Olympic Community of Health

Agenda

Board of Directors Meeting

March 13, 2017

1:00 pm to 3:00 pm

Web: https://global.gotomeeting.com/join/651815757

Phone: +1 (872) 240-3311

Access Code: 651-815-757

KEY OBJECTIVES

- Agree on process to select from optional project in the Medicaid Demonstration Project (MDP) Toolkit
- Agree of structures to put in place to optimize chances of certification and MDP readiness
- Gain a common understanding of the key decisions that need to be made over the next six months

AGENDA (Action items are in red)

Item		Topic	Lead	Attachment
1	1:00	Welcome	Jennifer	
2	1:05	Consent Agenda	Jennifer	1. DRAFT: Minutes from 2.13.2017 2. DRAFT: Fund Development Decision Tree 3. Director's Report
3	1:10	Behavioral Health Organization Board Sector Representative	Jennifer Doug Anders	4. SBAR: Anders Edgerton, BHO Administrator, replaces Doug Washburn, Kitsap Human Services Director, as the BHO Sector Representative
4	1:15	Medicaid Demonstration Project (MDP) Update	Elya	
5	1:40	Preparing the OCH for MDP certification and readiness	Jennifer	5. DRAFT ACH Certification Process 6. SBAR: a. Clinical capacity; b. Organizational capacity; and c. Tribal consultation
6	2:00	Proposed process to select from the optional Demonstration Projects	Katie Jennifer Siri Elya	7. SBAR: Process for project selection 8. DRAFT: Timeline for project selection 9. DRAFT: Request for Letters of Intent 10. DRAFT: Letter of Intent Summary Tool
7	2:50	A look ahead for the OCH Board	Elya	11. Key decisions: March to September
8	3:00	Adjourn	Jennifer	

Acronym Glossary

ACH: Accountable Community of Health

BHO: Behavioral Health Organization

SBAR: Situation. Background. Action. Recommendation.

MDP: Medicaid Demonstration Project (previously called "the Waiver")

Olympic Community of Health

Meeting Minutes

Board of Directors

February 13, 2017

Date: 02/13/2017	**Time: 1:00pm-3:00pm**	**Location:** Jefferson Health Care Conference Room, Room #302

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

Members Attended:, Hilary Whittington, *Jefferson Health Care,* Eric Lewis, *Olympic Medical Center,* Doug Washburn, *Kitsap County Human Services*, David Schultz, *CHI Franciscan Medical Center*, Jennifer Kreidler-Moss, *Peninsula Community Health Services*, Katie Eilers, *Kitsap Public Health District*, Thomas Locke, *Jefferson County Public Health*, Brent Simcoscky, *Jamestown S'Klallam Tribe*, Caitlin Safford, *Amerigroup,* Joe Roszak, *Kitsap Mental Health Services,* Karol Dixon, *Port Gamble S'Klallam Tribe*

Alternate Members Attended: Dale Wilson, *Olympic Community Action Programs (For Larry Eyers),* Vicki Kirkpatrick, *Jefferson County Public Health (For Chris Frank)*

Non-Voting Members Attended (in-person and phone)**:** Jorge Rivera, *Molina Healthcare,* Kat Latet, *Community Health Plan of WA,* Allan Fisher, *United Health Care*

Phone Members: John Miller, *Makah Tribe*, Kurt Weist, *Bremerton Housing Authority*, Leonard Forsman, *Suquamish Tribe*, Tracey Rascon, *Makah Tribe,* Gill Orr, *Cedar Grove Counseling*

Staff: Elya Moore, *Olympic Community of Health*, Mia Gregg, *Olympic Community of Health*

Guests: Lisa Rey Thomas, UW Alcohol and Drug Abuse Institute, Maria Klemesrud, *Qualis Health*

Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
	February Objectives	1. Agree on a way forward to select projects under the Medicaid Demonstration Project	
Roy Walker	**Welcome and Introductions**	Roy called the meeting to order at 1:18 pm. Roy welcomed newcomers and asked them to introduce themselves: 1. Vicki Kirkpatrick 2. Maria Klemesrud	
Roy Walker	**January 9th Minutes**	Approval of minutes	Jan 2017 Board Minutes **APPROVED** unanimously.
Roy Walker	**Consent Agenda**	APPROVAL of January Minutes	Consent Agenda **APPROVED** unanimously.
Elya Moore	**OCH Self-Assessment**	(Slide from Center for Community Health and Evaluation)	

		Key Findings: - Respondents were in strong agreement - Statistical positive changes and improvement in every domain - People feel really engaged (important piece of our success) - Satisfied with current ACH operations' - Continues to be grassroots effort - Regional and county assessments' tracking together - Desire for transparency and decision making, vested interest	
Roy Walker	**Executive Director Hire**	- Health benefits under new organization did not begin until March 1st	MOTION to reimburse Elya Moore for health insurance coverage costs for February **APPROVED** unanimously
Hilary Whittington	**Financials**	- 2016 Budget close, landed in 85% of approved budget - End of January for Opioid project budget, we are 98% of that budget - Finance committee met for the first time during January, discussed charter, policies, procedures - Charter was approved at last board meeting; Finance Committee recommends inclusion of annual audit responsibilities. The OCH *will* be audited. - Reviewed fiscal policies and procedures, - Recommended edit: Contracts will be reviewed by management and executive committee with recommendation to the Board - For first Demonstration contract, we may want full Board review. - As OCH grows and Demonstration gets underway, revisit Fiscal Policies and Procedures Demonstration dollars for projects service dollars will not be flowing through our books. - Board members agreed, we need a contract monitoring system for appropriate contract management.	MOTION to revise and approve Finance Committee Charter to include audit responsibilities edits **APPROVED** unanimously MOTION to revise and approve Fiscal Policies and Procedures to include contract review by management and Executive Committee **APPROVED** Unanimously Consensus to review internal financial capabilities as we move into the Medicaid Demonstration Project

		- Design funding in April or May 2-5 million before end of 2017 - ACH convening is Tuesday 3/14- OCH representatives will learn about certification process, incentive details	
Elya Moore	**Opioid Summit & Partner Convening Review**	**Opioid Summit** - Great attendance at Opioid Summit - Mostly positive feedback. Some negative criticism: o Not enough interaction with Audience o We focused too much on medication/ treatment - Next phase of work will include continuing work of Steering Committee and three Workgroups - Provide technical assistance to other ACH's - Continuing work with state opioid initiatives - Board members agree it is imperative to not lose momentum with the Opioid project - Pledged dollars from Amerigroup and Salish BHO will be discussing pledge details at the end of the month - It was questioned if there is any concern with accepting money from Amerigroup? Transparency is key. **Partner convening** - 56 people responded to survey - Will keep survey open, data still coming in - Survey was used as a tool to get people engaged - Next phase will be way more valuable	MOTION: Authorize executive director to hire part time staff to continue the opioid project **APPROVED** Unanimously Consensus to come up with an internal procedure to ensure equitable solicitation for funding request
Katie Eilers	**Selecting Medicaid Demonstration Projects**	- RHAP Committee designed the tools for the original demonstration project - Recommendation: RHAP develop tools for selection process, review proposed ideas for eligibility, rank and score projects, submit scores and recommendation to the Board - Project Plans *must be* submitted in September and approved by December 2017 - Board requests that project proposals be collaborative and transformational. Want to avoid "boutique projects" with small outcome	MOTION: Authorize Executive Director and RHAP Committee to come up with a detailed, thoughtful process to select Medicaid Demonstration Projects for the Board's consideration **APPROVED** unanimously

		- Timeframe is extremely ambitious - People will be writing proposals without baseline data and funds knowledge, we need to be flexible and provide technical assistance - We need more thought and analysis of the selection process	
Roy Walker	**Adjourn**	The meeting adjourned at 2:48 pm.	
Vicki Lowe	**Value Base Payment Work Session**	**WORKSHOP:** Anticipated changes to Indian health care and update on the Indian Health Care Improvement Act Work Session ended at 3:05pm.	

Fund Development Decision Tree

The Fund Development Decision tree, adapted from Cascade Pacific Action Alliance, is intended to guide OCH staff on whether or not to pursue a funding opportunity. This decision tree does not include the procedure for how to develop the proposal. Also, this decision tree applies to funding outside of Medicaid Demonstration Projects.

What is **Olympic Community of Health's** Role?

Fiscal Sponsor	Implementation or Coordinating Lead	Support to another partner

No Role: End funding exploration

If a clear role is defined, then proceed to the two options below.

Work is generally aligned:	Work is targeted:
• Projects that generally have a link to the five priority areas and align with the OCH's strategic priorities.	• Projects intended to directly impact specific strategic priorities.

Threshold Criteria – Level One	Threshold Criteria – Level One
• Strengthens partnerships in the region • Targets at least two or more OCH communities • Proposed OCH role is adequately resourced	• Clearly strong relationship to already identified strategic priority

Criteria – Level Two (For consideration to explore funding opportunity)

General Factors:	*Competitive and Feasibility Factors:*
• Level of readiness by implementing partners • Determine any competitive edge or efficiencies for the region • Impact on partnership relations • There is a plan to solicit all like-funders equally • The OCH is the most logical entity to receive the funding the funding	• Does the partner have a past relationship with the funder? • Does the funder have a history of success in funding the content area? • Lead/partner entity have adequate infrastructure (fiscal, program, data & eval)? • Lead/partner entity have content background and links to the priority populations? • What expectations or deliverables are involved with this funding? • How realistic are the expectations and/or deliverables?

Criteria fulfilled:	Criteria not met:
Proceed to proposal template	End funding exploration

Olympic Community of Health

Director's Report

Prepared for March 13 Board of Directors Meeting

A message from your Director:
The details of the Medicaid Demonstration Project are starting to come into focus. We know more now about timing and scope, but there are still many unknowns. The expectation of ACHs is high: the timeline is ambitious. We will draw from our collective experience, skills, and shared commitment. One day at a time. Onwards…

Top 3 Things to Track (T3T) #KeepingMeUpAtNight
1. We have a chicken and egg situation: we are expected to hit the ground running to get ready for the Demonstration Project, and yet, we do not have all the details we need.
2. Who to hire? Who to contract with? What to share with other ACHs? With these unknowns, we need to create a few scenarios of organizational charts for how to do this work.
3. The pressure to commit our region to Fully Integrated Managed Care (FIMC) begs many questions: when to do it, whether to do it, how to do it, why to do it… The ultimate decision is not the OCHs; however, for good or for bad, the impact of the decision affects the OCH.

Upcoming OCH meetings:

- Executive Committee Meeting, March 28, 12 pm to 2 pm
- RHAP Committee Meeting, March 29, 1 pm to 3 pm, Bremerton
- Board of Directors Meeting, April 10, 1 pm to 3 pm

Upcoming ACH Quarterly Convenings:

- March 13-14, Spokane - attendees: Roy Walker, Lisa Rey Thomas, Siri Kushner, Mia Gregg, and Elya Moore (the 14th only)
- June 28-29, Chelan (co-scheduled with the WSHA Rural Health Conference)

Welcome Lisa Rey Thomas! Director of Special Projects (The Opioid Project)
We are thrilled to welcome Dr. Lisa Rey Thomas to the OCH team. Lisa Rey was contracted to support the first phase of the Opioid Project. After taking the month of February off to recharge (and allow us to drum up some bridge funding), we welcomed her back into the fold on March 1st, now as a 0.6 FTE employee of the OCH.

Next Hire: Administrative Assistant
We will be posting for an Administrative Assistant in March. With the work of the Medicaid Demonstration already ramping up, we are quickly outgrowing our current staffing model.

Board Meeting Locations
It is a logistical challenge to move Board meetings each month. We will hold all Board meetings in the same location for 12 months, and then rotate each year thereafter, rotating through each of the three counties. For this year, we will schedule Board meetings in Port Townsend at Jefferson Health Care.

Get rid of your used furniture!
The OCH is looking for used furniture and supplies you may have sitting in storage. Items on our list: whiteboards, extra chairs, shelves, and standing docking stations. We will come rummage and pick up! Thank you, Peninsula Community Health Services, for your donation of filing cabinets!

Administrative capacity development

- Bookkeeper: We met with our bookkeeper to put together our first report and a process moving forward. He will combine January's financials from Kitsap Public Health District with February's financials for our standard year-to-date reporting.
- Federal grant management: We are investigating a two-day course in Seattle in April
- Personnel Policies: We have found a few inconsistencies in our personnel policy and have therefore made several minor revisions as we learn more about our new organization. This document will undergo legal review and then will be brought to the Board for final approval.
- Legal support: I met with a lawyer in Port Townsend specializing in nonprofits. The OCH has $5,000 in our budget for legal expenses. I plan to send him the OCH personnel policy to see how it goes and will take it from there. His nonprofit rate is $200/month.
- Internal policies and procedures: North Sound ACH has shared with us their internal organizational policies and procedures. Additionally, we are in the process of creating internal forms such as expense forms, mileage reimbursement polices, etc…
- Administrative assistant: We hope to hire an assistant in March or April.
- HR training: We are looking at short courses on HR training for the Program Coordinator or perhaps contracting with an HR consultant to ensure our internal policies and procedures are adequate.
- Retirement: We have set up the SEP-IRA procedure for employees.
- 501c3 status: The 1023 application has been initiated. Thank you, Mia!

Close Out: Transfer of Reserves

We have authorized the transfer of remaining funds from Kitsap Public Health District (KPHD) to the OCH. We will receive a check for $221,074 in two-three weeks. Note that KPHD operates on a cash accounting basis. The OCH will be invoiced $9,549 for work performed in January that was submitted to KPHD in February under the opioid contract. The OCH accounting system is on an accrual basis. Therefore, the net reserve after finishing our contract at KPHD is $211,523, which is $4,652 greater the 2016 budget projected reserves, $206,871.

The total matching contribution from KPHD while they administered the OCH contract was $98,984.79. Thank you KPHD for your support!

The Medicaid Transformation Demonstration Project ("the Waiver")

- OCH is 4.5% of Medicaid population, the smallest of all ACHs
- The amount of funds each ACH will receive is a function of:
    - Attribution (Tribes not included in attribution valuation)
    - Quality/score of project
    - Funding (relates to intergovernmental transfers)
    - Status of integrated managed care ("FIMC")
- In 2017, dollars will be released in three phases:
    - Certification Phase 1* – $1,000,000, May 2017 if certification application is successful
    - Certification Phase 2* – up to $1,000,000-$5,000,000, between May and November 2017
    - Successful approval of Project Plans – December 2017

      * Certification Phase 1 & 2 ("Project Design Funds"): Amount available to the ACHs is that same for each ACH. These funds go directly to ACHs as opposed to incentive payments, which flow through the financial executor. Project. Project Design funds are intended for ACH use on development, submission and oversight of successful Project Plan application and execution. ACHs must plan on how we will use the Design Funds over the five year Demonstration.
- Fully integrated managed care (FIMC): The HCA is offering financial incentives to encourage regions to move towards FIMC. In basic terms, if a region chooses FIMC, then it is electing to integrate financial payment for behavioral health services that are currently administered through behavioral health organizations (BHOs) into Medicaid Managed Care Organizations (MCOs). County commissioners have

the decision-making authority to move towards FIMC. Below is a summary of incentives the HCA is proposing:

- Demonstration dollars in the 4th and 5th year for the State are dependent on all regions doing FIMC by 2020 (page 22 of STCs, Section 35, letter G)
- Project proposals for Bi-Directional Integration of Care have the highest weight and therefore the highest earnable payments. This project includes a requirement to "explain the process of obtaining county commitment to pursue full integration." (page 18 of draft toolkit)
- Regions that commit to FIMC before 2020 will be awarded a multiplier (amount and details not yet known), of their total regional allotment of earnable incentive payments. (verbal discussion with the HCA, 2/23/2017)

OCH Outreach & Engagement

- Oral Health Watch Luncheon, February 8, Olympia
- American Indian Health Commission Delegate Meeting, February 9, Suquamish
- Oral Health Planning Meeting with WA Dental Service Foundation, February 22, Seattle
- ACH-HCA meeting about the Medicaid Demonstration, February 23, Olympia
- ACH Executive Director Strategy Session, February 27, Seattle
- Meeting with Molina, February 27, Seattle
- NW Rural Health Conference, February 28, Seattle
- Meeting with CHPW Executive Leadership, March 1, Seattle
- Opioid Prescribing in Dentistry, March 9, Tukwila
- Bi-Directional Integration of Care Planning Session, March 9, Bremerton
- Kitsap Community Health Improvement Plan Summit, March 15, Bremerton
- Meeting with Port Gamble S'Klallam Tribal Health Center, March 20
- Care Coordination Discussion, Olympia, March 22
- Rural and Public Hospital Retreat, April 13, Leavenworth

Three-County Coordinated Opioid Response Bridge Funding Update

- Good news! We heard back from HCA and we will be moving forward with a contract amendment for an additional $30,000 from CMMI for funding under the SIM grant. This will support the continuation of the Opioid Project, emphasizing sharing lessons learned with other ACHs.
- We hired Dr. Lisa Rey Thomas, the contractor who led the assessment phase, to start at 0.6 FTE, starting March 1st. As soon as the HCA contract amendment is in place, we will increase this FTE to 0.8 FTE
- We invoiced Amerigroup for $7,000 and have begun negotiations for additional funding in March
- Molina and CHPW are also considering our bridge funding request.
- On February 17th, the Salish Behavioral Health Organization executive committee agreed to fund up to $10,000 per month for up to 3 months in project funding. The SBHO administrator and I will draw up a contract with a scope of work; this will likely take one month. It will be a contract where we invoice the SBHO for work performed. We have the cash flow to be able to manage this arrangement.

Financials

January 2017 financials

We are in limbo for the month of January, since KPHD was our financial host for this month while we transfer everything to our new bookkeeper. On January 1st we began operating under the 2017 budget; however, the HCA award changed hands on February 1st. I am working with the bookkeeper to integrate January into our new financial reports. For the time being, the January financials are below. As an early indication, the total monthly spend for January, $26,909, is 7.2% of the total 2017 budget. After the first month we would have expected to spend $31,294, all months being equal.

January Monthly Financials							
	YEAR TO DATE	Jan-17				CLOSEOUT	
LABOR (SALARY & BENEFIT)	BILLABLE	Task 1	Task 2	Task 3	Monthly Totals	Task 1	Monthly Totals
Epidemiologist	26,264.90		562.57	2,304.73	2,867.30		-
Assistant	27,407.26	3,211.70			3,211.70		-
Exeuctive Director	125,439.62	9,479.33	3,322.65	820.89	13,622.87		-
SUBTOTAL	182,282.91	12,691.03	3,885.22	3,125.62	19,701.87	-	-
Indirect (Billable)	45,570.73	$ 3,172.76	$ 971.31	$ 781.41	$ 4,925.47	$ -	$ -
LABOR TOTAL	227,853.64	$ 15,863.79	$ 4,856.53	$ 3,907.03	$ 24,627.34	$ -	$ -
NON-LABOR EXPENSES							
					-		-
Supplies	3,621.19	35.16			35.16	54.34	54.34
Computer Equipment	-				-		-
Professional Services	22,330.00				-		-
Communication	345.45	57.54			57.54		-
Travel & Mileage	5,153.35	510.97		22.14	533.11	27.54	27.54
Advertising	-				-		-
Event/Meeting	4,181.68	1,656.78			1,656.78	22.66	22.66
					-		-
NON-LABOR EXPENSES	35,631.67	2,260.45	-	22.14	2,282.59	104.54	104.54
TOTAL MONTHLY EXPENSES	**263,485.31**	18,124.24	4,856.53	3,929.17	26,909.93	104.54	104.54

Financials
Opioid Project Funding
Total award amount: $50,000
Award period: September 1, 2016 – January 31, 2017

We were $5.79 dollars over our award amount for the Opioid Project. We will pull this out of regular SIM funding.

EXPENDITURES	YEAR TO DATE TOTALS	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Salaries and Benefits						
Kushner, Siri	6,927.70	196.02	1,388.48	1,933.80	2,883.12	526.28
Moore, Elya	6,758.64	1,248.45	1,442.86	1,670.68	1,575.76	820.89
	-					
SUBTOTAL	13,686.34	1,444.47	2,831.34	3,604.48	4,458.88	1,347.17
Indirect Rate	3,421.59	$ 361.12	$ 707.84	$ 901.12	$ 1,114.72	$ 336.79
LABOR EXPENSES	**17,107.93**	**$ 1,805.59**	**$ 3,539.18**	**$ 4,505.60**	**$ 5,573.60**	**$ 1,683.96**
Adjustments:						
Supplies	-					
Professional Services	31,677.75		6,425.80	4,530.55	4,963.75	15,757.65
Communication	-					
Travel	110.11			70.42	39.69	
Rental	1,110.00			210.00	900.00	
NON-LABOR EXPENSES	32,897.86	-	6,425.80	4,810.97	5,903.44	15,757.65
TOTAL	**50,005.79**	**1,805.59**	**9,964.98**	**9,316.57**	**11,477.04**	**17,441.61**

Olympic Community of Health

BHO Sector Representative S.B.A.R.

Presented to the Board of Directors March 13, 2017

Situation

Anders Edgerton, Administrator of the Salish Behavioral Health Organization (SBHO) replaces Doug Washburn as the BHO sector representative on Board of Directors.

Background

Doug Washburn, Director of Kitsap Human Services, the host organization for the SBHO, has served as the BHO sector representative. He played a critical role in helping to develop the OCH over the past two years. Now that the OCH is its own entity, and given the work ahead with the Medicaid Demonstration Project, the Administrator for the SBHO, Anders Edgerton, has been selected to fill this role.

Action

On February 17th, the SBHO Executive Committee voted to elect Anders Edgerton as their OCH Board BHO sector representative.

Proposed **Recommendation**

The Board elects Anders Edgerton to replace Doug Washburn as the BHO sector representative on the OCH Board of Directors.

Healthier WASHINGTON

Washington State
Medicaid Transformation Project (MTP) demonstration

The certification process will ensure each ACH is capable of serving as the regional lead entity and single point of accountability to the state for Transformation projects. The certification process requires ACHs to provide information to demonstrate compliance with expectations set forth by the state and CMS. Through this process, the state will assess whether each ACH is qualified to fulfill the role as the regional lead and is eligible to receive project design funds. Specifically, certification will determine that each ACH meets expectations contained within the Special Terms and Conditions (STCs) including alignment with principles, composition requirements and capacity development.

Certification criteria are established by the state in alignment with the demonstration STCs. Each ACH will submit both phases of certification information to the state within the required time frames. The state will review and approve certification prior to distribution of Project Design funds. Each ACH must complete both phases of certification and receive approval from the state before the state will entertain its Project Plan application. The certification process, scoring criteria and subsequent awarded funding amount is at the sole discretion of the HCA.

Certification will be scored as follows:[1]

Score	Description	Discussion
0	No value	The Response does not address any component of the requirement or no information was provided.
1	Poor	The Response only minimally addresses the requirement, and the Bidders ability to comply with the requirement or has simply restated the requirement.
3	Average	The Response shows an acceptable understanding or experience with the requirement. Sufficient detail to be considered "as meeting minimum requirements."
5	Excellent	The Response has provided an innovative, detailed, and thorough response to the requirement, and clearly demonstrates a superior experience with or understanding of the requirement.

The certification materials submitted by the ACH will be posted on the HCA website for public review. The HCA will review comments and feedback provided by partners and community members. The Project Plan application, which comes after the two phases of certification, will have formal opportunities for public engagement and public comment

[1] ACHs must receive overall scores of 3 or higher in every category to pass the certification process. Additional information regarding the scoring process will be forthcoming.

Upon successful completion of the Phase 1 and Phase 2 certification, ACHs will earn Project Design funds. These funds go directly to ACHs as opposed to incentive payments, which will flow through the financial executer. Project Design funds are intended for ACH use on development, submission and oversight of a successful Project Plan application and execution. As such, ACHs should plan accordingly on how they will use and budget design funds over the five year demonstration.

In the process of crafting their responses, ACHs should refer to the following key documents for important information outlining various obligations and requirements of ACHs and the state in implementing the Medicaid Transformation Project:

1. The STCs, which set forth in detail the nature, character and extend of federal involvement in the demonstration, the state's implementation of the expenditure authorities, and the state's obligations to CMS during the demonstration period. The STCs were approved on January 9, 2017.
2. The draft "Medicaid Transformation Project demonstration Toolkit," and the Planning Protocol (which will become Attachment C of the STCs).
3. Other key documents and resources as listed in each section.

Certification Phase 1

ACHs must demonstrate compliance with expectations in the following areas:

- Adopt a Theory of Action and Alignment Strategy
- Development of governance and decision-making in place, demonstrating compliance with principles and composition requirements
- Outline staffing plans, organizational infrastructure, and strategies, demonstrating compliance with the minimum capacities. Initiation or continuation of work with the Tribes, including adoption of the Tribal Engagement and Collaboration Policy or alternate policy as required by STC #24.
- Initiation of stakeholder engagement and public participation plan

The ACH must respond to each question listed within the categories below. Collectively these categories and questions reflect the expectations identified above. If additional clarity is needed, ACHs should review the references listed in each of the categories.

Amount: Each ACH is eligible to receive up to $1 million for successful demonstration of Phase 1 expectations. Funding will be distributed if certification criteria are fully met and the ACH and HCA have executed a contract for receipt of demonstration funds.

Submission: Between 04/17/2017-05/08/2017

Theory of Action and Alignment Strategy
In order for the projects and work of the ACH to be cohesive and sustainable, the ACH is expected to adopt an alignment strategy for health systems transformation that is shared by ACH partners and staff. This ensures the work happening under the ACH, by clinical services, social services and community-based organizations, is aligned and complementary, as opposed to the potential of perpetuating silos, creating one-off programs or investing valuable resources unwisely. Provide a narrative and/or visual describing the ACH's regional priorities and how the ACH plans to respond to regional and community priorities. Please describe how the ACH will address health disparities across all populations, including how the ACH plans to leverage the opportunity of Medicaid Transformation within the context of regional priorities and existing efforts.
References: ACH 2016 Survey Results (Individual and Compilation), STC Section II, STC #30
Narrative and/or visual *Word-count range: 400-800 (not including visual)* *At a minimum, the ACH must address:* *i. What are the regional priorities and how does the ACH articulate/visualize the work being undertaken to address these priorities in a system-wide approach?* *ii. Describe the strategy of the ACH and community for aligning resources and efforts within the region and how the work is oriented towards an agreed upon mission and vision that reflects community needs, wants and assets.* *iii. What is the role of the ACH to support this transformation and how does the Medicaid Transformation demonstration align with regional priorities and existing or planned efforts?*

iv. *What considerations is the ACH making regarding regional health equity and actions to reduce disparities?*

Governance and Organizational Structure

The ACH is a neutral, community-based table, where entities that influence health outcomes, both health care but also social and educational entities, and the community who receives services can align priorities and actions. In order for this to happen, clarity of roles and responsibilities is required, adopted bylaws that describe where and how decisions will be made, and how the ACH will develop and/or leverage the necessary capacity to carry out this large body of work.

Provide a narrative description of how the ACH will comply with governance and decision-making expectations. Differentiate between what is current and what will be accomplished prior to Phase 2 and prior to Project Plan application.

References: ACH Decision-Making Expectations, STC #22 and #23, Midpoint Check-Ins for Accountable Communities of Health, DSRIP Planning Protocol (Attachment C)

Narrative
Word-count range: 800-1,500

At a minimum, the ACH must address:

Form:

i. *What structure is the ACH using, i.e. Board of Directors/Board of Trustees, Leadership Council, Steering Committee, workgroups, committees, etc.?*
ii. *What are the mechanisms for accountability between different bodies of the ACH, i.e. the Board and a sub-workgroup?*

Decision-making:

iii. *How are decisions made and by whom? Who is participating in the decision-making body? Provide a roster of the decision-making body.*
iv. *Provide names and brief bios for the ACHs executive director, board chair, and executive committee.*
v. *How and when was the decision-making body selected? Include term limits, nominating committees and make-up, etc.*
vi. *How is input solicited into decision making? How are people not on the decision-making body engaged in the decision-making process?*
vii. *What is the accountability mechanism for the decision-making body? If a decision-making body makes a decision that is different than the recommendation or that does not come across as in the best interest of a community, is there a mechanism for review of the decision?*
viii. *Describe how flexibility is built into the ACH if any unforeseen changes are required to the decision-making process in the future.*
ix. *How does the ACH ensure that its decision-making process is transparent and incorporates community input? Has the ACH ever conducted a survey or employed another tool for community feedback regarding processes, not just the community input on decisions or work products?*

Staffing and Capacities:

x. *Provide an organizational chart that outlines current and future staff roles to support the ACH. Include descriptions for how the required capacities of data, clinical, financial, community, and program management and strategic development are met through staffing or vendors.*
xi. *What resources and strategies are the ACH developing to leverage available data to support data-driven decision making and formative adjustments? Has the ACH signed a data sharing agreement (DSA) with the HCA? If no, provide a timeline for when the DSA will be in place.*

Tribal Engagement and Collaboration

ACHs are required to adopt either the State's Model ACH Tribal Collaboration and Communication policy or a policy agreed upon in writing by the ACH and every tribe and Indian Health Care Provider (IHCP) in the ACH's region. In addition, ACH governing boards must make reasonable efforts to receive ongoing training on the Indian health care delivery system with a focus on their local tribes and IHCPs and on the needs of both tribal and urban Indian populations.

Provide a narrative on how Tribes, Urban Indian Health Programs (UIHP), Indian Health Service (IHS) Facilities, and Indian Health Care Providers (IHCP) in the ACH region have been engaged to date as an integral and necessary partner in the work of improving population health. The ACH must describe and demonstrate how it complies or will come into compliance with the Tribal Engagement expectations, including adoption of the Tribal Engagement and Collaboration Policy or other unanimously agreed-upon written policy.

References: STC 24, Tribal Engagement and Collaboration Policy (Attachment H), workshops with American Indian Health Commission

Narrative
Word-count range: 700-1,300

At a minimum, the ACH must address:

i. *What accomplishments have been realized to support tribal engagement and collaboration?*
ii. *What is the status of tribal representation as part of the composition requirements?*
iii. *In addition to decision-making body composition, has the Tribal Collaboration and Engagement policy been incorporated in ACH policies? How does the ACH demonstrate adoption of this policy, either through bylaws or other agreements? Alternatively, has there been an alternative approach adopted to support meaningful and respectful collaboration that has unanimous support from the ACH, tribes, IHC facilities and UIHPs within the region?*
iv. *What are the key lessons learned that will be applied going forward to support meaningful engagement and collaboration?*

Community and Stakeholder Engagement

ACHs are regional and align directly with the Medicaid purchasing boundaries so that Medicaid beneficiaries and other community members can contribute to the design of strategies to improve health and health care. The input of community members, including Medicaid beneficiaries, is essential to ensure ACHs consider the perspective of those who are the ultimate recipients of services

and health improvement efforts. This intent aligns with the understanding that health is local and involves aspects of life beyond health care services.

Provide a narrative that is the plan for populations within the ACH region, including Medicaid beneficiaries, and stakeholder engagement, including how the ACH will be responsive and accountable to the community.

References: STC #22 and #23, Midpoint Check-Ins for Accountable Communities of Health, NoHLA's "Washington State's Accountable Communities of Health: Promising Practices for Consumer Engagement in the New Regional Health Collaboratives," DSRIP Planning Protocol (Attachment C)

Narrative
Word-count range: 800-1,500

At a minimum, the ACH must address:

i. *What strategies does the ACH employ, or plan to employ, to provide opportunities for Medicaid beneficiary engagement to ensure that community partners are addressing local health needs and priorities? What barriers/challenges has the ACH experienced, or expect to experience to ensure meaningful Medicaid beneficiary engagement?*
ii. *What communication tools does the ACH use, including a public website with up-to-date minutes and contact information, and considerations of: newsletters, social media, local media outlets, application development, etc.?*
iii. *Does the ACH hold public meetings with varying times, locations, sizes, etc.? Where is information about upcoming meetings posted? Provide the dates/times and locations of the past two public meetings and how did the ACH engage meeting attendees.*
iv. *What strategies has the ACH planned to reach out to providers not yet engaged, community members and sub-populations, Medicaid beneficiaries, private payers and elected officials? What barriers and challenges does the ACH foresee in expanding participation?*
v. *What opportunities are available for bi-directional communication, so that the community and stakeholders can give input into planning and decisions? How is that input then incorporated into decision making and reflected back to the community?*

Budget and Funds Flow

ACHs will be in the position of overseeing disbursement of funds to partnering providers within the region. This requires transparent and accurate budgeting process. Demonstration funds will be earned based on the objectives and outcomes that the state and CMS have agreed upon. Funds from other federal sources (e.g., State Innovation Model sub-awards) that are not tied to the demonstration further the work of the ACH as a whole.

Provide a description of how design funding will support Project Plan development.

References: STC #31 and #35, DSRIP Planning Protocol (Attachment C), DSRIP Program Funding and Mechanics Protocol (Attachment D)

Budget and any necessary, descriptive narrative

At a minimum, the ACH must address:

i. *A description of budget and accounting support, including any related committees or workgroups.*
ii. *A summary of how the ACH plans to use Design funds to support Project Plan development and other necessary functions for the role of ACHs in Medicaid Transformation.*
iii. *Considerations regarding how the ACH will blend and braid different federal funding sources, while keeping track of allowable expenses.*

Clinical Capacity and Engagement

This demonstration is based on a Delivery System Reform Incentive Payment (DSRIP) program. As such, there needs to be significant engagement and input from clinical providers who work within the current delivery systems and will hopefully benefit from and influence a new delivery system. This includes but is not limited to primary care providers, RNs, ARNPs, CHWs, SUD providers, and behavioral health providers such as therapists and counselors. These providers experience the challenges facing our delivery systems on a daily basis. Their insights are necessary for the success of Medicaid Transformation in reaching the goals agreed upon by the state and CMS.

Provide a summary of current work or plans the ACH is developing to engage clinical providers.

References: STC #36, DSRIP Planning Protocol (Attachment C), Project Plan Template

Narrative
Word-count range: 500-1,000

At a minimum, the ACH must address:

i. *Description of ACH plans to advance clinical engagement of front-line providers in coordination with other efforts such as the Clinical Provider Accelerator Committee, Practice Transformation Hub, etc. Include innovative approaches to solicit input and support engagement to accommodate various levels of awareness and limited availability.*
ii. *Summary of the input the ACH has received from clinical providers or subject matter experts regarding the mechanisms and strategies to engage providers.*
iii. *Describe how the ACH is developing the ability to fully engage and work with providers, as well as identification of provider champions within the ACH, include any targeted committees, panels or workgroups.*
iv. *Describe outreach to local and state clinical provider organizations, e.g. local medical societies, WSMA, WSHA, or state chapters of specialty providers such as family physicians, pediatricians, etc.*

Olympic Community of Health

Capacity for Medicaid Demonstration Certification S.B.A.R.

Presented to the Board of Directors March 13, 2017

Situation

The Olympic Community of Health (OCH) must meet be certified using a set of standard criteria in order to administer the Medicaid Demonstration Transformation Project (MDTP).

Background

The Health Care Authority (HCA) released a draft Certification Application (included in the March 13 Board Packet). This application represents the first of two phases of certifications for 2017.

- Certification Phase 1; Due: 4.17.2017 – 5.8.2017; Award: $1,000,000 dollars
- Certification Phase 2; Due: Unknown, likely around Fall; Award: Up to $5,000,000 dollars, dependent on readiness (score) and submitted budget for Design Funds

Action

The table below represents: six categories of certification, leads for each category, a self-assessment of how the OCH would likely score if submitted today, and a brief description of how to fully meet the criteria.

Certification Category	Lead	Staff Self-Assessment	How we'll get there
1. Theory of Action and Alignment Strategy	Board of Directors Partner Group RHAP Committee	Well on our way!	Ongoing strategic planning; Partner Convenings, RHAPC & RHNI development
2. Governance and Organizational Structure	Board of Directors	Needs some thought!	Planning organizational readiness and supporting structure
3. Tribal Engagement and Collaboration	Tribes Staff	So far so good!	Check-in with Tribes; propose improvements
4. Community and Stakeholder Engagement	RHAP Committee Partner Group	Well on our way!	Crystalize RHAPC purpose; Describe plan to engage with beneficiaries
5. Budget and Funds Flow	Board of Directors Finance Committee	Needs some thought!	Strategic planning of how to use Design Funds over 5 years
6. Clinical Capacity and Engagement	Board of Directors ???	Needs some thought!	Take stock of existing assets; seek input from clinical leads/physician champions

Proposed **Recommendation**

The Board authorizes the executive director to:

1. Convene a small group of representatives from provider organizations and tribal health clinics to review options and recommend a solution for Clinical Capacity and Engagement readiness.
2. Convene a small workgroup of the Board of Directors to provide input into organizational readiness and supporting use of Design Funds
3. Engage with the tribes to seek input on optimal strategies for Tribal Consultation and Engagement for our region.

Olympic Community of Health

Project Selection (*optional projects only*) **S.B.A.R.**
Presented to the Board of Directors March 13, 2017

Situation
We must select and submit at least four Project Plans in September 2017, two for required projects and two for optional projects.

Background
The toolkit outlines six optional project areas in two categories; ACHs must choose at least one project from each category:

Care Delivery Redesign	Health Equity through Prevention and Health Promotion
1. Community Based Care Coordination	1. Chronic Disease Prevention and Control
2. Transitions of Care	2. Maternal and Child Health
3. Diversions	3. Access to Oral Health Services

ACHs must submit a comprehensive Project Plan for each selected project, due September 2017. The Project Plan template is not yet available; however, based on New York's model, we anticipate these to be challenging.

The existing OCH Regional Health Assessment and Planning (RHAP) Committee a group of cross sector, local community partners, is ready and willing to assist the Board of Directors in this process. The OCH RHAP assisted the Board of Directors in selecting the Opioid Project in 2016. For this project selection process, they have agreed to adopt a Conflict of Interest Policy, drawn from the Board's policy, tailored to their role in vetting and ranking project applications.

Action
1. Open a Request for Letters of Intent (LoIs)
2. RHAPC reviews submitted LoIs, aligns similar project ideas, rules out ineligible LoIs, and invites subset to submit a full application; where appropriate, the RHAPC may combine LoIs into a single invitation; Board has the option to extend additional invitations for full applications if gaps are identified during discussion at subsequent Board meeting
3. OCH provides TA to agencies preparing full applications
4. RHAPC reviews, scores, and ranks full applications and submits recommendation to the Board
5. Board reviews RHAPC recommendation; selects applicants to present at the subsequent Board meeting
6. Board hears applicant presentations and makes final decision

The RHAP Committee will design the following tools to support the above process (drawing from the tools used to select the Opioid Project and incorporating new information as it becomes available):
1. Request for Letters of Intent (included in Board packet)
2. Letter of Intent Summary Document (included in Board packet)
3. Project Application (will come to the Board April 10th)
4. Project Application Scoring Tool (will come to the Board April 10th)
5. Scoring Tool Criteria (will come to the Board April 10th)

** For a more detailed timeline, please refer to attachment 8, Timeline for Project Selection.*

Proposed **Recommendation**
The Board approves the process to select projects as recommended by the RHAP Committee:
- ✓ The Board authorizes the RHAP Committee to open the Request for LoI to the public as soon as the final toolkit is released by the WA State Health Care Authority.
- ✓ The Board authorizes the RHAP Committee to select and invite full proposals based on review of LoIs; review full proposal submissions, and make a recommendation to the Board
- ✓ The Board authorizes the Executive Director to contract for technical assistance to assist in the development of high-quality, full applications

Proposed timeline for selecting Demonstration Projects

Version 5

March 6, 2017

Mar 2 – Mar 14

- **Mar 2 - RHAPC** approves plan to select Demonstration Projects; approves Letter of Intent (LoI) and criteria for prioritization
- **March 13 – Board** approves proposed plan for project selection; agrees to delegate project selection tools (application & scoring mechanism) to RHAPC
- March 14 – Draft Request for LoI released to public with explanation that toolkit evidence-based practices and measures might change

Mar 21 – Apr 13

- March 21 - RHAPC Subgroup reviews draft of project selection tools for RHAPC consideration
- **March 29 - RHAPC** reviews and approves recommended project selection tools (application, criteria, scoring tool)
- **March 30**ish **– Request for LoI opened for public response; LoI closes April 12 at 12 pm** (depends when toolkit is released)
- **April 10 – Board** reviews project application and scoring mechanism
- April 12 Staff send summary and LoI responses to RHAP Committee; LoIs posted online

Apr 17– May 26

- **April 14 – RHAPC** reviews LoI submissions, selects/combines projects invited to submit full application
- April 15-18 – OCH staff call successful LoI applicants to confirm willingness to accept invitation to submit full application
- **April 19 - Request for Applications released to invited applicants; RFA closes May 26 at 12 pm**; ≤ 3 applications will be invited per optional project area; technical assistance offered for each application; project budget required
- **May 8 –Board** may choose to broaden invitation for full applications beyond RHAPC selection
- May 26: OCH staff send proposals to assigned RHAPC reviewers (scores due May 31); post all submitted proposals online for open public comment until May 31

June 2 – June 12

- **June 2 RHAPC** reviewers share comments on project applications based on criteria, deliberate, rank applications; review public comment; final scores and comments (anonymous) sent to the Board
- **June 12 – Board** reviews RHAPC recommendation/scores; reviews public comments from online; reviews project weights; reviews results from online survey; reviews preliminary RHNI; selects applicants to present to the Board at July Board meeting; poses questions to applicants awarded an opportunity for presentation

June 26 – Sept 11

- **June 26 – RHAPC** reviews preliminary RHNI and pulls out highlights and gaps for Board consideration; reviews charter, scope and purpose
- **July 10 – Board** hears presenters and selects project to move forward with a Project Plan for a Medicaid Demonstration Project
- July 10 thru September – OCH staff work with community (and possibly technical assistance) to develop competitive Project Plans
- **Aug 14 – Board** reviews draft project plans, focus on funds flow; advises course corrections
- **Sept 11 – Board** approves final Project Plans and funds flow for submission

Request for Letters of Intent

Draft created: March 5, 2017

Expected date of release: March 30, 2017

Purpose of this document

The Olympic Community of Health will seek letters of intent from partners in Kitsap, Clallam, and Jefferson counties for projects under the Medicaid Demonstration Transformation Project. Specifically, we will be seeking ideas for:

1. Community-Based Care Coordination
1. Transitional Care
2. Diversion Intervention
3. Maternal and Child Health
4. Access to Oral Health
5. Chronic Disease Prevention and Control

The information and form contained herein are DRAFT ONLY.

We will open this request to the public upon release of the final Project Toolkit by the Health Care Authority. We expect to open this request around March 30th and close it April 13th.

1. Background

The Olympic Community of Health (OCH) serves Kitsap, Clallam, and Jefferson counties and is one of nine accountable communities of health (ACH) in the state. Through the Medicaid Demonstration Project (MDP), the OCH will serve as the administrative lead for its region to coordinate and oversee regional projects selected from the toolkit. Both clinical providers, such as primary care providers, and non-clinical providers, such as social service providers, will collaborate on the implementation of projects and be responsible for committing to and carrying out the project objectives. Participating providers will be eligible for incentive payments for their role in meeting Medicaid transformation milestones and benchmarks.

Note, this is not a grant. While there may be capacity building funding available at the end of 2017 to provide support for projects, henceforth payments will be based on performance. Payment may not supplant existing funding sources. Services may not supplant existing services. Projects are intended to create new or build on existing capacity and infrastructure.

Don't be discouraged! The form to submit a Letter of Intent is simple! No idea is too small! Technical assistance will be available if your idea is selected as a full application.

2. Purpose

The purpose of this request for Letters of Intent (LoI) is to seek potential project ideas from the community within the six optional Medicaid Demonstration Project categories in the toolkit. The optional project categories are:

1. Community-Based Care Coordination
2. Transitional Care
3. Diversion Intervention
4. Maternal and Child Health
5. Access to Oral Health
6. Chronic Disease Prevention and Control

An LoI is mandatory to be eligible to submit a full application. Successful LoI applicants will be invited to submit a full application. Full application submissions will be reviewed by the public, the OCH Board of Directors, and the OCH Regional Health Assessment and Planning (RHAP) Committee. By June 2017, through a transparent, community process, our goal is to have general agreement on the subset of projects we wish to submit to the Health Care Authority. These projects will likely represent our Medicaid Demonstration Project portfolio between 2018-2021.

3. Instructions

Plan for selecting projects: We require applicants to collaborate regionally on applications for the same or similar project idea. The RHAP Committee may invite authors of duplicative or highly similar LoI submissions to collaborate on a single project application. Here is an inventory of projects already underway in the three-county region within each project category. Here is a list of people and organizations who have expressed an interest in being contacted to assist in the development of a project in a specific category area.

No more than three project applications will be invited to present to the OCH Board of Directors from a single project category. As described in the previous paragraph, we may ask authors of similar LoI projects to submit a full application together. The full application will require a budget and budget narrative.

Applicants are strongly encouraged, but not required, to submit project ideas in line with the proposed evidence-based programs outlined in the toolkit.

We will hold several *optional* informational webinars. The purpose of these webinars is to answer questions about the process and provide up-to-date information as it is made available to us from the Health Care Authority:

- Thursday March 16th from 2 pm to 3 pm Insert Go-To-Meeting Instructions.
- Tuesday April 3rd from 3 pm to 4 pm Insert Go-To-Meeting Instructions.
- Tuesday April 25th from 9 am to 10 am Insert Go-To-Meeting Instructions.

Criteria: Letters of Intent will be scored against a set of pre-determined criteria using a scoring tool. This tool and the final LoI template itself will be publicly available after March 29th, or after the final toolkit is released, whichever is later. Please consider the 10 broad criteria below in developing your LoI:

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 of the evidence-based model(s) outlined in the toolkit within the region
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. Saves money for Medicaid in 3 years or less
9. Sustainability is possible after 5-year Medicaid Demonstration is over. Sustainability pathways can occur, for example, through value-based payment of inclusion into Apple Health contracts.
10. Degree to which addresses social determinants of health and improves health equity

Eligibility: Applicants must submit LoIs that will impact the Medicaid population in at least one, and preferably all, of the three counties: Kitsap, Clallam, or Jefferson. Any type of organization (nonprofit, governmental, tribal, etc..) may apply.

Note that projects that impact the performance measures in the toolkit will be prioritized because these are the basis of payment in years 3, 4, and 5 of the Medicaid Demonstration.

Timeline: We anticipate the following timeline (subject to change):

March 14	Draft Letter of Intent shared with the public
March 16	1st Informational Webinar (optional)
March 30ish	Request for Letters of Intent released (or later depending on release of toolkit)
April 3	2nd Informational Webinar (optional)
April 12	Letters of Intent due 12:00pm via email; all submissions posted online
April 17-18	Successful LoI applicants asked if they would accept offer to submit full application
April 19	Successful LoI applicants invited to submit full application; technical assistance available
April 25	3rd Informational Webinar (optional)
May 26	Applications due 12:00pm via email; all submissions posted online for public comment
May 31	Public comment closes
June 12	Board of Directors invites successful applicants to present project idea
July 10	Board of Directors hears presentations and selects projects to move forward
September 12	Olympic Community of Health submits final Project Plans to the Health Care Authority for Medicaid Demonstration Transformation Projects in our three-county region

Contingency Process: If no LoIs are received for a project category, or if the LoI submissions are not satisfactory, the OCH Board of Directors, either independently or through recommendation from the RHAP Committee, may solicit independent full applications from community partners outside of the LoI submissions. In the unlikely event that this occurs, we will notify all LoI applicants and hold an additional informational webinar.

Resources: If you would like technical assistance in completing this form, you are invited to contact:

- Siri Kushner (siri.kushner@kitsappublichealth.org) MPH, Kitsap Public Health District, Epidemiologist; Contractor for Olympic Community of Health
- Elya Moore (elya@olympicch.org) PhD, Olympic Community of Health, Executive Director
- Katie Eilers (katie.eilers@kitsappublichealth.org) RN, Kitsap Public Health District, Director; Chair of the Regional Health Assessment and Planning Committee

Note that technical assistance will be available for developing full applications.

Here is an inventory of projects already underway in the three-county region within each project category. Here is a list of people and organizations who have expressed an interest in being contacted to assist the development of a project in a specific category area.

Other ways to provide input into project selection: Not interested in submitting a Letter of Intent? Please take 30 minutes to complete our survey to weigh in on all of the optional project areas.

This is a DRAFT. Once opened to the public, this form will likely be due April 13th at 12:00 to mia@olympicCH.org.
All submissions will be posted online at www.olympich.org

Acronym Glossary
ACH: Accountable Community of Health
BHO: Behavioral Health Organization
FQHC: Federally Qualified Healthcare Clinic
MDP: Medicaid Demonstration Project (previously called "the Waiver")

PROJECT TITLE

CONTRIBUTING ORGANIZATIONS AND TRIBES (*Please list all the organizations in the three-county region that will participate in developing the project application and implementing the project. We **strongly*** encourage applicants to collaborate on a single project application for the same or similar project idea. Please refer to this list of organizations and individuals who have expressed an interest in working on project development for each project category.:

CONTACT NAME AND TITLE *This person will be the single point of contact for the submission. We will contact successful applicants April 17-18.*

EMAIL	**PHONE**

COUNTIES SERVED BY THIS PROJECT ☐ Clallam ☐ Jefferson ☐ Kitsap ☐ Other:

TRIBES SERVED BY THIS PROJECT (please name each)

THIS PROJECT IS (check one): ☐ **New** ☐ **Enhancing an existing project or set of projects**

PROJECT CATEGORY Please indicate which optional category area from the toolkit your project will meet. If more than one area applies, please underline the primary area:

☐ Community-Based Care Coordination
☐ Transitional Care
☐ Diversion Intervention
☐ Maternal and Child Health
☐ Access to Oral Health
☐ Chronic Disease Prevention and Control

SECTORS ENGAGED BY THIS PROJECT (check all that apply)**:**

☐ Aging	☐ Behavioral Health Org	☐ Chemical Dependency	☐ Chronic Disease	☐ Community Action Pgrm
☐ Early Childhood	☐ Economic Development	☐ Education	☐ Emergency Medical Services	☐ Employment
☐ FQHC	☐ Housing	☐ Criminal Justice	☐ Managed Care Organization	☐ Mental Health
☐ Oral Health	☐ Philanthropy	☐ Primary Care	☐ Maternal/Child Health	☐ Public Health
☐ Hospital	☐ Rural Health	☐ Social Services	☐ Specialty Care	☐ Workforce development
☐ Other (please list):				

WILLING TO PROVIDE PROJECT-SPECIFIC DATA TO THE OCH FOR TRACKING PURPOSES (check one)

☐ Yes, all the organizations and Tribes listed above are willing to provide regular data reports to the OCH
☐ Yes, some of the organizations and Tribes listed above are willing to provide regular data reports to the OCH
☐ Yes, some of the organizations and Tribes listed above are willing to provide limited data reports to the OCH
☐ No, the organizations and Tribes are not willing to provide data to the OCH
☐ Other:
Additional explanation:

BRIEF PROJECT DESCRIPTION (3-4 sentences)	*Provide a brief description of the project.*
PROJECT GOAL STATEMENT (1-2 sentences)	*What do you hope to achieve with this project? What issue are you addressing?*
PROJECT SCOPE (1-2 sentences)	*Please describe what part of your regional community the project will serve (e.g. three counties, patients enrolled with two health plans, four primary care clinics, approximate number of individuals served by a social service agency in one city). Will you pilot in one county or Tribe first? One demographic area?*

ALIGNMENT	DESCRIPTION	RESPOND					
EVIDENCE-BASED MODELS IN THE TOOLKIT	Does the project align with one or more models proposed in the toolkit? Which ones? If not, what evidence is there for the proposed model?	*Identify (list) evidence-based program:*					
OCH PRIORITY AREAS	Under which one or more of the OCH Priority Areas does this project align?	☐ Access	☐ Aging	☐ Behavioral Health	☐ Chronic Disease	☐ Early Childhood	☐ Social Determinants
MEASUREMENT	Which measures listed in the Appendix of the toolkit does this project impact? Please rank the measures in order of impact. [Note: this project is not a grant, it is a contract. **Payments will be based on movement of the benchmarks listed in the toolkit**.]						

** If you would like technical assistance to assist in completing this form, please see Resources section above*

RHAP Committee Member Initials: _____

OLYMPIC COMMUNITY OF HEALTH: MEDICAID DEMONSTRATION PROJECT LETTER OF INTENT (LOI) SUMMARY FORM

This form is to assist Regional Health Assessment and Planning (RHAP) Committee in its review of submitted LoIs by area. RHAPC members will receive this summary sheet with the white cells filled in by staff along with copies of submitted LoIs. RHAPC members will review the LoIs and complete the shaded cells. Explanation of how to use the 10-point scale (1, 2, 3…10): 1= no, absolutely not; 5= perhaps, not entirely certain, or 10= yes, absolutely. If you have a conflict of interest in scoring a project, please write "*conflict of interest*" in the reflection column. For questions on how to determine if a conflict of interest exists, please refer to the RHAPC Conflict of Interest Guidelines.

Project Category	Project Title	Collaborating Organizations and Tribes	New or Enhancement of Existing Project	Evidence-Based Model(s)	Willing to share data	Similarity to other proposals	Likelihood to impact the listed measures (1-10)	Should be invited to submit a full application (1-10) see criteria below	Should be combined with another submission (list which one(s))	RHAPC Member reflections *Please write "conflict of interest" if applicable*
1. Community-Based Care Coordination										
2. Transitional Care										
3. Diversion Intervention										
4. Maternal and Child Health										
5. Access to Oral Health										
6. Chronic Disease Prevention and Control										

CRITERIA

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 of the evidence-based model(s) within the region
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. Saves money for Medicaid in 3 years or less
9. Sustainability is possible after 5-year Medicaid Demonstration is over. Sustainability pathways can occur, for example, through value-based payment of inclusion into Apple Health contracts.
10. Addresses social determinants of health and improves health equity

Olympic Community of Health

Board of Directors Key Decisions

Presented to the Board of Directors March 13, 2017

The buckets below represent highlights of key decision points for the OCH Board of Directors over the next six months. The timing and order may change; however, we must be prepared to submit Project Plans to the Health Care Authority by September 2017.

April	May	June	July	August	September
•Review project selection tools •Agree on recommendation for clinincal capacity readiness •Agree on plan for 1st phase of Design Funds •Agree on proposed process to develop Project Plans for required projects	•Overview Funding Mechanics Protocol •Review first Medicaid Transformation Contract, $1,000,000 •Finalize budget Design Fund •Broaden invitation for proposals	•Review RHAP Committee Recommendation •Select proposals for presentation •Review Regional Health Needs Inventory	•Board hears presentations on proposed projects •Selects final projects for Project Plan	•Review progress of Project Plans •Input on funding mechanics and contracts	•Approve Project Plans for submission

Strategic planning:

1. Care Coordination Day
2. Oral Health Day
3. Housing Day
4. Obesity Day