

Greater Columbia ACH

Director's Report

September 21, 2017



1 ALL ACHS PASS PHASE 2 CERTIFICATION!

On Monday, September 18, we received word from the Health Care Authority (HCA) that all nine Accountable Communities of Health (ACHs) passed Phase 2 Certification in the Medicaid Transformation Demonstration. Each ACH Certification submission scored within the highest tier, earning the full \$5 million in design funding! The submissions were reviewed and scored through a rigorous, multi-level process, with deductions for significant deficiencies in completeness, specificity, logic, or clarity.

Successful Phase 2 Certification fortifies the foundation for Medicaid transformation, but it is also important that ACHs continue to advance. For a strong Project Plan application, the expectation is to further develop and progress from Phase 2 Certification recognizing many project plan categories depend on ongoing development.

In the coming weeks, HCA will share additional details on the Project Plan review process. This will include a draft Project Plan review tool and an opportunity to engage with the Independent Assessor, Myers and Stauffer. On Friday, September 22nd, the ACHs will receive their individual scores and comments.

2 LETTERS OF INTENT

The Letter of Intent (LOI) to participate in the Medicaid Transformation Demonstration with Greater Columbia ACH was posted to our website on September 5th, and widely distributed to over 600 stakeholders. The purpose of the LOI is to identify all interested potential partnering providers for each of the projects, including interested contractors to conduct needs / gaps assessment for bi-directional integration. The LOIs are due back by close of business, October 5th. Between October 6th and October 19th, the Technical Advisory Committee, GCACH Staff, and HMA will review and assess the LOIs.

The purpose of this review will be to:

- Compile interested partners by project;
- Assess readiness / capacity of interested providers;
- Inform development of RFPs; and
- Identify any gaps in providers in any project area.

A list of interested potential partnering providers will be approved by the Board of Directors on October 26th, and posted to the GCACH website. The complete timeline will be posted to the GCACH website once it has been approved by the Board of Directors on September 21.

3 DESIGN 1 FUNDING ALLOCATIONS

All ACHs were required to submit Design Fund budgets for Phase I certification which had to be approved by the Board of Directors for Phase II certification. Below is the Design Funds for Phase I certification, and the categories for allocation. GCACH earned \$1,000,000 through the Phase I Certification.



Planned Use of Phase I Certification Project Design Funds - Distribution by Category and Timeframe - RE-FORECASTED

Example Budget Category	Example Budget Items	DY 1 - 2017					Total	
		Q1 - Q2	Q3-Q4	DY2 - 2018	DY3 - 2019	DY 4 -2020		DY 5 - 2021
ACH Project Plan Development	Convening	\$ -	\$ 6,000				\$ 6,000	
	Contract vendor	\$ 14,499	\$ 158,875				\$ 173,374	
	Travel		\$ 2,524				\$ 2,524	
	Other: Food & Refreshments		\$ 3,251				\$ 3,251	
	Total Project Plan Development:	\$ 14,499	\$ 170,650	\$ -	\$ -	\$ -	\$ -	\$ 185,149
Engagement	Convening		\$ 7,500				\$ 7,500	
	Education and training		\$ 175,750				\$ 175,750	
	Tribal consultation		\$ 35,825				\$ 35,825	
	Marketing and outreach		\$ 14,000				\$ 14,000	
	Travel		\$ 5,000				\$ 5,000	
Other: Food & Refreshments		\$ 5,000				\$ 5,000		
Total Engagement:	\$ -	\$ 243,075	\$ -	\$ -	\$ -	\$ -	\$ 243,075	
ACH Administration / Project Management	Leadership and support staff		\$ 45,000				\$ 45,000	
	Consulting support		\$ 27,500				\$ 27,500	
	Legal		\$ 6,250				\$ 6,250	
	Other						\$ -	
Total Admin / PM Infrastructure:	\$ -	\$ 78,750	\$ -	\$ -	\$ -	\$ -	\$ 78,750	
Information Technology	Internal IT Support / Administrative systems		\$ 10,000				\$ 10,000	
	Tribal IT Infrastructure		\$ 20,000				\$ 20,000	
	Health IT / HIE		\$ 162,500				\$ 162,500	
	ACH data capacity		\$ 40,000				\$ 40,000	
	Provider data capacity		\$ 40,000				\$ 40,000	
	Pathways HUB		\$ 100,000				\$ 100,000	
	Other						\$ -	
Total Information Engagement:	\$ -	\$ 372,500	\$ -	\$ -	\$ -	\$ -	\$ 372,500	
Health Systems and Community Capacity Building	Capability development		\$ 78,000				\$ 78,000	
	Recruiting						\$ -	
	Training						\$ -	
	Retention						\$ -	
	Other						\$ -	
Total:	\$ -	\$ 78,000	\$ -	\$ -	\$ -	\$ -	\$ 78,000	
Other	ACH defined use not included in examples						\$ -	
	Up-Front Program Investments		\$ 12,000				\$ 12,000	
	B&O Tax		\$ 10,526				\$ 10,526	
	Other: Other Potential Capital Items		\$ 20,000				\$ 20,000	
	Total:	\$ -	\$ 42,526	\$ -	\$ -	\$ -	\$ -	\$ 42,526
TOTAL Budget:		\$ 14,499	\$ 985,501	\$ -	\$ -	\$ -	\$ -	\$ 1,000,000
		\$1,000,000.45						

4 DATA, TARGET POPULATIONS, AND ALIGNMENT RETREAT

The Project Advisory Committee (PAC) which is comprised of all eight Project Team Facilitators, met on September 19th to review data, and discuss target population and alignment. Important to this discussion was how to best address

and fold in the project areas of Reproductive and Maternal and Child Health and Oral Health. Mike Bonetto, from Tenfold Health, facilitated the retreat along with Cathy Kaufmann, from HMA. The highlights of the retreat are below, and the power point presentation will be posted to the GCACH website.

Suggestions for addressing oral health and maternal child health in the Project Portfolio:

- 2B (Care Coordination) seen as a key project for addressing these needs with pathways for each
- 2A (Bi-directional Integration) and 3A (Opioids) see oral health interventions as important services for their target populations.
- 3A will also include pregnant women as a target population.
- 2D (Diversion) will look at diverting people who got to ED for oral health needs
- Oral Health and Maternal Child Health subject matter experts will be pulled into project implementation planning in 2018

Key target populations for the project portfolio:

- Medicaid beneficiaries with Severe and Persistent Mental Illness (SPMI) and other co-morbidities (for example, diabetes)
- Medicaid beneficiaries with 6 or more ED visits in past 12 months
- Medicaid beneficiaries with an ED visit and a MH, ETOH (alcohol) or Drug abuse diagnosis
- Important to target Medicaid beneficiaries with preventable ED visits even if they don't have 6 or more in a year (3D will address patient education)
- Important to identify people with social determinant needs across projects
- Developing a visual of target populations and how they enter the system / 6 GCACH projects

Key areas of alignment include:

- Information sharing (HIT/HIE) and work force (esp. CHWs) foundational across projects
- Pathways as a connection point across projects
- Screening for social determinants, behavioral health needs as well as patient engagement (Patient Activation Measure)
- Trauma Informed Care
- Equity needs to be meaningful consideration in project planning and projects need common means of defining, measuring and tracking race/ethnicity and language.
 - Suggestion: Ask project teams to use King County Equity Tool for each project during planning phase.
- Projects need GCACH to provide a shared infrastructure /TA for building business case and measuring ROI
- Suggestion: Sustainability Task Force to begin this work across projects now.

5 GREATER COLUMBIA BHO DISCUSSES MID-ADOPTION

The Greater Columbia Behavioral Health Organization meeting on September 7th included special guests Rick Weaver, Governor's office and CEO of Comprehensive Mental Health, and the Director of Medicaid, MaryAnne

Lindeblad. They explained the options that the Counties had towards behavioral (BH) and physical health (PH) integration. By January 1, 2020, BH and PH will be fully integrated for Medicaid services as per State law, however, Counties have the option of choosing to become a Mid-Adopter or not. They explained that there are two options for Mid-Adopter:

- a. Integrated managed care plans assume all funding and functions for Medicaid covered behavioral health services by January 1, 2019; or
- b. Integrated managed care plans assume all funding for Medicaid covered behavioral health services by January 1, 2019 with certain functions subcontracted for one year to the regional BHO as agreed to by the county inter-local leadership structure.

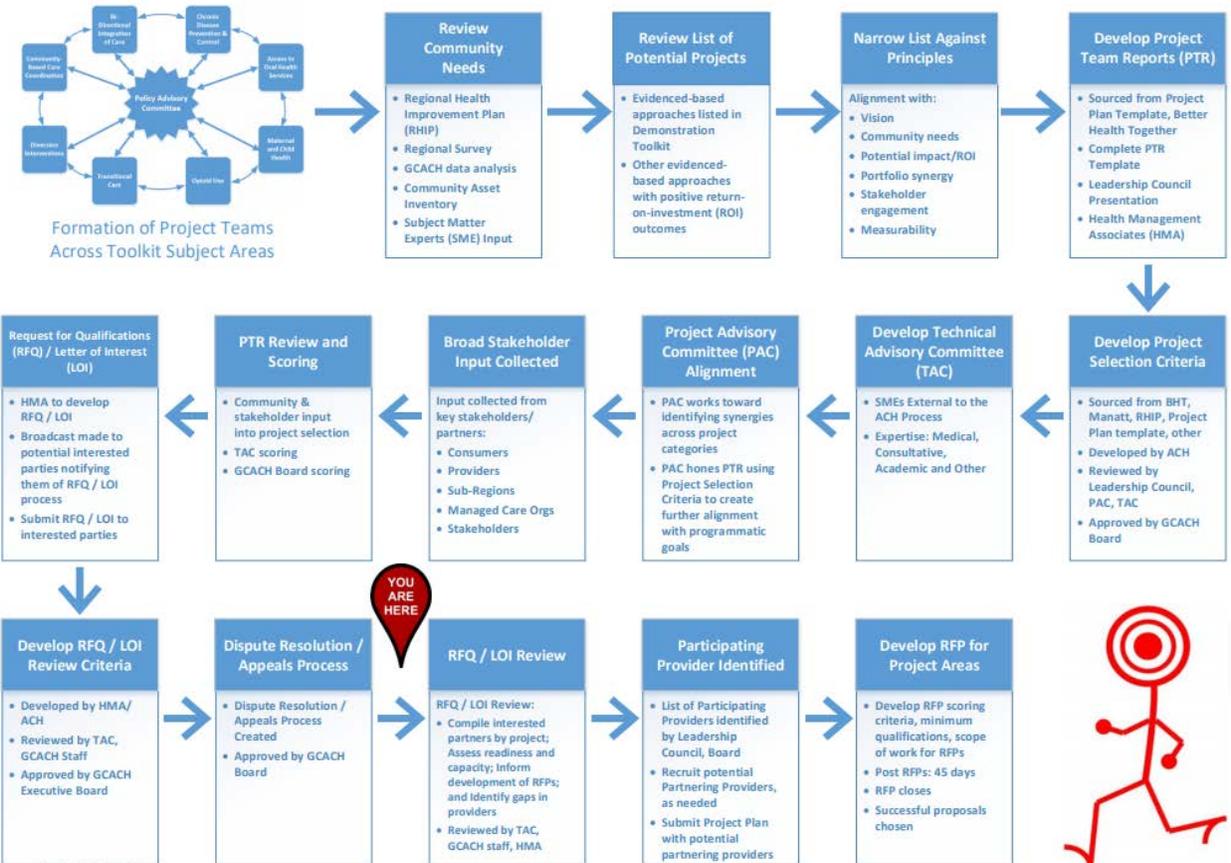
The open forum allowed for a thoughtful dialogue between Rick Weaver, MaryAnne Lindeblad, BHO staff, the Commissioners, and providers. The Commissioners were also given the option of extending the time to submit their binding letters of intent to October 15th instead of September 15th, which was the path the BHO chose. All Counties within the BHO must agree to become Mid-Adopters to affect the transition. Time will tell which path all nine Counties in our BHO will choose to take!

6 PARTICIPATING PROVIDER WORKFLOW

We are getting closer to contracting with potential participating providers and submitting our Project Plan.



Demonstration Project Initiative & Participating Provider Workflow



7/20/2017
LEADERSHIP COUNCIL,
BOARD OF DIRECTORS

8/17/2017
LEADERSHIP COUNCIL,
BOARD OF DIRECTORS

9/21/2017
LEADERSHIP COUNCIL,
BOARD OF DIRECTORS

10/19/2017
LEADERSHIP COUNCIL,
BOARD OF DIRECTORS

11/16/2017
LEADERSHIP COUNCIL,
BOARD OF DIRECTORS

