



RULE-MAKING ORDER

CR-103P (May 2009)
(Implements RCW 34.05.360)

Agency: Administrative Order # 09-03
Health Care Authority -Community Health Services
Community Collaborative Grant Program

Permanent Rule Only

Effective date of rule:

Permanent Rules

31 days after filing.

Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

Yes No If Yes, explain:

Purpose:

The rules will allow Community Health Services, under the direction of the Administrator of the Health Care Authority, to administer the Community Health Care Collaborative Program, define eligibility requirements and set parameters for the allocation of grant funding.

The 2009 Washington State Legislature created the Community Health Care Collaborative Grant program and appropriated funds in the 2009-11 biennium to Washington State Health Care Authority for the implementation of this program;. The proposed rules set the parameters to administer the program.

Citation of existing rules affected by this order:

Repealed:

Amended: WAC 182-20-600; WAC 182-20-610; WAC 182-20-620

Suspended:

Statutory authority for adoption: RCW 41.05.220 and RCW 41.05.230

Other authority :

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 09-20-057 on October 2, 2009.

Describe any changes other than editing from proposed to adopted version: None

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name: phone () _____

Address: fax () _____

e-mail _____

Date adopted: November 17, 2009

NAME (TYPE OR PRINT)

Jason Siems

SIGNATURE

TITLE

Rules Coordinator

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: November 17, 2009

TIME: 9:52 AM

WSR 09-23-100

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	<u>2</u>	Repealed	_____

The number of sections adopted at the request of a nongovernmental entity:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in the agency's own initiative:

New	_____	Amended	1	Repealed	_____
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	_____	Amended	<u>3</u>	Repealed	_____
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The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	_____	Amended	_____	Repealed	_____

AMENDATORY SECTION (Amending Order 06-07, filed 12/28/06, effective 1/28/07)

WAC 182-20-600 Community health care collaborative program.

~~((The community health care collaborative grant program was established July 1, 2006, to develop innovative health care delivery models. The funding covers a two-year cycle; half of the award to be distributed throughout the first year and the final half distributed throughout the second year upon evidence of successful program progress and achieving grant objectives, based upon available funding.))~~ The purpose of this chapter is to establish procedures for the community health care collaborative grant program. The authority is responsible for disbursing funds to further the efforts of community-based organizations that address:

- (1) Access to medical treatment;
- (2) Efficient use of health care resources; or
- (3) Improve quality of care.

The program is a two-year grant. The continuation of disbursement of funds for the second year of the grant is determined upon recipients' satisfactory performance measures reported for the first year.

The authority may also subcontract administrative activities with a statewide community health care organization that can facilitate program policy regarding best practices and standardized performance measures among grantees.

AMENDATORY SECTION (Amending Order 06-07, filed 12/28/06, effective 1/28/07)

WAC 182-20-610 Administration. The authority is responsible for:

- ~~((Preaward))~~ Grant development((-)), including:
 - ~~((Develop))~~ Setting criteria for the selection of community-based organizations to receive grant funding;
 - ~~((Develop))~~ Determining equitable standards governing the granting of awards;
 - ~~((Determine))~~ Determining nature and format of the application and process.
- Award determinations((-)), including:
 - ~~((Consult with representatives, appointed by the secretary of the department of health, the assistant secretary of health and recovery services administration within the department of social~~

~~and health services, and the office of the insurance commissioner to make recommendations for final applicant selection and grant determination))~~ Accepting grant applications;

(b) Selecting recipients based upon documented health care access and quality improvement goals aligned with state health priorities;

~~((b) The administrator will review recommendations))~~ (c) Reviewing and ((make)) making final determination based upon ((recommendations, funds available and utilization of resources to meet the goals of the program;

~~(c) Conduct))~~ the applicant's ability to:

(i) Meet the eligibility criteria;

(ii) Meet the program goals; and

(iii) Best utilize funds and resources available to meet the goals of the program;

(d) Conducting on-site visits to ensure applicant's ability to achieve grant objectives and performance measures identified in the application;

~~((d) Contract))~~ (e) Contracting with successful applicants;
and

~~((e) Disburse))~~ (f) Disbursing grant funds according to program policy.

(3) Post-award actions((-)), including:

(a) ((Review)) Reviewing periodic progress reports from contractors;

(b) ((Conduct)) Conducting on-site visits of contractors to provide assistance and ensure compliance of grant objectives as necessary;

~~(c) ((Consult with representatives from department of health, the assistant secretary of health and recovery services administration within the department of social and health services, and office of the insurance commissioner, one year following initial disbursement, to make recommendations to administrator for disbursement of the second half of grant funds, based upon performance measures identified in the application and evidence of successful program progress and achieving grant objectives))~~
Reviewing and approving distribution of the second half of a grant based upon satisfactory performance reports; and

~~(d) ((The administrator will review and make final determination for grant disbursements; and~~

~~(e) Compile a report to the governor and legislature on July 1, 2008, which))~~ Compiling periodic reports as requested by the governor and legislature, which may include:

(i) ((Describes)) Description of organizations and programs funded;

(ii) ((Describes)) Description and ((analyzes)) analysis of results achieved;

(iii) ((Makes)) Recommendations for improvements to the program; and

(iv) Highlights best practices that can be replicated statewide.

AMENDATORY SECTION (Amending Order 06-07, filed 12/28/06, effective 1/28/07)

WAC 182-20-620 Application process. (1) Eligibility.

(a) Applicants must ~~((provide the following in))~~ meet the application ~~((format))~~ requirements prescribed by the authority.

(b) Applicants must be able to show:

(i) Evidence of private, nonprofit, tax exempt status incorporated in Washington state or public agency status under the jurisdiction of a local, county, or tribal government;

(ii) Evidence of the specific geographic region served ~~((and));~~

(iii) Evidence of a formal collaborative ((governing)) governance structure ((by documentation that may include, but is not limited to:

~~(A) Bylaws;~~

~~(B) Agreements;~~

~~(C) Contracts;~~

~~(D) Memorandum of understanding;~~

~~(E) Minutes;~~

~~(F) Letters; or~~

~~(G) Other communications))~~ and decision-making process that demonstrates structure, operation, and accountability to the region served;

~~((+iii))~~ (iv) Evidence of representation from hospitals, public health, behavioral health, community health centers, rural health clinics, and private practitioners that serve low-income persons in the region, unless there are no such providers within the region, or providers decline or refuse to participate or place unreasonable conditions on their participation;

(v) Amount of funds requested and how the dollars will be spent;

~~((+iv))~~ (vi) Data to evaluate program progress and ability to meet grant objectives.

~~((+b))~~ (c) Applicants will be evaluated competitively on their ability to:

(i) Address documented health care access and quality improvement goals aligned with state policy priorities and health care needs in the specific region served;

(ii) ~~((Engage))~~ Document engagement of key community members;

(iii) ~~((Show))~~ Document evidence of matching funds of at least two dollars for each grant dollar requested. All matching fund contributions ((, including cash and in-kind, shall)) must meet the criteria determined by the administrator and ((included in)) the application guidelines;

(iv) ~~((Ability to meet the documented health care needs and))~~ Address how the grant will enhance long-term capacity and sustainability of programs;

(v) Show innovation in program approaches that could be replicated throughout the state;

(vi) Make efficient and cost-effective use of funds by simplifying administration affecting the health care delivery

system;

(vii) Clearly describe size of organization, program objectives, and populations served(~~(, and~~

~~(viii) Meet the reporting requirements of the authority)~~).

~~((c))~~ (d) Application access.

(i) The call for grant applications will be made by posting the announcement to the authority's official web site and by notification sent to interested parties.

(ii) To be placed on the interested parties' distribution list, send contact information, including mailing and e-mail addresses to community health care collaboration at Washington State Health Care Authority, P.O. Box 42721, Olympia, Washington 98504-2721.

(2) The guidelines and application forms will be available on the authority's official web site and included with the published guidelines distributed by e-mail to those who request an application. The application will be available in hard copy and sent by United States mail upon request. Applications must be completed and submitted in the format and filed by the deadlines prescribed by the authority and published in the guidelines.