Olympic Community of Health
Agenda (Action items are in red)

Board of Directors Meeting
April 10, 1:00-3:00 pm|7 Cedars Hotel & Casino

Key Objective: To collaboratively advance the work of Olympic Community of Health

#	Time	Topic	Purpose	Lead	Attachment
1	1:00	Welcome, introductions, land acknowledgement, housekeeping	Welcome	Mike Maxwell	
2	1:10	Consent agenda	Action	Mike Maxwell	1. BOD Minutes from March 13, 2023 2. April Executive Director Report
3	1:15	Public Comments (2-minute max)	Information	Mike Maxwell	
4	1:20	ACH Association Updates: - Association formation - HB 1812	Information & Discussion	Celeste Schoenthaler	Link to HB 1812 Info.
5	1:35	Renewal Waiver CIE Update Cross-ACH Social Care Model	Information & Discussion	Celeste Schoenthaler	3. CIE letter to HCA 4. HCA letter to ACHs re: CIE 5. ACH Budget comparison (initial House and Senate budgets for renewal waiver and CIE)
6	2:05	Medicaid Redetermination and Public Health Emergency "Unwind"	Information & Discussion	Miranda Burger	6. Redetermination plain language 7. Cross Agency Desk Guide
7	2:25	Connecting to Data (OCH "data hub")	Information & Discussion	Amy Brandt & Celeste Schoenthaler	Link to Connecting to Data
8	2:50	Summer BBQ Fall Board Retreat	Information	Celeste Schoenthaler	
9	2:55	Good of the Order – Board member and public comments (2-minute max)	Information	Mike Maxwell	
10	3:00	Next meeting & Adjourn **May 8** Location: 7 Cedars Hotel & Casino Lunch is provided prior to the meeting, and everyone is welcome at a post-meeting social hour.	Information	Mike Maxwell	

Olympic COMMUNITY of HEALTH

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Board of Director's Meeting Minutes

Date: 3/13/2023	Time: 1:00 PM	Location: 7 Cedars Hotel, Jamestown S'Klallam

Chair In-Person: Heidi Anderson, *Forks Community Hospital*
Members Attended In-Person: Beth Johnson, *Coordinated Care*; Brent Simcosky, *Jamestown S'Klallam Tribe*; Bobby Beeman, *Olympic Medical Center*; Jody Moss; Laura Cepoi, *Olympic Area Agency on Aging;* Roy Walker*;* Stephanie Lewis, *Salish Behavioral Health Administrative Services Organization*; Stormy Howell, *Lower Elwha Klallam Tribe*; Wendy Sisk*, Peninsula Behavioral Health*
Members Attended Virtually: Apple Martine, *Jefferson County Public Health*; Cherish Cronmiller, *Olympic Community Action Programs*; G'Nell Ashley, *Reflections Counseling*; Jennifer Kreidler-Moss, *Peninsula Community Health Services;* Keith Sprague, *St. Michael Medical Center*; Susan Buell*, YMCA of Pierce and Kitsap Counties*
Non-Voting Members Attended In-Person: Jim Novelli, *Discovery Behavioral Healthcare;* Kate Jasonowicz, *Community Health Plan of Washington;*
Non-Voting Members Attended Virtually: Derek Gulas, *United Healthcare*; Jake Davidson*, Jefferson Healthcare;* Jolene Kron, *Salish Behavioral Health Administrative Services Organization;* Laura Johnson, *United Healthcare Community Plan*
Guests and Consultants Attended In-Person: Arianna Miller*, Eagle's Wings*; Gary Kriedberg; Derrell Sharp, *Port Angeles Fire Department;* Helen Kenoyer, *Olympic Peninsula Community Clinic*; Merrin Packer, *Sequim School District*; Rebecca Larson, *Port Angeles School District*; Winnie Whalen, *Clallam Resilience*
Guests and Consultants Attended Virtually: Barb Jones, *Jefferson County Public Health*; David Mayo, *Common Spirit*; Gabbie Caudill, *Believe in Recovery;* Jennifer Oppelt, HHS of *Clallam County*; Lori Fleming, *Jefferson County Community of Health Improvement Plan;* Sharon Maggard, *Serenity House*
OCH Staff: Amy Brandt, Celeste Schoenthaler, Debra Swanson, Ruth Winkler, Yvonne Owyen

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Heidi Anderson	Welcome, introductions, land acknowledgement, housekeeping		
Heidi Anderson	Consent agenda	1. BOD Minutes from February 13, 2023 2. March Executive Director Report 3. HB 1812 – B&O Tax 4. ACH sign on letter HB 1812 This was deemed necessary and is moving forward despite not making the cut off.	Minutes **APPROVED** unanimously Consent Agenda **APPROVED** unanimously

		5. Jason McGill follow-up, diabetes metric 6. SBAR: ED Performance Review If the HB 1812 is not passed, what are the consequences financially? It is not an insignificant amount, but it is unclear currently. We do not know the amount of overall funding or the percentage of B&O tax.	
Heidi Anderson	Public Comments (2-minute max)		
Celeste Schoenthaler	2022 Care Connect Summary	How long will Care Connect continue? This is unknown. It seems some of the funding sources are winding down so possibly by the end of the year.	
Stormy Howell & Celeste Schoenthaler	Upcoming OCH funding opportunity	7. Funding Opportunity Pre-Release The scoring rubric will be clear and there will be bias training for all decision makers in advance of awarding funding. Each application must come from at least two organizations and/or tribes. This is about collaboration. Those willing to review applications: Heidi, Jody, Brent, G'Nell, Apple, Roy, Stephanie, and Keith. Reviewers can review applications on their own schedule over a period of 2-3 weeks. What does partner mean? It is putting skin in the game, a partner that could add value. This is an opportunity to expand the table to	

		community-based organizations. The intent is to be innovative, work outside of our own systems, and shared knowledge. If it's an existing partnership, that is fine. It doesn't have to be new. The intent of choosing 6 project areas was to allow for more depth than breadth. We changed the implementation to go from July 2023 to November 2024. We can increase the size of the funding; this is up to the Board. There is a lot of structure that the RFP committee has established. They are meeting again on May 26. The intention is to spread funding across the region and across partner types. There is concern expressed regarding the open-ended funding. A 125k cap was discussed but would not be desirable for some. It is a challenge. We want to fund things that otherwise wouldn't get funded and we want to encourage lots of collaboration. On the application, there is a question that asks to describe any other funding or funding sources that would contribute to the project. Follow-up questions regarding funding may come up after applications are submitted. I see this as stimulating new innovative ideas or expansion of something needed. This is loose but there are	

		significant opportunities involved. Will the board get a chance to discuss additional funding? Yes, at the June BOD the RFP committee will bring recommendations for vote. Two million was intended for 2023, but the project timeline continues through 2024. It is hard to write a grant when there are no parameters. It's hard to cut back later when there are more people involved with partnerships. Should there be a per partner or per project limit? What is scope and scale? Often people feel limited by funds, and we are trying to create something different. People will be told no – and that is part of the process. Our intent is to fund as many projects as possible. The application is not as exhaustive as other grant applications. If there is no cap, could there be a required match for larger projects? The committee can discuss this idea. We would hate to see small organizations that do not apply because they cannot match. Maybe a partnership can be financial backing and support. As a small agency, a match would not work for us.	
Amy Brandt	Final Coffee Break Video and summary/next steps	Link to Housing video Nice work Amy!	
Miranda Burger & Partners	Expanding the Table summary	8. Expanding the Table reporting summary	

Heidi Anderson	Good of the Order – Board member and public comments (2-minute max)	Peninsula Behavioral Health has a ribbon cutting scheduled at the motel on April 13th at 5 PM where 26 new housing units. Serenity House has an open house for their new expansion on March 29th	
Heidi Anderson	Next meeting & Adjourn **April 10** Location: 7 Cedars Hotel & Casino Lunch is provided prior to the meeting, and everyone is welcome at a post-meeting social hour.		

Monthly Executive Director report to the OCH Board of Directors – April 2023

- Hot Topics
    - The OCH Executive Committee has directed staff to organize a **partner BBQ** in August and a **Board retreat** in November. Details, information, and calendar invites are forthcoming.
    - OCH staff continue to participate on a statewide workgroup around the new **Washington Integrated Care Assessment** (WA-ICA), the tool to evaluate bi-directional integration between primary care and behavioral health. The next survey date has not been set as this work is connected to the renewal waiver.
    - OCH hosted a **regional** **care coordinator convening** in mid-March. The primary topic of the well-attended gathering was Medicaid redetermination related to the unwind of the federal Public Health Emergency.
    - The ***Stronger Together*** **funding opportunity** was released on April 3.
    - The Department of Health is starting to share information about the next fiscal year budget (July 2023 through June 2024) for **Care Connect Washington**. OCH will move from being a contractor to a subrecipient based on the change in federal public health emergency. We also anticipate that our overall budget will decrease and that the household assistance and fresh food support will start to decline.
    - OCH staff **completed key informant interviews** with regional partners to better understand successes, challenges, and what role, if any, OCH should serve in community-based care coordination. Staff will analyze findings from the survey in April and expect to share back learnings with the Board in May.
- Subcommittee reports/updates
    - **Executive Committee** – The committee met in late March to hear key updates from the ED and to plan for the April Board meeting.
    - **Finance Committee** – The finance committee will meet again in May, 2023.
    - **Funds Flow Workgroup** – The committee will meet again in the summer of 2023.
    - **2023 RFP Committee** – The committee will meet again on May 26 to finalize a set of funding recommendations to the full Board of Directors.
    - **Visioning Taskforce**- Committee is on hold.
- Upcoming meetings and events
    - Funding opportunity information session – April 10, virtual
    - Executive Committee – April 25, virtual
    - Finance Committee – May 1, virtual
    - Board of Directors – May 8, 7 Cedars Hotel and Casino
- Administrative & staffing updates
    - Staff are working to complete the **2022 fiscal year closeout** and expect to come to the Board in May with financial reports.
    - Only one partner has yet to sign their **2023/2024 Pay for Performance contract** for final pay for performance dollars.
    - **OCH Bylaws** are undergoing legal review.
    - Celeste will be **away on vacation** from April 13 through April 23.

March 7, 2023

Michael Arnis and
Chase Napier
Washington Health Care Authority
626 8th Ave SE
Olympia, WA 98501

Dear Michael, Chase, and HCA Team:

Thank you for your ongoing partnership and support of the nine Accountable Communities of Health. We are eager to get to work on Medicaid Waiver Renewal activities. We appreciate your hard work in negotiating with CMS and the recent updates on community information exchange (CIE) you've provided us.

We agree that a functional, interoperable CIE program will support the success of state and regional community-based care coordination efforts, including the Community Hub model to be implemented by the ACHs through the Medicaid Waiver Renewal. We have seen first-hand that disconnected and fragmented systems are a barrier to connecting people to the services they need. This fragmentation also inhibits our collective ability to truly understand and address community needs and quantify resource gaps. A statewide approach to CIE will be an important tool in reducing this fragmentation and supporting coordination at the local level.

Although we are supportive of the need for a statewide CIE approach, we have several serious questions and concerns about HCA's proposed CIE investment approach through the Medicaid Waiver Renewal, including:

- **Community Governance:** We would like to understand how community governance will be reflected in the CIE approach. For a CIE to be successful, it is essential to establish a community governance system that builds relationships and trust at the outset with the community, clients, health care and community service providers and state government agencies (DOH, DSHS, Commerce, DCYF, Corrections). How will HCA reflect community voice in the state's CIE approach? How will HCA work with communities to create a shared vision, shared language, and shared understanding of the CIE approach? The ACHs can serve as this linkage between HCA and their communities.

- **Data Ownership:** Who will "own" the data within the system? Hubs? HCA? Providers? Community? Will regions have access to all of our data? Will we have to go through someone for that or will we have access to real time data?

- **Lead Entity Requirements and RFP Process:** Given the strong interdependency with ACH Community Hubs, how will ACHs and/or local communities be involved in the procurement process to select a Lead Entity? How will the Lead Entity work with ACHs? How will the Lead Entity reflect community voice in the development of interoperability and data aggregator standards? There are many important questions to answer about the Lead Entity requirements and procurement process.

- **Selection of and Investment into a CIE Technology Platform:** How will community voice be engaged in the selection of a CIE platform? How many licenses will be available in each region? Will the funding support costs to integrate with a variety of EHRs? What types of licenses? What is HCA considering for areas without broadband internet? How will the system include those areas? What are the implications for regions that opt out of the statewide platform? How will HCA evaluate "success" of the CIE initiative? Is there a risk that, after 2 years, the system could go away?

- **Budget:** The ACHs would like a better understanding of the CIE budget and associated impact on the other TAHC budget lines.

We know HCA is mindful of the significant amount of work required to adequately prepare for implementation of a statewide CIE approach. The questions and concerns outlined above are essential to success and require sufficient time for planning that includes meaningful engagement of community/regional voices in the design. The ACHs are committed to partnering with HCA to achieve this goal.

Sincerely,

Celeste Schoenthaler, Olympic Community of Health
on behalf of all nine ACHs

From:	Arnis, Michael (HCA)
To:	Celeste Schoenthaler; Napier, Chase (HCA); HCA Medicaid Transformation; Franzen, Mary (HCA)
Cc:	Cathy Kaufmann; brucegoldberg955@gmail.com; diana@artemispdx.com; Liz Baxter; JP Anderson; Nichole.Peppers@southwestach.org; Thuy Hua-Ly; Gena Morgan; Alison Poulsen; Sharon Brown; John Schapman
Subject:	RE: ACH Questions - CIE
Date:	Friday, March 10, 2023 4:36:28 PM
Attachments:	image001.png image002.png image003.png image004.png CIE Letter to HCA.March7.2023.pdf

Celeste and colleagues, we're grateful to receive such a thoughtful letter. We're also grateful to read your support of the objectives of a CIE Program, especially the potential to knit together a fragmented system that too often serves as a barrier to connecting people to services.

Our goal now is to live up to the trust you've lent us. There is no better way to begin than by keeping your serious and challenging questions in mind. They are forward-looking and provide a guide to success. Let me respond, briefly, to the topics in the letter with a commitment of further discussion over the weeks in front of us.

Community Governance. Yes, this is the place to start, and we concur with the importance of community voice in the development of trust and a shared vision and language.

Data Ownership. Secure access and use of the data while adhering to privacy concerns is top of mind for many groups. They want to analyze the data and learn how to provide better service or establish stronger policies.

Lead Entity Requirements and RFP Process. We also share your perspective on clarifying the role, responsibilities, and requirements of the lead organization.

Lead Entity Requirements and RFP Process. We appreciate the focus upon both short term (how many licenses?) and long-term (how will we evaluate success?) observations.

Budget. We are still committed to funding each policy or program approved in the waiver. Please stay tuned. We want to have budget discussions after we get further along with our CMS negotiations.

We want you to know how much we appreciate the meaningful advice you've shared. We also appreciate the many opportunities we have to work together on hubs, CIE, and other important projects beneficial to communities throughout the state.

Michael
He/Him (why pronouns matter)
Cell 360.280.4019

From: Celeste Schoenthaler <celeste@olympicch.org>
Sent: Tuesday, March 7, 2023 3:09 PM

To: Arnis, Michael (HCA) <Michael.Arnis@HCA.WA.GOV>; Napier, Chase (HCA) <chase.napier@hca.wa.gov>; HCA Medicaid Transformation <medicaidtransformation@hca.wa.gov>; Franzen, Mary (HCA) <mary.franzen@hca.wa.gov>
Cc: Cathy Kaufmann <cathy@kaufmannstrategies.com>; brucegoldberg955@gmail.com; diana@artemispdx.com; Liz Baxter <Liz@northsoundach.org>; JP Anderson <andersonj@crhn.org>; Nichole.Peppers@southwestach.org; Thuy Hua-Ly <thua-ly@healthierhere.org>; Gena Morgan <gena@elevatehealth.org>; Alison Poulsen <alison@betterhealthtogether.org>; Sharon Brown <sbrown@gcach.org>; John Schapman <john@ncach.org>
Subject: ACH Questions - CIE

External Email

Hello Michael, Chase, Mary, and the HCA MTP team,
Thank you again for your time last week in discussing the ACH questions about the state's proposed CIE program. On behalf of the 9 ACHs, please see the attached letter summarizing questions and concerns from our coalition. We look forward to continuing discussion with you on this important topic and to continuing to support the health of Medicaid beneficiaries across the state.

Sincerely,
Celeste on behalf of the 9 ACHs

Celeste Schoenthaler (she/her)
Executive Director
(360) 633-9241 (voice/text) ¦ celeste@olympicch.org

Accountable Communities of Health - Budget Comparison

March 28, 2023

CIE Language Comparison – Both Budgets

House	Senate
(2) The health care authority shall not initiate any services that require expenditure of state general fund moneys unless expressly authorized in this act or other law. The health care authority may seek, receive, and spend, under RCW 43.79.260 through 43.79.282, federal moneys not anticipated in this act as long as the federal funding does not require expenditure of state moneys for the program in excess of amounts anticipated in this act. If the health care authority receives unanticipated unrestricted federal moneys, those moneys shall be spent for services authorized in this act or in any other legislation providing appropriation authority, and an equal amount of appropriated state general fund moneys shall lapse. Upon the lapsing of any moneys under this subsection, the office of financial management shall notify the legislative fiscal committees. As used in this subsection, "unrestricted federal moneys" includes block grants and other funds that federal law does not require to be spent on specifically defined projects or matched on a formula basis by state funds. e) Sufficient amounts are appropriated in this subsection for the authority to obtain a technology solution that enables cross- sector care coordination in support of the authority's statewide community information exchange initiative. By December 1, 2024, the authority must provide the office of financial management and appropriate committees of the legislature with a proposal to leverage medicaid enterprise system financing or other available federal funds as appropriate.	67)(a) Within the amounts appropriated in this section the authority, in consultation with the health and human services enterprise coalition, community-based organizations, health plans, accountable communities of health, and safety net providers, shall determine the cost and implementation impacts of a statewide community information exchange (CIE). A CIE platform must serve as a tool for addressing the social determinants of health, defined as nonclinical community and social factors such as housing, food security, transportation, financial strain, and interpersonal safety, that affect health, functioning, and quality-of-life outcomes. b) Prior to issuing a request for proposals or beginning this project, the authority must work with stakeholders in (a) of this subsection to determine which platforms already exist within the Washington public and private health care system to determine interoperability needs and fiscal impacts to both the state and impacted providers and organizations that will be using a single statewide community information exchange platform. (c) Any community information exchange solution must ensure patient privacy and the ability for the patient to self-navigate. (d) The authority shall provide the office of financial management and fiscal committees of the legislature a proposal to leverage medicaid enterprise financing or other federal funds prior to beginning this project and shall not expend funds under a 1115 waiver or any other waiver without legislative authorization.

Accountable Communities of Health - Budget Comparison

March 28, 2023

Waiver Authorization Comparison – Both Budgets

House	Senate
(1) The authority shall submit an application to the centers for medicare and medicaid services to renew the 1115 demonstration waiver for an additional five years as described in subsections (2), (3), and (4) of this section. The authority may not accept or expend any federal funds received under an 1115 demonstration waiver except as described in this section unless the legislature has appropriated the federal funding. To ensure compliance with legislative requirements and terms and conditions of the waiver, the authority shall implement the renewal of the 1115 demonstration waiver and reporting requirements with oversight from the office of financial management. The legislature finds that appropriate management of the renewal of the 1115 demonstration waiver as set forth in subsections (2), (3), and (4) of this section requires sound, consistent, timely, and transparent oversight and analytic review in addition to lack of redundancy with other established measures. The patient must be considered first and foremost in the implementation and execution of the demonstration waiver. To accomplish these goals, the authority shall develop consistent performance measures that focus on population health and health outcomes. The authority shall limit the number of projects that accountable communities of health may participate in under initiative 1 to a maximum of six and shall seek to develop common performance measures when possible. The joint select committee on health care oversight will evaluate the measures chosen: (a) For effectiveness and appropriateness; and (b) to provide patients and health care providers with significant input into the implementation of the demonstration waiver to promote improved population health and patient health outcomes. In cooperation with the department of social and health services, the authority shall	(1) The authority shall submit an application to the centers for medicare and medicaid services to renew the 1115 demonstration waiver for an additional five years as described in subsections (2), (3), and (4) of this section. The authority may not accept or expend any federal funds received under an 1115 demonstration waiver except as described in this section unless the legislature has appropriated the federal funding. To ensure compliance with legislative requirements and terms and conditions of the waiver, the authority shall implement the renewal of the 1115 demonstration waiver and reporting requirements with oversight from the office of financial management. The legislature finds that appropriate management of the renewal of the 1115 demonstration waiver as set forth in subsections (2), (3), and (4) of this section requires sound, consistent, timely, and transparent oversight and analytic review in addition to lack of redundancy with other established measures. The patient must be considered first and foremost in the implementation and execution of the demonstration waiver. To accomplish these goals, the authority shall develop consistent performance measures that focus on population health and health outcomes. The authority shall limit the number of projects that accountable communities of health may participate in under initiative 1 to a maximum of six and shall seek to develop common performance measures when possible. The joint select committee on health care oversight will evaluate the measures chosen: (a) For effectiveness and appropriateness; and (b) to provide patients and health care providers with significant input into the implementation of the demonstration waiver to promote improved population health and patient health outcomes. In cooperation with the department of social and health services, the authority shall consult with and provide

Accountable Communities of Health - Budget Comparison

March 28, 2023

House	Senate
consult with and provide notification of work on applications for federal waivers, including details on waiver duration, financial implications, and potential future impacts on the state budget to the joint select committee on health care oversight prior to submitting these waivers for federal approval. Prior to final approval or acceptance of funds by the authority, the authority shall submit the special terms and conditions as submitted to the centers for medicare and medicaid services and the anticipated budget for the duration of the renewed waiver to the governor, the joint select committee on health care, and the fiscal committees of the legislature. By federal standard any programs created or funded by this waiver do not create an entitlement. The demonstration period for the waiver as described in subsections (2), (3), and (4) of this section begins July 1, 2023.	notification of work on applications for federal waivers, including details on waiver duration, financial implications, and potential future impacts on the state budget to the joint select committee on health care oversight prior to submitting these waivers for federal approval. Prior to final approval or acceptance of funds by the authority, the authority shall submit the special terms and conditions as submitted to the centers for medicare and medicaid services and the anticipated budget for the duration of the renewed waiver to the governor, the joint select committee on health care, and the fiscal committees of the legislature. By federal standard any programs created or funded by this waiver do not create an entitlement. The demonstration period for the waiver as described in subsections (2), (3), and (4) of this section begins July 1, 2023.
(2)(a) $150,219,000 of the general fund—federal appropriation and $150,219,000 of the general fund—local appropriation are provided solely for accountable communities of health described in initiative 1 of the 1115 demonstration waiver and this is the maximum amount that may be expended for this purpose. In renewing this initiative, the authority shall consider local input regarding community needs and shall limit total local projects to no more than six. To provide transparency to the appropriate fiscal committees of the legislature, the authority shall provide fiscal staff of the legislature query ability into any database of the fiscal intermediary that authority staff would be authorized to access. The authority shall not supplement the amounts provided in this subsection with any general fund—state moneys appropriated in this section or any moneys that may be transferred pursuant to subsection (1) of this section. The director shall report to the fiscal committees of the legislature all expenditures	2)(a) $150,219,000 of the general fund—federal appropriation and $150,219,000 of the general fund—local appropriation are provided solely for accountable communities of health described in initiative 1 of the 1115 demonstration waiver and this is the maximum amount that may be expended for this purpose. In renewing this initiative, the authority shall consider local input regarding community needs and shall limit total local projects to no more than six. To provide transparency to the appropriate fiscal committees of the legislature, the authority shall provide fiscal staff of the legislature query ability into any database of the fiscal intermediary that authority staff would be authorized to access. The authority shall not supplement the amounts provided in this subsection with any general fund—state moneys appropriated in this section or any moneys that may be transferred pursuant to subsection (1) of this section. The director shall report to the fiscal committees of the legislature all expenditures under this

Accountable Communities of Health - Budget Comparison

March 28, 2023

House	Senate
under this subsection and provide such fiscal data in the time, manner, and form requested by the legislative fiscal committees.	subsection and provide such fiscal data in the time, manner, and form requested by the legislative fiscal committees.
(b) $438,515,000 of the general fund—federal appropriation and $179,111,000 of the general fund—private/local appropriation are provided solely for the medicaid quality improvement program and this is the maximum amount that may be expended for this purpose. Medicaid quality improvement program payments do not count against the 1115 demonstration waiver spending limits and are excluded from the waiver's budget neutrality calculation. The authority may provide medicaid quality improvement program payments to apple health managed care organizations and their partnering providers as they meet designated milestones. Partnering providers and apple health managed care organizations must work together to achieve medicaid quality improvement program goals according to the performance period timelines and reporting deadlines as set forth by the authority. The authority may only use the medicaid quality improvement program to support initiatives 1, 2, and 3 as described in the 1115 demonstration waiver and may not pursue its use for other purposes. Any programs created or funded by the medicaid quality improvement program do not constitute an entitlement for clients or providers. The authority shall not supplement the amounts provided in this subsection with any general fund—state, general fund—federal, or general fund—local moneys appropriated in this section or any moneys that may be transferred pursuant to subsection (1) of this section. The director shall report to the joint select committee on health care oversight not less than quarterly on financial and health outcomes. The director shall report to the fiscal committees of the	(b) $438,515,000 of the general fund—federal appropriation and $179,111,000 of the general fund—private/local appropriation are provided solely for the medicaid quality improvement program and this is the maximum amount that may be expended for this purpose. Medicaid quality improvement program payments do not count against the 1115 demonstration waiver spending limits and are excluded from the waiver's budget neutrality calculation. The authority may provide medicaid quality improvement program payments to apple health managed care organizations and their partnering providers as they meet designated milestones. Partnering providers and apple health managed care organizations must work together to achieve medicaid quality improvement program goals according to the performance period timelines and reporting deadlines as set forth by the authority. The authority may only use the medicaid quality improvement program to support initiatives 1, 2, and 3 as described in the 1115 demonstration waiver and may not pursue its use for other purposes. Any programs created or funded by the medicaid quality improvement program do not constitute an entitlement for clients or providers. The authority shall not supplement the amounts provided in this subsection with any general fund—state, general fund—federal, or general fund—local moneys appropriated in this section or any moneys that may be transferred pursuant to subsection (1) of this section. The director shall report to the joint select committee on health care oversight not less than quarterly on financial and health outcomes. The director shall report to the fiscal committees of the legislature all expenditures under

Accountable Communities of Health - Budget Comparison

March 28, 2023

House	Senate
legislature all expenditures under this subsection and shall provide such fiscal data in the time, manner, and form requested by the legislative fiscal committees.	this subsection and shall provide such fiscal data in the time, manner, and form requested by the legislative fiscal committees.
(c) In collaboration with the accountable communities of health, the authority will submit a report to the governor and the joint select committee on health care oversight describing how each of the accountable community of health's work aligns with the community needs assessment no later than December 1, 2023.	(c) In collaboration with the accountable communities of health, the authority will submit a report to the governor and the joint select committee on health care oversight describing how each of the accountable community of health's work aligns with the community needs assessment no later than December 1, 2023.
(d) Performance measures and payments for accountable communities of health shall reflect accountability measures that demonstrate progress toward transparent, measurable, and meaningful goals that have an impact on improved population health and improved health outcomes, including a path to financial sustainability. While these goals may have variation to account for unique community demographics, measures should be standardized when possible.	(d) Performance measures and payments for accountable communities of health shall reflect accountability measures that demonstrate progress toward transparent, measurable, and meaningful goals that have an impact on improved population health and improved health outcomes, including a path to financial sustainability. While these goals may have variation to account for unique community demographics, measures should be standardized when possible.

Olympic COMMUNITY of HEALTH

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What are we talking about?

During the COVID-19 public health emergency (PHE), states were granted flexibility by the federal government to continuously enroll Apple Health (Medicaid) clients without checking for eligibility. This flexibility was provided to reduce financial burden for community members given the pandemic crisis. The federal government has indicated that the PHE will end on May 11, 2023 and HCA will resume normal operations, including redeterminations for Apple Health clients, starting April 1, 2023.

Redetermination is the process of determining eligibility for Medicaid. Every 12 months Medicaid members report their household income to redetermine their eligibility for Medicaid.

If an individual does not report their household income, or, if their income exceeds eligibility requirements, their Medicaid benefits may be terminated.

What does this mean?

Beginning April 1, 2023, HCA will resume the redetermination process by checking for eligibility for all Medicaid members. Medicaid members will receive renewal notices in the mail sometime over the next 12 months, based on their individual renewal date. For example, individuals with a renewal date in May will receive a renewal notice in April. Given that many community members moved and/or had changes in income during the pandemic, it may be difficult to find and communicate timely with all current Medicaid members.

How Can I Help?

- Important notices and updates come in the mail. Help people update their contact information so they can be reached.
- Help educate people currently on Medicaid about upcoming changes.
- Help individuals complete their renewal, or, connect them with someone who can.
- Connect impacted individuals with a navigator to explore alternative coverage options.

What is the impact?

Roughly 300,000 individuals in Washington may be affected over the next 12 months. People with a change of address during the PHE are particularly vulnerable to losing coverage as they may not receive renewal notices.

My Questions:

Cross Agency Desk Aid

Referral Communications Committee - *Last Updated 04/15/2022*

Department of Social and Health Services

Community Services Division Customer Service Contact Center

877-501-2233

Apply here:
WashingtonConnection.org
888-338-7410 (FAX)

- Apply for, report changes or renew **Food and Cash programs** (SNAP, EBT, ABD/ HEN Referral, TANF/WorkFirst, Refugee Assistance)
- Apply for **Classic Medicaid** programs, **SSI, 65+, and disabled**
- Request an appeal of Classic Medicaid, Food and Cash programs
- **WASHCAP** (Food for households whose only income is **SSI or combination of SSI/SSA)**
  877-380-5784
  For additional application assistance refer to the Public Access Directory for **community partners**: Public Access Directory - Washington Connection (Your Link to Services)
- **Constituent Relations**
  800-865-7801
- **Employment Pipeline** Employment Pipeline Brochure (DSHS 22-1560)

Hours of operation: 8 a.m. – 5 p.m., Monday – Friday (except state holidays).
Interview hours: 8 a.m. – 3 p.m.

Suggested script: *"Please have your Client ID or Social Security Number available."*

Aging and Long-Term Support Administration Long-Term Services and Supports (LTSS)

Adult Protective Services (APS)

Report abuse, abandonment, neglect, self-neglect or financial exploitation of a vulnerable adult:
877-734-6277, or
866-ENDHARM, or
dshs.wa.gov/altsa/reportadultabuse

APS is responsible for:
- **Investigating allegations** of mistreatment of vulnerable adults living in their own homes, and in facilities and residential programs licensed or certified by DSHS
- **Providing protective services** with consent of the vulnerable adult that may include:
  - Assistance with protection orders
  - Petitioning for guardianship
  - Referrals for legal assistance
  - Referrals for case management, in-home or residential care, or to other agencies
- **Coordination with law enforcement** if criminal activity is suspected

Any person with an initial substantiated APS finding has a right to due process to challenge the finding. If the APS finding is upheld after due process is exhausted and the finding becomes final, the person's name is placed on the Aging and Disability Services Registry.

Hours of operation: 8 a.m. – 5 p.m., Monday – Friday (except state holidays).
After hours online reports/voicemail messages are responded to on the next business day.
For more information, go to:
dshs.wa.gov/altsa/home-and-community-services/adult-abuse-and-prevention

Home & Community Services (HCS)

Find your local HCS office:
intra.altsa.dshs.wa.gov/hcs/maps.htm
Apply for HCS programs:
WashingtonConnection.org
855-635-8305 (FAX)

HCS determines and maintains the following programs:
- **LTSS for institutional and community settings, such as**:
  - Nursing facilities
  - In-home
  - Assisted living
  - Adult family home
- **HCS Waiver services:**
  - Community First Choice (CFC)
  - COPES
  - Medicaid Personal Care (MPC)
  - New Freedom (King and Pierce counties only)
  - PACE
  - Residential Support Waiver (RSW)
  - Roads to Community Living (RCL)
- **Caregiver services:**
  - Family Caregiver Support Program managed by Area Agencies on Aging (AAA)
  - Tailored Supports for Older Adults (TSOA)
  - Medicaid Alternative Care (MAC)
- **Associated cash and food benefits for HCS clients (except for TANF/Food)**

Hours of operation: 8 a.m.-5 p.m., Monday – Friday (except state holidays)

Residential Care Services (RCS)

Report abuse or neglect in a licensed/certified setting:
800-562-6078
dshs.wa.gov/altsa/reportadultabuse

RCS is responsible for the licensing/certification and oversight of the following:
- Nursing facilities
- Adult family homes
- Assisted living facilities
- Intermediate care for individuals with intellectual disabilities
- Enhanced services facilities
- Certified community residential services & supports

To search for a licensed home in your area, visit dshs.wa.gov/altsa/residential-care-services/residential-care-services, select the setting and then the locator link.

To find an RCS office near you, visit dshs.wa.gov/altsa/residential-care-services/residential-care-services-offices

Health Benefit Exchange

Washington Healthplanfinder Customer Support Center

855-923-4633
855-627-9604 (TTY)
customersupport@wahbexchange.org
wahealthplanfinder.org

360-841-7620 (FAX)

- **Apply for or renew health care coverage**
  - Help navigating the application
  - Report a change to your application
  - Report a customer issue or a system error
- **Health Insurance Premium Tax Credit** (HIPTC) questions
- **Qualified Health and Dental Plans (QHP/QDP)** eligibility, enrollment, and questions
  - 1095-A questions
- Locate an **HBE Navigator** or **Broker**
- **Help** is available in more than **240 languages**
  - Language and disability accommodations are provided at no cost
- **Appeal** QHP eligibility results:
  wahbexchange.org/new-customers/appeals/;
  or
  call 855-859-2512 for information.

Hours of operation:
Feb. 1–Oct. 31: Mon – Fri 7:30 a.m. – 5:30 p.m.
Nov. 1 - Jan 31: Mon – Fri 7:30 a.m. - 7 p.m.
Extended hours may be offered leading up to key enrollment dates, some holidays, and weekends.
During other hours, visit:
Contact Us | Washington Health Benefit Exchange - Washington Health Benefit Exchange

Lead Organizations Navigators

Lead Organization Contact Information available at:
wahbexchange.org/partners/navigators/

For planned maintenance and outages, visit Healthplanfinder Status Center:
Outages & Maintenance | Washington Health Benefit Exchange - Washington Health Benefit Exchange

Email
navigator@wahbexchange.org
- For questions about becoming **a Navigator**
- To request **outreach materials** and presentations

Hours of operation are generally 8 a.m. – 5 p.m., Monday – Friday (except holidays).

Suggested script: *"For application issues, please have the HPF application ID available."*

Health Care Authority

Medical Assistance Customer Service Center (MACSC)

800-562-3022
fortress.wa.gov/hca/p1contactus/

- Apple Health **benefit coverage** questions
- Provider **billing** and claims questions
- **ProviderOne** Client Services **Card***
- Apple Health **Managed Care enrollment** and questions*

*Self-service option:
ProviderOne | DSHS (wa.gov)

Hours of operation: 7 a.m. – 5 p.m., Monday - Friday (except state holidays).

Suggested script: *"Please have your Client ID or ProviderOne ID available."**

Medical Eligibility Determination Services (MEDS)

800-562-3022
fortress.wa.gov/hca/p1contactus/

- Apple Health Modified Adjusted Gross Income **(MAGI)** Medicaid eligibility questions **(families, children, pregnant women and single adults)**
- **Post-Eligibility** Case Review **questions or report changes**
- Apple Health for Kids **premium payment questions (CHIP)**
- Request an **appeal** for Apple Health Programs

Hours of operation: 8 a.m. – 5 p.m. Monday - Friday (except state holidays).
Suggested script: *"Please have your Client, ProviderOne, or application ID number available."*

Department of Social and Health Services

Division of Child Support (DCS)

800-442-5437 (KIDS)
childsupportonline.wa.gov

- **Establish paternity** and **parentage** and **child support orders**
- **Collect** / Distribute child support
- Employer **support**
- **Negotiate payment** plans
- **Payment/EFT options**
  800-468-7422
- **Hearings** and conference boards
- **Outreach** to community partners and stakeholders
- **Modify** orders
- Employer relations and N**ew Hire Reporting**
  800-562-0479
- **Community Relations Unit**
  800-457-6202
- **Alternative Solutions Program**
  Toll free 800-604-1146
- AlternativeSolutions@dshs.wa.gov

Hours of operation: 8 a.m. – 5 p.m., Monday - Friday (except state holidays)

Suggested script: *"Please have your Case Number, or Social Security Number available."*

Developmental Disabilities Administration (DDA) Long-Term Care & Specialty Programs Unit

855-873-0642

Apply for LTC & Specialty Programs:
WashingtonConnection.org
855-635-8305 (FAX)

The **LTC & Specialty Programs Unit** manages Medicaid programs for clients living in a variety of settings, receiving:

- **DDA services**
  - **Waiver** service programs
  - Community First Choice (**CFC**)
  - Medicaid Personal Care (**MPC**)
  - Roads to Community Living (**RCL**)
  - Institutional and Intermediate Care **(ICF/IID)**
- **Hospice** medical
- Healthcare for Workers with Disabilities (**HWD/S08**) **800-871-9275**
- **Residential mental health** services
- Associated cash (no TANF) and food assistance (except for children)

Service **Referral & Information** Request Form dshs.wa.gov/dda/service-and-information-request

Hours of operation: 8 a.m. – 5 p.m., Monday – Friday (except state holidays)
Closed from Noon – 1 p.m.

Suggested script: *"Please have your Client ID or Social Security Number available."*

Office of Insurance Commissioner (OIC)

Consumer Advocacy

800-562-6900
insurance.wa.gov/

- **Complaints against insurances companies**, claim denials, poor service, coverage, cancellations, etc.
- Insurance options
- **Legal rights**: insurance laws & regulations
- Health insurance **appeals**
- **Complaints** against insurance agents / brokers / producers
- Insurance **fraud**

Hours of operation: 8 a.m. – 5 p.m., Monday – Friday (except state holidays)

Statewide Health Insurance Benefits Advisors (SHIBA)

800-562-6900
insurance.wa.gov/shiba

- Understand your **Medicare coverage options and rights**: Original Medicare, Medicare Advantage, prescriptions and Medigap plans
- **Evaluate and compare** Medicare plans
- **Medicare coordination** with Medicaid (dual), state & federal government retirees, veterans, private plans and HBE
- **M**edicare **S**avings **P**rogram & low-income subsidies
- **Medicare complaints**, questions and fraud prevention

Hours of operation: 8 a.m. – 5 p.m., Monday – Friday (except state holidays)

Suggested script: *"Please have your Client ID or ProviderOne ID available."*

Heath Care Authority

Division of Behavioral Health and Recovery (DBHR)

360-725-1500
hca.wa.gov/mental-health-and-addiction-services

Medicaid Enrollees
- To apply for Washington Apple Health (Medicaid) coverage, visit Washington Healthplanfinder or call 855-923-4633.

Mental Health Crisis Services:
- For a life-threatening emergency: Call 911
- For suicide prevention: Contact the National Suicide Prevention Lifeline at 800-273-8255 (TRS: 800-799-4889)
- For 24/7 free, confidential emotional support and referrals to crisis services contact the Washington Recovery Help Line at 866-789-1511 or the mental health crisis line in your area

How to Get Services:
- If you are currently an Apple Health client and are seeking mental health services, contact your managed care plan
  - If you are not enrolled in managed care, contact the Health Care Authority

Hours of operation: 8 a.m. – 5 p.m., Monday - Friday (except state holidays)

Foster Care and Adoption Support (FCAS)

800-562-3022 ext. 15480

These clients include children and youth:

- Under the age of 21 who are **in foster care**
- Under the age of 21 who are **receiving adoption support**
- Age 18 to 26 years old who **aged out of foster care** on or after their 18th birthday

Apple Health Foster Care:

- **Eligibility** inquiries
- Request **a ProviderOne Services Card**
- Request **enrollment or disenrollment** from Managed Care

Apple Health Foster Care managed care program
- Questions about **Coordinated Care** of WA (CCW)
- Inquiries about CCW's **Apple Health Core Connections**
- **Provider questions**

Contact:
fcas@hca.wa.gov

Hours of operation: 8 a.m. – 5 p.m., Monday - Friday (except state holidays)

Washington State Department of Social & Health Services — Transforming lives

OFFICE of the INSURANCE COMMISSIONER WASHINGTON STATE

SHIBA OFFICE of the INSURANCE COMMISSIONER WASHINGTON STATE

Washington State Health Care Authority

Cross Agency Desk Aid

Referral Communications Committee - *Last Updated 04/15/2022*

Additional Supports

2-1-1
877-211-9274
7-1-1 (relay service)
211.org

- Provide information and referral for community resources and volunteer opportunities.
- Support community-based organizations network.

CSD Customer Connect
877-501-2233
Automated system where clients can check their DSHS benefits

- Obtain case status and payment information
- Hear information about your child care benefits
- Check voice messages left by your worker
- Among other options

COFA Islander programs

For help with your COFA Islander Health Care or COFA Islander Dental Care:

- Email: cofaquestions@hca.wa.gov
- Phone: 800-547-3109
- Online: hca.wa.gov/cofa

Children's Institutional Medical (K01)

- **Children's Institutional Medical** (K01)
  Email Health Care Authority at K01APP@hca.wa.gov

Community Living Connections
waclc.org

A service network that assists older adults, persons with disabilities and caregivers to connect with services and support options in the local community.

- Go to www.waclc.org/connect or call 855-567-0252 to find a local site.

COMMUNITY LIVING CONNECTIONS
LINKING YOU TO Personalized Care & Support Options

Department of Children, Youth & Families
dcyf.wa.gov

- Report child abuse or neglect
- Find a form or publication
- Find an office
- Child Care Aware of WA Family Center
  800-446-1114
- **Constituent Relations**
  ConstRelations@dcyf.wa.gov | 800-723-4831 or 360-902-8060
- Apply for **Child Care Subsidy Program**
  844-626-8687 | FAX 877-309-9747
  WashingtonConnection.org
  Mail: PO Box 11346 Tacoma WA 98411-9903

Long-Term Care Ombudsman Program
800-562-6028
TTY: 800-737-7931
waombudsman.org

- Protect, promote and advocate for residents in nursing homes, adult family homes, and assisted living facilities.
- Report mistreatment of residents in facilities.

Fidelity Information System (FIS)
888-328-9271 (24hrs)
ebtedge.com

- **EBT Card** Replacement and Balance Information
- **Change PIN number**
- Client will need their EBT card number and Social Security

How to report Medicaid fraud

You can help prevent misuse by reporting suspected Medicaid fraud for the following:

- **Recipients (patients) of Apple Health (Medicaid) coverage**
  If you suspect someone is fraudulently reporting their circumstances to receive Apple Health coverage, call 360-725-0934 or email WAHEligibilityFraud@hca.wa.gov
- **Medicaid Providers**
  Suspected Medicaid Provider fraud may be reported by calling **833-794-2345 (toll free)** or emailing hottips@hca.wa.gov

Department of Commerce
www.commerce.wa.gov
(360)725-4000

- Housing and Rent Assistance
- Utility Assistance
- Homeless Services

Washington State Department of Commerce

The Women, Infants, and Children Nutrition Program (WIC)

There are over 200 WIC clinics across Washington State. To find a WIC clinic near you:

- Call the Help Me Grow Washington Hotline 800-322-2588
- Text "WIC" to 96859
  Parenthelp123.org

Office of Financial Recovery
800-562-6114

- DSHS Overpayments
- Premium Payments
- Estate Recovery

Tribal Resources

- **HBE**- Tribal Liaison – tribal.liaison@wahbexchange.org; or James.Manuel@wahbexchange.org
- **HCA**- Tribal Affairs Administrator – Jessie Dean tribalaffairs@hca.wa.gov
- **DSHS Indian Policy**: dshs.wa.gov/sesa/indian-policy

DSHS Office of Equity, Diversity & Inclusion

- Communication assistance (interpreters, translations, large print, Braille, audio, video, electronic) are available free of charge **for DSHS customers**. Call **800-737-0617** Option 4 (TRS: 711)

Note: DSHS staff should consult their Administration or Division's Americans with Disabilities Act (ADA) Coordinator, Language Access Advisor, policies, and procedures first.

- Report an issue related to website or other information and communication technologies accessibility. Email: DSHSAccessibility@dshs.wa.gov
- Report a Civil Rights complaint
  Email: iraucomplaints@dshs.wa.gov
  Call: 800-521-8060 (TTY: 800-521-8061)

visit the DSHS Office of Equity, Diversity & Inclusion website

Washington State Department of Social & Health Services
Transforming lives

WASHINGTON CONNECTION your link to services

DSHS Toll-free 1-866-END HARM 1-866-363-4276

Washington Apple Health

Washington State Health Care Authority

washington healthplanfinder
click. compare. covered.