Board Meeting
January 9, 2017

1:00 pm to 3:00 pm
Red Cedar Hall
Jamestown S'Klallam Tribal Center
1033 Old Blyn Hwy, Sequim, WA 98382

KEY OBJECTIVES

AGENDA (Action items are in red)

Item		Topic	Lead	Attachment
1	1:00	Welcome & Introduction of Practice Transformation Hub Coach	Roy	
2	1:10	Consent Agenda	Roy	1. Director's Report 2. OCH Transition Dashboard 3. Minutes Board Meeting 12/12/16
3	1:15	Medicaid Transformation Project Demonstration	Elya Roy Katie	4. Revised Medicaid Demonstration Tool Kit: Summary and Assessment 5. ACH Decision-Making and Management Expectation from Special Terms and Conditions 6. Certification and Application Process for ACHs 7. DRAFT OCH Comment Letter to HCA 8. Agenda OCH Partner Convening: Unpack the Waiver Tool Kit
4	1:45	OCH Strategic Plan	Roy	9. DRAFT OCH Strategic Plan 2.0
5	2:15	Three County Coordinated Opioid Response Project	Chris	10. January 30th Opioid Summit Agenda
6	2:30	Tax Exemption Next Steps	Elya	11. SBAR Tax Exemption Next Steps
7	2:40	Executive Session: OCH Executive Director	Roy	
8	3:00	Adjourn	Roy	

REMINDERS

- Everyone please sign your Board Member Commitments and Operating Procedures and Conflict of Interest statement before you leave!
- Next meeting February 13th, 1 pm to 3 pm:
  JH Conference Room @ 2500 W. Sims Way (3rd Floor), Port Townsend

Olympic Community of Health

Director's Report

Prepared January 4 for the January 9 Board of Directors Meeting

A message from your Director

Happy New Year to all!! With the "silly season" behind us, I hope you all feel as recharged as I do! ACHs are once again in the spotlight as news of the Medicaid Waiver permeates the far corners of the state. It is natural to feel anxious, or even a little scared. I certainly do! You may ask "Are we ready?" or shout "We are going way too fast!". I encourage all of us to focus on the mountain ahead, not the pebble in our shoe. Look to your left and look to your right, and find comfort in what we have created together. We get stronger every day. I have faith in our collective of talented, resourceful, and motivated people. I believe. Do you? Onwards…

Top 3 Things to Track (T3T) #KeepingMeUpAtNight

1. **The Transition**: There are so many moving parts to ensure a smooth transition from Kitsap Public Health District to the new legal entity housed at Jefferson Health Care. A top priority is to ensure continuous cash flow as money exchanges hands from KPHD to our new bank account at First Federal Bank. We are rapidly setting up payroll, timekeeping, and bookkeeping, but with so many moving parts, I remain anxious.

2. **Saying farewell**: On a personal level, I am saddened to say farewell to our gracious hosts and talented team at KPHD. The OCH is beginning to thrive in large part because of these extraordinary people.

3. **The Waiver**: As news of the Medicaid Waiver Tool Kit reaches the far corners of our region, I become increasingly anxious about how we are going to be good stewards of these funds. Each project holds merit and addresses one or more health needs. Which ones will we choose? Or perhaps the better question is: which ones should we *not* choose?

Upcoming OCH meetings:

- Board of Directors Meeting, **January 9, 1:00 pm to 3:00 pm**, Jamestown, Sequim
- Finance Committee Meeting, **January 10, 2:00 pm to 4:00 pm**, dial-in
- Three County Opioid Summit, **January 30, 9:00 am to 12:00 pm**, Kingston Commons
- Unpacking the Waiver Tool Kit, **January 30, 1:00 pm to 4:00 pm**, Kingston Commons
- Board of Directors Meeting, **February 13th, 1 pm to 3 pm**, JHC Conference Room, Port Townsend
- HOLD: OCH Partner Convening, **April 21st,** Location TBD

The Medicaid Transformation Demonstration Waiver ("the Waiver")

The revised Tool Kit is here. The public comment period ends February 2nd, 2017. A summary of revisions between this version and the previous version is included in the Board packet.

We will spend time in the Board meeting talking about the revised tool kit and next steps. In the meantime, the Regional Health Assessment and Planning Committee (RHAPC) is planning an interactive OCH Partner Convening January 30th from 1 pm to 4 pm. We will unpack the tool kit project by project at this meeting with assistance from members of the RHAPC and HCA Medicaid Waiver Team. We will also collect information on what is already happening in the community that aligns with proposed transformation projects. We will poll community members on the merits of each project based on a common set of criteria. One goal is to answer this question: Where is the energy? This answer will assist the Board in making an informed decision about which optional projects to move forward for further investigation.

An important question for Board members to noodle on: How many optional projects should the OCH consider?

OCH Evaluation from Center for Community Health and Evaluation (CCHE)
We received the final survey results from CCHE with a 79% response rate. I encourage you to flip through this slide deck when you have a free moment. As you can see, we have come a long way and we still have some room for improvement. We had a statistically significant improvement in every domain! Positive highlights include a favorable rating for Kitsap Public Health, our backbone agency. Respondents also seem pleased, on average, with our governance and operations. Our highest rated statements (with 100% agreement) were:

- My ACH has increased collaboration across organizations and sectors in our region.
- Participating in the ACH is a worthwhile use of my organization's time and resources.
- My ACH used a transparent and collaborative process to select a health improvement project

Areas for improvement included:

- Closer alignment with public health and community health assessments
- Greater community outreach and engagement, including around decision-making
- Development and execution of a sustainability strategy

OCH Transition Status (highlights only, please refer to Transition Dashboard for details)

- Money transfer: It appears as though we will be able to transfer the remaining balance from KPHD directly to the OCH. Understandably, KPHD would like to wait to close their books before this happens, which could be 3-4 weeks into February 2017. To create a buffer against cash flow issues, I have been talking with the HCA about wiring the first quarter of 2017 funds directly into our checking account in mid-January.
- Personnel policy: This document went through several revisions with the assistance of the task force. It is now with Hub International NW, our broker firm, to ensure consistency with the ACA and the selected HR benefits.
- Contract with Jefferson Health Care: The lease has been approved by JHC legal. Rent will be $14,144 per year or $1,178 per month and will cover space, IT, and computers. This is under the $15,000 ceiling approved by the Executive Committee and accounts for 3 OCH staffers. The lease must be signed and invoiced to KPHD by January 18th.
- Benefits: We were able to continue working with Larry Thompson under the original contract to assist in setting up a retirement benefit. There is still $1,100 remaining in that contract through the end of January 2017. We must select our medical benefits by January 15th to ensure continuous coverage for existing staff. We are on target to reach this goal, although it will be tight due to the holidays.
- Hiring new staff: We received over 80 applications for the Program Coordinator position! We have narrowed the field to 6. Interviews begin January 6th. We hope to have this person begin mid-to-late January to overlap with Angie. Additionally, once we have confirmed funding for ongoing support of the Opioid Project, we will quickly mobilize to hire an additional staff person. This would be an unbudgeted expense for 2017 with matching unbudgeted revenue.

OCH Outreach & Engagement

- BHO/MCO meeting, Olympia, December 7
- North Olympic Health Network, Port Angeles, December 13
- Performance Measurement and Coordinating Committee, Seattle, December 15
- Olympic Healthy Communities Coalition, Sequim, December 21
- Washington State of Reform, Seattle, January 5
- OCH Hospital meeting (OMC, JHC, CHI Harrison), Sequim, January 9
- Media interest in the January 30th Opioid Summit: Kitsap Sun and Peninsula Daily News

Three-County Coordinated Opioid Response Planning and Assessment Project ("Opioid Project" or 3CCORP)
Overall we are on track to meet are contract deliverables with the budget allotment.

- Ongoing Project Bridge Funding: We have formally requested $28,000 in funding from Coordinated Care and Amerigroup to bridge project costs between February 1, 2017 and when the Waiver dollars become

available. We also have begun discussions with the Salish Behavioral Health Organization to cover any remaining costs, up to $30,000. As soon as funding is secure, the OCH will hire staff to continue this project into 2017. Once Waiver funding begins to flow, this staff will be billed under the Waiver funding stream.

- Steering Committee: The Steering Committee has two more meetings: January 4th and January 23rd. After this time, we will likely reassess the Steering Committee structure and composition, as well as specific work groups to align with the implementation plan.
- Implementation Plan: The draft Implementation Plan is going to the Opioid Steering Committee on January 4th. This draft aligns closely with the State Interagency Opioid Plan.
- Data: The data sharing agreement between the HCA and the OCH to receive information on opioid prescription, outcomes, and providers is ready to be signed. We are working with Kitsap Public Health District on the details.
- Surveys: Four surveys have gone out into the community: 1) provider survey, 2) law enforcement survey, 3) first responder survey, and 4) workforce survey. The latter survey has received over 300 responses! The purpose of these surveys is to build a more comprehensive assessment about the needs in our community, the willingness to address these needs, and suggestions for how to do it.
- Opioid Summit, January 30th, 9 am to 12 pm: The goal of this meeting is to agree on an implementation plan and key measures to gauge success. The target audience is professionals representing sectors and Tribes affected by this crisis. Coordinated Care has pledged $1,500 to support food and beverage for this event. We have requested the remaining $2,500 from Amerigroup. There has been quite a bit of media attention for this event.

January 1, 2016-December 31, 2016

APPROVED EXPENDITURES 2016 — YEAR TO DATE: JAN THRU NOV 2016

Personnel	Salaries	Benefits[1]	Total	BALANCE REMAINING	YEAR TO DATE	% SPENT (Target 92%)
Director: 1.0 FTE for 9 months	$ 79,362	$ 23,809	$ 103,171	$ 2,935	$ 100,236	97%
Program Coordinator: 0.5 FTE for 4 months	$ 14,923	$ 4,477	$ 19,399	$ 19,399	$ -	0%
Epidemiologist: 0.5 FTE for 11 months	$ 37,279	$ 11,184	$ 48,463	$ 25,641	$ 22,821	47%
Assistant 0.4 FTE for 10 months	$ 15,528	$ 4,658	$ 20,186	$ (4,755)	$ 24,941	124%
Subtotal Personnel Costs	**$ 147,092**	**$ 44,127**	**$ 191,219**	**$ 43,220**	**$ 147,999**	**77%**
Non-Personnel			**Total**			
Professional Services			$ 26,380	$ 4,050	$ 22,330	85%
Communication			$ -	$ (230)	$ 230	NA
Travel			$ 4,000	$ (182)	$ 4,182	105%
Supplies			$ 3,000	$ (316)	$ 3,316	111%
Event/Meeting Expenses			$ 5,000	$ 2,599	$ 2,401	48%
Other			$ -	$ -	$ -	0%
Subtotal Non-Personnel Costs			**$ 38,380**	$ 5,921	$ 32,459	85%
Indirect Costs (25% of salaries & benefits)[1]			$ 47,805	$ 10,805	$ 37,000	77%
TOTAL EXPENDITURES			**$ 277,404**	**$ 59,947**	**$ 217,457**	**78%**
DESIGNATED RESERVES[2]			**$ 212,596**			

NOTES

1. 2016 Budget assumes benefits and indirects of 30% and 25% respectively
2. Unspent revenue moves into the designated reserve.

Financials

OCH Budget

With one month remaining, we are within our approved 2016 budget. Event expense went down because we removed food expense after hearing this was unallowable from HCA.

Opioid Project Budget

The Opioid Project expenditures are tracked separately per HCA contract requirements. Recall that we have five months to expense $50,000 on this project. In three months we expensed $21,027 or 42% of funds, which is under target (60%); however, December was extremely active and we expect to spend down the full amount before the end of January 2017.

Clallam County Contribution

We received the $10,000 contribution from Clallam County on December 29th! This funding allows us some flexibility. Thank you Clallam!

Steps toward becoming a 501c3			
Step	**Status**	**Cost**	**Notes**
File Articles of Incorporation	Complete 12/1/2016	$50	UBI #: 604-064-119 Effective Date: 11/29/2016
Purchase liability insurance (Commercial general; Directors and Officers)	Complete 12/19/2016	$2,580	Effective Date: 12/19/2016 • $3 mill general aggregate • $1 mill personal liability Insurance Services Group, Sequim
Apply for a Washington Business License	Complete 12/15/2016	$19	ESD #: 685180-00 5 Effective Date: 12/20/2016
Labor & Industries (L&I) Insurance & Unemployment	Not yet begun	$735	When we filed our Business License, L&I opened an account for us. We will receive a packet from L&I and unemployment within 10 business days of receiving the business license. Approx. Jan 5th or 6th.
Apply for Federal Employee Identification Number (EIN) w IRS	Complete 12/5/2016	Free	EIN #: 81-4591222
Negotiate Lease Agreement with (new) Host Organization	Complete 12/16/2016	$3,500 per FTE per year	Agreed on lease terms. Will sign and pay prior to 1/18. Includes space, IT support, computer
Register on WEBS to be a Washington State vendor	Complete 12/22/2016	Free	https://fortress.wa.gov/ga/webs/
Personnel policies	Complete	Free	Temporarily approved. Will revisit in June 2017. Needed in order to set up payroll and benefits.
Benefits [medical, dental, vision, life, disability]	In progress, deadline for coverage starting 2/1 is 1/15	TBD	HUB International NW • Completed census • Awaiting bids
Retirement	In progress	~$200	SEP-IRA Continue contract with Larry Thompson to assist in setting up retirement with vendor
Cash flow	In progress		Ensure uninterrupted cash flow as we move our account from KPHD to the OCH. This is an ongoing conversation with the HCA and KPHD.
Bookkeeping, accounting, payroll	Selected a vendor, Meeting on January 9th	Bkkpg: $7,200/yr Taxes: $300/yr	Gooding O'Hara & Mackey Port Townsend http://www.pttaxcpa.com/index.htm • $40/hr – bookkeeping

		Payroll: $1,500/yr	• $95/hr – tax consulting
Set up bank account	Complete 12/21/2016	Free	First Federal Tabitha Miller (360) 344-4915
Timekeeping	Complete 12/23/2016	~$450 per year	Harvest Google • $12/person/month
IT	Begun conversation with KPHD IT		New server: email, website, files
Communication	Not yet begun		New business cards, phone numbers
File for 1023 Federal 501c3 Tax Exempt Status	Not yet begun	$850	Remaining documentation needed to file: • 3-year budget • Policies • Development plan
Register with the Charities Program of WA State	Not yet begun	$60	Upon receipt of IRS tax exemption letter

Olympic Community of Health

Meeting Minutes

Board of Directors

December 12, 2016

Date: 12-12-2016	**Time: 1:00 pm- 3:00 pm**	**Location:** Jamestown S'Klallam Red Cedar Hall

Chair: Roy Walker, *Olympic Area Agency on Aging.*
Members Attended: Karol Dixon, *Port Gamble S'Klallam Tribe*; Katie Eilers, *Kitsap Public Health District;* Larry Eyer, *Kitsap Community Resources*; Chris Frank, *Jefferson County Public Health;* Kat Latet, *Community Health Plan of Washington;* Eric Lewis, *Olympic Medical Center;* Gill Orr, *Cedar Grove Counseling;* Joe Roszak, *Kitsap Mental Health Services;* Brent Simcosky, *Jamestown S'Klallam Tribe;* Hilary Whittington, *Jefferson Healthcare;*
Phone: Jennifer Kreidler-Moss, *Peninsula Community Health Services;* Chase Napier, *WA Health Care Authority;* David Schultz, *CHI Franciscan/Harrison Medical Center;* Doug Washburn, *Kitsap County Human Services;* Kurt Wiest, *Bremerton Housing Authority.*
Other Attended:
Keith Grellner, *Kitsap Public Health District;* Siri Kushner, *Olympic Community of Health/Kitsap Public Health District;* Angie Larrabee, *Olympic Community of Health/Kitsap Public Health District;* Elya Moore, *Olympic Community of Health;* Jorge Rivera, *Molina Healthcare;* Caitlin Safford, *Amerigroup;* Lisa Rey Thomas, *UW Alcohol and Drug Abuse Institute;* Andrea Tull, *Coordinated Care;*

Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
	Objectives:	1. Agree on OCH Strategic Priorities for 2017 2. Approve Board Operating Procedures 3. Approve Personnel Policy	
Roy Walker	**Welcome and Introductions**	Roy called meeting to order at 1:10pm.	
Roy Walker	**Consent agenda including November Board Minutes**	Approval of November Minutes. Elya noted the BHO alternative Pathways document which is in the packet as info only to see if there is interest in it.	November Minutes **APPROVED** Unanimously
Elya Moore Brent Simcosky Roy Walker	**Medicaid Transformation** **Waiver Initiative I Update**	Brent attended the ACH Convening in November. Interesting to hear from consulting firm experience in New York. Tribes gave comment on CMS STCs on Friday 12/9. There is some concern that Medicaid Expansion may be repealed, but it may not for the first few years of new administration. Brent expects Medicaid Block Grants to come to WA State. If OCH can show that we can get cost savings within two years, we may be sustainable. Elya explained timeline of waiver STC.	

		STC likely to be signed at very end of December, and then OCH will have 30 days to submit detailed plan. Best guess at when money will be available to ACH's: Elya expects ramp-up funds to arrive at the earliest, end of first quarter in 2017. Elya reviewed summary of Pre-Draft Tool Kit Highlights. Confirmed: Each ACH must select at least one "optional" project from Domain 3. RHAP committee meeting multiple times between December and January to move forward with selecting projects. Still awaiting clarification from HCA on what ACHs are supposed to do under Domain 1. Domain 1 may change, but Domains 2 and 3 are fairly concrete. OCH has to "earn" the money. Demonstration, not grant. Once OCH has details on what is earnable, can begin planning projects. May take longer than 2-3 years to see savings. All sectors have to commit at the same time, otherwise it can lead to conflict. Year one starts as soon as STCs are signed (likely January 1, 2017). Targets in year 1 are directed more at planning and process. It is unclear if BHOs are seeking support from other organizations/entities on Behavioral Health Alternative Pathways model. HCA working with FDIC **Proposed motion 1 discussion:** Katie suggested the EC take comment from the RHAP committee for letter to HCA. Elya speculates that required projects will have more funding available than optional projects.	**Proposed motion 1**: The Board charges the EC with the authority to submit a letter with comments during the public comment period on behalf of the OCH. The letter will

		Proposed Motion 2 discussion: Finance committee consists of: Hilary – Chair Eric Lewis Caitlin Safford or CFO (Amerigroup) Comment to add EC to language. Motion should include language about informing full Board of comments included in letter to HCA	incorporate decision points from today's meeting. Motion 1 **APPROVED** unanimously. **Proposed Motion 2:** The OCH Board charges the Finance Committee and/or Executive Committee with the authority to submit a letter with comments during the public comment period on behalf of the OCH. The letter will incorporate decision-points from today and comments submitted by Board members. Motion 2 **APPROVED** unanimously.
Roy Walker	**Strategic Priorities**	Roy discussed the seven priorities and how they were decided upon. Two new core values were added. The strategic priorities are listed in order, relative to the Regional Health Priorities. Important to keep vision beyond the Waiver. **Discussion on motion:** Katie – has concern about optional strategies. At the very least, need to include that OCH will support partners when applying. Concern that the 7 priorities are not easily relatable to the average person. Language is a little to policy driven. Need to include non-waiver priorities. **Proposed Motion:** The Board of Directors approves the OCH Strategic Plan, and will revisit this Plan within the year to ensure alignment with an updated RHNI and (potentially) revised waiver tool kit. Katie thinks partners should influence the strategic priorities. What would our feedback to the partner group be? Brent- this is more of a 5 year strategic plan.	

		Changed motion to: The Board of Directors approves the OCH Strategic Plan, and will revisit this plan after feedback is received from the OCH partner group, RHAP committee, and in alignment with an updated RHNI and potentially revised waiver tool kit.	Motion to approve Strategic Priorities **APPROVED** unanimously, with final changes recommended during discussion.
Lisa Rey Thomas Siri Kushner Chris Frank	**Update: 3 County Coordinated Opioid Response Planning Project**	Lisa Rey gave an update on the Opioid Planning Phase. -Assessment into scope of the problem and inventorying solutions. -ID and engage with tribes and stakeholders. -Formed steering committee -Select 3-5 measures to gauge success -Hold summit January 30th 9am-12pm. Chris Frank briefly discussed the makeup of the steering committee. Siri briefly explained the surveys. -Medical provider survey currently has over 70 responses. -Should have results back in beginning of January. In the stages of being the first ACH in State to have a data sharing agreement with HCA. Modeled after state opioid response plan with 4 goals. There is good consensus among the steering committee of what the issue is and to align with state model. Implementation Phase beginning 2017. Port Gamble very interested in opioid issue.	
Joe Roszak	**Board Operating Procedures**	Joe briefly explained the Board Operating Procedures. Suggestion to add “unless required by law” for organizations which are public entities and subject to public information request. Need to change language from will send an alternate to may send an alternate.	Motion to approve DRAFT OCH Board operating procedures

		Some concern from members about how much they should be sharing/communicate with others within the sector regarding OCH updates.	**APPROVED** unanimously with the 2 suggested edits during meeting.
Elya Moore	**Personnel Policy**	Elya asked members to show Personnel Policy to people within each of their organizations to get input to refine policy. Need this policy to get HR benefits for employees. Can start employing people on February 1. Volunteers for taskforce: Jennifer Kreidler-Moss. Larry Eyer Karol Dixon	DRAFT OCH Personnel Policy Board of Directors charges the formation of a time-limited HR task force to finalize an interim personnel policy for the next 6-12 months. Motion to approve DRAFT OCH Personnel Policy **APPROVED** unanimously.
Roy Walker	**Adjourn**	Passed out Conflict of Interest Policy for signature. The meeting adjourned at 3:34 pm.	

Revised Demonstration Tool Kit: Summary and Assessment

January 4, 2017

Framing this document

On January 3rd the HCA released the revised Medicaid Transformation Project Tool Kit. Below is a summary of the key changes between this version and the version released in late November.

The summary below was adapted from King County ACH staff.

- **General comments**
  - The first two pages of the revised document offer a nice contextual framework that spells out the ACH role.
  - There is appears to be more detail woven throughout the document, providing more guidance on each stage of implementation.
  - Behavioral Health Organizations continue to be excluded from various lists of community partners.
  - More language related to addressing health inequities
  - More specificity on recommended project partners

- **Changes related to required vs. optional projects**
  - Each ACH will be required to engage in capacity building activities outlined in Domain 1
  - Each ACH will be required to carry out a total of four projects
  - Physical & Behavioral Health Integration and Opioids are still required projects; care coordination is no longer required
  - ACH must choose one optional from Domain 2 (Care Coordination, Diversion or Transitional Care)
  - ACH must choose one optional from Domain 3 (Chronic Disease, Maternal and Child Health, Oral Health)

- **Notable changes to individual projects:**
  - **Care Coordination (2A):** More clarity that Pathways is the recommended option but other like models are acceptable.
  - **Diversion Intervention (2D):** Addition of community paramedicine model to list of evidence-based diversion strategies
  - **Opioid Project (3A):** Nearly identical alignment with State Interagency Opioid Plan and new measures
  - **Maternal and Child Health (3B):** New evidence-based models offered: Early Head-State Home Based, Bright Futures, Improve Preconception Health and Health Care

- **Scaled back Regional Health Needs Inventory**
  - New information on role of HCA in packaging and providing information to ACHs to populate regional RHNI / ACH role limited to filling gaps
  - Softened requirement that ACHs evaluate extent to which services and systems are capable of meeting needs

- **More detail on performance measures**
  - Clearer definition of system-wide vs. project-level measures
  - Clarify that list of measures is illustrative only, projects can apply alternative measures
  - New appendix with more information about potential measures, including description, source (common measure set, HB 1519), measure steward and which projects they would be associated with

- **More detail re: role of ACH in Value Based Purchasing**

- Spells out that, “At no point will ACHs be expected, or permitted to engage in contract negotiations between MCOS and providers around VBP.”
- Optional rather than required to develop VBP task force at regional level, still need to develop a regional VBP transition plan
- Calls out regional VBP roles: inform providers of various readiness tools and resources, connect providers to training and technical assistance, support statewide task force in survey.

- **More detail re: role of ACH in Workforce**
  - Optional rather than required to develop regional workforce task force, focus of work is through statewide task force.
  - Spells out regional planning activities including: implementing Workforce Action Plan - training, deployment, development of recruitment and retention incentives.

- **Health Information Systems and Technology**
  - More detail on role of HCA in leading this work
  - Specification that ACH role will be convening / information sharing.
  - Still requires ACH to create “Population Health Management Transformation Plan”

Olympic Community of Health

ACH Decision-Making, Management, and Composition Expectations

Extracted from the Special Terms and Conditions (STCs) draft circulated 12/5/2016

Framing this document

Below is language included in the draft STCs circulated in early December. Prior to submission of a Project Plan, ACHs must fulfill certification criteria which will ensure that ACHs are prepared to coordinate and oversee project activities. It is likely that the HCA will be the certifying entity.

The OCH is in compliance with many, if not most of the expectations below, including Board composition: 7/22 (31%) Tribes, 9/22 (41%) health care and behavioral health care, and 6/22 (27%) public health, prevention, oral health, long term supports, housing, and social services.

ACH Decision-Making. Each ACH must demonstrate that a structure to facilitate and oversee a decision-making process is in place. The structure must be consistent with the following principles:

1. *Balanced*: ACH partners represent a broader perspective of health and health care coverage, considering the entire population within the region and a broader understanding of health and social determinants.
2. *Representative:* ACH partners involved in decision-making serve on behalf of a sector or population.
3. *Tiered and Participatory*: ACH partners participating in regional transformation projects and other regional work actively inform project design and ACH decisions. To meet both the balanced and participatory principles, decision making and project design will occur at multiple levels, recognizing that the final ACH decision-making may rely on subject matter experts (SME) and specific "design teams" to inform priorities and strategies.
4. *Accountable*: The ACH and participants in health systems transformation are accountable to each other and the communities within the region, with clearly defined, transparent mechanisms to facilitate vetting and decision-making. This includes the expectation that individual community members (e.g., consumers, Medicaid beneficiaries, those who will be impacted) will be included in the decision-making processes.
5. *Flexible*: Within the framework outlined in this section and in partnership with the state, each ACH will consider the unique regional environment and implement a structure that works best for the region.

ACH Management. Each ACH must identify a primary decision-making process and structure (e.g., a Board or Steering Committee) that is subject to the outlined composition and participation guidelines. The primary decision-making body will be the final decision-maker for the ACH. Each ACH and the state will collaborate and agree on each ACH's approach to its decision-making structure for purposes of this demonstration. The overall organizational structure established by the ACH must reflect capability to make decisions and be accountable for the following five domains, at a minimum:

a. *Financial*, including decisions about the distribution of funds, the roles and responsibilities of each partner organization, and budget development. The ACH should be able to manage foreseen or unforeseen shifts in costs/revenues.
b. *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.
c. *Community*, including an emphasis on health equity and a process to engage the community and consumers.
d. *Data*, including the processes and resources to support data-driven decision making and formative evaluation.

e. *Program management and strategy development*, including sound, visionary and consistent leadership. The ACH should have the organizational capacity and established mechanisms to respond to community priorities and strategically contribute to complex health systems transformation efforts. It also should have administrative support for regional coordination and communication on behalf of the ACH.

ACH Composition and Participation. The primary decision-making body of each ACH will consist of multi-sector partner organizations and will represent a multi-payer approach. The diversity of partners and inclusion of social service organizations are important. At a minimum each ACH decision-making body must include partners from the following categories:

a. One or more primary care providers, including practices and facilities serving Medicaid beneficiaries;
b. One or more behavioral health providers, including practices and facilities serving Medicaid beneficiaries;
c. One or more health plans, including but not limited to Medicaid Managed Care Organizations;
d. One or more hospitals or health systems;
e. One or more local public health jurisdiction;
f. One or more tribes, IHS facilities, and UIHPs, as further specified in STC 24;
g. Multiple community partners and community-based organizations that provide social and support services reflective of the social determinants of health for a variety of populations in the region. This includes, but is not limited to, transportation, housing, employment services, education, criminal justice, financial assistance, consumers, consumer advocacy organizations, childcare, veteran services, community supports, legal assistance, etc.

Reasonable efforts must be made to engage consumers at multiple levels of the decision making process to ensure ACHs are accurately assessing local health needs, priorities and inequities.

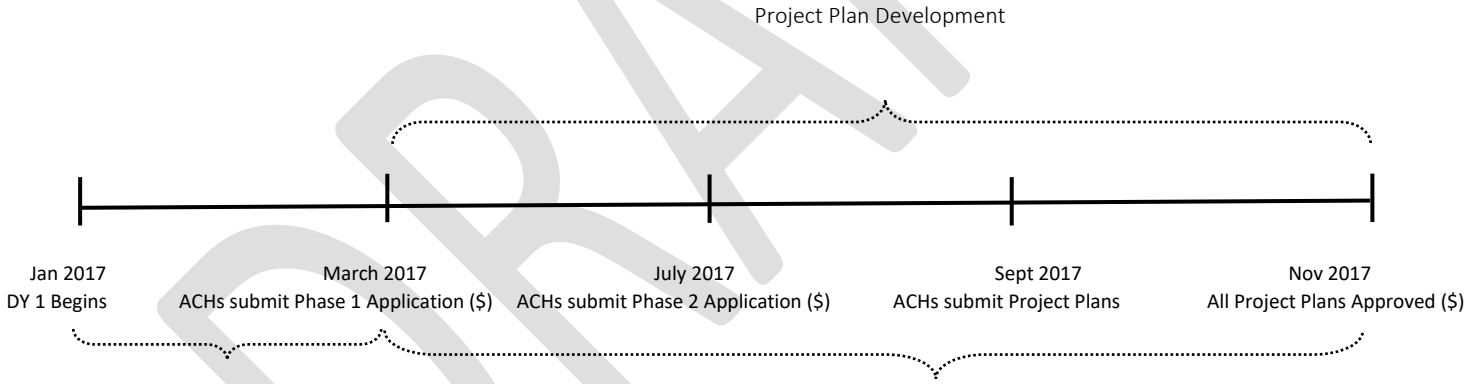
To ensure broad participation in the ACH and prevent one group of ACH partners from dominating decision-making, at least 50 percent of the primary decision-making body must be represented by non-clinical, non-payer participants. In addition to balanced sectoral representation, where multiple counties/regions exist within an ACH, a concerted effort to include a person from each county/region on the primary decision-making body must be demonstrated.

Medicaid Transformation Project Demonstration
Certification and Application Process for Accountable Communities of Health

The state will provide initial Project Design funding to Accountable Communities of Health (ACHs). To earn Project Design funding, ACHs must demonstrate completion of certification criteria set forth by the Health Care Authority (HCA). ACH certification will be a 2-phase process, which will result in ACHs being prepared to submit a Project Plan. ACHs will submit both phases of certification information to the HCA within the specified time frames. The HCA will review and approve of certification prior to distribution of funds to ACHs upon completion of each phase.

The HCA will also develop a Project Plan template that ACHs will need to complete prior to implementation of Transformation projects. Project Plan applications will contain details for regional projects selected from the toolkit supported by the Regional Health Needs Inventory, the roles and responsibilities of partnering providers participating in DSRIP and a description of the overall vision and intended change. Phase 1 and Phase 2 Project Design funds need to be used in such a way as to complete the necessary achievements and milestones outlined and prepare the ACH for submission of the project plan application.

Timeline



State responsible for:

- Funds flow/Incentive Payment Methodology (Protocol D)
- Final Project Toolkit (Protocol C)
- Project Plan Template
- Procurement for DSRIP Support Team
- Other Protocols defined by STCs

State and DSRIP Support Team:

- Develop "How To" Guides
- Strategic support for ACHs to guide project plan development

Olympic COMMUNITY of HEALTH

345 6th Street, Suite 300
Bremerton, WA 98337

CLALLAM • JEFFERSON • KITSAP

January 9, 2017

Dorothy Teeter
Office of Health Innovation and Reform
Washington State Health Care Authority
Olympia, WA 98504

Dear Ms. Teeter:

On behalf of the Olympic Community of Health (OCH), it is our pleasure to submit this letter in support of the Washington State Medicaid Waiver Demonstration Tool Kit that was released for public comment on January 3, 2017. We see many of our Waiver project proposals reflected in this document. We are pleased that each project proposed in the tool kit will help us address one or more of our regional health priorities within our Medicaid population.

Moving forward, we would like to submit one vital request for your consideration: **latitude to choose evidence-based programs within each project that will work best for our communities**:

- For project 3B, Maternal and Child Health, we would like to see Parent-Child Assistance Program (PCAP), an evidence-based program out of the University of Washington, for addicted mothers. This would align well with project 3A, Addressing the Opioid Use Public Health Crisis.
- For project 3C, Access to Oral Health Services, we would like the opportunity to propose local approaches to this issue that would have the potential for a far greater impact than what is proposed in the Tool Kit.
- For project 3D, Chronic Disease Prevention and Control, there are numerous evidence-based programs beyond the Chronic Care Model that can be considered to address this issue. While other programs are listed as 'additional', they are not included in the planning and implementation section.

One point of clarification: categories such as 'evidence-based programs', 'specific strategies', and 'additional resources' are listed separately for various projects. It remains unclear whether all programs listed under any of these categories would be fundable Medicaid Demonstration activities.

We look forward to working with the HCA on this next phase of Waiver implementation. As always, thank you for your flexibility, partnership, and continued investment in our Medicaid communities.

This letter was reviewed and approved by the OCH Board of Directors (January 9, 2017) and Regional Health Assessment and Planning Committee (January 6, 2017).

In Partnership,

Elya Moore
Executive Director, Olympic Community of Health

Roy Walker
Executive Director, Olympic Area Agency on Aging
Board President, Olympic Community of Health

CO-BRAND with SPONSOR LOGOS

Olympic Community of Health

Agenda

OCH Quarterly Partner Convening
Unpacking the Medicaid Waiver Demonstration Tool Kit

January 30th, 1:00 pm to 4:00 pm

Kingston Village Green

26159 Dulay Road NE, Kingston, WA 98346

KEY OBJECTIVE: WHERE IS THE ENERGY?

- Understand the key elements of the Medicaid Waiver Demonstration Tool Kit
- Gather community input to advise selection of projects in the Tool Kit

AGENDA

Item	Topic	Speakers
12:30 LUNCH: Come early and enjoy lunch provided by…		
1:00	**Welcome and introductions**	Roy Walker
1:15	**Medicaid Waiver Tool Kit Overview**	HCA Waiver Team & Elya Moore
1:25	**Demonstration Projects** 1. Bi-Directional Integration 2. Community-Based Care Coordination 3. Opioid Response 4. Oral Health 5. Chronic Disease Prevention 6. Maternal and Child Health 7. Transitions of Care 8. Jail and Emergency Department Diversion	 Rochelle Doan Elya Moore Lisa Rey Thomas Tom Locke Katie Eilers Vicki Kirkpatrick Caitlin Safford Rochelle Doan
2:20 BREAK: Grab a snack, peek at your phone, move into project-specific groups		
2:30	**Project-Specific Groups** Instructions: 1. Form project-specific groups for ***optional*** projects. Each person please choose 1 project group. 2. Score project based on criteria (1 to 10 in each category) 1. Existing local leadership, energy and collaboration around this project 2. Ease of quick implementation 3. Existing infrastructure to measure project process and outcomes 4. Already implementing one or more of the evidence-based strategies in the tool kit 5. Scalable to the three-county region 6. Likely to improve health within one or more regional health priority area 7. Offers an opportunity for Medicaid providers to provide better care 8. Significant return on investment after 3 years 9. Sustainability is possible after Waiver Demonstration is over (could become a Medicaid benefit or sustained through Value-Based Payment model) 10. Degree to which addresses social determinants of health and improves health equity	
3:00 BREAK: Staff compiles output from project-specific groups for discussion		

CO-BRAND with SPONSOR LOGOS

3:15	**Project Review** - Results from project-specific groups - Discussion	 Project Group Spokesperson Discussion facilitated by Katie Eilers
3:45	**Next Steps** Assessment → Selection→ Planning → Implementation	Katie Eilers
3:50	**Summary of what we heard today**	Katie Eilers Elya Moore HCA Waiver Team
4:00	**Adjourn** - Next meeting…	Roy Walker

Stay connected. Please visit us at www.olympicch.org to sign up for our e-newsletter, view our e-calendar, and peruse our archives.

STRATEGIC PRIORITIES (the what)**, AIMS** (the accountability), & **PLAN** (the how)

SHORT TERM PRIORITIES 2017-2018	MID TERM PRIORITIES 2017-2019	LONG TERM PRIORITIES 2017-2020
Implement the Medicaid Demonstration Waiver Implement required Waiver Projects 1. Facilitate response to the opioid crisis 2. Support bi-directional, integration of care Implement two or more optional Waiver Project Support partner organizations to coordinate and/or implement Waiver projects	**Cultivate strategic partnerships with payers to support strategic priorities**	**Coordinate a tri-county effort** to **identify new and build on existing strategies that will increase the availability of affordable, supportive housing in the region** **Support local networks working to address obesity** **Work toward a more connected and engaged community**
STRATEGIC AIMS		
Medicaid Waiver Successful implementation of Waiver Projects, defined broadly as meeting contractual obligations, including pre-defined benchmarks and progress toward sustainable solutions	**MCOs** A strong, mutually-supportive relationship with MCOs that results in an improved provider and patient experience, improved health outcomes, and reduced costs.	**Housing** An agreed upon plan is in place to increase supportive housing availability in our region **Obesity** Coalitions, networks, and organizations are supported in their efforts to address obesity **A Connected Community** Increased trust and understanding between organizations, sectors, and Tribes; increased activation among consumers
STRATEGIC PLAN		
• Coordinate, convene, and engage people and organizations • Perform regional health assessment and planning • Promote integration, improvement, and transformation of care delivery • Coordinate and support health improvement projects • Collect, monitor, and analyze data to track performance and savings • Identify strategies to sustain promising projects • Advocate for policy change		

Opioid Summit: 3-County Coordinated Response

Results from the Assessment and Planning Phase: From Planning to Action

January 30, 2016

9:00 a.m. to 12:00 p.m.

Kingston Village Green

26159 Dulay Road NE, Kingston, WA 98346

OBJECTIVES

- Shared understanding of the current state of the opioid epidemic in our region
- Consensus on a path forward
- Consensus on how we gauge success

AGENDA

	Topic
9:00	Welcome, storytelling, and introductions
9:15	A brief history of how we got here *County commissioner explains why the Three-County Opioid Planning and Assessment work started*
9:20	Towards understanding the problem and solutions *Local data and a presentation from Alcohol and Drug Abuse Institute and Evergreen Treatment Services*
9:50	The "opioid project" *A briefing on the Three-County Coordinated Opioid Response Assessment and Planning Phase*
10:00	**BREAK**
10:15	Assessment Results *An overview of opioid data collected from Jefferson, Kitsap, and Clallam counties*
10:45	Proposed Three-County Opioid Response Implementation Plan *A presentation of our local proposed plan and relationship with State plan*
11:30	Comments and Input on Proposed Three-County Implementation Plan
11:50	Summary and Next Steps
12:00	Adjourn *Please feel free to stay for lunch to continue the conversation within your local networks.* *We are holding an OCH Partner Convening from 1 pm to 4 pm to review and provide input on the Medicaid Waiver Demonstration Tool Kit.*

Olympic Community of Health

Tax Exemption Application S.B.A.R.

Reviewed by the Executive Committee January 3, 2017

Situation

The OCH should file its 1023 tax exemption application as soon as possible

Background

By the end of 2016, the OCH will have completed most of the business requirements necessary to file a 1023.

Action

To file the 1023 tax exemption application, we will need to complete, at a minimum, the following three milestones:

1. Fiscal Policies and Procedures
2. Three-Year Budget
3. Development Plan

Recommendation

1. The Board authorizes the Executive Director to begin work immediately on compiling and filing our tax exemption application with the IRS, contracting with a vendor if needed.
2. The Board authorizes the Finance Committee to work with the Executive Director to prepare the OCH Fiscal Policies and Procedures and a Three-Year Budget.