected officials, school officials, public health officials, media, state officials and others involved in efforts to improve the health of our communities.
- Supports the Executive Director in acting as spokesperson and public presence for the NCACH and its community initiatives.
- Creates, reviews and approves summaries and/or reports which provide information, status updates and program justification for NCACH programs and initiatives. Provides regular status reports to internal and external audiences.
- Assists the Executive Director and NCACH Governing Board to engage a wide range of stakeholders to ensure full representation and participation of groups and demographics associated with the work.
- Prepares straw proposals, briefing documents, speaking points, presentations, reports, applications, budgets and/or other documents associated with moving work plans forward.
- Assists the Executive Director in serving as liaison with the Washington State Health Care Authority, other ACHs in other regions, and other agencies involved in the Healthier Washington work.
- Manage the dissemination of information and lead the development of public-facing communication materials for NCACH partners and related stakeholders (i.e. newsletters, website, etc).
- NCACH Regional Consumer Engagement (i.e. working with state on consumer meetings and public forums).
- Ensures public facing materials and communications are culturally competent for consumers.
- NCACH liaison for the Coalitions for Health Improvement and Tribes, including providing bi-direction feedback between community partners, groups, on the decisions of the NCACH Board. Prep presentations and materials for outreach events by NCACH Staff or Board members.

- Develop processes for soliciting input from ACH stakeholders (e.g., Medicaid beneficiaries, provider partners, community-based organizations) through multiple channels. Reports for scheduled work with regular, reliable and punctual attendance.
- Can effectively use common office productivity software such as Microsoft Office.
- Performs other related duties as assigned.

#### **Minimum and Preferred Requirements**

- A Bachelor's degree from an accredited institution in a job-related field and at least three (3) years of relevant professional experience are required.
- *Preferred:* A Master's Degree and three years of professional experience.
- Alternatively, an equivalent combination of education, experience and professional certification may be qualifying, provided the individual's background demonstrates evidence of the knowledge, skills and abilities required to perform the duties of the position.
- Performance of job duties requires driving on a regular basis, a valid Washington State driver's license, the use of the PDS's personal motor vehicle on a regular basis (with mileage reimbursement), and proof of appropriate auto insurance.

#### **To Apply or for More Information:**

Submit a resume and CDHD Application for Employment (available at <http://www.cdhd.wa.gov/About%20Us/Employment/employment.aspx>) via email or hard copy to:

John Schapman, NCACH Program Manager  
Chelan-Douglas Health District  
200 Valley Mall Parkway  
East Wenatchee, Washington 98802  
[John.Schapman@cdhd.wa.gov](mailto:John.Schapman@cdhd.wa.gov)  
Office: 509-886-6435



# North Central Accountable Community of Health

## Whole Person Care Collaborative Charter

### Background

In order to participate in the State Innovation Model (SIM) grant program and prepare for fully integrated Medicaid contracting by 2020, the North Central ACH Governing board selected whole person care as the primary project under SIM. A Primary Care Transformation Workgroup was formed and in the fall of 2016 the workgroup adopted a broad vision of whole person care and formed the Whole Person Care Collaborative. The term “collaborative” was used because the ACH Board intends to create organized and standardized systems to better integrate care between provider organizations across NCW and the Board believes the collective and cooperative efforts of these organizations will provide the most effective means to achieve this aim.

### Charge

The Whole Person Care Collaborative (WPCC) will promote alignment of provider transformation efforts in the North Central Region with a shared vision of whole person care. The region’s vision of whole person care is for patients to receive care that integrates behavioral and physical care, and effectively connects patients them to resources that can help mitigate the negative effects of the social determinants of health. The work of WPCC will also strive to deliver Whole Person Care in a way that is financially sustainable for provider organizations.

NCACH plans to use WPCC as the primary means through which to allocate Demonstration funding to provider organizations.

The WPCC will create a structured and systematic process for participating provider groups in North Central Washington (NCW) to collaborate on and receive funding to support adoption of evidenced-based and other innovative practices that will:

- Enable primary care and behavioral health providers in NCW to better integrate behavioral health and medical care,
- Better integrate and coordinate care activities with organizations addressing social determinants of health,
- Achieve the population-based clinical outcome goals of the Medicaid Demonstration project relevant to the projects addressed by the Collaborative as outlined by the HCA in the Demonstration Project Toolkit, and;
- Adapt successfully to value-based payment initiatives across payers (e.g., MACRA) by supporting participating practices in delivering effective whole person care and thriving economically under evolving incentives and reimbursement models.

### Composition

The Whole Person care Collaborative is open to organizations in the Grant, Chelan, Douglas, and Okanogan Counties. Representatives from the following sectors will be encouraged to participate as members, and will be broken into the following categories:

Members who are able to receive Demonstration funding through the Collaborative:

- Behavioral Healthcare Provider Organizations
- 
- Primary Care Medical Provider Organizations

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Members who are active partners in Demonstration work through the Collaborative:

- A member organization is one who has signed a membership agreement, referenced in this charter, which describes the benefits, duties, and obligations of members with respect to the quality improvement work of the collaborative.

The WPC Steering Committee is a sub-committee of the ACH board, and will be led by the director of the Whole Person Care Collaborative.

WPCC meetings are normally held one time a month. An effort will be made to hold meetings in each of the counties throughout the year. All meetings will have an option to participate via teleconference for those unable to attend in person. The NCACH WPCC Chair, Governing Board Chair, and staff shall be responsible for establishing the agendas. Notes for all meetings will be provided by NCACH staff within 2 weeks of each meeting. All meeting materials (agendas, notes, presentations, etc.) will be publicly available on the NCACH website under the WPCC page.

1. Every WPCC member organization will conduct its own baseline assessment (using Qualis or the consultant of their choice) to establish their current operational state relative to the PCMH. A tool for Primary Care and MeHAF tool for Behavioral Health and improvement opportunities to be addressed in the transition to whole person care and value-based payment.
2. Every WPCC member organization will work with the consultant of its choice (or its internal experts if available) to develop its own Transformation Change Plan. WPCC will provide a Transformation Change Plan template, but each organization must develop its own internal plan. This plan should be as specific as possible in identifying necessary changes in arrangements for behavioral health integration, changes in staffing patterns, IT changes, care coordination arrangements, and other measures that will be needed to provide whole person care. The plan should include a budget reflecting the costs of this transition to be funded by the demonstration project and how the changes will be sustained through value based payment beyond the period of the demonstration project. The transformation Change Pplan should also include a timeline for an implementation plan identifying who in the organization will be involved in shaping and implementing these changes. The Transformation Change Plans will be submitted to the WPCC for evaluation and recommendations: and they
2. will be the basis for most of the Demonstration funding allocated to provider organizations.

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## North Central Accountable Community of Health

3. Every WPCC member organization commits to be part of a learning collaborative structure that includes collecting and sharing their ~~transformation-Change Pplan~~ results and progress toward implementation with other members of the collaborative.

### WPCC Roles and Responsibilities

1. WPCC will develop ~~transformation-Change Pplan~~ methodology and make recommendations to the ACH board on plan details that will be supported through the Medicaid Demonstration Project.
2. WPCC will work with member organizations as needed to improve plans, using Demonstration funds if needed, and as available, to enable the organization to acquire needed clinical resources.
3. The WPCC will, as directed by the NCACH Governing Board:
  - a. Provide mechanisms for measuring performance of the ACH, sub-regions, and member organizations and progress over time.
  - b. Provide opportunities for members to share best practices, engage in peer learning, and leverage available statewide practice transformation resources
  - c. Provide training and coaching opportunities as needed to address organizational change and clinical practice improvement.
  - d. Evaluate and recommend improvements in shared systems as necessary to improve care across organizations (e.g. 24/7 nurse advice systems, health information exchange/interoperability, care management systems, other IT solutions)
4. The WPCC will evaluate the progress of individual members relative to project work plans, Demonstration milestones, and progress toward achievement of relevant clinical quality metrics associated with the WPCC improvements. It will provide the board with regular monthly updates on the contribution of the WPCC toward meeting the Demonstration Project objectives and on changes or adjustments to the strategies that may be necessary.

### Authority

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

**Footnote:** NCACH performance on HCA's Demonstration metrics will have a part in determining the amount of Demonstration funding available. In Demonstration Years (DY) 1 and 2, funding allocations will be determined by ACH performance on a series of pay-for-reporting (P4R) measures. In DY 3-5, funding allocations will be determined by ACH performance on a combination of P4R and pay-for-performance measures.

# North Central Accountable Community of Health Whole Person Care Collaborative Membership Participation Agreement

\_\_\_\_\_  
Organization Name

commits to participate in the NCACH Whole Person Care Collaborative as a member according to the following terms of agreement:

1. We have read and understand the Whole Person Care Collaborative (WPCC) Charter and agree to the terms and conditions outlined therein, including the Charge, Member Obligations, and the Role and Responsibilities of the WPCC.
2. We agree to designate a representative to participate in the regular meetings of the WPCC and to provide guidance and support for the effort.
3. For the purposes of understanding sources of variation across the region and improving the health and well-being of the entire population of NCH, we agree to share organization-specific health outcome data (*non-PHI identifiable and not provider specific*) relevant to the Demonstration Project with the ACH.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

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## Regional Opioid Stakeholder 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, the Washington State Health Care Authority developed the [Medicaid Demonstration Project Toolkit](#). One of the projects that all ACHs are required to select is to address the opioid use public health crisis. The project objective, as described in the toolkit, is to support the achievement of the state's goals to reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports.

### Charge

The Regional Opioid Stakeholder Workgroup will ensure that the North Central region implements effective evidence based practices that align with the milestones and approaches outlined in the Medicaid Demonstration Project Toolkit and will result in reducing opioid-related morbidity and mortality in North Central Washington. Specifically the workgroup will complete the following:

- A primary aspect of this Workgroup's approach will be to support and work through the local Opioid coalitions already working in Chelan-Douglas, Grant, and Okanogan Counties to promote connections to existing opioid efforts in the region, leverage current capacity, and address identified gaps
- Provide specific recommendations to the NCACH Governing Board and staff on approaches to take for opioid prevention, treatment, overdose prevention, and recovery projects.
- As much as possible, ensure opioid projects and approaches align with all six projects NCACH selected to implement.
- Collect, synthesize, and use stakeholder and community input on opioid project planning and implementation.
- Determine how opioid prevention and treatment work is able to be financially sustainable after the Demonstration period.
- Identify how IT, workforce, and value-based payment strategies can support this project.

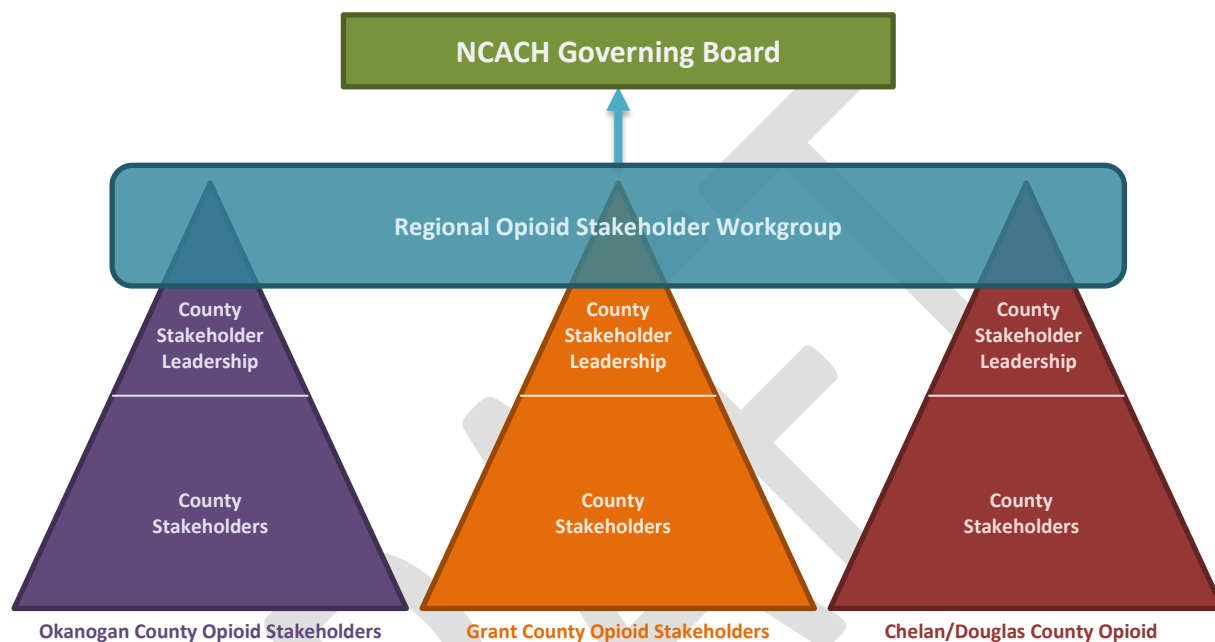
### Composition

The Regional Opioid Stakeholder Workgroup will include representatives from Grant, Chelan, Douglas, and Okanogan Counties. Workgroup membership is not a prerequisite to receiving funding through the Demonstration. Each of the County Opioid Stakeholders groups will be asked to appoint three members of their leadership to the Regional Opioid Stakeholder Workgroup. The Executive Director will then appoint additional members as needed to assure representation from:

- Emergency Medical Services (EMS) and First Responders
- Law Enforcement
- Regional Justice Centers (Jails) and Juvenile Court
- Education
- Public Health
- Emergency Departments (Hospitals)
- Primary Care

- Behavioral Health
- Managed Care Organizations (*Operating in all 4 NCACH counties after Jan. 1, 2018*)

A Workgroup Chair will be appointed by the Executive Director. The Regional Opioid Stakeholder Workgroup is a sub-committee of the ACH 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

Regional Opioid Stakeholders Workgroup meetings will be held at least monthly. 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 counties throughout the year. Whenever possible, meetings will have an option to participate via teleconference or audioconference, 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 to the public and meeting materials will be posted on the North Central Accountable Community of Health website ([www.ncach.org](http://www.ncach.org)).

### Member Responsibilities

1. Attend at least 75% of regular meetings of the workgroup.
2. County Opioid Stakeholder representatives members are expected to report workgroup progress at County Stakeholder meeting to ensure bi-directional communication and provide direction to Regional Opioid Workgroup.
3. Work with County Opioid Stakeholders groups on the Opioid Project planning and implementation for the Medicaid Demonstration Project.



4. Assess current state capacity to deliver effective opioid use prevention and treatment interventions.
5. Select initial promising practices and/or evidence-supported approaches informed by the regional health needs assessment.
6. Review prepared data to recommend target population(s), guide project planning and implementation, and 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 process for primary care and outpatient behavioral health partners involved in the implementation of the Opioid Project to received Demonstration funds.
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 Opioid Projects.

**Authority**

The Regional Opioid Stakeholders 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.

## 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, decrease cost, and reward value. To align clinical integration with payment integration within the Demonstration Project, HCA developed the Medicaid Demonstration Project Toolkit with 8 potential projects (two required and six optional projects) for each Accountable Community of Health in the state of Washington to select projects that their region will implement. Each Accountable Community of Health must complete the two required projects and a minimum of two optional projects. On May 8<sup>th</sup>, 2017 the North Central Accountable Community of Health (NCACH) Governing Board reviewed regional data and local community input that resulted in the Board selecting six of the projects in the Toolkit.

### 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.
- Identify how IT, workforce, and value-based payment strategies can support this project.
- 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 sustainability 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.

### Composition

The Transitional Care and Diversion Interventions Workgroup is open to organizations in the Grant, Chelan, Douglas, and Okanogan Counties. Workgroup membership is not a prerequisite to receiving funding through the Demonstration. The Executive Director will then appoint workgroup members as needed to assure representation from:

Emergency Medical Services (EMS)

- Law Enforcement
- Regional Justice Centers (Jails)
- Emergency Departments (Hospitals)
- Skilled Nursing Facilities
- Managed Care Organizations (*Operating in all 4 NCACH counties after January 1<sup>st</sup>, 2018*)

- Behavioral Health Providers
- Primary Care Providers
- Care Coordination agencies?

A Workgroup Chair will be appointed by the Executive Director. The Transitional Care and Diversion Interventions Workgroup is a sub-committee of the ACH 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 one time per month, with additional meetings scheduled as necessary. Location of the meetings 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. The Workgroup Chair and NCACH staff shall be responsible for establishing the agendas. Notes for all meetings will be provided by NCACH staff within 2 weeks of each meeting. Meetings are open to the public, all interested organizations are welcome to attend, and 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.
2. Communicate with other members of your sector and/or community to ensure broader input into the design, planning, and implementation process.
3. Assess current state capacity to effectively deliver Transitional Care and Diversion Interventions.
4. Select initial target population and evidence-supported approaches informed by the regional health needs assessment and community data.
5. Review prepared data to recommend target population(s), to guide project planning and implementation, and to promote continuous quality improvement
6. 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.
7. 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.
8. 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.
9. 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
10. Use strategies that are supported by regional data, to advance equity and reduce disparities in the development and implementation of the Opioid Projects.

**Authority**

The Transitional Care and Diversion Interventions Workgroup is an advisory body that will inform decision-making 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.

DRAFT

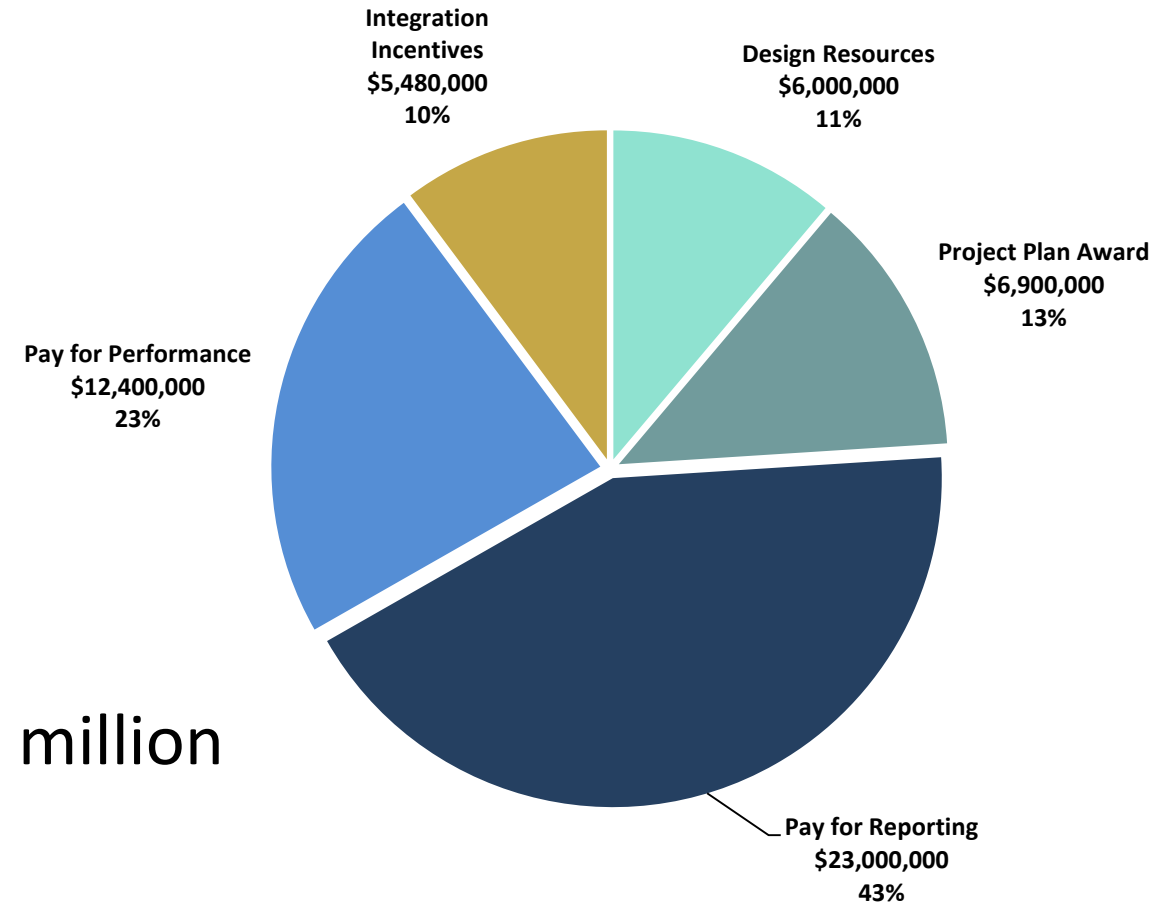
# Introduction to NCACH Funds Flow

1. Breakdown of NCACH potential funding from Demonstration
2. Timeline for receiving Demonstration dollars
3. Processes to distribute Demonstration dollars
4. Forecasting NCACH's potential to earn Demonstration dollars

# NCACH Medicaid Transformation Demonstration Funding Pool

*Based on NCACH earning 100% of funds*

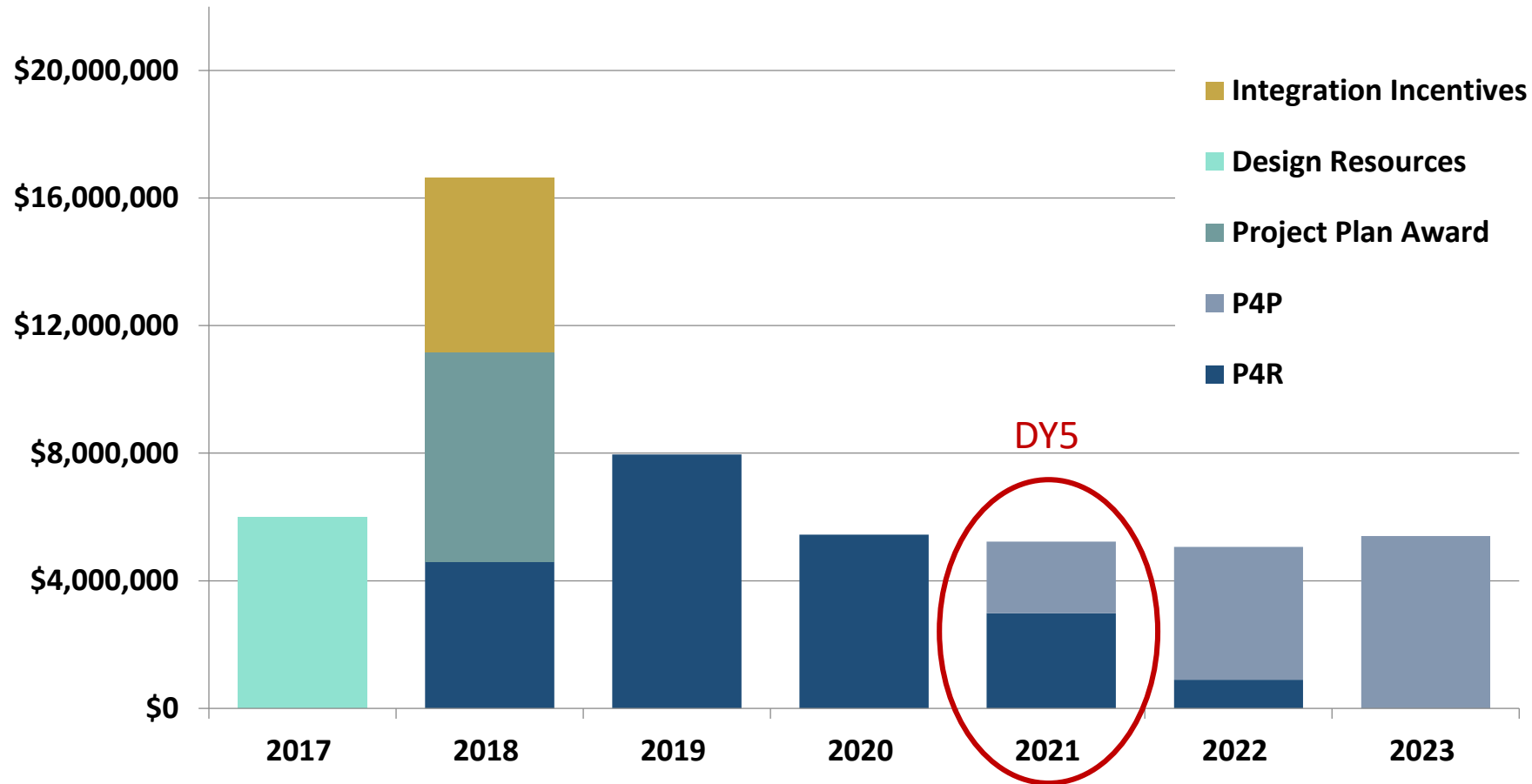
- Design Funds:  $\leq$  \$6 million
  - Phase 1 Certification = 1 million
  - Phase 2 Certification =  $\leq$  5 million
- Project Incentive Funds:  $\leq$  42.3 million
  - Project Plan =  $\leq$  6.9 million
  - P4R =  $\leq$  23 million
  - P4P =  $\leq$  12.4 million
- FIMC Mid Adopter Incentive funds: 5.48 million
- Maximum Potential Earned: \$53.78M



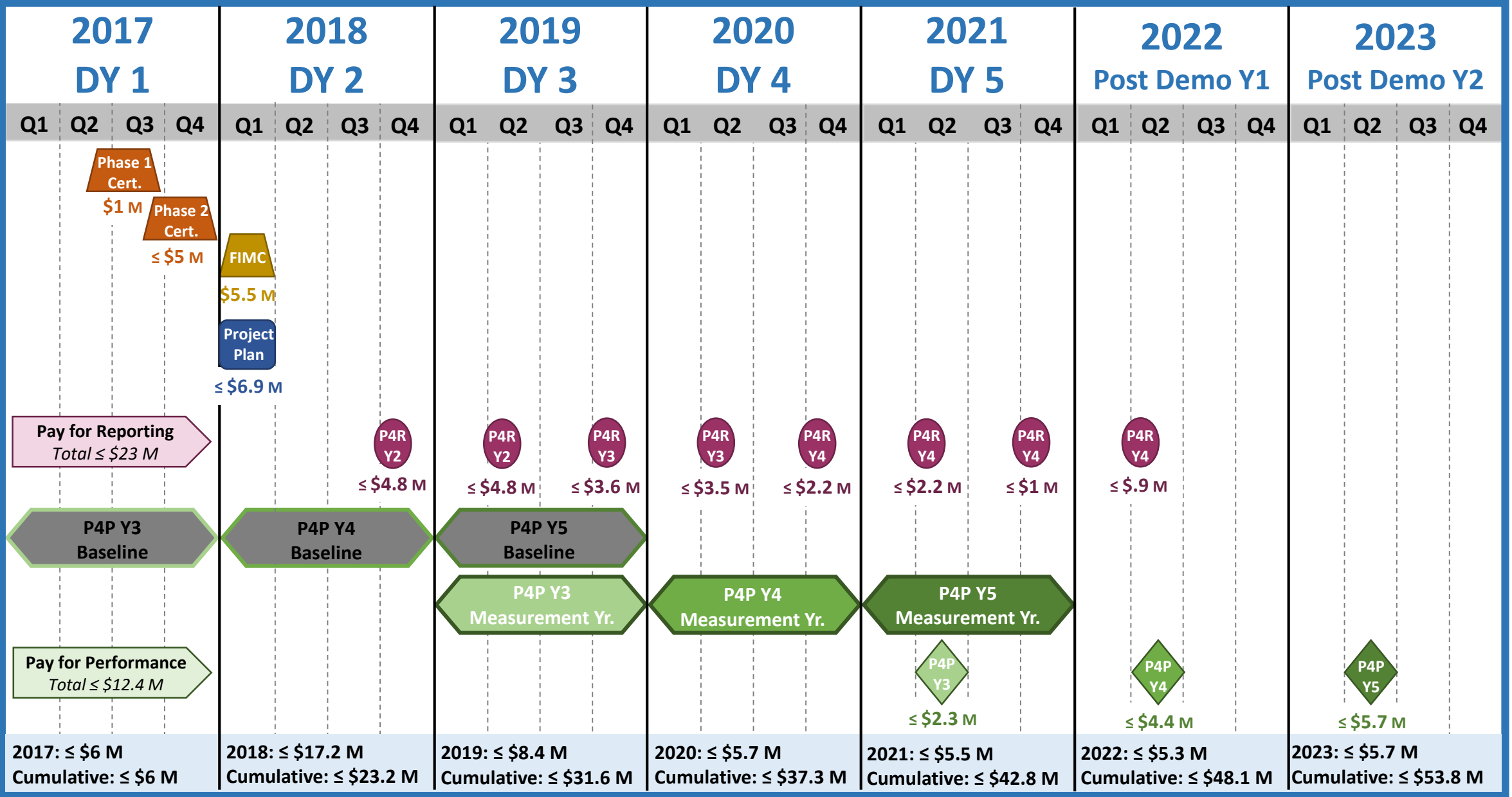
\***Reinvestment pool (unknown):** Un-earned Project Incentive funding available as DSRIP High Performance Incentives

# Demonstration Funding Timeline (When funds will be earned)

*Based on NCACH earning 100% of funds*



NCACH Metric Measurement and Funding Timing (Based on NCACH earning 100% of funds)





NCACH Potential Earned Funds (in millions)

Note: This slide shows how we'll earn funds but spending on each project is up to Gov Bd and need not reflect amount earned by each.

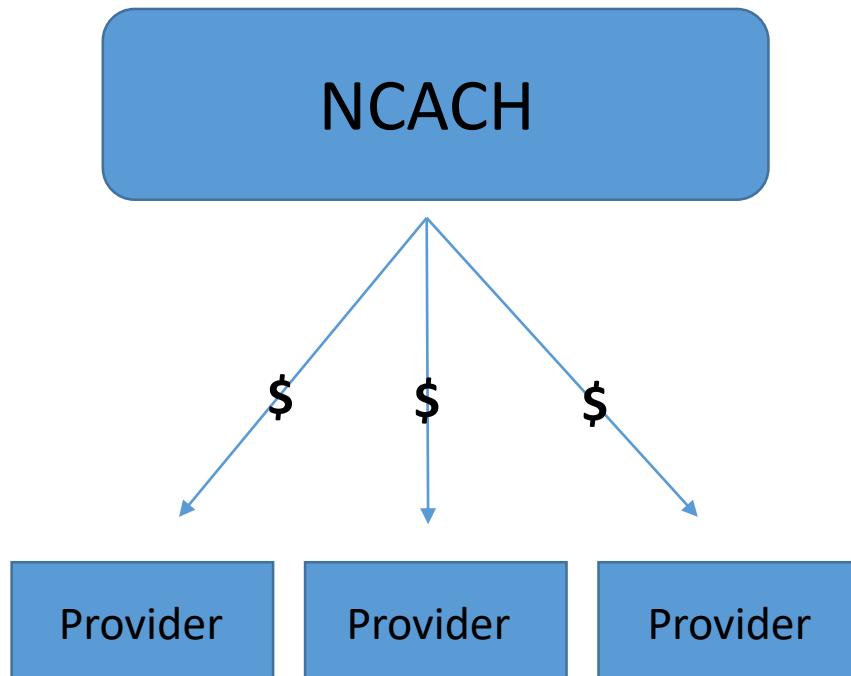
|                            | 2017<br>DY 1                         |    |     |       | 2018<br>DY 2                               |    |         |    | 2019<br>DY 3                              |    |          |    | 2020<br>DY 4                              |    |         |    | 2021<br>DY 5                              |    |         |    | 2022<br>Post Demo Y1                      |    |    |    | 2023<br>Post Demo Y2                      |    |    |    | Total           |
|----------------------------|--------------------------------------|----|-----|-------|--------------------------------------------|----|---------|----|-------------------------------------------|----|----------|----|-------------------------------------------|----|---------|----|-------------------------------------------|----|---------|----|-------------------------------------------|----|----|----|-------------------------------------------|----|----|----|-----------------|
|                            | Q1                                   | Q2 | Q3  | Q4    | Q1                                         | Q2 | Q3      | Q4 | Q1                                        | Q2 | Q3       | Q4 | Q1                                        | Q2 | Q3      | Q4 | Q1                                        | Q2 | Q3      | Q4 | Q1                                        | Q2 | Q3 | Q4 | Q1                                        | Q2 | Q3 | Q4 |                 |
| Certification              |                                      |    | \$1 | ≤ \$5 |                                            |    |         |    |                                           |    |          |    |                                           |    |         |    |                                           |    |         |    |                                           |    |    |    |                                           |    |    |    | ≤ \$6           |
| Project Plan Proposal      |                                      |    |     |       | ≤ \$6.9                                    |    |         |    |                                           |    |          |    |                                           |    |         |    |                                           |    |         |    |                                           |    |    |    |                                           |    |    |    | ≤ \$6.9         |
| FIMC                       |                                      |    |     |       | \$5.5                                      |    |         |    |                                           |    |          |    |                                           |    |         |    |                                           |    |         |    |                                           |    |    |    |                                           |    |    |    | \$5.5           |
| Bi-Directional Integration |                                      |    |     |       |                                            |    | ≤ \$1.7 |    | ≤ \$1.7                                   |    | ≤ \$1.2  |    | ≤ \$1.2                                   |    | ≤ \$0.8 |    | ≤ \$1.6                                   |    | ≤ \$0.3 |    | ≤ \$1.8                                   |    |    |    | ≤ \$2.0                                   |    |    |    | ≤ \$12.3        |
| Pathways HUB               |                                      |    |     |       |                                            |    | ≤ \$1.1 |    | ≤ \$1.2                                   |    | ≤ \$0.9  |    | ≤ \$0.8                                   |    | ≤ \$0.5 |    | ≤ \$1.1                                   |    | ≤ \$0.2 |    | ≤ \$1.3                                   |    |    |    | ≤ \$1.4                                   |    |    |    | ≤ \$8.5         |
| Transitional Care          |                                      |    |     |       |                                            |    | ≤ \$0.7 |    | ≤ \$0.7                                   |    | ≤ \$0.5  |    | ≤ \$0.5                                   |    | ≤ \$0.3 |    | ≤ \$0.7                                   |    | ≤ \$0.1 |    | ≤ \$0.7                                   |    |    |    | ≤ \$0.8                                   |    |    |    | ≤ \$5           |
| Diversion Interventions    |                                      |    |     |       |                                            |    | ≤ \$0.7 |    | ≤ \$0.7                                   |    | ≤ \$0.5  |    | ≤ \$0.5                                   |    | ≤ \$0.3 |    | ≤ \$0.6                                   |    | ≤ \$0.1 |    | ≤ \$0.8                                   |    |    |    | ≤ \$0.8                                   |    |    |    | ≤ \$5           |
| Opioid Project             |                                      |    |     |       |                                            |    | ≤ \$0.2 |    | ≤ \$0.2                                   |    | ≤ \$0.15 |    | ≤ \$0.15                                  |    | ≤ \$0.1 |    | ≤ \$0.2                                   |    | ≤ \$0.1 |    | ≤ \$0.2                                   |    |    |    | ≤ \$0.2                                   |    |    |    | ≤ \$1.5         |
| Chronic Care               |                                      |    |     |       |                                            |    | ≤ \$0.4 |    | ≤ \$0.4                                   |    | ≤ \$0.3  |    | ≤ \$0.3                                   |    | ≤ \$0.2 |    | ≤ \$0.4                                   |    | ≤ \$0.1 |    | ≤ \$0.5                                   |    |    |    | ≤ \$0.5                                   |    |    |    | ≤ \$3.1         |
|                            | 2017: ≤ \$6 M<br>Cumulative: ≤ \$6 M |    |     |       | 2018: ≤ \$17.2 M<br>Cumulative: ≤ \$23.2 M |    |         |    | 2019: ≤ \$8.4 M<br>Cumulative: ≤ \$31.6 M |    |          |    | 2020: ≤ \$5.7 M<br>Cumulative: ≤ \$37.3 M |    |         |    | 2021: ≤ \$5.5 M<br>Cumulative: ≤ \$42.8 M |    |         |    | 2022: ≤ \$5.3 M<br>Cumulative: ≤ \$48.1 M |    |    |    | 2023: ≤ \$5.7 M<br>Cumulative: ≤ \$53.8 M |    |    |    | ≤ <u>\$53.8</u> |

# Processes for Funds Distribution to NCACH Partners

## Process 1: Directly from NCACH

### Design Funds

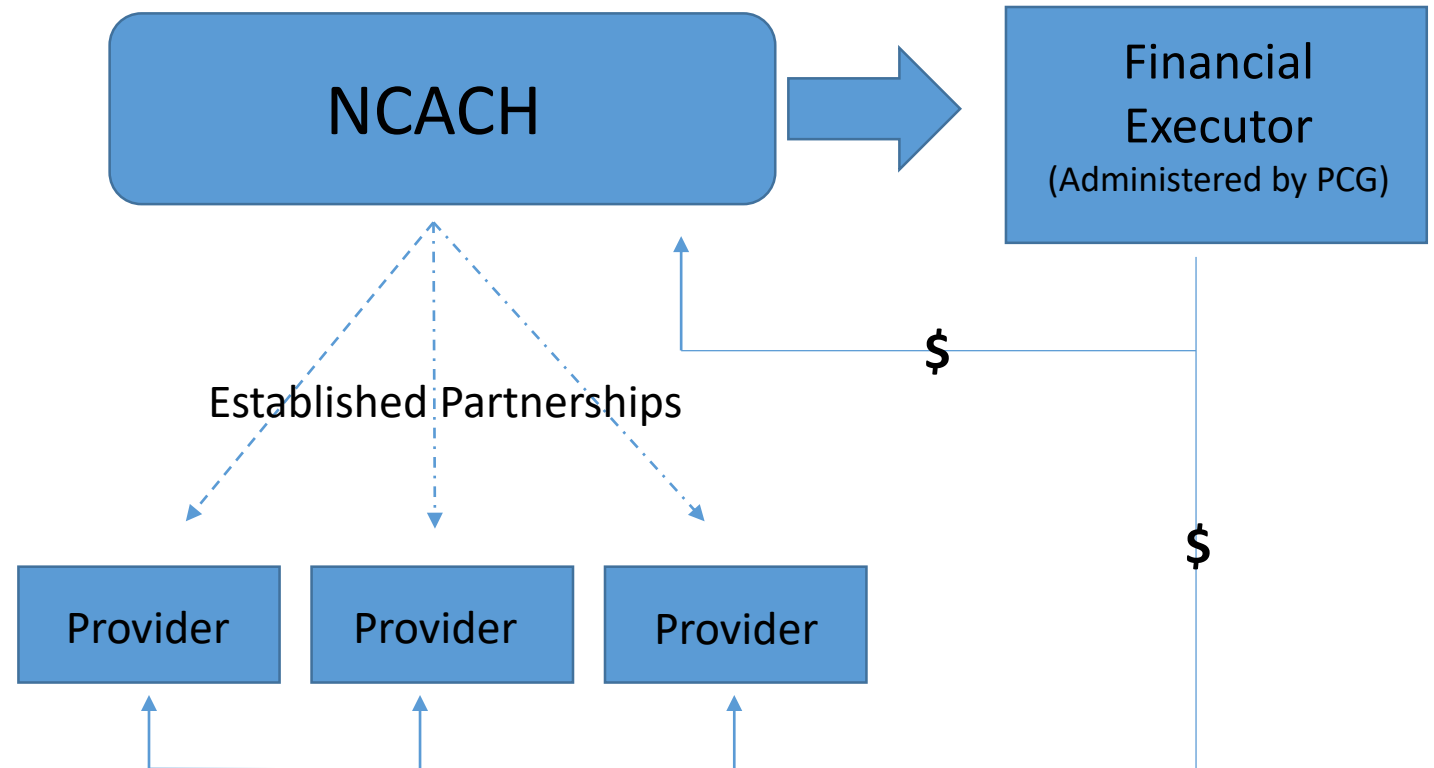
- NCACH will determine the amount of money each partner entity should receive
- NCACH will distribute payments to the appropriate entities



## Process 2: Directed by NCACH through the Financial Executor

### Project Pool Funds & VBP Incentive Pool Funds

- NCACH will determine the amount of money each partner entity should receive and notify the Financial Executor (FE)
- The FE will distribute payments to the appropriate entities



# Forecasting NCACHs potential to earn Demonstration dollars

It is recommended that ACHs **do not** plan to achieve 100% of the projects metrics and therefore that ACHs plan to receive < 100% of project funds

- What is a realistic estimate of dollars earned through the Demonstration?
- How does estimated projections affect how NCACH will distribute funds through the Demonstration?

| Funding Source      | Maximum Earned<br>100-100-100* | Optimistic<br>90-90-75 | Conservative<br>90-75-50 |
|---------------------|--------------------------------|------------------------|--------------------------|
| Design Funds        | \$6M                           | \$6M                   | \$6M                     |
| Project Plan Award  | \$6.9M                         | \$6.21M                | \$6.21M                  |
| Pay for Reporting   | \$23M                          | \$20.7M                | \$17.25M                 |
| Pay for Performance | \$12.4M                        | \$9.3M                 | \$6.2M                   |
| FIMC Incentive      | \$5.48M                        | \$5.48M                | \$5.48M                  |
| <b>Total Funds</b>  | <b>\$53.78M</b>                | <b>\$47.69M</b>        | <b>\$41.14M</b>          |

\*Percentage of maximum dollars earned in the following categories: Project Plan Application - Pay for Reporting – Pay for Performance

## **Pathways Community HUB Workgroup Charter**

### **Background**

The Pathways Community HUB model uses a comprehensive risk identification and reduction mechanism in combination with a centralized infrastructure to coordinate care across a network of agencies serving at-risk clients. This allows communities to use resources more efficiently and effectively to address risk and improve health outcomes. The Pathways Community HUB does not replace, but rather supplements and supports, existing case managers, nurses, social workers, community health workers, care coordinators, etc. partnering with multi-sector community stakeholders.

At the foundation of the model the primary components of the Pathways Community HUB are:

1. Core Pathways: measurement tools to define the problem to be addressed (health or social issue), the desired measureable outcome, and the key intervention steps to achieve the outcome.
2. Community HUB: a regional point of registry and outcome tracking that networks together health care providers, social service agencies, and health care payers that implement these Pathways.
3. Pathway payments: payment for care coordination that is based on outcomes instead of activities.

In keeping with the mission of the NCACH to push resources into the community and catalyze long-term, sustainable transformation, the Governing Board has elected to contract with an existing community based organization to serve as the HUB lead agency. This will lead to long-term sustainability of the HUB that will last beyond the Demonstration and the NCACH.

### **Charge**

The Pathways Community HUB Workgroup is chartered by the NCACH Governing Board to provide recommendations for the initial stages of HUB development (Attachment A: Phases and Steps of Building a Pathways Community HUB; steps 1, 2, 3 and 5). The Workgroup will provide specific recommendations to the Governing Board regarding the following:

- An organization to serve as the Pathways Community HUB lead agency
- Selected target population(s) informed by community needs assessments and other regional data sources
- Initial focus outcomes and related pathways
- Pathways Community HUB scaling efforts, including amplification of opportunities and mitigation or risks.

### **Composition**

In order to be an efficient and effective Workgroup, membership will be limited to 15 members. Though the Workgroup size will be limited, broader input into the recommendations by the Workgroup will be sought from the County Coalitions for Health Improvement and the Whole Person Care Collaborative. The NCACH Executive Director will select Workgroup members from a list of interested parties ensuring that following sectors are represented:

- Managed Care Organizations contracted to serve all NCACH counties
- Administrative Services Organization contracted to serve NCACH
- Physical Health and Behavioral Health
- Care Coordination

- NCACH Governing Board

Membership of the above representatives must be filled by organizations located in and/or serving Chelan, Douglas, Grant, or Okanogan Counties. The Workgroup will have regular members, with ad hoc members joining as needed to provide input for specific discussion or issues. Members are expected to represent their sector on the Workgroup as well as the patient population that they serve. The Executive Director will appoint a Workgroup Chair. The Workgroup is a sub-committee of the NCACH Governing Board and will be led by the Workgroup Chair and NCACH staff. A minimum of two Board members must serve on the Workgroup and additional NCACH Governing Board members may participate in Workgroup meetings.

### **Meetings and Duration**

Workgroup Meetings will be held monthly for several hours, October 2017 through June 2018. Additional meetings (frequency of meetings or duration of the Workgroup) will be scheduled as needed. 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 counties. Whenever possible, meetings will have an option to participate via teleconference, 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. Meetings will be open and meeting materials will be posted on the North Central Accountable Community of Health website ([www.ncach.org](http://www.ncach.org)).

### **Member Responsibilities**

- Participate in 75% of Workgroup meetings.
- Commit to becoming well-informed on the Pathways Community HUB model of Care Coordination through readings, webinars, and trainings.
- Work with NCACH staff to develop detailed project implementation plans for submission to HCA by June 2018, or sooner if possible.
- Assure that recommendations made by the Workgroup are in alignment with attaining national HUB certification through the Rockville Institute.
- Communicate with other members of your sector and the community to ensure broad input into the Workgroup recommendations.
- Use strategies, supported by regional data, to advance equity and reduce disparities in recommendations made to the Board.

### **Required Pathways Community HUB Guidelines**

- [AHRQ's Pathways Community HUB Manual: A Guide to Identify and Address Risk Factors, Reduce Costs and Improve Outcomes](#)
- [AHRQ's Connecting Those at Risk to Care: The Quick Start Guide to Developing Community Care Coordination Pathways](#)
- [The Rockville Institute's Pathways Community HUB Certification Pre-requisites and Standards \(Revised February 2017\)](#)

### **Authority**

The Workgroup will provide recommendations for approval by the NCACH Governing Board regarding the initial steps of building up a Pathways Community HUB. Recommendations and input developed by the Workgroup will be shared in regular monthly progress reports to the NCACH Governing Board.