

	CHI SUB-CONTRACT	Sub-Contract Under HCA Contract Number:
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THIS AGREEMENT made by and between the North Central Accountable Community of Health and [awardee's name] whose name appears below, hereinafter referred to as the "Awardee."

AWARDEE NAME		AWARDEE doing business as (DBA)	
AWARDEE ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	
AWARDEE CONTACT	AWARDEE TELEPHONE	AWARDEE E-MAIL ADDRESS	

Primary HCA Contractor:	CDHD Program: North Central Accountable Community of Health
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NCACH CONTACT NAME AND TITLE	CDHD CONTACT ADDRESS 200 Valley Mall Parkway East Wenatchee, WA 98802
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NCACH CONTACT TELEPHONE	CDHD CONTACT E-MAIL ADDRESS
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IS THE AWARDEE A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CFDA NUMBER(S) N/A	FFATA Form Required <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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AWARD START DATE	AWARD END DATE	TOTAL MAXIMUM AWARD AMOUNT \$40,000
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PURPOSE OF AWARD:
Under general direction of the North Central Accountable Community of Health, the awardee will provide staff support to organize local stakeholder and community engagement and input into the work of the Medicaid Demonstration Project. This includes organizing and documenting CHI (Coalition for Health Improvement) meetings which convene a broad range of community health partners and stakeholders interested in the activities and projects of the North Central Accountable Community of Health.

BILLING:
Awardee may claim payment from NCACH by submitting an invoice to the address and contact person identified above. Billing will be completed on a quarterly basis for 25% of the total maximum award amount.

- DELIVERABLES:**
1. Assign a 0.5 FTE staff position (either currently staffed or hired) to work on the Coalition. Awardee must be able to demonstrate that an average of 20 hours a week are spent specifically on the work of the Coalition.
 2. Form a local leadership group who is responsible for planning meetings, agendas, and relevant material for Coalition meetings; and on outreach activities designed to better engage Medicaid beneficiaries, members of minority groups served by Medicaid, and other community members not yet involved in the CHI.
 3. Convene a broad base of on-the-ground stakeholders and community partners no less than on a quarterly basis to gather data and input on needs assessments and local health data; community health improvement plans and priorities; health improvement initiatives; project planning and selection; and delivery system transformation that the Governing Board can incorporate in their decision making process.
 4. Provide an option for regional partners to call into Coalition meetings.
 5. Provide minutes to the NCACH Executive Director from at least 4 CHI meetings conducted during the sub-contract period, including a count and a list of attendees and the sector that the represent (recognizing that call-in attendees are not always identifiable) and a summary of the topics discussed at the CHI sessions. Also provide quarterly reports to the Executive Director regarding other activities conducted under this contract.
 6. At the time the CHI meets to elect its Governing Board member, provide a list of voting members (those who

have signed the membership agreement and attended at least 50% of the CHI meetings during the previous year.)

7. Provide copies of any printed or other materials used at the CHIs will be included with the CHI report. CHI reports must be submitted within 60 days of the CHI.
8. As directed by the Governing Board, create workgroups to assist in the implementation of Demonstration project initiatives.
9. Actively educate community partners about the work of the NCACH and let them know how members can engage in NCACH projects
10. Conduct open public meetings and upload all documents to the NCACH website within two weeks of each meeting.
11. Gather feedback from local Medicaid beneficiaries and other medical consumers on the work on the Demonstration Project. Reports on outreach should be sent no less than 2 times a year. Reports should include how outreach was completed, number of beneficiaries reached, and rationale for selected outreach approach.
12. Meet with NCACH staff quarterly (in person or over the phone) to provide an update on the current work of the Coalition.
13. Bill quarterly within 45 days of the end of each quarter for costs under this contract, including a statement of expenses with documentation of staff time and other expenditures made under this contract.

This sub-contract incorporates by reference the terms and conditions of **[Contract Name]** (attached) and the services and activities delivered under this sub-contract are an integral part of achieving the deliverables set forth in that contract. This sub-contract and its references are the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise, regarding the subject matter of this Award. The parties signing below warrant that they have read and understand this Award, and have authority to execute this Award. This Award shall be binding on NCACH only upon approval by the NCACH Governing Board and the signature of the North Central Accountable Community of Health's Executive Director.

AWARDEE SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
NCACH SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED