Olympic Community of Health
Agenda

Board of Directors Meeting

Happy 2nd birthday to OCH!

February 11, 1 pm to 3 pm
Location: John Wayne Marina, 2577 W Sequim Bay Rd, Sequim, WA 98382
Web: https://global.gotomeeting.com/join/937538149
Phone: +1 (872) 240-3311
Access Code: 937-538-149

KEY OBJECTIVE: Agree on Medicaid Transformation Project payment model for 2019

AGENDA (Action items are in red)

#	Time	Topic	Purpose	Lead	Attachment	Pg #
1	1:00	Approve Agenda	Action	Roy Walker	1. Board Agenda	1
2	1:05	Consent Agenda	Action	Roy Walker	2. DRAFT: Board Minutes: December 10, 2018 3. SBAR: Mental Health Sector Seat and Alternate 4. Abbreviated CCHE Survey Report 5. Executive Director Report	2-22
3	1:10	Plan to prepare for Integrated Managed Care	Action	Commissioner Mark Ozias	6. SBAR: Support of IMC Transition	23
4	1:30	Proposed 2019 MTP Payment Model	Action	Elya Prystowsky	7. SBAR: 2019 CBOSS Payment 8. SBAR: 2019 MTP Payment	24-27
5	2:00	MTP Compliance Policy	Action	Margaret Moore Stephanie Lewis	9. DRAFT: MTP Compliance Policy 10. SBAR: MTP Compliance	28-30
6	2:15	Olympic Digital HIT Commons	Discussion	Elya Prystowsky Rob Arnold		
7	2:30	Executive Director Search	Discussion	Roy Walker Margaret Moore		
8	3:00	Adjourn	Action	Roy Walker		

Acronyms
BHO: Behavioral Health Organization
CBOSS: Community-Based Organization Social Service
CCHE: Center for Community Health and Evaluation
ED: Executive Director
HIT: Health Information Technology
IMC: Integrated Managed Care
OCH: Olympic Community of Health
MTP: Medicaid Transformation Project
SBAR: Situation. Background. Action. Recommendation.

Olympic Community of Health
Meeting Minutes
Board of Directors
December 10, 2018

Date: 12/10/2018	**Time:** 1:04pm-3:11pm	**Location:** Kitsap Regional Library, Poulsbo Community Room

Chair: Roy Walker, *Olympic Area Agency on Aging*

Members Attended: Andrea Davis, *Coordinated Care*; Andrew Shogren, *Suquamish Tribe*; Bobby Beeman, *Olympic Medical Center*; Brent Simcosky, *Jamestown S'Klallam Tribe;* Gill Orr, *Cedar Grove Counseling*; Heather Denis, *Harrison Health Partner*; Hillary Whittington, *Jefferson Healthcare*; Jennifer Kreidler-Moss, *Peninsula Community Health Services*; Joe Roszak, *Kitsap Mental Health Services*; Katie Eilers, *Kitsap Public Health District*; Kerstin Powell, *Port Gamble S'Klallam Tribe*, Stephanie Lewis, *Salish Behavioral Health*; Thomas Locke, MD, MPH, *Jamestown Family Health Clinic/ Jefferson County Public Health*; Vicki Kirkpatrick, *Jefferson County Public Health*;

Members Attended by Phone: Tim Cournyer; *Forks Community Hospital* Matthew Whitacre, *Lower Elwha Klallam Tribe*

Non-Voting Members Attended: Mike Maxwell*, North Olympic Healthcare Network;* Susan Turner, *Kitsap Public Health District;* Jorge Rivera, *Molina;* Matania Osbourne, *Amerigroup;* Marissa Ingalls, *Coordinated Care*; Wendy Sisk, *Peninsula Behavioral Health*; Jolene Kron, *Salish Behavioral Health Organization*

Guests and Consultants: Dunia Faulx, *Jefferson Healthcare,* Maria Klemesrud, *Qualis Health;* Amy Etzel, *Department of Health;* Dan Vizzini, *Oregon Health Sciences University*; County Commissioner Mark Ozias, *Clallam County;* G'Nell Ashley, *Reflections Counseling*

Staff: Elya Prystowsky, Lisa Rey Thomas, Margaret Moore, JooRi Jun, Miranda Burger, Daniel Schafer and Debra Swanson

Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
Roy Walker	**Welcome and Introductions**	Meeting called to order at 1:04 pm.	
Roy Walker	**Consent Agenda**	• Board approval of consent agenda and minutes from Nov 2, 2018 Board meeting. • IRS 990 Form and Kitsap PH District Contract items added (copies available). • Clarification on whether contributions from MCO's are notated on the 990 form.	November 2, 2018 Meeting Minutes and Consent Agenda APPROVED unanimously.
Commissioner Mark Ozias Stephanie Lewis	**Plan to prepare for Integrated Managed Care**	• Stephanie Lewis, Administrator for the SBHO, provides overview of recent meetings and the development of an inter-local leadership structure to assist in the IMC transition. Goal is for region	Next meeting of partners is in January Bring updates and potential proposal to a future Board meeting

		needs to be successful in 2020 and beyond. • What should BHO, providers, and OCH be doing right now to be successful later. • Several next steps were identified. There is a clear commitment of partners and what is needed, with contracts and reporting, initially working with MCO's and HCA, BHO to determine funding sources.	
Elya Prystowsky, Maureen Finneran, Tom Locke	**Forming the Oral Health Local Impact Network**	• Maureen presents ARCORA-OCH partnership on the Oral Health LIN and an overview on how ARCORA funding has worked historically and vision moving forward. • Concern raised about whether the LIN funding may undercut other funding opportunities for oral health work in the region. • Steering committee would report to the board with recommendations • Some of the LIN ARCORA funding would go towards staffing and evaluation • Add MCOs representative onto the Steering Committee	Motion to authorize creation of Oral Health Local Impact Network (LIN) steering committee with MCO sector representative added to roster APPROVED. Vote: One Nay: Jennifer Kreidler-Moss
JooRi Jun	**Revised CBOSS Fund Allocation Strategy**	• Staff presents revised payment strategy for CBOSS fund allocation. The intent to align CBOSS' diverse services with PHBH payment strategy. • $25k payment in 2018. The rest is based on performance and will change year to year. The $1.425 million is the amount the board set aside for the entire MTP for CBOSS. • Concern was raised regarding how the model addresses scale/Medicaid lives. • Staff shared that some CBOSS partners serve a small number yet have a large impact • Concern raised that payment to partners may not match intent in contract. • Concern raised that payment to partners may not match impact or reflect evidence-based interventions	MOTION to approve a one-time 2018 flat payment to CBOSS Partners APPROVED Vote: Three nays: Bobby Beeman, Joe Roszak, and Kerstin Powell; Two abstentions: Roy Walker, Hillary Whittington Staff will do research and present revised 2019 CBOSS Payment Model at a future Board meeting addressing the concerns raised
Roy Walker, Margaret Moore	**Transition Plan**	• Draft of ED job description was presented for approval (copies provided). • Plan to hire late February.	ED Job Description with edits and Search and Transition Committee formed APPROVED unanimously.

		• Request to form ED Search and Transition Committee • Membership includes Executive Committee Members. Brent Simcosky and Andrew Shogren volunteered. Stephanie Lewis and Susan Turner volunteered at the Board Meeting. • Jan 14th Board of Directors Meeting cancelled	
Roy Walker	Adjourn	The meeting adjourned at 3:11 PM.	

Acronym Glossary

BHO: Behavioral Health Organization
CBO: Community-based Organizations
CBOSS: Community-based organizations and social services
IMC: Integrated Managed Care
LIN: Local Impact Network
MTP: Medicaid Transformation Project
OCH: Olympic Community of Health
PHBH: Physical Health, Behavioral Health

Olympic Community of Health

S.B.A.R. Mental Health Sector Board Member Alternate

Presented to the February 11, 2019 Board of Directors Meeting

Situation

In accordance with our bylaws, a sector may designate an alternate member if desired. When a Board Member retires or resigns his or her position, a new Member may be appointed by the sector.

Background

Joe Roszak from Kitsap Mental Health Services requested to move into the Alternate Member status representing the mental health provider sector. Joe Roszak also holds the officer role of At-Large Member on the executive committee. According to the bylaws, the Secretary position sunsets in June of 2019 and is replaced by the Past President role.

Action

Wendy Sisk from Peninsula Behavioral Health, currently the Alternate Member for the mental health provider sector, has offered to step into the Member status. The Secretary officer role would require a special election and therefore will not be refilled during the five-month gap.

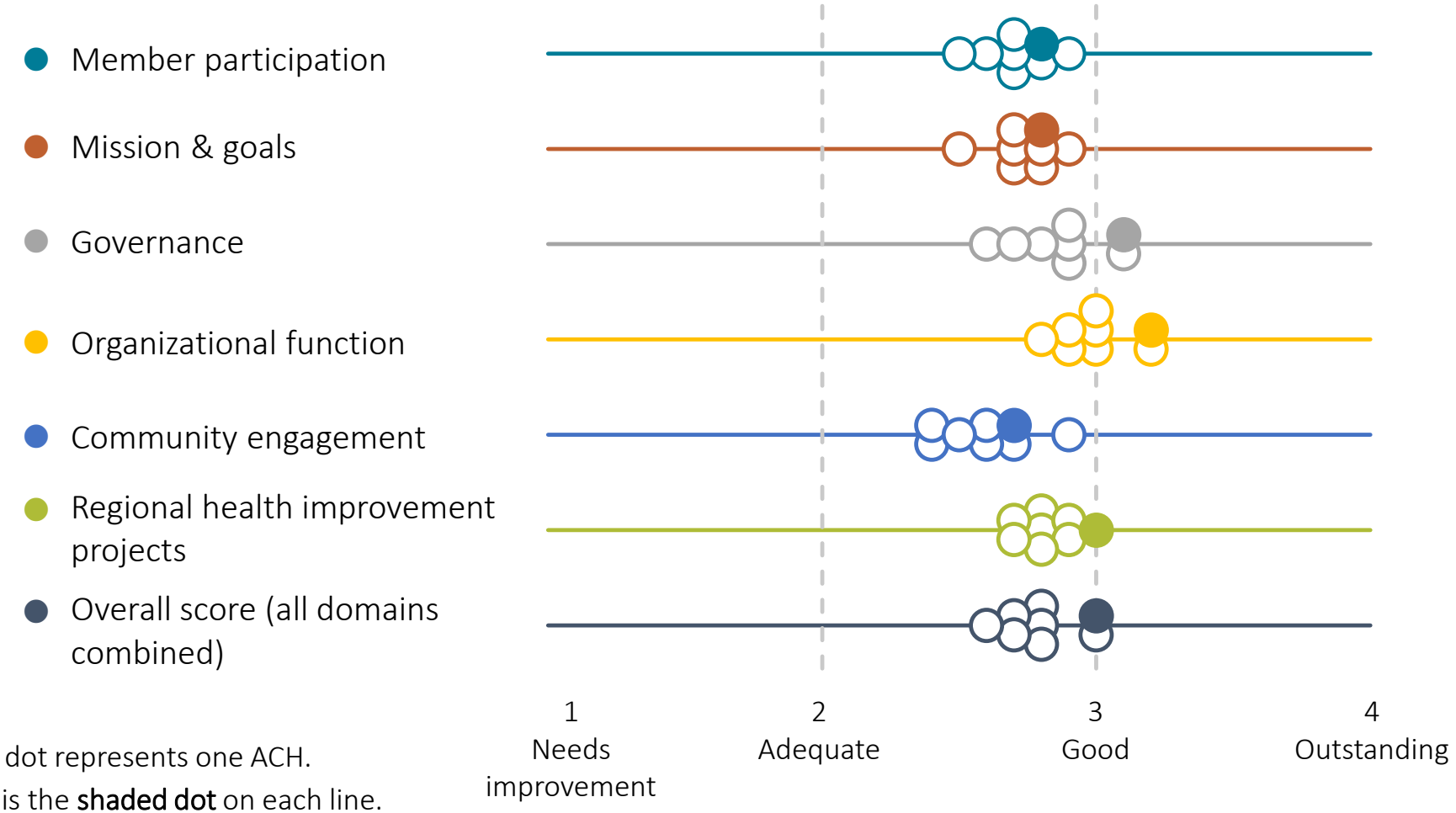
Recommended Motion

The Board approves the appointment of Wendy Sisk as the Member representing the *Mental Health Provider sector*. The Boad approves the appointment of Joe Roszak as the Alternate Member representing the *Mental Health Provider sector.*

Olympic Community of Health
ACH Participant Survey: 2018 Results

Center for Community Health and Evaluation
www.cche.org

ACHs across the state have similar trends across functional domains, though there is some variation.



Each dot represents one ACH.
OCH is the **shaded dot** on each line.

Note: only 8 ACHs are shown here because one ACH only sent the survey to their Board and Board Committee Leadership.

The most commonly identified sectors were behavioral health provider/organization, local government, primary care, community-based organizations, Tribes, and hospitals/health systems.

The top 5 most common sectors (in order of frequency) were:

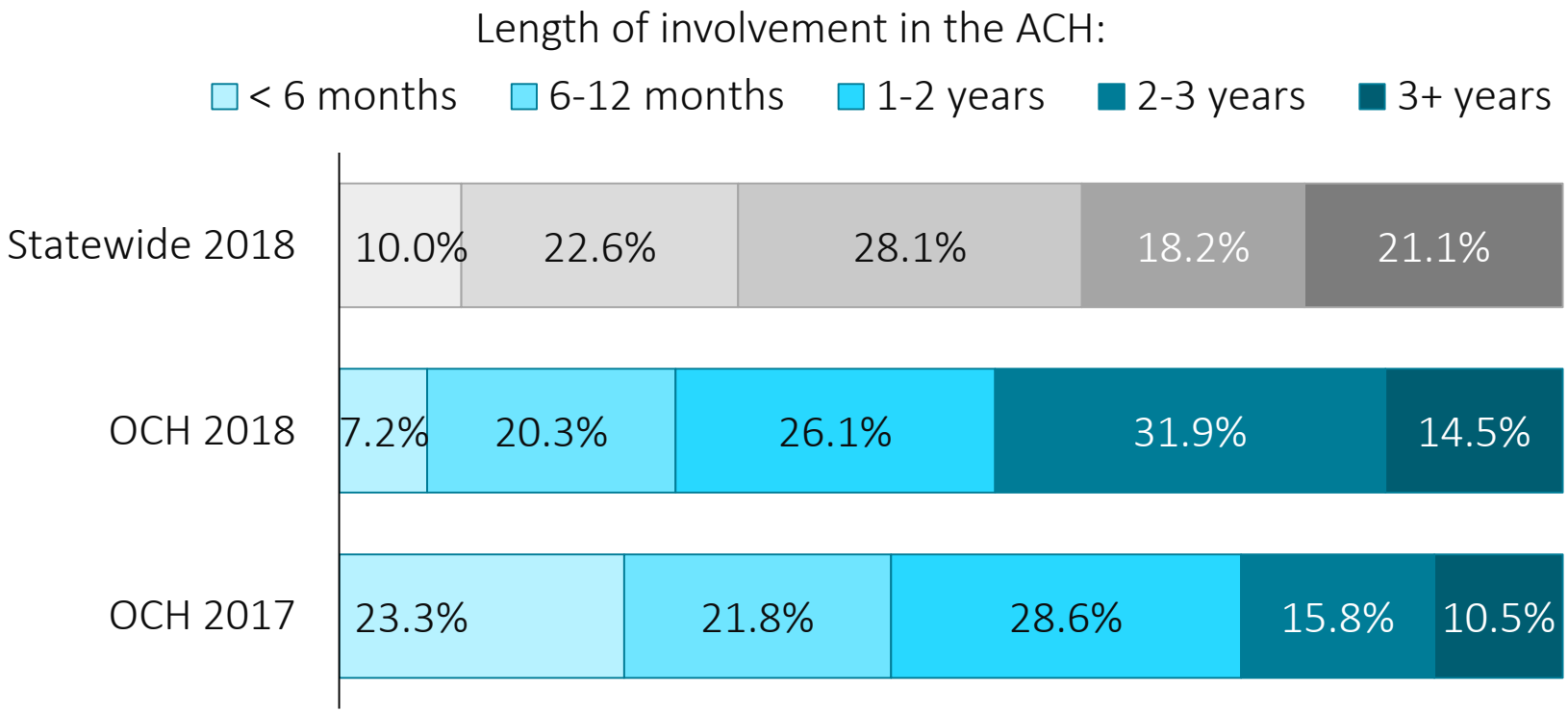
1. Behavioral health provider or organization
2. Local government
3. Primary care (including community health centers)
4. Community-based organizations (i.e. transportation, housing, employment services, financial assistance, childcare, veteran services, community supports, legal assistance, etc.)
5. Tribes / Tribal or Urban Indian health representative
5. Hospital / health system

Tied

Respondents self-selected which sector(s) they represent. 76.8% of respondents chose only one sector.

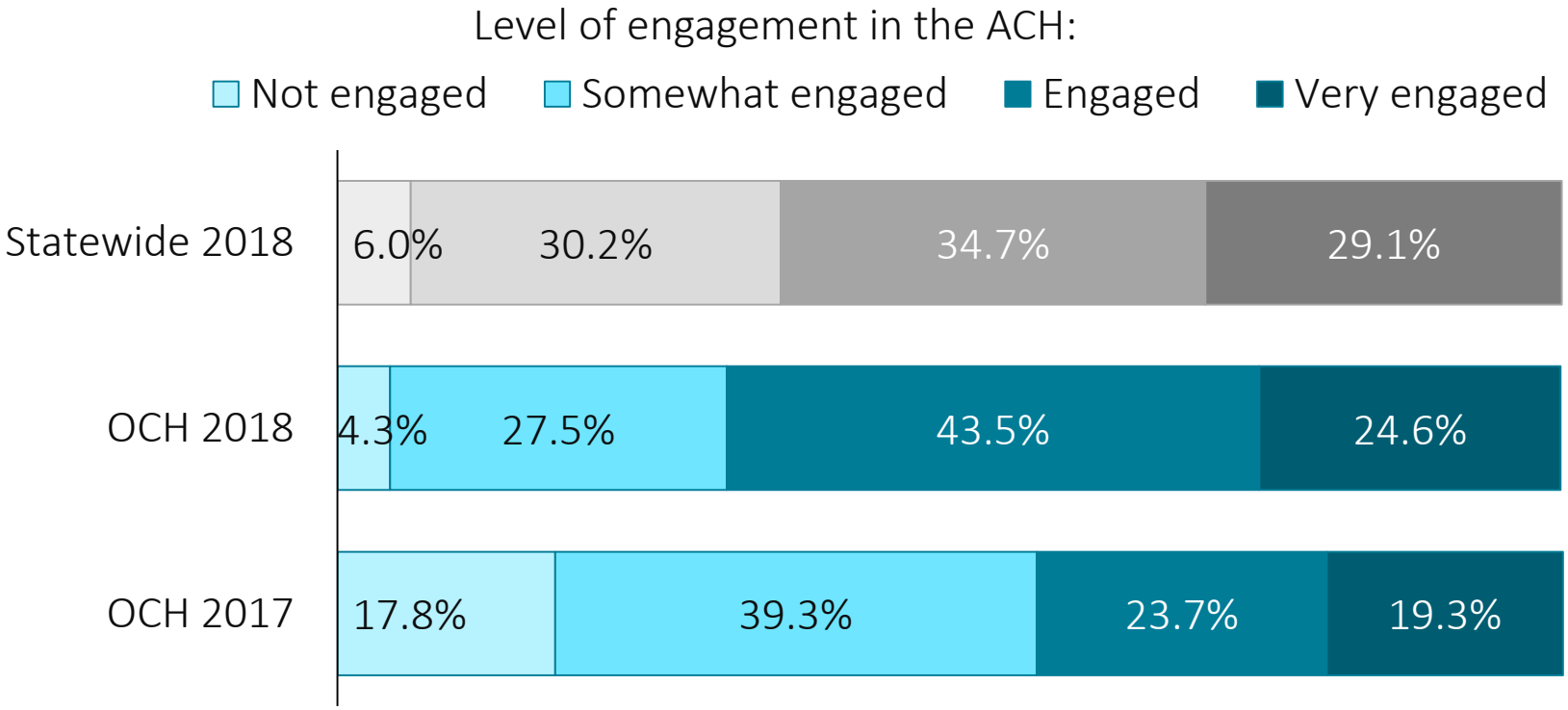
Compared to 2017, a smaller proportion of respondents in 2018 had been involved at OCH for less than 6 months.

Nearly half of survey respondents reported being involved for more than 2 years, which is greater than the state as a whole.



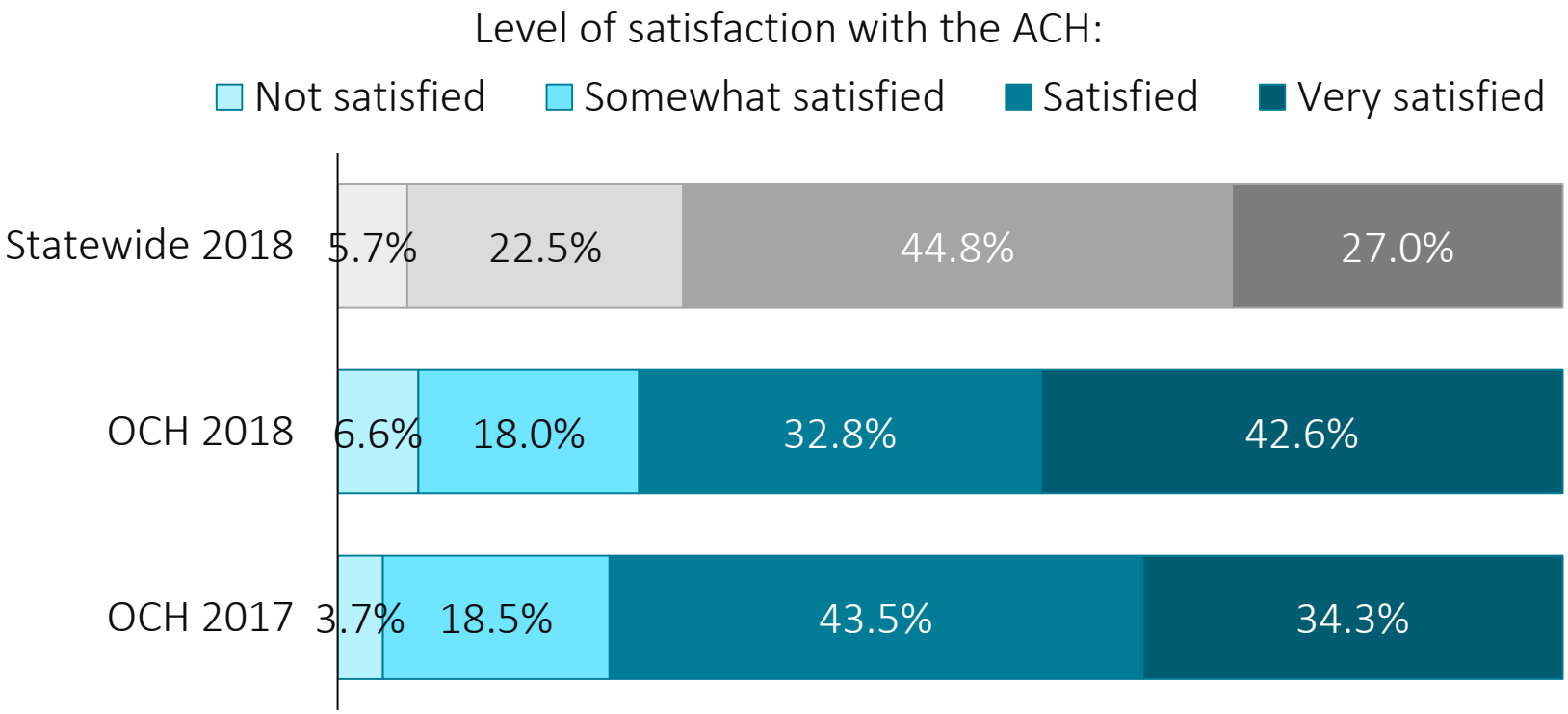
More than two-thirds of respondents in 2018 reported being engaged or very engaged in OCH's work.

This is higher than in 2017 as well as slightly higher than the 2018 statewide average.



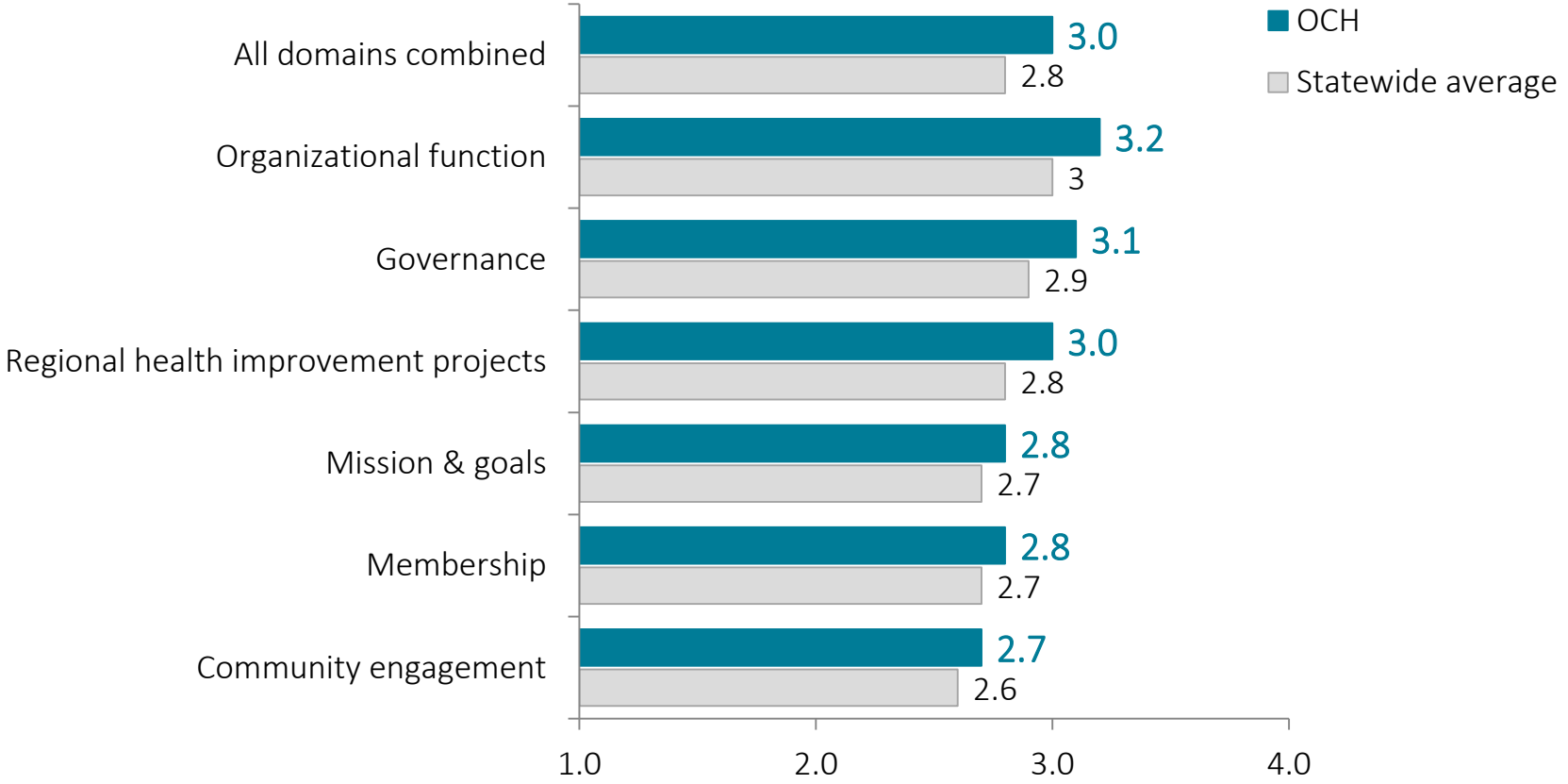
Three-quarters of respondents in 2018 reported being satisfied or very satisfied with how OCH is operating.

This is similar to rates in 2017 as well as the 2018 statewide average.



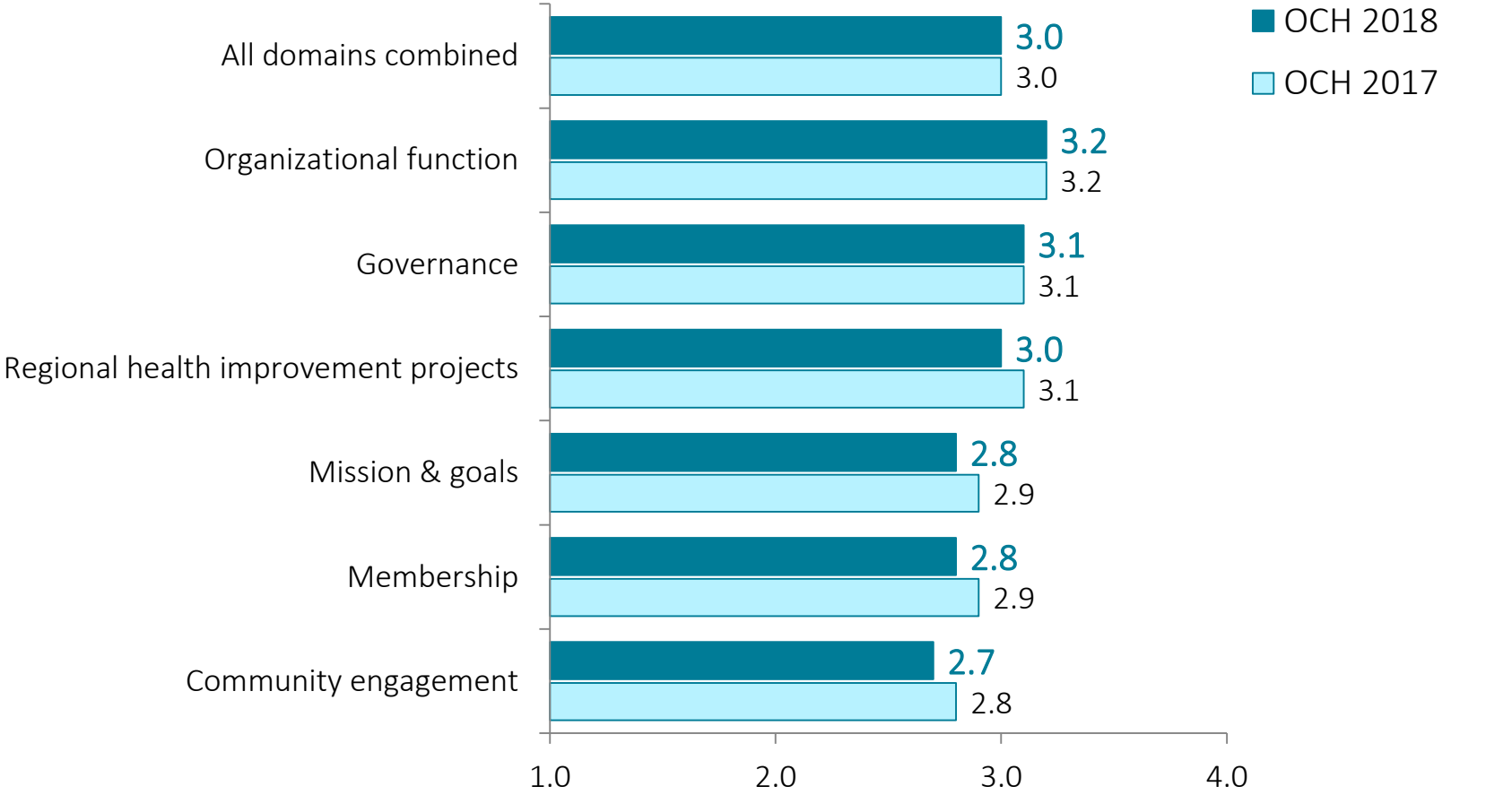
Looking across coalition functioning domains: In 2018, survey respondents rated the organizational function and governance domains highly. The community engagement domain is an opportunity for improvement.

OCH domain scores were the higher than the statewide averages.



Rating scale: 1 = Needs improvement; 2 = Adequate; 3 = Good; 4 = Outstanding; Don't know = Missing value

Looking across coalition functioning domains and years: In 2018, survey respondents rated all domains the same or slightly lower than in 2017. None of the differences are statistically significant.



Rating scale: 1 = Needs improvement; 2 = Adequate; 3 = Good; 4 = Outstanding; Don't know = Missing value

Drilling down to individual survey components:

The top three strengths and opportunities for improvement

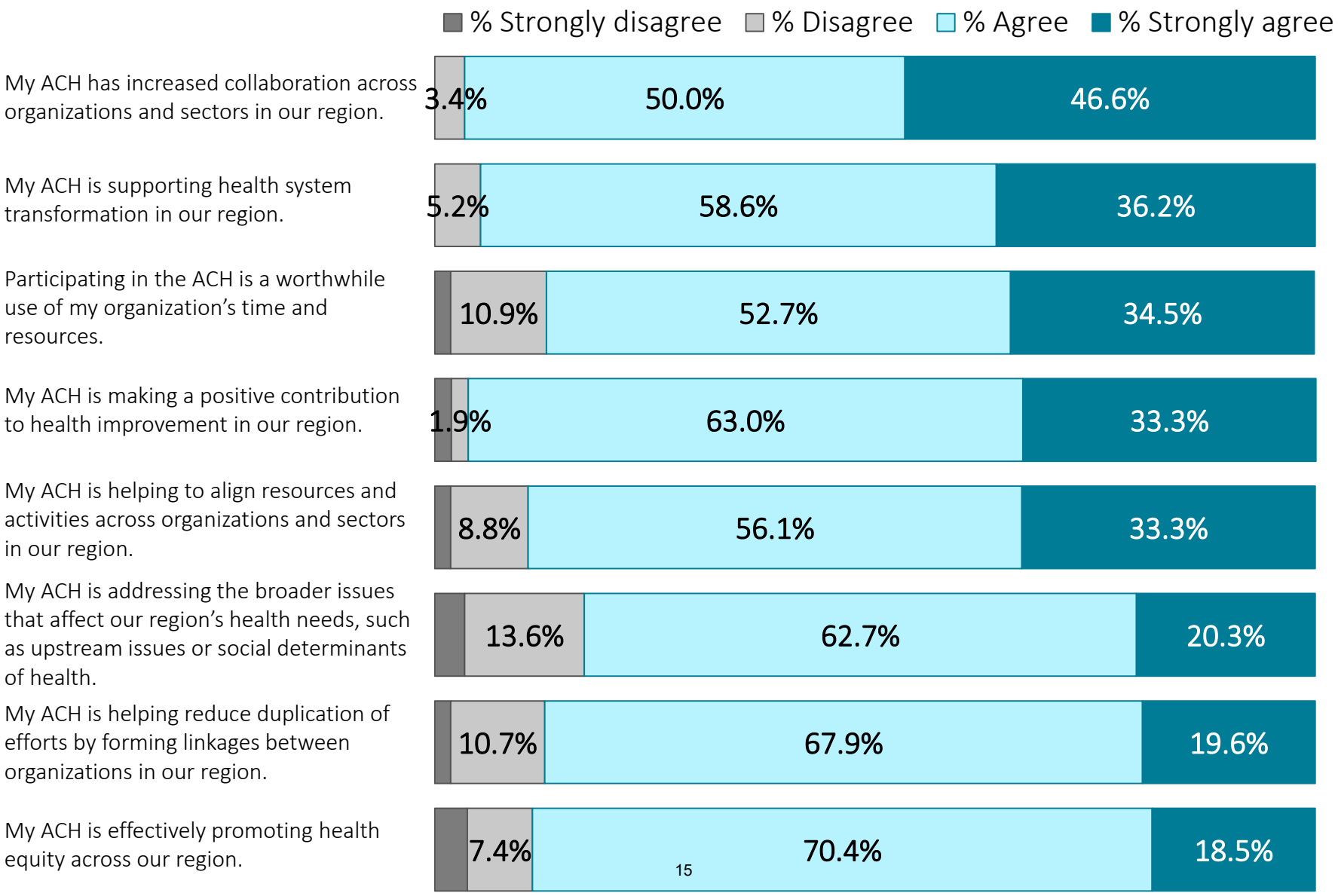
Strengths

- Has leaders who bring the skills and resources that the ACH most needs.
  (48.3% rated as outstanding)
- Has leadership and staff that work to further the agenda of the collective ACH.
  (48.3% rated as outstanding)
- Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.)
  (42.2% rated as outstanding)

Opportunities

- Agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation.
  (27.6% rated as needs improvement)
- Members operating in the shared interest of the ACH versus their own personal/organization interest
  (17.5% rated as needs improvement)
- Communicates effectively with the broader community about the ACH mission and activities.
  (17.2% rated as needs improvement)

Impact of the ACH: Most respondents agree that OCH is increasing collaboration and supporting system transformation in the region. There is less strong agreement about whether the ACH is addressing upstream issues, promoting equity, or reducing duplication.



Highlighting challenges in the upcoming year

ACH participants were asked to write about the challenges they thought the ACH may encounter in the upcoming year. Examples of key themes and quotes include:

Challenges related to funding level and distribution.

"…funding that provides real opportunity for meaningful change, sustaining momentum."

"Lack of full participation from community partners because there are not enough funds reaching the social services sectors that serve the of the Medicaid population."

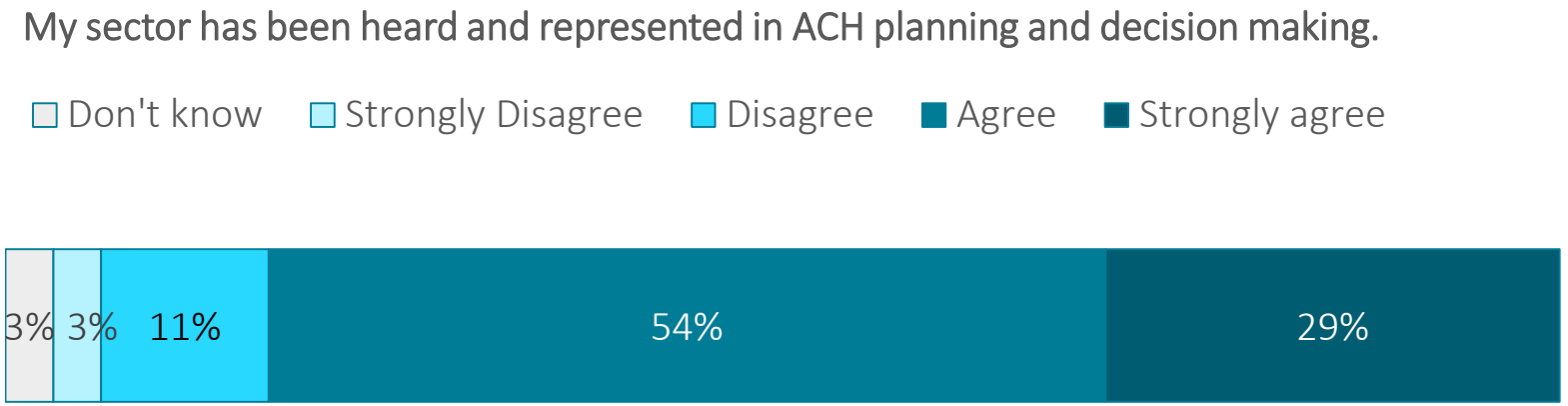
Maintaining collaboration and participation of the necessary partners and sectors.

"Disillusioned organizations who didn't get money; busy organizations who did who don't [have] time for the ACH specific stuff."

"...Navigating "what's next"; engaging all the sectors that have dropped out of sight, except for within 3CCORP. We need to re-engage some members that have stopped attending 3CCORP and get new voices, including community voice, added to the mix."

The full set of responses is included in Appendix B and provides a range of feedback for continuous improvement efforts.

Most survey respondents feel that their sector has been heard and represented in ACH planning and decision making.



ACH Evaluation Team

Erin Hertel, Michelle Chapdelaine,
Carly Levitz, Lisa Schafer & Allen Cheadle

www.cche.org

Please direct questions to: Erin Hertel (erin.m.hertel@kp.org) and Michelle Chapdelaine (michelle.a.chapdelaine@kp.org)

Olympic Community of Health

Executive Director's Report
Prepared for the February 2019 Board Meeting

Upcoming OCH Meetings

- February 11, Board meeting, 1-3 pm, Sequim
- February 22, 3CCORP ('opioid response project') Treatment Workgroup, 9:30 am-11:30 am, Sequim
- February 26, Executive Committee Meeting, 12-2pm, virtual
- February 25, Clallam Natural Community of Care Convening, 1-4pm, Blyn
- February 26, Kitsap Natural Community of Care Convening, 1-4pm, Suquamish
- February 27, Jefferson Natural Community of Care Convening, 1-4pm, Port Townsend
- February 28, Finance Committee Meeting, 1-2pm, virtual
- March 11, Tribal Sovereignty 101 and Indian Health Care Delivery System 201, 12-2pm, Blyn
- March 11, Board Meeting, 2-3pm, Blyn

** For meeting details visit: https://www.olympicch.org/calendar*

Tribal Sovereignty 101 and Indian Health Care Delivery System 201
March 11, 2019, 12:00 pm to 2:00 pm, Jamestown Tribal Center, Red Cedar Hall, Blyn, Washington
We are pleased to invite you to this training led by Vicki Lowe (AIHC), Jessie Dean (HCA) and Lena Nachand (HCA). The speakers will present an overview of the Indian Health Care Delivery System, considering tribal sovereignty issues, and ways ACHs, providers and MCOs can be partners in improved access to physical and behavioral health services outside the Indian Health Care Delivery System and support the work in Indian Country to address disparities.

To accommodate this special 2-hour training, the Board meeting will start at 2 pm instead of 1 pm on this date, at the same location. This space can accommodate large groups, so please feel free to invite others to this free training.

Implementation Partner Site Visits
Staff started the first round of site visits for Implementation Partners in January. Site visits are a required activity of all Implementation Partners and will be conducted biannually. This round of site visits is focused on reviewing baseline qualitative reporting that were submitted in December, discussing Outcomes and Tactics that will be a focus of work for the next six months, previewing the OCH Community-Clinical Linkage assessment tool, going over a calendar of MTP reporting deliverables and gathering feedback from Implementation Partners on how OCH can improve communications and the MTP process. Staff completed 13 site visits in January and plan on completing 20 remaining site visits in February.

MTP Updates
OCH made MTP payments to 29 Implementation Partners for 35 Change Plans in December and January, dispersing a total of $2,332,950. The funds distributed represent the second round of payments for Physical Health Behavioral Health Implementation Partners, and the first payment to Community Based Organization and Social Services Implementation Partners.

The Center for Community Health and Evaluation (CCHE) submits its final report
Included in your Board Packet is an abbreviated version of CCHE's final report. OCH and Healthier Here (King County's ACH) ranked highest in the state across all domains. The full report will be posted online as soon as it is available. The report highlights OCH's strengths and opportunities for growth.

UPDATE: Three County Coordinated Opioid Response Project (3CCORP)/3A

The 3CCORP Steering Committee and workgroups have scheduled meetings in early 2019. The steering committee meeting is scheduled for February 4 and the Treatment Workgroup is for February 22. We will be reviewing the original regional opioid response plan as well as the 2018 statewide interagency opioid response plan to see what we've accomplished so far and set new priorities and goals. 3CCORP members are very excited that we are resuming our meetings!

Lisa Rey co-hosts bi-weekly calls with ACHs/Tribes who are also implementing opioid response plans. The purpose is to collaborate and align the opioid response statewide. On the December 12 call we had representatives from the statewide Criminal Justice Opioid Response Workgroup; on the January 23 call we had Chief Beau Bakken from North Mason Regional Fire Authority sharing how they have implemented a Mason County opioid stakeholders group (3CCORP collaborates with them); and on February 6 we will have the 6 Building Blocks team present on the work they are doing in our region. These calls are interesting, spark great discussion and potential collaboration, and inform 3CCORP and the work of MTP Project 3A.

Lisa Rey and Daniel are working to summarize the pre-summit surveys from the 2nd Annual Olympic Regional Opioid Summit and the summit evaluations. A summary will be provided to the Board at the March meeting.

OCH successfully submitted an application in response to the HRSA notice of funding opportunity for "*Rural Communities Opioid Response Program – Planning or RCORPP*". If successful, this would provide $200,000 for one year to focus on the next phase of 3CCORP planning and allow for the potential of two additional 3CCORP workgroups – workforce and criminal justice. The grant year runs June 1, 2019 – May 31, 2020 and successful applicants will be notified "prior to June 1, 2019".

The 6 Building Blocks (6BBs) is well underway in our region! The Jamestown team is leading the way and will collaborate with additional regional clinics as they implement 6BBs. The Northwest Family Medicine Residency held their clinic wide kick off meeting in early January and are moving forward with the 6BB process. Forks Hospital/Bogachiel is scheduled to begin the 6BB work in early March and the fourth site will be the Sophie Trettevick Indian Health Center at Makah, likely in March or early April.

UPDATE: Community and Tribal Partnership

OCH is committed to engaging with and learning from our partners. Most exciting this month is the launch of the OCH Community and Tribal Advisory Committee! A current roster and excerpts from the charter are pasted below. The first CTAC meeting is scheduled for February 7 and the next meeting is scheduled for March 19. CTAC will spend the first meetings becoming oriented to the OCH, OCH leadership and MTP. One of the first tasks may be reviewing the equity survey results from the last two regional Natural Communities of Care (NCC) convenings to provide input and guidance to a potential internal OCH equity plan.

The OCH team continues to do community outreach and partnership with existing committees, workgroups, and coalitions. This is recommended in the MTP Toolkit. Highlights of recent meetings include:

- December 11, SBHO Providers meeting, Sequim
- December 12, ACH/Tribe opioid project collaboration call, conference call
- December 13, American Indian Health Commission meeting, Jamestown
- December 14, 4 county public health officer call re: opioid response, conference call
- December 14, Jefferson Mental Health Field Response meeting, Port Townsend
- December 20, State and Tribal Opioid Response Workgroup meeting, conference call
- January 2, Monthly Tribal/IHCP/HCA call
- January 3, NW Family Medicine Residency 6BB kick off, Bremerton
- January 4, SBHO Advisory Board meeting, Sequim
- January 4, OCH SUD partner convening, Jamestown
- January 8, SBHO providers meeting, Sequim
- January 8, Kitsap Health Board meeting, Bremerton

- January 9, Mason County Opiate Stakeholders meeting, WA Corrections Center, Shelton
- January 9, Jefferson Recovery Café meeting, Port Townsend
- January 14, Inter-agency opioid response meeting, conference call
- January 14, OlyCAP MTP site visit
- January 14, Harrison Health Partners MTP site visit
- January 15, Peninsula Community Health Services MTP site visit
- January 15, Kitsap Public Health District MTP site visit
- January 16, NW WA Family Residency Program MTP site visit
- January 16, Olympic Peninsula Healthy Communities Coalition, Sequim
- January 17, League of Women Voters (opioid response) meeting, Poulsbo
- January 17, Kitsap Area Agency on Aging MTP site visit
- January 18, Kitsap Recover Center MTP site visit
- January 22, Port Gamble S'Klallam Tribe MTP site visit
- January 22, Kitsap Mental Health Services MTP site visit
- January 22, SUD provider meeting, Port Angeles
- January 23, monthly Opiate Treatment Network meeting, Port Orchard
- January 23, ACH/Tribe opioid project collaboration call, conference call
- January 23, Jamestown 6BB clinic wide meeting, Sequim
- January 23, Reflections Counseling MTP site visit
- January 23, Peninsula Behavioral Health MTP site visit
- January 24, Answer Counseling MTP site visit
- January 24, Kitsap Medical Group MTP site visit
- January 29, CTAC partner meeting at Jefferson Public Health, Port Townsend
- January 31, Quarterly statewide inter-agency opioid response workgroup, conference call
- February 4, 3CCORP Steering Committee meeting, Jamestown
- February 4, Clallam County opioid response meeting, Port Angeles
- February 4, Jefferson Healthcare MTP site visit
- February 4, Olympic Area Agency on Aging MTP site visit
- February 5, YMCA MTP site visit
- February 5, Kitsap Children's Clinic MTP site visit
- February 5, Westsound Treatment Center MTP site visit
- February 5, Jefferson CHIP meeting, Port Townsend
- February 6, ACH/Tribe opioid project collaboration call, conference call
- February 6, Jamestown Family Health Clinic MTP site visit
- February 6, Olympic Personal Growth MTP site visit
- February 7, OCH Community and Tribal Advisory Committee meeting, Poulsbo
- February 7, Forks Community Hospital & Bogachiel Clinic MTP site visit
- February 8, Biweekly tribal liaisons meeting, webinar
- February 11, North Olympic Healthcare Network MTP site visit
- February 12, SBHO Provider Meeting Workgroup Kickoff, Sequim
- February 13, Olympic Peninsula Healthier Communities Coalition MTP site visit
- February 13, First Step MTP site visit
- February 20, Discovery Behavioral Health MTP site visit
- February 20, Beacon of Hope MTP site visit

OCH Community and Tribal Advisory Committee

Current Roster

- Mer Parker, Co-Chair, WA State Department of Social and Health Services
- Karlena Brailey, Olympic Peninsula Healthy Communities Coalition
- John Nowak, Jefferson County Community Health Improvement Plan
- Nita Lynn, First Step, Clallam County
- Amy Etzel, Department of Health, Pediatric Transforming Clinical Practice Initiative
- G'Nell Ashley, Reflections Counseling Services Group
- Heather Van der Wal, Project Access Northwest
- Kody Russell, Kitsap Strong
- Ashley Jensen, Catholic Community Services, Family Behavioral Health
- Sarah Martinez, Peninsula Housing Authority
- Brian Smith, Chief, Port Angeles Police Department
- TBD, League of Women Voters
- TBD 1-8 seats, American Indian/Alaska Natives/Tribes
- Anna McEnery, Developmental Disability/Public Health
- Amy Miller, REdisCOVERY

Purpose (from charter)

- The purpose of the Community and Tribal Advisory Committee (CTAC) is to proactively engage community-based organizations, Tribes, and the beneficiaries of services to ensure that their voice guides and informs the decision making of the Olympic Community of Health. The CTAC will provide recommendations to the Olympic Community of Health (OCH) Board of Directors including but not limited to project selection and implementation, transparent communication strategies, regional whole person health priorities, social justice, and health equity.

Responsibilities (from charter)

- Work directly with and in communities in the OCH region to solicit guidance on whole person health, social justice, and health equity.
- Identify local forums to serve as natural, local opportunities for community and tribal voice in OCH decision making and dissemination of information of OCH activities.
- Provide data and information to the OCH Board to inform decision making.
- Facilitate partnerships with community providers and community-based organizations.
- Develop recommendations and guidance on investments that support community and tribal voice in OCH decision making.
- Ensure transparency and accountability by developing and monitoring the OCH community and tribal engagement plan.
- Actively recruit and support community and tribal members to serve on OCH's various committees and workgroups.
- Perform other duties as requested by the Board.

Olympic Community of Health

S.B.A.R. Support for IMC Transition
Recommended by the Executive Committee January 29, 2019
Presented to the Board of Directors February 11, 2019

Situation

On January 1, 2020 the Medicaid Managed Care Organizations (MCO) will subsume responsibility for mental health and substance use disorder treatment claims that had been previously processed by the Salish Behavioral Health Organization (SBHO). This SBAR proposes that OCH assist in preparing providers for this transition, called Integrated Managed Care (IMC) by the Health Care Authority (HCA).

Background

In November 2018, SBHO executive board decided to abandon the pursuit of a legislative alternative to IMC, meaning that financial integration will move forward starting in 2020.

Action

In December 2018, OCH and SBHO began discussions to explore a joint effort to convene and engage providers in preparation of the IMC transition. These preliminary discussions were shared with the OCH Board of Directors at the December 2018 Board meeting.

The SBHO, OCH, HCA and the five MCOs held two meetings, one in December and one in January, to discuss the 2019 transition year that would position providers for success under IMC. There was consensus among parties that there should be intentional and immediate convening of providers for technical assistance, the development of an early warning system and the creation of a formal communication plan to inform community stakeholders and Medicaid enrollees of the changes. The MCOs and HCA shared that, in other regional areas, the accountable communities of health (ACH) served providers well as neutral and trusted conveners to facilitate this work.

At the 2nd meeting in January, OCH shared a draft 2019 budget to facilitate the IMC transition year preparation. This budget included the following activities:

- Planning and facilitating workgroups for providers and payors
- Coordinating meetings, technical assistance, requests and work products between providers, SBHO, MCOs and the HCA
- Tracking and reporting on progress and milestones to all stakeholders
- Attending county-level, regional and state-wide meetings

OCH researched estimated costs based on input from other ACHs that assumed this role in mid-adopter IMC regions. The SBHO, HCA and MCOs agreed to assist in identifying funding to cover OCH costs in assuming this role in 2019.

Recommended Motion to the Board from the Executive Committee
The Board authorizes the executive director to negotiate a reasonable and binding agreement that defines a scope of work to assist involved parties in the transition to IMC and associated compensation. Agreement is contingent on secured funding from external sources to cover OCH costs.

Olympic Community of Health

S.B.A.R. 2019 CBOSS MTP Payment

Recommended by the Executive Committee January 29, 2019

Presented to the OCH Board of Directors February 11, 2019

Situation

This SBAR presents a re-revised funds allocation model recommendation for 2019 Medicaid Transformation Project (MTP) Implementation Partners submitting a Community-Based Organization Social Services (CBOSS) Change Plan. For 2018-2023, the total funds available for CBOSS partners to earn is $1,425,710, for 2019 it is $300,118.

Background

- October 2018
  - Board authorized a carve out for MTP payments for CBOSS Implementation Partners pooled by Natural Community of Care, as was done for Physical Health and Behavioral Health (PHBH) Implementation Partner payments.
  - Board approved a CBOSS MTP payment model based on *Partnerships* (the number of new and expanded partnerships with PHBH Change Plan Implementation Partners that are required to achieve Outcomes in the CBOSS Change Plan) and *Performance* (improvement based on measures reported by CBOSS Implementation Partners that track progress towards the 14 OCH Core Measures).
  - Of note, the approved methodology did not incorporate Medicaid lives due to the diversity and specification of the CBOSS partners and their respective services.
- December 2018
  - Staff presented a revised 2018/2019 CBOSS payment allocation model that incorporated MTP payment principles used for PHBH Implementation Partners of *Scale* (CBOSS Implementation Partner's Change Plan's ability to impact the 14 OCH Core Measures) and *Scope* (form and build meaningful community-clinical linkages between CBOSS and PHBH Implementation Partners). While the terms caused some confusion, the intent of this proposed revision was to enhance alignment with the PHBH Implementation Partners while better capturing transformation by the CBOSS Partners. In addition, as was the case for hospitals, the revised model collapsed the Natural Community of Care funding pools into one regional pool.
  - Board approved a motion for a one-time, equal payment to CBOSS partners for 2018.
  - Staff were asked to come back to the Board with a revised 2019 payment model proposal that addresses several concerns.
    - Medicaid service population reach
    - Potential for varying impact by CBOSS partner
    - Potential risk of misuse of funds
- January 14 – February 1
  - Staff met with two CBOSS partners to share proposed model and gather input and reflections. The proposal model presented here incorporates this feedback.

Action

The proposed 2019 CBOSS MTP fund allocation model to Implementation Partners is based on:

1. **Impact on Core Measures (Scale)**: the outcomes signed up for in the Change Plan and the ability of those outcomes to impact the 14 selected OCH Core Measures
2. **Community Clinical Linkages (Scope)**: the number of new and expanded partnerships with PHBH Change Plan Implementation Partners that are required to achieve Outcomes in the CBOSS Change Plan

This proposed model addresses each concern as follows:

Concern	How concern is addressed
Medicaid service population reach	CBOSS contract amended to specify focus on Medicaid service population similar to language in PHBH contract
Potential for varying impact by CBOSS partner	Staff considered various ways of integrating impact and ultimately decided that the evidence-based practices are already embedded into the Change Plan as outcomes/tactics, similar to the PHBH Change Plan. Funds are tied to Change Plan performance and therefore impact
Potential risk of misuse of funds	(1) Staff reviewed the OCH-HCA contract, (2) verified assumptions in writing via email with HCA, and (3) reviewed a Q&A document to confirm that "DSRIP payments are not direct reimbursement for expenditures and payments for services". Further, the HCA contract explicitly describes a performance-based payment structure to incentivize delivery system reform.

Other Considerations

- As was the case of PHBH MTP payments, the payment drivers for CBOSS partners will change over time, with higher weights awarded for Scope each subsequent MTP year. The elements of *Scope* to determine payment are outlined in the "Payment Allocation Recommendation" SBAR included in the Board packet.
- This revised recommendation supports the 2nd goal set forth by the OCH Board of Directors:
    1. Accessible, patient-centered healthcare system that effectively integrates physical, behavioral and dental health services
    2. Effective linkages between primary care, social services and other community-based service providers
    3. Common data metrics and shared information exchange
    4. Provider adoption of value-based care contracts

Recommended Motion to the Board from the Executive Committee

The Board approves the 2019 MTP funds model for CBOSS Implementation Partners.

Olympic Community of Health

S.B.A.R. 2019 MTP Payment
Recommended to the Board by the Executive Committee January 29, 2019
Presented to the OCH Board of Directors February 11, 2019

Situation

This SBAR presents a proposed payment model tied to reporting, deliverables and performance for 2019 Medicaid Transformation Project (MTP) payments for all Implementation Partners.

Background

In 2018, two payments were made to Physical Health and Behavioral Health (PHBH) Implementation Partners based on *Scale* and another based and *Scope* of Change Plans. Community Based Organizations and Social Services (CBOSS) Implementation Partners received one payment, a flat amount of $25,000, for submitting a Change Plan and for reporting in baseline information in ORCA.

Action (Proposed Motion #1)

Scope and Scale: The proposed MTP payment model covers both reporting periods/payments anticipated for 2019 (January-June and July-December). As was the case in 2018, the proposed 2019 MTP payment model is derived from two parameters: *Scale* and a *Scope*. Each consecutive year, the weight for *Scale* decreases as compared to *Scope* each consecutive year of the MTP.

Table 1. 2019 MTP Payment Model – SCOPE & SCALE	
2019 Scale*	60%
Physical Health: number of lives	
Behavioral Health: number of encounters	
CBOSS: number of OCH Core Metrics impacted (proposed, see CBOSS payment SBAR included in Board packet)	
2019 Scope**	40%

** The components for Scale are same as 2018 for the 2019 model.*
*** The components for Scope are described and presented in the Table below.*

Scope: The OCH Team is developing processes and procedures to (1) support Implementation Partners in implementing their Change Plans (e.g., identify, coordinate and/or offer technical assistance) and (2) monitor, measure and coordinate day-to-day MTP implementation (e.g., collect and analyze progress through timely reporting and site visits). Several of these processes are built into the Scope calculation and are therefore incentivized in MTP payment model (see Table 2).

MTP payment models already project the total amount of possible *Scope* funding for each partner based on Change Plan and alignment to 14 Core Measures. The components below outline how much of that funding each partner stands to earn based on their performance.

Table 2. Points assigned to each element that make up 2019 SCOPE payment		
Scope Elements	40%	
	PHBH	CBOSS
1. Voluntary outcomes in Change Plan	20	0
2. Qualitative reporting completion	20	20
3. Quantitative reporting completion	20	20
4. Site visit completion	10	10
5. NCC convening participation	10	10
6. QI team formation	10	10
7. Community-Clinical linkage work	10	30
Total	100	100

** OCH has used 2018 Change Plan submissions to project out Scope through 2023.*

Action (Proposed Motion #2)

Bonus Pool*:* An MTP Bonus Pool is proposed from unearned PHBH and CBOSS funds and unbudgeted DSRIP revenue. The Bonus Pool will have two parts, Performance (80%) and Technical Assistance/Reserves (20%). MTP payment from the Bonus Pool may not be distributed until late 2019/early 2020, after the first round of reporting from the Implementation Partners is completed and analyzed. Further planning on Bonus Pool measurement and performance will be tasked to the Performance Measurement and Evaluation Committee.

Table 3. Elements and points available for each that make up the Bonus Pool		
	PHBH	CBOSS
Performance (improvement over self)	80%	
Qualitative report: 'fully implemented' or 'scale and sustain'		
Quantitative, intermediary metrics		
Unduplicated Medicaid beneficiaries served		
New or improved* community-clinical linkages		
Technical Assistance and Reserves	20%	

** As measured by the community-clinical linkage tool*

Recommended Motions from the Executive Committee to the Board

1. The Board approves the 2019 MTP payment model tying payments to Implementation Partners SCOPE and SCALE.

2. The Board approves the MTP Bonus Pool model.

Medicaid Transformation Compliance Policy
Policy M02

Purpose

The purpose of this Medicaid Transformation Compliance Policy is to establish procedure for Implementation Partners that miss reporting deadlines. These deadlines are set in the schedule provided to partners during their site visits with OCH staff and are available to partners upon request.

Definitions

Deadline: Dates set by OCH for partners to enter reports in the ORCA website.

Medicaid Transformation Project (MTP): A five-year contract between OCH and Health Care Authority (HCA) to transform the Medicaid delivery system. The Medicaid delivery system is defined as clinical (e.g., physical, mental, dental and substance use disorder treatment) and non-clinical (e.g., housing and social services) providers for the Medicaid population. MTP is funded by the Centers for Medicare & Medicaid Services (CMS) through section 1115 of the Social Securities Act through 2023.

Medicaid Transformation Project Payments: Performance-based incentive payments through achievement of milestones and outcomes in the Change Plan.

Olympic Reporting and Community Activities (ORCA): the online tool for partners to report progress against the Change Plan.

Implementation Partners: Partnering providers that serve Medicaid beneficiaries within the three-county region with a completed Change Plan and signed Standard Agreement.

Payment Withholding Policy for Missed Deadline

Implementation Partners are required by the terms of their Implementation Partner Specific Agreements to report their progress against Change Plans. The following withholding and remedies schedule is therefore established for partners missing reporting deadlines:

Schedule 1 (or, the first instance a partner is late in completing reporting)

1. Partner does not meet initial deadline: 5% of potential earnable payment is withheld, and a second deadline is set by OCH.
2. Partner does not meet second deadline: 25% of payment is withheld, and OCH staff will schedule a site visit with partner to determine need for additional technical assistance, ORCA reporting, etc. Third deadline is set by OCH.
3. Partner does not meet third deadline: partner is referred to Contract Management and Compliance Committee for further discussion and action, up to and including contract termination.

Schedule 2 (or, repeat instance where a partner misses a reporting deadline in a subsequent reporting period)

1. Partner does not meet initial deadline: 5% of payment withheld, and OCH staff will schedule a site visit with partner to determine need for additional technical assistance, ORCA reporting, etc.

Funding Withheld

- Funding withheld in accordance with this policy will be held by the OCH and used for technical assistance in these circumstances.
- OCH staff will code time and expenses related to technical assistance provided to this pool of funds.
- Pool will not be segregated by source.
- Excess money remaining in this fund will be allocated according to the MTP Payment Policy.

Olympic Community of Health

S.B.A.R. 2019 MTP Compliance Policy
Recommended by the Contract Management and Compliance Committee January 30, 2019
Presented to the OCH Board of Directors February 11, 2019

Situation

This SBAR presents a proposed policy to bring Implementation Partners who submit late reports for their MTP Change Plan deliverables into compliance.

Background

In 2018, two payments were made to Physical Health and Behavioral Health (PHBH) Implementation Partners and one payment was made to Community Based Organizations and Social Services (CBOSS) Implementation Partners. OCH released the MTP Deliverables Calendar to Implementation Partners during the first round of site visits (ongoing). OCH does not currently have a policy in place for how to fairly and consistently navigate through deliverable deadlines and compliance of Change Plan activities related to payment.

Action

OCH staff are committed to providing technical assistance to Change Plan partners to enable them to be successful, while also balancing OCH's due diligence to be good stewards of MTP incentive funds.

Table 1. 2019 Missed Deadlines Payment Model	
Schedule 1	
First deadline missed	• 5% payment withheld • Second deadline set
Second deadline missed	• 25% (of less 5% total) payment withheld • OCH staff site visit scheduled for technical assistance • Third deadline set
Third deadline missed	• Goes to CMAC committee for further discussion and action, up to and including contract termination
Schedule 2	
Deadline missed	• Partner missed deadline, comes into compliance, now misses deadline in subsequent reporting period (i.e. there is a pattern of missed deadlines): ○ 5% payment withheld, plus additional OCH staff site visit for technical assistance

Funds withheld would be utilized by the OCH team for the technical assistance provided in accordance with this policy. Excess funds remaining would be distributed to partners according to the Payment Policy.

Recommended Motion
The Board approves the 2019 MTP Compliance Policy as presented.