July 24, 2020

Meyers and Stauffer LC
9265 Counselors Row, Ste. 100
Indianapolis, IN 46240

RE: CPAA Semi-Annual Report 5

Dear Semi-Annual Report Review Team:

Please find attached a copy of Cascade Pacific Action Alliance’s (CPAA) fifth semi-annual report for the Medicaid Transformation Project (MTP). This report summarizes CPAA’s work from January 1, 2020, through June 30, 2020, in six project areas: Bi-Directional Integration of Care & Primary Care Transformation, Community-Based Care Coordination, Transitional Care, Addressing the Opioid Use Public Health Crisis, Reproductive and Maternal/Child Health, and Chronic Disease Prevention and Control.

As detailed in the report, our region has continued to make progress advancing MTP objectives and achieving healthcare delivery system transformation through cross-sector collaboration, in addition to responding to the COVID-19 pandemic. Key accomplishments during the reporting period include, but are not limited to, emergency response to COVID-19, shifting regional trainings to an online format, promoting regional professional development through Leadership Academy, and updating partner Change Plans and reporting.

Please do not hesitate to contact us, should you have any questions regarding the enclosed report. We would be happy to provide you with further information.

Thank you for your time and consideration.

Sincerely,

Jean Clark, CEO
Cascade Pacific Action Alliance
Table of Contents

Section 1: ACH Organizational Updates ........................................................................... 5

Section 2: Project Implementation Status Update ....................................................... 9

Section 3: Pay-for-Reporting (P4R) Metrics ................................................................. 21

Appendixes ..................................................................................................................... 22

Appendix A: Bi-Annual Partner Report ....................................................................... 23
Appendix B: 2019 Annual Report ................................................................................. 25
Appendix C: Change Plan Reporting Template ......................................................... 31
Appendix D: Change Plan Modification ..................................................................... 37
Appendix E: Performance Improvement Plan ............................................................. 40
Appendix F: COVID-19 Emergency Funding ............................................................... 44
Appendix G: Peer-to-Peer Learning ........................................................................... 45
Appendix H: Leadership Academy ............................................................................. 47
Appendix I: Partner Training Scholarship Application ............................................. 49
Appendix J: Opioid Safety Training ........................................................................... 53
Appendix K: Medications for Opioid Use Disorder .................................................. 54
Appendix L: Perinatal Behavioral Health .................................................................... 57
Appendix M: Motivational Interviewing .................................................................... 58
Appendix N: Transformation Talks ............................................................................ 59
Appendix O: Telehealth ............................................................................................... 61
Appendix P: CDSME ..................................................................................................... 69
Appendix Q: COVID-19 Survey .................................................................................. 73

*CPAA P4R Metric Reporting, Partner Roster, and Updated Project Implementation Work Plan are Separate Documents
**ACH contact information**

Include in the semi-annual report the contact information for the primary ACH representative. The primary contact will be used for all correspondence relating to the ACH’s semi-annual report. If secondary contacts should be included in communications, also include their information.

<table>
<thead>
<tr>
<th><strong>ACH name:</strong></th>
<th>Cascade Pacific Action Alliance (CPAA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary contact name</strong></td>
<td>Jean Clark</td>
</tr>
<tr>
<td><strong>Phone number</strong></td>
<td>360-539-7576 ext. 116</td>
</tr>
<tr>
<td><strong>E-mail address</strong></td>
<td><a href="mailto:clarkj@crhn.org">clarkj@crhn.org</a></td>
</tr>
<tr>
<td><strong>Secondary contact name</strong></td>
<td>Kyle Roesler</td>
</tr>
<tr>
<td><strong>Phone number</strong></td>
<td>360-539-7576 ext. 126</td>
</tr>
<tr>
<td><strong>E-mail address</strong></td>
<td><a href="mailto:roeslerk@crhn.org">roeslerk@crhn.org</a></td>
</tr>
</tbody>
</table>
### Section 1. ACH organizational updates

The following sub-sections are required components of the ACH’s semi-annual report. ACHs may submit reports in the formats of their choosing, as long as all required elements are clearly addressed.

### Attestations

The ACH attests to complying with the items listed below during the reporting period. Upon request, the ACH shall have available for review by the IA and HCA all supporting data and/or back-up documentation related to the attestations provided.

<table>
<thead>
<tr>
<th>Foundational ACH requirements</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The ACH has an organizational structure that reflects the capability to make decisions and be accountable for financial, clinical, community, data, and program management and strategy development domains.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. The ACH has an Executive Director.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. The ACH has a decision-making body that represents all counties in its region and includes one or more voting partners from the following categories:</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Primary care providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Behavioral health providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Health plans, hospitals or health systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Local public health jurisdictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tribes/Indian Health Service (IHS) facilities/Urban Indian Health Programs (UIHPs) in the region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Multiple community partners and community-based organizations that provide social and support services reflective of the social determinants of health for a variety of populations in its region.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. At least 50 percent of the ACH’s decision-making body consists of non-clinic, non-payer participants.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5. Meetings of the ACH’s decision-making body are open to the public.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6. Within the last 12 months, the ACH has completed an organizational self-assessment of internal controls and risks (using this template or a similar format) that addresses internal controls, including financial audits.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7. The ACH maintained ongoing compliance with the Model ACH Tribal Collaboration and Communication Policy.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8. The ACH conducted communication, outreach and engagement activities to provide opportunities for community members to inform transformation activities and to receive updates on progress.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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1 [https://wahca.box.com/s/nfesialde5m1v6a0bhiouu5xmeohh26](https://wahca.box.com/s/nfesialde5m1v6a0bhiouu5xmeohh26)
If unable to attest to one or more of the above items, provide a brief explanation of how and when the ACH will come into compliance with the requirements. Identify the specific attestation number when providing the response.

Documentation

The ACH should provide applicable documents or additional context for clarity that addresses the following:

9. **Key staff position changes.** If key staff changes occurred during the reporting period, include as an attachment a current organizational chart. Use *bold italicized font* to highlight changes to key staff positions during the reporting period.

   *If applicable, include current organizational chart.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Jean Clark</em></td>
<td>CEO</td>
<td>Provides strategic direction and oversight of the organization. *absorbs partial duties of Chief Program Officer and Finance Director</td>
</tr>
<tr>
<td><em>Position not currently filled</em></td>
<td>Finance Director</td>
<td>Provides oversight of finances.</td>
</tr>
<tr>
<td><em>Position will not be rehired at this time</em></td>
<td>Chief Program Officer</td>
<td>Provides oversight of all program areas.</td>
</tr>
<tr>
<td><em>Caitlin Moore</em></td>
<td>YMPEP Manager</td>
<td>Manages the Youth Marijuana Prevention and Education program.</td>
</tr>
<tr>
<td>Christine Haywood</td>
<td>HR Manager</td>
<td>Manages HR.</td>
</tr>
<tr>
<td>Ivan Rodriguez</td>
<td>Data and IT Manager, Technical Officer, and Privacy Officer</td>
<td>Provides oversight of data analytics and IT, as well as maintains security of protected health information.</td>
</tr>
<tr>
<td><em>Kyle Roesler</em></td>
<td>Lead Program Manager and Care Integration Manager</td>
<td>Lead manager for all MTP programs and manages the Bi-Directional Care Integration program. *absorbs partial duties of Chief Program Officer</td>
</tr>
<tr>
<td>Michael O’Neill</td>
<td>Pathways Hub Manager</td>
<td>Manages the Pathways program.</td>
</tr>
<tr>
<td>Sara Rainer</td>
<td>Opioid Response Manager</td>
<td>Manages the Opioid Response program.</td>
</tr>
<tr>
<td>Abigail Schroff</td>
<td>Chronic Disease and Transitional Care Manager</td>
<td>Manages the Chronic Disease and Transitional Care programs.</td>
</tr>
<tr>
<td>Caroline Sedano</td>
<td>Reproductive, Maternal, and Child Health Manager</td>
<td>Manages Reproductive and Maternal/Child Health programs.</td>
</tr>
<tr>
<td>Megan Szabla</td>
<td>Executive Assistant</td>
<td>Provides administrative support for the CEO.</td>
</tr>
<tr>
<td><em>Joshua Plaster</em></td>
<td>Coordinator II</td>
<td>Provides administrative support for programs and Chief Programs Officer.</td>
</tr>
<tr>
<td><em>Eleanor Dovey</em></td>
<td>Fiscal and Contracts Specialist</td>
<td>Provides fiscal and administrative support. *absorbs partial duties of Finance Director</td>
</tr>
<tr>
<td>Randolph Thomas</td>
<td>Data and IT Specialist</td>
<td>Provides data analytics and IT support.</td>
</tr>
<tr>
<td>Olivia Reed</td>
<td>Pathways Referral Coordinator</td>
<td>Provides technical support for care coordination agencies in the Pathways HUB.</td>
</tr>
<tr>
<td>Amber Shirk</td>
<td>Community and Tribal Outreach Liaison</td>
<td>Collaborates and coordinates with Tribes, outreach efforts, and local forums.</td>
</tr>
<tr>
<td>Carol Palay</td>
<td>Communications Manager</td>
<td>Provides communications expertise and supports stakeholder, implementation partner, and community engagement.</td>
</tr>
</tbody>
</table>

a) Financial Executor Portal activity for the reporting period. The Independent Assessor will receive an ACH-specific report from the Financial Executor Portal, representing activity in the Portal during the reporting period. The Independent Assessor will append this document to the semi-annual report. No action is required by the ACH for this item.

- Optional: The ACH may provide additional context to add clarity about the portal activity reports (e.g., inaccurate provider type designations, payments made outside the portal.

Financial Executor Portal activities for this reporting period are categorized appropriately, with the exception of $40,198 paid directly to Cascade Pacific Action Alliance (CPAA) to fund local forums. These funds were drawn by CPAA and paid to the local forum partners not registered in the Portal.

Additionally, $975,000 was paid to sixteen MTP Implementation Partners who applied for and were awarded COVID-19 Emergency Response Funds. These funds were in addition to each organization’s contracted MTP funding.
b) For COVID-19 related payments made outside the portal during the reporting period, populate and submit the payment reconciliation spreadsheet.²

CPAA set aside $25,000 to contribute to Community CarePort’s Hunger Initiative based on emergent needs identified during COVID-19; Safeway produce vouchers are given to CarePort clients who screen positive for food insecurity. CPAA has not yet received an invoice for the vouchers redeemed during this reporting period.

All other COVID-19 related payments during this reporting period were paid to MTP Implementation Partners through the Financial Executor Portal.

11. **Incentives to support integrated managed care.** Regardless of integrated managed care implementation date, provide the following information regarding ACH incentives to support the region in transition to integrated managed care.

a) List of use and expenditures that reflect a cumulative accounting of all incentives distributed or projected to support the transition to integrated managed care. It is not limited to the reporting period.

   i) ACHs may use the table below or an alternative format as long as the required information is captured.

   ii) Include any earned Integration Incentives, Project Incentives or other funds that have been or will be used.

   iii) Description of use should be specific but concise.

Table 3: Incentives to Support Integrated Managed Care

<table>
<thead>
<tr>
<th>Description of Use</th>
<th>Expenditures ($)</th>
<th>Actual</th>
<th>Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed Care Contracting from a Position of Strength: an IMC training event with Adam Falcone, held on April 18, 2019.</td>
<td>$12,000</td>
<td>$15,000</td>
<td></td>
</tr>
<tr>
<td>Host MCO-BHA Forum on May 8, 2019.</td>
<td>$1,950</td>
<td>$1,500</td>
<td></td>
</tr>
<tr>
<td>EHR enhancement funding to support partners transitioning to IMC.</td>
<td>$330,000</td>
<td>$330,000</td>
<td></td>
</tr>
<tr>
<td>Contract with XPIO Health to provide technical assistance for up to 12 behavioral health agencies.</td>
<td>$150,000</td>
<td>$150,000</td>
<td></td>
</tr>
<tr>
<td>Interpreter Services for the IMC Provider Readiness Workgroup.</td>
<td>$1532</td>
<td>$2000</td>
<td></td>
</tr>
</tbody>
</table>

² HCA issued the reconciliation spreadsheet and related guidance on April 7, 2020
Section 2. Project implementation status update

The following sub-sections are required components of the ACH’s semi-annual report unless otherwise noted. ACHs may report in the format of their choosing, as long as all required elements are addressed.

Attachments

The ACH should provide applicable attachments or additional context that addresses the following:

12. Implementation work plan

The reporting requirements for the implementation work plan updates are temporarily replaced with COVID-19 related responses in the “Narrative Responses” section. The submission of implementation work plan updates are considered optional for this reporting period but are encouraged to the extent the ACH has an updated work plan.

Implementation plans are “living documents” that outline key work steps and plans to be conducted within the time frame of the Medicaid Transformation. The ACH’s implementation plan (work plan) is a key resource that allows HCA to understand how the ACH is moving forward and tracking progress. These plans provide HCA information to monitor ACH activities and project implementation timelines.

- Optional: The ACH may submit an updated implementation plan reflecting progress made during the reporting period.

Please see CPAA.SAR5.Work Plan.7.31.20.

Table 4: Implementation Plan Work Step Status Legend

<table>
<thead>
<tr>
<th>IP Work Step Status Legend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete, Deliverable Met</td>
</tr>
<tr>
<td>Fulfilled for Quarter, Remains in Progress</td>
</tr>
<tr>
<td>Delayed, Remains in Progress</td>
</tr>
<tr>
<td>Not Started</td>
</tr>
<tr>
<td>Edited Work Step</td>
</tr>
</tbody>
</table>
13. **Partnering provider roster.**

The roster should reflect **all partnering providers** that are participating in project implementation efforts through the ACH under Medicaid Transformation. To earn the achievement value associated with this reporting component, ACHs are required to update and submit the list of **partnering provider sites** that are participating in Medicaid Transformation Project Toolkit activities in partnership with the ACH.

**Instructions:**

a) For each partnering provider site identified as participating in transformation activities, the ACH should indicate:

i. Whether the partnering provider site is pursuing tactics or strategies in support of specific project areas from the Project Toolkit. Populate the appropriate project column(s) with Y/N.

ii. When the partnering provider site starts and ends engagement in transformation activities according to project area by indicating the quarter and year.

b) Update partnering provider site information as needed over each reporting period.

*Submit updated partnering provider roster.*

Please see CPAA.SAR5.Partner Roster.7.31.20.

**Documentation**

The ACH should provide documentation that addresses the following:

14. **Quality improvement strategy update**

The reporting requirements for the quality improvement strategy updates are temporarily replaced with COVID-19 related responses in the “Narrative Responses” section. The submission of quality improvement strategy updates are considered optional for this reporting period but are encouraged to the extent the ACH has an updated quality improvement strategy to keep HCA and the IA apprised of quality improvement activities and findings. If submitting updates, ACHs may determine the format to convey this information.4

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3 Partnering providers are defined as any traditional and non-traditional Medicaid providers and organizations that have committed to participate in the ACH’s projects. Traditional Medicaid providers are those that bill for services, either to a managed care organization or to the state directly (e.g., hospitals, primary care providers). Non-traditional Medicaid partners may receive some Medicaid funding through programs that provide grant dollars, etc., but they do not provide billable healthcare services to Medicaid members (e.g., behavioral health organizations, community based organizations, fire districts).

4 Reporting requirements for the quality improvement strategy updates will be fulfilled by COVID-19 context in the “Narrative Responses” section.
Quality Improvement Strategy Update: Defining and Communicating Expectations and Responsibilities for Partnering Providers in Continuous Quality Improvement

As reported in previous SARs, CPAA required all MTP Implementation Partners, including tribes and community-based organizations, to complete a Change Plan at the end of 2018, detailing their Transformation work. Each organization’s approved Change Plan will be used throughout the entire MTP by both the organization and CPAA. Change Plans define critical paths and key dependencies, outline all reporting requirements, help develop MTP organizational goals specific to project area/s, and measure implementation successes; the activities listed in each Change Plan detail the logical sequence of transformative events that will result in each organization achieving MTP goals and vision of improved healthcare. The Change Plans are intended to be useable, working documents, and they will be regularly updated throughout the MTP.

CPAA combined all Change Plan milestones and measures into a Quarterly Reporting Tool to ensure goals and milestones are met and swift action is taken if they are not. All implementation partners, including tribes and community-based organizations, must submit a report by the end of the first month following every quarter. As outlined in the contracts, all implementation partners, including tribes and community-based organizations, are required to report on Change Plan milestones quarterly and interim measures semi-annually. Interim measures, or Change Plan measures, are a combination of HCA measures (for projects 2A and 3A), CPAA measures, and proxy measures developed by partners and approved by CPAA based on the Implementation Plan and data available to partners. CPAA worked with Providence CORE (CORE) to determine what measures to be reported for each evidence-based intervention.

CPAA issues compliance emails to partners no later than the last day of the second month following every quarter. Additionally, a regional performance report is shared with the broad stakeholder group semi-annually (Appendix A). The regional performance report includes an overview of finances, training opportunities, community engagement, and Community CarePort (Pathways) data. During this reporting period, CHOICE Regional Health Network, the administrative support organization for CPAA, also compiled a 2019 Annual Report and distributed it to all board members, MCOs, and MTP implementation partners (Appendix B).

As reported in previous SARs, CPAA is keenly aware that overly burdensome reporting would present a challenge, particularly for smaller, nontraditional, community-based social service providers; thus, CPAA’s ongoing goal is to place minimal reporting requirements on partnering providers while providing CPAA effective performance monitoring.

CPAA continues to solicit and respond to feedback from partners regarding all areas of ACH activity, including but not limited to, Change Plans, reporting, meetings, and shared learnings. CPAA also utilizes the process of multi-sector “testing” and adapts as necessary. Partners have frequently noted they appreciate being given the opportunity to provide feedback, as well as CPAA’s responsive efforts to
incorporate said feedback. This process also ensures CPAA is providing appropriate and effective partner support and facilitating regional transformation.

Based on partner feedback, and as part of CPAA’s Quality Improvement Strategy, the partner reporting template was revised for 2020 (Appendix C). Each partner’s Change Plan and Reporting Template is now a single, stream-lined document. With the new template, partners are able to see milestones for all quarters until the end of the Transformation. CPAA provided recorded instructions that walked partners through the new template, in addition to program managers being available to answer any questions or concerns.

During this reporting period, after over a year of project implementation and in response to COVID-19, as part of CPAA’s Quality Improvement Strategy, CPAA required all MTP Implementation Partners to review and modify their Change Plans (Appendix D). Change Plan Modification encourages and supports partners as they revise their Change Plan to accurately and realistically reflect their scope of work, add milestones in Year 4 and Year 5 to plan for achieving sustainability in approved projects, and potentially drop interventions and project areas that aren’t successful.

As a region, CPAA needs to focus limited resources where the funding can make the biggest impact. To this end, based on a year of reporting, some MTP Implementation Partners have been placed on a Performance Improvement Plan (PIP) (Appendix E). Due to COVID-19, partners had the option of delaying PIP timelines until after this reporting period, but CPAA Program Managers continue to work closely with those partners as they modify their Change Plans and work towards meeting MTP milestones and fulfilling their PIPs.

During this reporting period, CPAA provided the following Quality Improvement support:

- Change Plan Modification
- Performance Improvement Plan (PIP)
- Updated Change Plan Reporting Template
- Emergency Funding Awards in response to COVID-19 (Appendix F)
- Collaborative partner calls focused on peer-to-peer learning and peer-to-peer training (Appendix G)
- Provider Readiness Workgroup and dedicated webpage to support transition to IMC
- Leadership Academy to increase capacity for organizational change (Appendix H)
- Partner Training Scholarship Program (Appendix I)
- Statewide Opioid Safety Training for Dental Providers (Appendix J)
- MOUD (medications for opioid use disorder) Waiver Training (Appendix K)
- Perinatal Behavioral Health Webinar (Appendix L)

During this reporting period, CPAA took the following action based on partner feedback and lessons-learned:

- CPAA continues to solicit and then incorporate partner feedback on reporting, meetings, and shared learnings. One example: due to partner interest, a Motivational Interviewing training series began in 2020 (Appendix M). After multiple delays due to inclement weather and then COVID-19 physical
distancing requirements, CPAA worked with the trainer to adapt the training to an online, virtual format.

- CPAA continues to broadly share partner success stories and highlight lessons learned. Transformation Talks (T²), an MTP Implementation Partner Showcase, was held in Q1 2020, prior to COVID-19 physical distancing requirements (Appendix N). This opportunity allowed partners to learn from each other and share their Transformation stories.
- CPAA continues to host and facilitate cohort calls to address specific interventions (e.g., pediatric call, behavioral health integration call, MOUD provider group).
- CPAA continues to provide MTP Implementation Partners a compliance report/email following partner quarterly reporting.

During this reporting period, due to COVID-19, CPAA was not able to take the following Quality Improvement actions:

- With physical distancing guidelines and the Stay Home, Stay Healthy order, CPAA program managers did not conduct in-person site visits.
- CPAA staff are working to move the next regional Learning Collaborative to an online/virtual format; while other online meetings and trainings took place during this reporting period, there was not a Learning Collaborative.
- Partners have repeatedly reported the importance of networking events. While Transformation Talks occurred during this reporting period, prior to COVID-19 physical distancing requirements, CPAA continues to work on developing an effective online/virtual format for partner networking.

### Regional Framework for Supporting Partnering Providers’ Quality Improvement Processes

<table>
<thead>
<tr>
<th>QI Area for Improvement</th>
<th>QI Activities</th>
</tr>
</thead>
</table>
| Structured Quality Improvement Activities and Partnering Provider Support Provided by CPAA | • Develop, test, and distribute Change Plan Modification template for partners to modify, revise, and further develop their MTP planning and implementation activities and quality improvement targets; support implementation partners in completing a quality Change Plan modification  
• Develop menu of project metrics that align with HCA metrics to monitor evidence-based practices and monitor outcomes  
• Test new quality improvement methods with partnering providers  
• Continue to embed ongoing learning opportunities, best practices, implementation successes and challenges, and collaboration throughout the region into Learning Collaboratives, local community forums, and CPAA Council meetings |
| **Methods and Frequency of Tracking Partner QI Progress** | **•** MTP Implementation Partners report on Change Plan milestones quarterly – Excel milestone report and Word narrative report submitted to CPAA  
**•** MTP Implementation Partners report on metrics semi-annually - Excel milestone report and Word narrative report submitted to CPAA  
**•** Conduct MTP Implementation Partner site visits  
**•** Monitor qualitative and quantitative data for intervention/s to evaluate success of organizations’ implementation of selected evidence-based interventions  
**•** CPAA issues quarterly performance emails to individual MTP partners and a bi-annual report to the broad stakeholder group  
**•** TA partners (Xpio Health, AIMS Center) provide quarterly reports to target efforts and advise progress |
| **Process of Communicating and Implementing Adjustments to Optimize MTP Approaches** | **•** Provide targeted technical assistance for partners to address quality concerns as indicated in Quarterly Reports; this TA could come from appropriate program manager/s and/or external consultants as needed  
**•** Identify partnering providers who need additional technical assistance to expand/improve their project/s  
**•** Solicit advice from clinical experts and provider champions  
**•** Develop partner performance improvement plans as needed |
| **Technical Assistance Provided or Facilitated by CPAA** | **•** Use performance improvement plans, as needed, to monitor project progress  
**•** Identify regional champions who implemented a successful program and who are interested in training other organizations  
**•** Develop a peer-to-peer training model that works for regional champions and partnering providers  
**•** Contract with AIMS Center for partners participating in Bi-Directional Care Integration  
**•** Contract with Xpio Health for behavioral health partners transitioning to Integrated Managed Care  
**•** CCS contract for partners participating in Community-Based Care Coordination (Pathways) |
| **Methods and Frequency of Sharing Approaches and Lessons Learned** | **•** Host regional networking events, facilitate opportunities, encourage dialogue, increase clinical-community linkages, and share lessons-learned and best-practices  
**•** Establish regular Learning Collaborative meetings to review quality improvement topics, evaluate current quality improvement strategies, identify areas for improvement, and develop new methods of quality improvement and partner management through professional skills building |
Narrative responses

ACHs must provide concise responses to the following prompts:

15. COVID-19

a) Provide an update on ACH activities in response to COVID-19 during the reporting period. Include a summary of how DSRIP activities and timelines have been impacted (i.e., which projects remain on track, which projects or areas of focus are on hold, etc.).

ACH activities in response to COVID-19 during the reporting period include:

- $1M Emergency Funding to MTP partners, including additional support for food insecurity
- CarePort COVID-19 Community Support and Monitoring Program
- Deferred Q1 reporting, did not require Q2 Change Plan measures reporting, and expedited 2020 MTP payments
- Seven weekly COVID Round-Up emails and a dedicated COVID-19 resource webpage
- Council Meetings, Leadership Academy, and trainings moved online due to physical distancing guidelines
- AIMS Center trainings on telehealth
- 1000 KN-95 masks distributed to partners around the region

As a result of the COVID-19 pandemic, DSRIP activities were impacted in a number of ways including CPAA’s partners’ capacity to continue offering certain services and the overall DSRIP timeline laid out by the HCA. COVID-19 impacts include:

- While Projects 2B and 2C remain on track and were virtually unaffected by COVID-19 response, Projects 2A, 3A, 3B, and 3D have been impacted in a variety of ways including delaying activities to Q3 and Q4 of 2020 and dropping activities altogether.
- Numerous partners reported staff positions were furloughed and/or laid off, ranging from physicians to medical assistants and behavioral health providers to other support staff.
- Three out of four of CPAA’s pediatric partners were severely affected by the COVID-19 pandemic, as a majority of their patient populations are on Medicaid. Due to this primary single stream of revenue and not being able to serve Medicare patients, there were not other insurance reimbursement options to buffer the revenue losses from decreased patient visits.
- With markedly decreased patient visits, pediatric providers noted that immunization rates will be impacted. While providers have adjusted their service delivery model for well child visits, many families will not get immunizations at the same time as they would have under normal circumstances, which will impact the MTP projects aimed at increasing immunizations for children 0-2.
School-based health center projects have been severely impacted given the state-wide closing of schools. While some partners have been able to transition student clients to other clinics or switch to telehealth models, these sites to not offer the same benefits as the “brick-and-mortar” school-based models.

CPAA’s community-based partners were not affected as much as behavioral health, physical health, and public health partners. Community-based organizations are typically not reliant on revenue from patient visits, as the majority of funding often comes from grants, philanthropy, and tax programs. Conversely, behavioral and physical health partners rely on patient visits for revenue, which was significantly impacted by COVID-19. Public health departments were responsible for county-specific emergency response plans.

Home visiting programs have been severely impacted by COVID-19 response. Nurse Family Partnership, which supports over 300 high-risk pregnant and parenting families in the CPAA region, was deemed a non-essential program, leaving these families without the critical support provided by NFP nurses.

b) Describe any project intervention supports that enabled COVID-19 response activities through improved delivery system infrastructure (e.g., care coordination, information exchange, telehealth access, data analytics, population health training and technical assistance, etc.), as applicable. Indicate whether this applied to specified sub-populations within your region.

Project-specific intervention supports that enabled COVID-19 response activities through improved delivery system infrastructure include:

- Community CarePort (Project 2B) adapted additional policies and procedures to allow for and promote a shift to phone-based care coordination when necessary.

- Community CarePort (Project 2B) developed a new service, CarePort COVID-19 Community Support and Monitoring Program, to address the emergent needs of people who have barriers to following quarantine or self-isolation advice received from local incidence response management systems. This service provides clients with regular connection to a trained care coordinator who can help them feel supported while in self-isolation or quarantine. Care coordinators, who share lived experiences with the clients they serve, will connect clients to help access food, medicine, and other essentials needed to safely stay home. Care coordinators are a trusted, reliable source of verified information for their clients and will monitor their success getting what is needed to stay home until the self-isolation or quarantine period is over.

- Implementation of telehealth across the region significantly increased for behavioral health agencies, primary care clinics, and hospitals (Appendix O).

- Flexibility of remote delivery of Evidence-Based Programs allowed for Chronic Disease Self-Management health education classes to be shifted to an online format (Appendix P).

c) Describe how your ACH included Tribes/IHCPs in your COVID-19 response activities.
While all MTP Implementation Partners were encouraged to apply for CPAA’s COVID-19 Emergency Funding, from the onset, CPAA made it known that Tribes, community-based organizations, and behavioral health providers’ applications were going to be given priority. $1 million appears to be a sizable allotment of emergency funding, but the applications quickly proved the emergent needs around the region were considerably more than the funding would support. Rather than allocate a smaller amount of emergency funding to all the partners, CPAA made the strategic decision to fully fund the requests of fewer partners for a bigger impact. Forty organizations applied for COVID-19 funding; three of the sixteen organizations that received emergency funding were tribal health centers.

d) Specific to partnering providers, describe how the ACH has adjusted contracts, reporting, type of provider engaged, and/or payment strategies.

Specific to partnering providers, CPAA adjusted contracts, reporting, and payment strategies to include:

- Q1 reporting deferred until July 31, 2020
- Q2 Change Plan measures reporting requirement dropped
- Expedited 2020 payments
- Partners on PIPs were given the option to delay their PIP timeline without impacting payments
- CPAA allowed partners to make late-stage modifications to their Change Plans

e) Describe specific risks/issues that emerged during the reporting period (e.g., workforce, information exchange, access). Also highlight any mitigation strategies, if applicable. Indicate whether this applied to specified sub-populations within your region.

During this reporting period, CPAA partners, through a COVID-19 survey (Appendix Q), identified the following challenges to Transformation in the midst of a pandemic:

- Workforce shortage/not enough providers, particularly in rural areas, and staff turnover and furloughs
- High demand for services/not enough capacity, particularly around MOUD and behavioral health
- Transportation barriers for recipients of services, particularly in rural areas
- Lack of affordable housing for recipients of services
- High demand/not enough access to legal services for recipients of services
- Costs and training associated with quickly transitioning to telehealth/remote services while maintaining quality of care due to COVID-19 and physical distancing requirements
- Financial challenges, including precarious funding sources/reimbursement rates and reduced income due to reduced clinic services that jeopardize/interrupt continuity of care during a crisis (i.e., COVID-19), especially for clinical partners, behavioral health/SUD services, and smaller
stand-alone clinics

- While an increase in telehealth improved access to clinical services for some people in rural areas and for some people who were reluctant to physically visit a clinic, there was a significant decrease in utilization of services for children and adolescents who are reluctant to use telehealth and more reliant upon parents for transportation to appointments
- State-wide school closings, which caused a decrease in reporting of child abuse, increase risk of domestic violence, etc.
- A decrease in well child visits creates concerns about immunization rates and spread of preventable diseases other than COVID-19
- Lower acute inpatient populations caused some programs to halt in implementation

While CPAA was not able to mitigate all the challenges partners identified during this reporting period, the ACH did:

- Quickly respond to the Stay Home, Stay Healthy order with COVID-19 Emergency Funding
- Minimize partner reporting requirements during the beginning of the Stay Home, Stay Healthy order and expedite 2020 MTP partner payments
- Adapt meetings and trainings to an online/virtual format
- Provide telehealth trainings to quickly increase capacity

f) Highlight one best practice or “bright spot” that emerged during this reporting period as a result of COVID-19, if applicable.

“Bright spots” that emerged during this reporting period as a result of COVID-19 include increased telehealth services through new remote communication channels (e.g., GoToMeeting, Skype, Zoom) and increasing flexibility in prescribing and accessing medications for opioid use disorder (e.g., the ability to prescribe MOUD via telehealth, temporary increase in waiver case load from 100 to 275 patients, extending prescription lengths, requiring the co-prescription of naloxone, removing prior authorization requirements for all forms of buprenorphine, and removing cost-sharing requirements).

Policies and regulations have experienced rapid changes during the public health emergency, including increased flexibility in prescribing and accessing medications for opioid use disorder. Some changes are temporary in response to the public health emergency and some are long-standing regulatory options. Flexibilities are particularly important for individuals with opioid use disorder (OUD) given their increased and exacerbated vulnerability to COVID-19 (e.g., effects of opioid use on respiratory and pulmonary health, increased likelihood to experience homelessness or incarceration, increased risk of overdose when using alone).

Removing regulatory barriers after the COVID-19 public health emergency may address long-term barriers to MOUD access and curb provider stigma that prevents many providers from prescribing MOUD as part of their typical practice. Current regulations create bureaucratic barriers for providers, significantly increasing the amount of resources and education needed to provide MOUD, and
contribute to stigma towards populations experiencing OUD. The reasons to temporarily eliminate arbitrary barriers to MOUD help to encourage (rather than discourage) appropriate, cost-effective care should be considered as potential permanent solutions to MOUD access barriers.

Additionally, many organizations have wanted to expand telehealth options, particularly as a solution for rural provider shortages, and COVID-19 provided the impetus to make these changes. Many adolescents receive medical and behavioral health services in school. With the closure of schools, many adolescents were suddenly without their school-based peer support network and behavioral health services. Providers like Educational Service District (ESD) 113 were able to act quickly in the early weeks of COVID-19 to go from offering very few telehealth services to offering all services through telehealth. ESD 113 developed and implemented new policies, procedures, training, and delivery of telebehavioral health services as well as tele-substance use services. They also hired a new pediatric provider who specializes in telehealth to oversee not only the transition to telebehavioral health, but also virtual medical services.

16. Regional integrated managed care implementation update

a) For 2020 adopters, list the date in which the ACH region implemented integrated managed care.

January 1, 2020

b) For 2020 adopters, briefly describe the primary integrated managed care-related challenges in the region after the transition to integrated managed care. Challenges may include issues with client enrollment/eligibility, provider payment, data/HIT, etc. What steps has the ACH taken, in partnership with providers and MCOs, to address these challenges?

After the transition to IMC on January 1, 2020, organizations in the CPAA region experienced a number of challenges including, but not limited to, claims being denied, claims reconciliation taking longer than expected, reimbursements being delayed, billing code modifier confusion, interpreter services dropping jobs at the last minute, prior authorization confusion, and data sharing confusion.

CPAA sought to address these challenges by facilitating an IMC Provider Readiness Workgroup that created a forum for behavioral health agencies to discuss IMC issues with MCOs and the HCA. In advance of each meeting, CPAA compiled questions submitted by behavioral health agencies in a tracker document that would later be discussed. These questions were shared with MCOs and the HCA before the meeting to allow adequate preparation time. In addition, CPAA developed a dedicated IMC-specific webpage to keep a record of relevant news stories, document updates, and stakeholder information.

c) For all early- and mid-adopters, briefly describe any challenges the region continues to experience due to the implementation of integrated managed care. What steps has the ACH taken during the reporting period, or what steps does the ACH plan to take, to address these challenges?
d) For all regions, what steps has the ACH taken, or what steps does the ACH plan to take, to support coordination with local, regional and statewide partners to design and implement strategies to address gaps and barriers impacting the health system in response to integrated managed care implementation?

After the transition to IMC on January 1, 2020, organizations in the CPAA region experienced a number of challenges including, but not limited to, claims being denied, claims reconciliation taking longer than expected, reimbursements being delayed, billing code modifier confusion, interpreter services dropping jobs at the last minute, prior authorization confusion, and data sharing confusion.

CPAA sought to address these challenges by facilitating an IMC Provider Readiness Workgroup that created a forum for behavioral health agencies to discuss IMC issues with MCOs and the HCA. In advance of each meeting, CPAA compiled questions submitted by behavioral health agencies in a tracker document that would later be discussed. These questions were shared with MCOs and the HCA before the meeting to allow adequate preparation time. Another benefit of this workgroup is that it provides a venue for cross-sector stakeholders to network, share organizational updates, and coordinate services. Any gaps and barriers impacting the health system are discussed during the meeting and oftentimes addressed in follow-up communications. In addition, CPAA developed a dedicated IMC-specific webpage to keep a record of relevant news stories, document updates, and stakeholder information.

**Attestations**

The ACH attests to complying with the items listed below during the reporting period. Upon request, the ACH shall have available for review by the IA and HCA all supporting data and/or back-up documentation related to the attestations provided.

<table>
<thead>
<tr>
<th>17. The ACH supported Independent External Evaluator (IEE) activities to understand stakeholders’ and partners’ successes and challenges with Medicaid Transformation project implementation. ACH support or engagement may include, but is not limited to:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>• Identification of partnering provider candidates for key informant interviews.</td>
<td>X</td>
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<td>• ACH participation in key informant interviews. Note: Participation in interviews for the evaluation is voluntary.</td>
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<td>• Directing the IEE to public-facing documents (e.g., fact sheets for providers or community members) that help the IEE understand ACH transformation projects and related activities.</td>
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</table>

If the ACH checked “No” in item above, provide the ACH’s rationale for not supporting IEE activities for evaluation of Medicaid Transformation during the reporting period.
Section 3. Pay-for-Reporting (P4R) metrics

18. P4R Metrics

The reporting requirements for the P4R Metrics updates are temporarily replaced with COVID-19 related responses in the “Narrative Responses” section. ACHs may use discretion, and will not be penalized, surrounding the timing and volume of P4R metric data collection during the COVID-19 pandemic. For example, an ACH may choose to delay data collection, make participation optional, or target participation. The submission of P4R Metrics are considered optional for this reporting period but are encouraged.

P4R metrics provide detailed information to the IA, HCA and ACHs on partnering provider implementation progress for Projects 2A and 3A at a clinic/site level. Potential respondents should be consistent with the list of partnering provider sites identified in the ACH’s Partnering Provider Roster affiliated with Project 2A and 3A.

Related resources and guidance:

- For important points to consider when collecting and reporting P4R metric information, refer to the following resource: How to read metric specification sheets.
- Full P4R metric specifications are available on the Medicaid Transformation metrics webpage, under “ACH pay for reporting metrics.”

Instructions:

a) Submit aggregate summary of P4R metric responses collected from partnering provider sites (e.g., count of sites that selected each response option).

b) Provide a summary of respondents overall, by Project (2A/3A), and stratified by site-level provider characteristics as specified in the reporting template.

Format:

a) ACHs submit P4R metric information using the reporting template provided by the state.

Optional: The ACH may submit P4R metric information.

Please see CPAA.SAR5.P4R Metric Reporting.7.31.20.
This report highlights the activities of CPAA and its 51 funded Medicaid Transformation Project (MTP) partners implementing interventions in Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties.

### Milestone Progress

During the last two quarterly reporting periods, CPAA’s regional partners submitted progress updates on a total of 1,008 milestones as identified in their Change Plans. The regional compliance score below shows regional progress toward Implementation.\(^1\)

<table>
<thead>
<tr>
<th>Period</th>
<th>Regional Compliance Score</th>
<th>In Progress</th>
<th>Completed</th>
<th>Not Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2019 – September 30, 2019</td>
<td>72.53%</td>
<td>180</td>
<td>210</td>
<td>60</td>
</tr>
<tr>
<td>October 1, 2019 – December 31, 2019</td>
<td>74.12%</td>
<td>172</td>
<td>339</td>
<td>47</td>
</tr>
</tbody>
</table>

### Budget Disbursement

- **Administration**: $1,148,552
- **Health Systems and Community Capacity Building**: $1,215,483
- **Provider Engagement and Implementation**: $1,441,746
- **Provider Performance and Quality Incentives**: $1,564,281

\(^1\) Regional Compliance Scores are a weighted average of completed and in-progress milestones divided by the total number of milestones.
Community CarePort, CPAA’s Pathways Community HUB, has delivered care coordination services to more than 1,200 clients. More than 8,946 pathways have been completed, including connections to needed social services, medical and behavioral health care, and housing.
Our Mission:
To improve community health through collective planning and action of leaders of health.
Jean Clark, CHOICE CEO, Looks Back on 2019

What a year for CHOICE Regional Health Network and Cascade Pacific Action Alliance (CPAA), the region’s Accountable Community of Health (ACH) supported by CHOICE and administering the Medicaid Transformation Project (MTP).

As we reflect on 2019, it’s important to remember that the region’s accomplishments are more than just bullet points, although they culminate in an impressive list we’re proud to share. Every success story, every training, every dollar of funding, every new and renewed partnership, and every completed milestone has deep and lasting impacts on the region’s most vulnerable populations.

CHOICE partners, stakeholders, and community members are dedicated, inspired, and working hard to transform the healthcare delivery system. Never before have so many cross-sectors come together to improve community health. The shared successes, challenges, innovations, and lessons learned have all contributed to our region’s transformation.

FINANCIAL OVERVIEW*

CHOICE is optimistic as we look ahead to the work still to be done and we move strategically towards achieving sustainability and scaling up successful projects to impact more lives. We have a solid foundation of shared vision to ensure the work continues for many years to come.

*The Financial Overview encompasses both CHOICE and CPAA, LLC. The CHOICE fiscal year ended September 30, 2019. CHOICE received an unmodified audit for the year.

As of November 2019, CPAA led the state in ACH distribution of MTP funds to partnering providers, with 69.68% of earned funds distributed.
PARTNER STORY: UNION GOSPEL MISSION

Staffed by volunteer dental professionals, the Olympia Union Gospel Mission Dental Clinic provides no-fee dental care to over 1,800 patients a year. As part of the Thurston Oral Health Network (TOHN), the Mission treats uninsured, diabetic seniors. The dental care is paired with education about the relationship between oral health and diabetes. In 2019, the Mission demonstrated that providing dental care has improved clients’ oral health and diabetes, and also improved overall quality of life for their patients. One participant of the program explained that after losing her two front teeth, she felt embarrassed about smiling. After receiving care at the Mission, she immediately started smiling.

NAVIGATOR HEALTH INSURANCE

- During Open Enrollment, the CHOICE network of Navigators hosted or attended over 20 sign-up events around the region.
- Throughout 2019, Navigators enrolled or renewed over 8,000 people into Washington Apple Health (Medicaid) and Qualified Health Plans.

ORAL HEALTH PROGRAMS (ABCD, OHC, TOHN)

- Thurston Oral Health Network (TOHN) provided dental care to 215 individuals.
- Oral Health Connections (OHC) launched January 1, 2019. OHC focuses on pregnant women and adults with diabetes who are enrolled in Washington Apple Health. 182 individuals were enrolled in OHC and over 125 providers became OHC-certified.
- 634 children were enrolled in Access to Baby & Child Dentistry (ABCD).
- Over 200 providers participated in Opioid Safety Training for dentists.

OPIOID USE REDUCTION & RECOVERY (OURR) ALLIANCE

- 191 participants have been served by OURR Alliance.
- OURR Alliance piloted the first-ever Certified Peer Counselor (CPC) training with a specific focus on peers who have been impacted by opioid use disorder. More than 60 peers have graduated.

YOUTH MARIJUANA PREVENTION & EDUCATION PROGRAM (YMPEP)

- Dr. Jason Kilmer from the University of Washington started speaking around the region to educate parents, teachers, and community members about the impacts of marijuana on the developing brain.
6 Building Blocks

Quality Improvement
- One Key Question
- Pregnancy Intention Screening
- The Language of Stigma
- Opioid Safety for Dentists
- Evaluating and Treating Hepatitis C

6 Building Blocks

Trauma, Toxic Stress, and Staff Retention
- Certified Peer Counseling
- Medication Assisted Treatment Waiver Training
- Integrated Managed Care
- Opioid Use Disorder and Meth
- Opioid Prescribing for Dental Providers
- Transforming Trauma

2,190 Completed and In-Progress Partner Milestones*

29 Trainings & Events with 1,786+ Participants

11 Care Coordinating Agencies
863 Active Enrolled Clients
8,946 Completed Pathways

73.7% Regional Compliance*

*Regional Compliance is a weighted average of complete and in-progress milestones out of all possible milestones
OBC continues their great work providing low-barrier medication assisted treatment (MAT) for people experiencing opioid use disorder (OUD) at the Capital Recovery Center in downtown Olympia. Low-barrier access means walk-in patients receive their prescription the same day, and the medication is always free to patients.

Peers, who’ve been through recovery themselves, provide support and help patients access other resources like counselling and housing.

“Every day using buprenorphine instead of heroin is a safer day,” says Dr. Lucinda Grande, director of OBC. OBC has received national media coverage by the Associated Press and U.S. News and World Report.

INTEGRATED MANAGED CARE (IMC)

As an on-time adopter, the CPAA region transitioned to IMC January 1, 2020. While the ACH did not receive funding to support IMC, CPAA made targeted investments to help partners successfully make the transition:

- EHR Enhancement for behavioral health providers
- Monthly Provider Readiness Workgroup comprised of both the Great Rivers and Thurston-Mason regions
- "Managed Care Contracting from a Position of Strength" training with Adam Falcone
- Contract with Xpio Health for partner technical assistance

INCENTIVES TO SUPPORT TRANSITION TO IMC

$102,296

$1,532

$13,950

$270,000

- Training
- EHR Enhancement
- Contract with Xpio Health for Partner TA
- Interpreter Services for IMC Provider Readiness Workgroup

TRANSFORMATION STORY: COASTAL COMMUNITY ACTION PROGRAM (CAP)

There is an undeniable link between poverty and poor health. For those living in poverty, factors such as trauma, homelessness, substance use, food insecurity, and low health knowledge levels contribute to health issues. Coastal CAP works with low income individuals and families in Grays Harbor and Pacific counties.

Through Community CarePort, CPAA’s community-based care coordination program, Coastal CAP has been able to provide social support, connections with community resources, and access to medical services to enhance their existing services.
CHOICE prioritized social media in 2019, successfully implementing a strategy to increase engagement and reach.*

*Growth shown in percent increase. 100% represents reaching all Facebook followers.

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**David Windom**
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**ANSWERS Counseling**
**Arbor Health (Morton General Hospital)**
**Arcora**
**Area Agency on Aging & Disabilities of SW Washington**
**Behavioral Health Resources**
**Capital Recovery Center**
**Cascade, A Behavioral Health Agency**
**Child and Adolescent Clinic**
**Child Care Action Council**
**CIELO**
**Coastal Community Action Program**
**Columbia, Washington**
**Consejo Counseling and Referral Services**
**CORE Health**
**Cowitz Family Health Center**
**Cowitz Indian Tribe**
**Capital Region Educational Service District 113**
**Family Education and Support Services**
**Gather Church**
**Grays Harbor Community Hospital**
**Grays Harbor Public Health**
**Head Start**
**Kaiser Foundation**
**Health Plan of the Northwest**
**Lewis County Community Health Services (Valley View)**
**Lewis County Public Health**
**Lewis County Sheriff's Department**
**Lewis Early Learning Coalition**
**Lifeline Connections**
**Love Overwhelming**
**Lower Columbia Community Action Program**
**Mason County Public Health**
**Mason General Hospital and Family of Clinics**
**MedAssist**
**Nisqually Indian Tribe**
**Northwest Pediatric Center**
**Northwest Resources II**
**Nurse Family Partnership**
**Ocean Beach Hospital and Medical Clinics**
**Olympia Bupe Clinic**
**Olympia OB/GYN**
**Olympia Union Gospel Mission**
**Options Pregnancy Center**
**Pacific County Public Health**
**Pacific Mountain Workforce Development Council**
**Pathways 2020**
**PeaceHealth Pediatric Associates**
**Peer Workforce Alliance**
**Peninsula Community Health Services**
**Physicians of Southwest Washington**
**Planned Parenthood**
**Power to Decide**
**Providence Health & Services**
**Quinault Indian Nation**
**Sea Mar Community Health Centers**
**Shoalwater Bay Tribe**
**Skokomish Indian Tribe**
**Small to Tall Pediatric Dentistry**
**South Sound Pediatrics**
**Special Supplemental Nutrition Program for Women, Infants, and Children**
**Squaxin Island Tribe**
**Summit Pacific Medical Center**
**Telecare**
**Thurston Asset Building Coalition**
**Thurston County Food Bank**
**Thurston County Public Health**
**Thurston Dental**
**Thurston Early Learning Coalition**
**Thurston Mason Dental Society**
**Thurston Thrives**
**Wahkiakum Health and Human Services**
**Washington Recovery Help Line**
**Willapa Behavioral Health**
**Willapa Health Center**

**1217 4th Avenue East, Suite 200 • Olympia, WA 98506-4246**

www.crhn.org • www.cpaawa.org
Change Plan Reporting Contents

Your organization’s Change Plan and reporting template are now one document. All 2020 - 2021 milestones are included in this Change Plan Reporting Template. Reporting must be completed quarterly and returned to reporting@cpaawa.org by 07/31/2020, 10/31/2020, and 1/31/2021. Submit your final documents in the format that they were sent. Please submit your Report as an Excel file using the naming convention CP2020_organization name. Please submit your completed Narrative Report as a Word document using the naming convention NR2019Q2_organization name.

For detailed instructions on how to complete your reports, watch this short video: [insert link]

Your organization's Medicaid Transformation Project (MTP) Quarterly Report is composed of three parts:

1. **Milestone Report**: located in this Change Plan are your organization's approved Change Plan milestones. For this reporting period, you will report on milestones with due dates between 01/01/2020 - 06/30/2020 (DY4 Q1-Q2).

2. **Narrative Report**: provides additional context and information about your organization’s MTP activities. Please make sure to answer all of the questions.

3. **Metric Report**: has been prepopulated with your organization's approved Change Plan metrics. Metric reporting will be included in Q2 and Q4 reports each year. **Note: Due to COVID-19, metric reporting is canceled for the reporting date of 07/31/2020.**

All three reports must be completed in order to fulfill CPAA’s reporting requirements. Receipt of completed reporting will trigger quarterly payment, which will be processed within 30 days, based on availability of the Financial Executor Portal. CPAA uses your completed quarterly report to monitor MTP goals and activities, address challenges, and to fulfill ACH-level reporting requirements and earn transformation dollars for the region.

If you have any questions or concerns about quarterly reporting, please submit them to reporting@cpaawa.org.

**Instructions for Milestone Report**

The Milestone Report can be found on the second tab of this Excel file.

1. Select the progress indicator:
   - **Completed** – The milestone has been completed, and the implementation partner is able to provide supporting documentation regarding the completion of the deliverable upon request.
   - **Fulfilled In Progress** – Actions were taken towards achieving the work step deliverable, but the deliverable has a target end date in the future.
   - **Delayed In Progress** – Actions were not taken towards achieving the work step deliverable during the reporting period, but the deliverable has a target end date in the future. Delayed milestones will automatically be moved to the subsequent quarter.
   - **Not Started** – Work step has not been started.
   - **Update Status** – A gray ‘update status’ box indicates the milestones’ self-identified due date. You must select a progress indicator for each gray box marked in the reporting quarter with one of the options above.

2. If the milestone is completed, do not provide notes. For all other progress indicators, write a brief description in your narrative report.
   - If in progress, please briefly provide a status update and state any barriers encountered.
   - If not started, please identify any barriers encountered, provide a brief description of how you are moving forward, and state the revised due date for the milestone.
   - If needs to be revised, provide the new milestone, rationale, and the new date if applicable.

**Instructions for Narrative Report**

1. Please respond to the questions outlined in the narrative report (350 words or less). See Word document for Narrative Report template.
Instructions for Metric Report

The Metric Report can be found on the third tab of the Excel file.

Note: Due to COVID-19, metric reporting is canceled for the reporting date of 07/31/2020.

Self-reported baseline and end year targets were recorded for each metric. CPAA requires that you report semi-annually on the progress for each metric prepopulated in your quarterly reports.

1. You are required to fill in all highlight cells on the Metric Report tab.
2. If no baseline was recorded when filling out your Change Plan, the cell has been highlighted. If there is a 0, that is the baseline that was given.
3. Please pay close attention to the units for each metric, as indicated in column E (i.e., percentage or number) when populating column F and G in the Metric Report.

If applicable, metrics have been prepopulated for each project area your organization is participating in based on the information in your organization's approved Change Plan. Not all project areas have semi-annual metric reporting; Pathways and Opioid Response have a different metric reporting process.

If you're participating in Pathways, your metrics will be pulled from the CCS platform. There is no further action required from you at this time.

If you're participating in Opioid Response, your reporting was completed through a separate survey on a different timeline. There is no further action required from you at this time.
### Project Area Intervention Description Milestones Reporting Quarter Final Date Notes

<table>
<thead>
<tr>
<th>Project Area</th>
<th>Intervention Description</th>
<th>Milestones</th>
<th>Reporting Quarter Final Date</th>
<th>Notes</th>
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<tr>
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**SMART Goal:**

How confident are you that you will achieve your SMART goal? Please select a confidence level for the quarter.

<table>
<thead>
<tr>
<th>Confidence Level</th>
<th>50%</th>
<th>75%</th>
<th>100%</th>
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</thead>
<tbody>
<tr>
<td>Selection</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Change Plan Legend:**

- 50% milestone achievement
- Standard in effect, per quarter
- Milestone achievement TBD

---

### Organization Information

- **Organization Name:**
- **Primary Contact Name:**
- **Phone Number:**
- **E-mail Address:**

---

**Delay, Remains in Progress**

**Updated Status for the Quarter:**

- **3/31/2020:**
- **6/30/2020:**
- **9/30/2020:**
- **12/31/2020:**
- **3/31/2021:**
- **6/30/2021:**
- **9/30/2021:**
- **12/31/2021:**

---

**Update Status for the Quarter:**

- **3/31/2020:**
- **6/30/2020:**
- **9/30/2020:**
- **12/31/2020:**
- **3/31/2021:**
- **6/30/2021:**
- **9/30/2021:**
- **12/31/2021:**

---

**NOT STARTED**

- **3/31/2020:**
- **6/30/2020:**
- **9/30/2020:**
- **12/31/2020:**
- **3/31/2021:**
- **6/30/2021:**
- **9/30/2021:**
- **12/31/2021:**

---

**COMPLETED, DELIVERABLE MET**

- **3/31/2020:**
- **6/30/2020:**
- **9/30/2020:**
- **12/31/2020:**
- **3/31/2021:**
- **6/30/2021:**
- **9/30/2021:**
- **12/31/2021:**

---

**Fulfilled for Quarter, Remains in Progress**

- **3/31/2020:**
- **6/30/2020:**
- **9/30/2020:**
- **12/31/2020:**
- **3/31/2021:**
- **6/30/2021:**
- **9/30/2021:**
- **12/31/2021:**

---

**DELAYED, REMAINS IN PROGRESS**

- **3/31/2020:**
- **6/30/2020:**
- **9/30/2020:**
- **12/31/2020:**
- **3/31/2021:**
- **6/30/2021:**
- **9/30/2021:**
- **12/31/2021:**
<table>
<thead>
<tr>
<th>ID_Metric</th>
<th>Metric</th>
<th>2017 Baseline</th>
<th>2019-Mid Year Actual</th>
<th>2019-Actual</th>
<th>2019-Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A030</td>
<td>% Universal BMI [2A030]</td>
<td>0</td>
<td>56.75</td>
<td>51.18</td>
<td>70</td>
</tr>
<tr>
<td>2A040</td>
<td>% Universal blood pressure screening [2A040]</td>
<td>0</td>
<td>56.75</td>
<td>51.18</td>
<td>70</td>
</tr>
<tr>
<td>2C010</td>
<td># Clients in Patient Navigator Service [2C010]</td>
<td>0</td>
<td>63</td>
<td>198</td>
<td>150</td>
</tr>
<tr>
<td>2C060</td>
<td># of transports to healthcare [2C060]</td>
<td>0</td>
<td>7</td>
<td>14</td>
<td>200</td>
</tr>
<tr>
<td>2C070</td>
<td>% consumers who rebook [2C070]</td>
<td>0</td>
<td>33</td>
<td>66</td>
<td>50</td>
</tr>
<tr>
<td>2C080</td>
<td>% of transportation service within 7 days [2C080]</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>2C220</td>
<td># unique clients receiving services at SSC [2C220]</td>
<td>0</td>
<td>337</td>
<td>479</td>
<td>200</td>
</tr>
<tr>
<td>2020-Mid Year Actual (Q2)</td>
<td>2020-Actual (Q4)</td>
<td>2020-Target</td>
<td>2021-Mid Year Actual (Q2)</td>
<td>2021-Actual (Q4)</td>
<td>2021-Target</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------</td>
<td>-------------</td>
<td>---------------------------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>80</td>
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<tr>
<td>225</td>
<td></td>
<td></td>
<td>250</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Instructions: Please complete the Narrative Report by responding to each question (350 words or less per question) and submit as a Word document using the naming convention NR2020Q2_organizationname.

To fulfill CPAA reporting requirements, both the Narrative Report and the Excel Milestone Report must be completed and emailed to reporting@cpaawa.org by **Friday, July 31**.

**Reporting period: January 1 – June 31, 2020**

<table>
<thead>
<tr>
<th>Organization</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Contact Name</td>
<td></td>
</tr>
</tbody>
</table>

**Narrative Questions**

1. Please describe any delays or significant challenges in implementing any project work for this reporting period. Please be project specific.

2. If you have not yet implemented certain elements of the project work you selected, how will you implement these activities in Q3 and Q4 2020?

3. What are your priorities with scaling and sustaining project work? What project work is uncertain or needs additional support to be sustained or scaled?

4. Please share a success story during the reporting period.
Dear MTP Implementation Partner,

CPAA is aware that the end of year is a busy time, and we ask that you please carefully read all instructions in their entirety and check to ensure you’ve received the correct attached documents.

Attached to this email:
- Change Plan – Excel
- Quarter 4 Milestones/Metrics Report – Excel
- Quarter 4 Narrative Report – Word

**Change Plan Modification**

After a year of Implementation, CPAA is requiring all MTP Partners to review their Change Plans for 2020 - 2021. Moving into Pay for Performance and Scale and Sustain years, it’s time to figure out how to make successful projects sustainable and scalable, as well as make hard decisions about the future of projects and interventions that aren’t progressing.

During this time, CPAA is encouraging you to modify your Change Plan to accurately and realistically reflect your scope of work, add milestones in Year 4 (2020) and Year 5 (2021) to plan for achieving sustainability in your approved projects, and potentially drop interventions and project areas.

CPAA will be reviewing all Change Plans prior to contract amendments going out. **Please keep in mind that some modified Change Plans may not be approved.** As a region, we need to put our limited resources where the funding can make the biggest impact.

The Change Plan modification process has been broken up into multiple tabs for your review and edits. Due to the way CPAA is tracking edits to milestones and updated data, we will no longer be using the Microsoft Word version of your organization’s Change Plan. However, all milestones, metrics, and SMART goals have been formatted to the Excel version and verified with the final draft of the original approved Change Plan.

**Your Organization’s Change Plan Excel File:**

**Tab 1:** Detailed instructions

**Tab 2:** 2019 Quarterly Reports 1-3 have been locked. These milestones have already been reported on and updated in CPAA’s internal tracker. They are included for your reference.

**Tab 3:** Current 2020 - 2021 Milestones. In this tab, you will review, modify, and add milestones and SMART goals to more accurately capture project-specific work and plan for Scale and Sustain years.
- Milestones are listed by intervention. All intervention milestones are listed under their original SMART goal.
- If you choose to remove a milestone from your Change Plan, please highlight the box in yellow. **Do not delete.**
- To add milestones, please list them in the empty cells provided to you or right-click to add additional rows as needed.
Reviewed and modified Change Plans must be completed and returned to reporting@cpaawa.org by February 7, 2020. Submit your final document as an Excel file using the naming convention CP2020_organization name. After submission, CPAA will have two weeks to review your modified Change Plan. If there are any additional revisions requested, you will be contacted at that time.

CPAA is here to support you through this modification process. If you have any questions or concerns about modifying your Change Plan, please submit them to reporting@cpaawa.org or directly contact the relevant program manager.

2019 Quarter 4 Reporting
CPAA uses your completed Quarterly Report to monitor MTP goals and activities, address challenges, and to fulfill ACH-level reporting requirements and earn Transformation dollars for the region.

Submit your final documents in the format that they were sent. Please do not alter rows or columns. Please submit your completed Milestone and Metric Report as an Excel file using the naming convention MR2019Q4_organization name. Please submit your completed Narrative Report as a Word document using the naming convention NR2019Q4_organization name.

Your organization's Medicaid Transformation Project (MTP) Quarter 4 Report is composed of three parts:

1. **Milestone Report**: has been prepopulated with your organization's approved Change Plan milestones. For this reporting period, you will report on milestones with due dates between October 1, 2019 – December 31, 2019 (DY3 Q4).
2. **Narrative Report**: provides additional context and information about your organization’s MTP activities during the DY3 Q4 reporting period. Please make sure to answer all of the questions.
3. **Metric Report**: has been prepopulated with your organization's approved Change Plan metrics. Metric reporting will be included in Q2 and Q4 reports each year.

All Quarter 4 reporting must be completed and returned to reporting@cpaawa.org by 01/31/2020. All three reports must be completed in order to fulfill CPAA’s reporting requirements. Receipt of completed reporting will trigger quarterly payment, which will be processed within 30 days, based on availability of the Financial Executor Portal.

If you have any questions or concerns about quarterly reporting, please submit them to reporting@cpaawa.org. Someone will respond within 3 business days.

We appreciate your dedication, your efforts, and all your Transformation work.

Thank you.
Example 2020-2021 Milestones

SMART Goal: By December 31, 2021, we will increase the number of referrals from syringe exchange programs by 50%, increase the number of waivered-prescribers within CW from 4-6, and increase CW coordination of care with behavioral health providers by 75%.

1A_PREVE Prevention Education/Safe Prescribing Practices IA0644 Begin Youth Prevention Education in groups and/or in school settings (Goal #1) 01-Jan-21
1A_PREVE Prevention Education/Safe Prescribing Practices IA0645 Track clients engaged in prevention education and monitoring efforts in EHR (Goals #1 and #2) 01-Jan-21
1A_PREVE Prevention Education/Safe Prescribing Practices IA0646 Enroll in PDMP and develop workflow for checking database and passing pertinent information along to appropriate staff (Goal #2) 01-Jan-22
1A_PREVE Prevention Education/Safe Prescribing Practices IA0647 Designate staff to manage/monitor PDMP (Goal #2) 01-Jan-22

SMART Goal: Implement Patient Navigator role by 12/1/2019, increasing the percentage of patients who are connected with needed services (such as primary care, mental health, SUD, employment, housing, and psychiatric prescription) within 7 days of discharge from institutions such as jails/prisons, inpatient psychiatric agencies, and emergency departments from 0% to 60% by 2021

2C_NEMT Provide non-emergency medical transport services JC0611 Strengthen connections with medical care providers, using Patient Navigator(s) to schedule transport services to and from appointments 01-Jan-21

Organizational Information

Modified Change Plan Contents

CPAA is requiring all MTP Partners to review their Change Plans for the 2020-2021 Scale and Sustain years. During this time, modifications may be made to any existing future milestones and additional milestones should be added to more accurately reflect your organization’s work around your approved project areas.

Modified Change Plans must be completed and returned to reporting@cpawa.org by February 7, 2020. Submit your final document in the existing format (i.e., Excel).

Your organization’s Modified Change Plan has been broken up into multiple tabs for your review and edits. Due to the way CPAA is tracking milestones and updating data, we will no longer be using the Microsoft Word version of your organization’s Change Plan. However, all milestones and SMART goals have been formatted to the Excel version and verified with the final draft of your approved Change Plan. Your organization’s Modified Change Plan is composed of two parts:

1. Q1-Q3 2019 Milestones: has been prepopulated with your organization’s milestones from the beginning of implementation, through September 2019. These milestones have already been captured by CPAA and are available for reference while reviewing and modifying your Change Plan. No action is needed with this tab.
2. 2020-2021 Milestones: lists all milestone written into your organization’s original approved Change Plan. In this tab, you will review, modify, and add milestones to more accurately reflect project-specific work in Scale and Sustain years 2020 and 2021.

Instructions for 2020-2021 Milestones

Your organization’s existing 2020-2021 milestones can be found on the third tab of this Excel file.

1. Milestones are listed by intervention. All intervention milestones are listed under their original SMART goal.
2. SMART goals may be revised as needed as you add and modify milestones to accurately reflect your Transformation work.
3. If you choose to remove a milestone from your Change Plan, please highlight the box in yellow. Do not delete.
4. To add milestones, please list them in the cells provided to you, or right click to add additional rows as needed.

For coding purposes, CPAA will populate these cells. Please leave the first three columns blank.
Email Language for Partners on PIP

Dear [insert name],

CPAA is aware that the end of year is a busy time, and we ask that you please carefully read all instructions in their entirety and check to ensure you’ve received the correct attached documents. Attached to this email:

- Performance Improvement Plan (PIP) - Word
- Change Plan –Excel
- Quarter 4 Milestones/Metrics Report –Excel
- Quarter 4 Narrative Report –Word

Performance Improvement Plan

Jean Clark, CPAA CEO, has been in contact with your organization’s leadership regarding the attached PIP. Your approved, modified Change Plan is part of that PIP.

Program Managers will be contacting you shortly to schedule a meeting in January to discuss PIP next steps and timeline.

Change Plan Modification

After a year of Implementation, CPAA is requiring all MTP Partners to review their Change Plans for 2020-2021. Moving into Pay for Performance and Scale and Sustain years, it’s time to figure out how to make successful projects sustainable and scalable, as well as make hard decisions about the future of projects and interventions that aren’t progressing.

During this time, CPAA is requiring you to modify your Change Plan to accurately and realistically reflect your scope of work, add milestones in Year 4(2020) and Year 5(2021) to plan for achieving sustainability in your approved projects, and potentially drop interventions and project areas. As a region, we need to put our limited resources where the funding can make the biggest impact.

The Change Plan modification process has been broken up into multiple tabs for your review and edits. Due to the way CPAA is tracking edits to milestones and updated data, we will no longer be using the Microsoft Word version of your organization’s Change Plan. However, all milestones, metrics, and SMART goals have been formatted to the Excel version and verified with the final draft of the original approved Change Plan.

Your Organization’s Change Plan Excel File:

**Tab 1**: Detailed instructions

**Tab 2**: 2019 Quarterly Reports 1-3 have been locked. These milestones have already been reported on and updated in CPAA’s internal tracker. They are included for your reference.

**Tab 3**: Current 2020-2021 Milestones. In this tab, you will review, modify, and add milestones and SMART goals to more accurately capture project-specific work and plan for Scale and Sustain years.
- Milestones are listed by intervention. All intervention milestones are listed under their original SMART goal.
- If you choose to remove a milestone from your Change Plan, please highlight the box in yellow. Do not delete.
- To add milestones, please list them in the empty cells provided to you or right-click to add additional rows as needed.

Program Managers will be working with you to modify your Change Plan.

Reviewed and modified Change Plans must be completed and returned to reporting@cpaawa.org by February 7, 2020. Submit your final document as an Excel file using the naming convention CP2020_organization name. After submission, CPAA will have two weeks to review your modified Change Plan. If there are any additional revisions requested, you will be contacted at that time.

2019 Quarter 4 Reporting

CPAA uses your completed Quarterly Report to monitor MTP goals and activities, address challenges, and to fulfill ACH-level reporting requirements and earn Transformation dollars for the region.

Submit your final documents in the format that they were sent. Please do not alter rows or columns. Please submit your completed Milestone and Metric Report as an Excel file using the naming convention MR2019Q4_organization name. Please submit your completed Narrative Report as a Word document using the naming convention NR2019Q4_organization name.

Your organization’s Medicaid Transformation Project (MTP) Quarter 4 Report is composed of three parts:

1. **Milestone Report**: has been prepopulated with your organization’s approved Change Plan milestones. For this reporting period, you will report on milestones with due dates between October 1, 2019 – December 31, 2019 (DY3 Q4).
2. **Narrative Report**: provides additional context and information about your organization’s MTP activities during the DY3 Q4 reporting period. Please make sure to answer all of the questions.
3. **Metric Report**: has been prepopulated with your organization’s approved Change Plan metrics. Metric reporting will be included in Q2 and Q4 reports each year.

All Quarter 4 reporting must be completed and returned to reporting@cpaawa.org by 01/31/2020. All three reports must be completed in order to fulfill CPAA’s reporting requirements. Receipt of completed reporting will trigger quarterly payment, which will be processed within 30 days, based on availability of the Financial Executor Portal.

If you have any questions or concerns about quarterly reporting, please submit them to reporting@cpaawa.org. Someone will respond within 3 business days.

We appreciate your dedication, your efforts, and all your Transformation work.

Thank you.
### Purpose

The purpose of this Performance Improvement Plan (PIP) is to define areas of concern and/or gaps in an organization’s performance, iterate CPAA’s expectations going forward, and allow the organization an opportunity to demonstrate improvement. To facilitate sustained improvement, the following PIP will be used in conjunction with your organization’s modified Change Plan to monitor progress on Medicaid Transformation Project (MTP) work. The project area/s in need of improvement are checked below under the Areas of Concern section.

### Performance Improvement Process

Effective immediately, your organization is being placed on a Performance Improvement Plan (PIP). Your organization has until June 30, 2020, to satisfy each of the improvement expectations listed below.

1. Once CPAA establishes that a partner’s performance in one or more project areas is unsatisfactory, CPAA will complete the PIP form and meet with the partner to review it. The partner will then sign the finalized PIP.
2. CPAA will provide the partner with a finalized copy of the PIP and provide updated versions after regular progress meetings.
3. The partner and CPAA Program Managers will meet at regular intervals during the PIP time period for performance monitoring and to document the partner’s progress.
4. By July 15, 2020, CPAA will assess whether the partner has met the performance expectations outlined in the PIP. If the PIP was successful, CPAA will meet with the partner to formally close the PIP. If improvement has not sufficiently occurred, your organization may be dropped from a project area or as a Medicaid Transformation Partner.

### Areas of Concern

<table>
<thead>
<tr>
<th></th>
<th>2A</th>
<th>3A</th>
<th>2B</th>
<th>3B</th>
<th>3C</th>
<th>3D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

1. Ex. Have not completed any milestones in project 3B
2. Ex. Have delayed majority of milestones in 3D.

### Improvement Expectations

1. Develop milestones that adequately reflect the scope of work being implemented.
2. Gain CPAA approval for modified Change Plan.
4. Attend monthly meetings with CPAA team to discuss progress.

### Progress To-Date

<table>
<thead>
<tr>
<th>Follow-Up Dates</th>
<th>Expectations Completed</th>
<th>Meeting Notes</th>
</tr>
</thead>
</table>

Page 1 of 3
# Performance Improvement Plan

<table>
<thead>
<tr>
<th>☐ 30-Day Follow-Up</th>
<th>☐ 60-Day Follow-Up</th>
<th>☐ 90-Day Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>(after approved, modified Change Plan)</td>
<td>Ex: 3/15/2020</td>
<td>Ex: 4/15/2020</td>
</tr>
</tbody>
</table>

## Attestations

1. I agree to continue working in the following project areas.

   - ☐ 2A
   - ☐ 2B
   - ☐ 2C
   - ☐ 3A
   - ☐ 3B
   - ☐ 3D

2. I agree to drop the following project areas.

   - ☐ 2A
   - ☐ 2B
   - ☐ 2C
   - ☐ 3A
   - ☐ 3B
   - ☐ 3D

3. I agree to the terms outlined in this Performance Improvement Plan.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## Partner Organization Authorizing Authority

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Appendix F

CPAA COVID-19 Emergency Funding Application for Contracted Partners

In response to the COVID-19 pandemic, CPAA recognizes the growing financial challenges that some partners are facing due to an interruption in normal services, a need to expand telehealth, and a shortage of staff. CPAA recently conducted a survey of partners to identify immediate needs, short- and long-term financial impact, and strategies of how CPAA can provide support. As a result of this survey, we learned that behavioral health agencies and community-based organizations indicated the greatest need for additional resources. Although these partners will be prioritized, this funding application is open to all CPAA Medicaid Transformation Project (MTP) implementation partners.

CPAA made available up to $1,000,000 in emergency funding. Each partner can apply for up to $75,000. **Submitting an application is not a guarantee that you will receive funding.** CPAA recognizes that each partner is in a different place financially, and we request that you strictly apply only for an amount that is needed. If there is funding left after this first round of applications, there may be an opportunity to apply for additional funds in the future. CPAA may request supporting documentation for emergency fund distribution and/or a narrative explanation in the future on how funds were used.

Please send any questions to Kyle Roesler (roeslerk@crhn.org) and submit your application no later than **April 9, 2020**. Please note, funding will be released April 17, 2020, through the Washington Financial Executor Portal.

Are you a CPAA Medicaid Transformation partner? *  
○ Yes  
○ No  

Your name *  

Organization *  

Preferred Contact Method *
# Meeting Agenda

**Medications for Opioid Use Disorder (MOUD) Provider Group**

**DATE:** January 18, 2020, 9:00-10:30 am

**LOCATION:** Thurston County Public Health & Social Services, Room 107
412 Lilly Rd NE, Olympia, WA 98506

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>TIME</th>
<th>FACILITATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Welcome &amp; Introductions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Overview of meeting origin and purpose</td>
<td>10 minutes</td>
<td>Sara Rainer</td>
</tr>
<tr>
<td>• Your title, role, and interest in this group</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MOUD Provider Workflow Discussion:</strong> Different models and settings for MOUD/MAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• MOUD/MAT clinic</td>
<td>60 minutes</td>
<td>Peer-to-peer share out and discussion</td>
</tr>
<tr>
<td>• Primary care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Behavioral health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Emergency Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Criminal Justice</td>
<td></td>
<td></td>
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<tr>
<td><strong>Open Discussion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Questions for the group</td>
<td>10 minutes</td>
<td>All</td>
</tr>
<tr>
<td>• Ideas to discuss at future meetings</td>
<td></td>
<td></td>
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<tr>
<td>• Lessons learned</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Next Steps &amp; Future Meeting Dates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Old news: billing information and referral issues</td>
<td>10 minutes</td>
<td>Hallie Cranos</td>
</tr>
<tr>
<td>• Frequency, length, and format</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Location of meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Who else should be here? Please invite a friend to join you at the next meeting!</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Page 1 of 1
# Meeting Agenda

Medications for Opioid Use Disorder (MOUD) Provider Group

**DATE:** March 28, 2020, 9:00-10:30 am

**LOCATION:** Online only at [https://zoom.us/j/911622611](https://zoom.us/j/911622611)
Meeting ID: 911 622 611
+1 669 900 9128

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>TIME</th>
<th>FACILITATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Welcome &amp; Introductions</strong></td>
<td>5</td>
<td>Sara Rainer</td>
</tr>
<tr>
<td>- Overview of meeting origin and purpose</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COVID-19: Current status and the impact on treatment</strong></td>
<td>30</td>
<td>Charissa Fotinos, MD</td>
</tr>
<tr>
<td>- Dr. Charissa Fotinos, Deputy Chief Medical Officer at the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care Authority, will discuss the current status of</td>
<td></td>
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<tr>
<td>COVID-19 and the impact on treatment services.</td>
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<tr>
<td><strong>Polysubstance Use: Prescribing MOUD/MAT to individuals who</strong></td>
<td>30</td>
<td>Caleb Banta-Green, PhD,</td>
</tr>
<tr>
<td>use methamphetamine</td>
<td></td>
<td>MPH, MSW</td>
</tr>
<tr>
<td>- Dr. Caleb Banta-Green will discuss polysubstance use with</td>
<td></td>
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<tr>
<td>a specific focus on meth and opioid use.</td>
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<tr>
<td><strong>Open Discussion</strong></td>
<td>20</td>
<td>All</td>
</tr>
</tbody>
</table>

**Next Steps & Future Meeting Dates**
- Next meeting topic: harm reduction
- Who else should be here? Please invite a friend to join you at the next meeting!

5 Hallie Cranos
CHOICE Leadership Academy Application

The CHOICE Leadership Academy (CLA) is presented by Kurt O’Brien. Mr. O’Brien is an independent consultant and a senior lecturer with the University of Washington’s Department of Health Services Master in Healthcare Administration (MHA) program. The CLA is designed to assist leaders of CHOICE member organizations develop leadership skills and capacity.

The CLA will consist of seven monthly, in-person classes and include lectures, course homework, and peer encounters. Sessions will be 3-4 hours in length and occur once a month, from January to July 2020; Jan 23rd, Feb 27th, March 12th, April 23rd, May 28th, June 25th, July 23rd (Aug 6th only if needed for inclement weather make-up) Time: 1pm-5pm  Location: Summit Pacific Wellness Center

This schedule allows learning to build over time and offers participants an opportunity to apply their new knowledge and skills and bring current, existing challenges to the group for relevant workshop experience.

Course topics will include gaining skills and confidence in:

- Having difficult conversations
- Leading organizational change efforts
- Leading effective teams.

Maximum enrollment in the CLA is 25 students. CHOICE will cover the course fee.

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<th>Name</th>
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<tr>
<td>Title</td>
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<tr>
<td>Contact Information</td>
<td>Phone:</td>
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<tr>
<td>Organization</td>
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</table>

Why do you want to participate in the leadership academy?

What do you hope to gain from this experience?

By signing this application, I agree to attend all on-site classes and participate fully in the program including completion of any assignments outside of the designated class time.

| Applicant Signature |                      |
Supervisor instructions:

1. Complete comment section and sign.

Supervisor Comments to include **area of focus** for this applicant:

<table>
<thead>
<tr>
<th>Supervisor Signature</th>
</tr>
</thead>
</table>

2. Designate as primary or alternate

- [ ] Primary
- [ ] Alternate (select status)

3. Submit up to 2 applicants to CHOICE by deadline: January 2, 2020  *(SzablaM@CRHN.org)*

4. Notify primary applicant of selection to attend CLA; alternate will be notified by CHOICE no later than January 15th regarding status in program
Application: Medicaid Transformation Implementation Partner Training Scholarship

Trainning Scholarship Overview

Cascade Pacific Action Alliance (CPAA) is investing in innovative work and professional development in the seven-county region (Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum) to promote and advance health improvement activities in line with the Medicaid Transformation Project (MTP).

Through this Training Scholarship Application, CPAA will sponsor current MTP implementation partners to attend specialized trainings or certifications (example trainings(525,218),(815,397) listed below, under Eligibility and Project Guidelines) that will advance their service delivery reach and scope. Organizations can also use this funding to attend and/or present at local, state, and national conferences related to your approved MTP project areas (Care Integration, Care Coordination, Chronic Disease, Opioid Response, Reproductive/Maternal and Child Health, and Transitional Care).

1. Applicants must complete and submit an online proposal to be considered for funding.

2. Completed applications will be accepted on a rolling basis.

Eligibility and Project Guidelines
1. Only CPAA Medicaid Transformation Project Implementation Partners that have a current contract with CPAA may apply for scholarship funding for trainings, conferences, and certifications related to their approved project areas. "CHOICE Regional Health Network employees may not apply on behalf of organizations they support or are affiliated with.

2. CPAA will accept applications on a rolling basis. Scholarships of up to $2,000 per organization will be available. Organizations may submit multiple applications, with a total limit of $2,000 per organization.

3. Scholarship funding can be used to cover the cost of registration fees, travel and lodging, and incidentals for attendees while at the training, certification, or conference.

4. Funding from this award may not be used to cover other related travel expenses that are already being supported through another funding source.

5. Examples of trainings, certifications, or conferences that would be considered include, but are not limited to:
   - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
   - Certified Birth or Postpartum Doula
   - Crisis Intervention Counselor training
   - Office of Crime Victims Advocacy Core Training
   - Washington Council for Behavioral Health Conference
   - Washington State Public Health Association
   - Data analysis or visualization training or certification
   - Project Management Professional certification

**Review Criteria**

CPAA will consider the following factors in selecting proposals most qualified to receive funding:

1. Applicant’s description of how the training, certification, or conference subject matter, sessions, or speakers relate to or advance CPAA’s work in care coordination, care integration, chronic disease, transitional care, maternal and child health, reproductive health, and/or opioid epidemic response.

2. Proposals must include the agenda and a description of the event’s relevance to the organization’s approved MTP work.

3. If applicable, applications should include any conference-related abstracts that have been submitted by the organization to the conference sponsor.

**Scholarship Application Process**
1. Scholarship applications will be accepted on a rolling basis.

2. Applicants must complete and submit an online application, which is available, along with the application instructions, on the CPAA website.

3. All applicants will be notified about the outcome of their application within four weeks of online submission.

4. If an application is time sensitive, indicate in the application (for example, if registration closes within four weeks of the application).

5. Funds are not retroactive and will not be approved for past training, certification, or conference attendance.

6. Funds for approved applications will be distributed retroactively given proof of attendance. Payments will be processed through the Financial Executor Portal, based on the availability of the portal.

7. Grantees of scholarships will be required to submit a proof of registration or certificate of completion no later than one week after the event.

Scholarship Application

<table>
<thead>
<tr>
<th>First Name *</th>
<th>Last Name *</th>
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<th>Organization Name *</th>
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<tr>
<th>Email Address *</th>
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</tbody>
</table>

Senior leadership at my organization has seen and approved this application *

☐ Yes

Name of conference, training, or certification *
Please describe how this conference, training, or certification is relevant to the goals of your organization's approved MTP project area/s: care coordination, care integration, chronic disease, transitional care, reproductive/maternal and child health, opioid response.

Please describe how attending this conference, training, or certification will increase access, shape current work, raise professional awareness, set the stage for future work, or build the field.

Attach event agenda and brief description *

Attach budget for attendance (registration, travel costs, etc.) *

If applicable, attach any conference-related abstracts that have been submitted by your organization to the conference sponsor.
CHOICE REGIONAL HEALTH NETWORK, ARCORA FOUNDATION, AND THE THURSTON MASON DENTAL SOCIETY PRESENT

OPIOID SAFETY TRAINING FOR DENTAL PROVIDERS

SEPTEMBER 18, 2019, 4 PM - 8 PM

To register: email tmcdentalsociety@gmail.com with Name, Credentials, and Address

This training will satisfy the Dental Quality Assurance Commission (DQAC) three-hour CE training requirement. This course will be FREE and is open to all staff members. There will be time for socializing beginning at 4:00 PM, followed by dinner at 4:30 PM, and the presentation will launch promptly at 5:00 PM and end at 8 PM.

Arcora is an ADA Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Arcora designates this activity for 3 hours of continuing educational credits.
Who

Providers interested in prescribing buprenorphine (you are qualified if you are an MD, DO, PA or ARNP) and any others who have patient contact (e.g., nurses, medical assistants, pharmacists, psychologists, social workers, community health workers, peers). Having waivered prescribers is important, but MAT is a team sport.

When

Saturday, February 8, 2020 from 9:00am-1:00pm

Where

Providence St Peter Hospital | 413 Lilly Rd NE, Olympia | 200 Rooms, Second Floor

CME

This waiver training is free of charge and continuing medical education (CME) credits are available for physicians, nurses, physician assistants, and pharmacists. AAAP is the DATA 2000 Sponsor for this training.

Educational Objectives

- Screen and identify patients with OUD and define evidence-based treatments.
- Discuss the pharmacology of opioids as it relates to treatment of opioid use disorder (OUD) patients.
- Describe the fundamentals of office-based opioid treatment including the treatment of the co-morbid patient.
- Explain the process of buprenorphine induction as well as stabilization and maintenance.
- Discuss all FDA approved antagonist and agonist medications to treat OUD.
- Discuss basic office protocols including medical record documentation and confidentially.
- Utilize evidence-based resources to ensure providers have the confidence to prescribe buprenorphine for patients with OUD.
- Recognize the importance of obtaining a waiver to begin treating patients with OUD.

To register, visit OlyBupeWaiver.eventbrite.com

Funding for this initiative was made possible (in part) by grant no. 1H79TI081968 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
Rapid-Access Clinics Offering Buprenorphine

Rapid-Access appointments (medication available within 24-72 hours) are available at clinics offering Medications for Opioid Use Disorder (MOUD) in this region. For a list of all locations that provide MOUD, visit waRecoveryHelpline.org or call 1-866-789-1511. Please call clinics to confirm availability.

<table>
<thead>
<tr>
<th>Thurston County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal Option – 205 Lilly Rd NE Suite C, Olympia (877)522-1275. <strong>M-W, 1pm-7:30pm; Thurs, 7:30am-3pm. Same day appts are not guaranteed. Depends on prescriber availability.</strong></td>
</tr>
<tr>
<td>Medtriq* - 405 Black Hills Lane SE, Unit F, Olympia. (253)666-6780. M-Th, 10am-2pm.</td>
</tr>
<tr>
<td>Olympia Bupe Clinic* - 1000 Cherry St SE, Olympia. (360)349-0033. M-F, 4pm-6pm.</td>
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<tr>
<th>Mason County</th>
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<tbody>
<tr>
<td>Medtriq* - 1620 Olympic Hwy N, Shelton. (253) 666-6780. Tues &amp; Thurs, 10am-1:30pm.</td>
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<thead>
<tr>
<th>Lewis County</th>
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<tbody>
<tr>
<td>Lifeline Connections - 1611 Kresky Ave Suite #114, Centralia. (360)388-4048. <strong>Wed, Must arrive by 8am. Same day appts are not guaranteed. Depends on prescriber availability.</strong></td>
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<thead>
<tr>
<th>Grays Harbor County</th>
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<tbody>
<tr>
<td>Lifeline Connections - 311 South I St, Aberdeen. (360)787-9319. <strong>Mon-Wed, Must arrive by 8am. Same day appts are not guaranteed. Depends on prescriber availability.</strong></td>
</tr>
<tr>
<td>Medtriq* - 309 W Market St, Aberdeen. (253)666-6780. Mon-Thurs, 10am-2pm.</td>
</tr>
<tr>
<td>Summit Pacific Medical Center MAT Clinic* - 600 E Main St, Elma. (360)346-2222. M-F, 8am-4pm.</td>
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<tr>
<th>Pacific County</th>
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<tbody>
<tr>
<td>Lifeline Connections - 1006 Robert Bush Dr, South Bend. (360)934-4887. <strong>Thurs, must arrive by 8am. Same day appts are not guaranteed. Depends on prescriber availability.</strong></td>
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</tbody>
</table>

*Induction or medication available on-site

Updated on January 13, 2020
Clínicas con acceso rápido que ofrecen buprenorfina

Las citas con acceso rápido (medicamento disponible dentro de las 24 a 72 horas) están disponibles en clínicas que ofrecen Medications for Opioid Use Disorder (MOUD, medicamentos para el trastorno por consumo de opiáceos) en esta región. Para obtener una lista completa de todos los sitios que proporcionan MOUD, visite waRecoveryHelpline.org o llame al 1-866-789-1511. Llame a las clínicas para consultar la disponibilidad.

### Condado de Thurston

**Ideal Option:** 205 Lilly Rd NE Suite C, Olympia. (877) 522-1275, de lunes a miércoles, de 1 pm a 7:30 pm, jueves de 7:30 am a 3 pm. **No se garantizan citas el mismo día. Sujeto a disponibilidad del prescriptor.**

**Medtriq**: 405 Black Hills Lane SE, Unit F, Olympia. (253) 666-6780, de lunes a jueves, de 10 am a 2 pm

**Olympia Bupe Clinic**: 1000 Cherry St SE, Olympia, WA. (360) 349-0033, de lunes a viernes, de 4 pm a 6 pm

### Condado de Mason

**Medtriq**: 1620 Olympic Hwy N, Shelton. (253) 666-6780, martes y jueves, de 10 am a 1:30 pm

### Condado de Lewis

**Lifeline Connections**: 1611 Kresky Ave Suite #114, Centralia. (360) 388-4048, **miércoles: debe llegar antes de las 8 am. No se garantizan citas el mismo día. Sujeto a disponibilidad del prescriptor.**

**Medtriq**: 1000 Kresky Ave Ste G, Centralia. (253) 666-6780, de lunes a jueves, de 10 am a 2 pm

### Condado de Grays Harbor

**Lifeline Connections**: 311 South I St, Aberdeen. (360) 787-9319, **de lunes a miércoles: debe llegar antes de las 8 am. No se garantizan citas el mismo día. Sujeto a disponibilidad del prescriptor.**

**Medtriq**: 309 W Market St Aberdeen. (253) 666-6780. de lunes a jueves, de 10 am a 2 pm

**Summit Pacific Medical Center MAT Clinic**: 600 E Main St, Elma. (360) 346-2222, de lunes a viernes, de 8 am a 4 pm

### Condado de Pacific

**Lifeline Connections**: 1006 Robert Bush Dr, South Bend. (360) 934-4887, **jueves: debe llegar antes de las 8 am. No se garantizan citas el mismo día. Sujeto a disponibilidad del prescriptor.**

*Inducción o medicamento disponible en el sitio. Actualizado el 13 de enero de 2020.*
Perinatal Mental Health Webinar: She Screened Positive for Depression, Now What?

Every year, approximately 12,000 people in Washington State experience depression or anxiety during or after pregnancy. Our goal is to give their perinatal, mental health and primary care providers the support and tools they need to effectively treat their patients’ mental health disorders during pregnancy and postpartum.

Dr. Deborah Cowley, perinatal psychiatrist at the University of Washington, will lead this one-hour webinar. Attendees will learn:

✓ Current information about perinatal depression and anxiety in Washington
✓ Best practices for screening
✓ How to integrate screening results into care plans

Please join us! This presentation is open to anyone who cares for pregnant women or new moms including but not limited to: obstetricians, midwives, registered nurses, pharmacists, pediatricians, psychiatrists, family physicians, nurse practitioners, community health workers, peer counselors, and other primary care and mental health providers.

**WHEN**
Thursday, January 9th 2020
12 - 1 PM PST

**WHERE**
Click here to join the meeting: https://uw-phi.zoom.us/j/316415496

**REGISTRATION**
RSVP at http://j.mp/2OdenAl
What is Motivational Interviewing?
Motivational Interviewing is a client-centered communication approach used for eliciting behavior change by helping clients explore and resolve ambivalence. The goal of using motivational interviewing is to help patients move through the stages of readiness for change in dealing with risky or unhealthy behavior.

Who should attend?
This training is focused on health care workers. Behavioral health staff, social workers, primary care providers, community health workers, nurses, home visitors, or care coordinators are encouraged to attend.

Schedule:
This three-part training is being offered in three different locations. The is a free training. Space is limited, so please make sure to register. The same material will be presented at each location.

**Hoquiam Timberland Library**
January 15, March 18, June 10

**South Puget Sound Community College, Olympia**
January 16, March 19, June 11

**Youth and Family Link Gym, Longview**
January 17, March 20, June 12

REGISTER HERE:

Contact: Dani Estelle estelled@crhn.org
JOIN CPAA & PARTNERS FOR

TRANSFORMATION TALKS

FEBRUARY 20, 2020 | 10:00 AM - 3:00 PM
SOUTH PUGET SOUND COMMUNITY COLLEGE
4220 6TH AVE SE, LACEY, WA 98503

Reaching vulnerable populations, creating new partnerships, reducing barriers to care, and mobilizing community resources are fundamental to improving quality and access, and transforming our health care system. At CPAA’s Transformation Talks, you’ll hear from community partners on a wide range of topics and have the opportunity to learn, share, and network.

Learn more and register online at http://TransformationTalks.eventbrite.com/
<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>PRESENTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 - 10:15</td>
<td>Welcome &amp; Introduction</td>
<td>Craig Dublanko, Coastal Community Action Program (Coastal CAP)</td>
</tr>
</tbody>
</table>
| 10:15 - 11:05| Building Community through Harm Reduction Approaches | Cole Meckle, Gather Church  
Lisa Humes-Schulz, Planned Parenthood  
Katie Strozyk & Patrick Judkins, Thurston County Public Health and Social Services |
| 11:05 - 11:15| BREAK                                      |                                                                             |
| 11:15 - 12:05| Housing for Health                         | Jason Hoseney, Coastal CAP  
Tim Tivey, CORE Health  
Jennifer Luna, Sea Mar |
| 12:05 - 1:20 | LUNCH                                      | Michael O'Neill, Cascade Pacific Action Alliance (CPAA)  
Eric McNair Scott, Southwest Washington Accountable Community of Health (SWACH) |
| 1:30 - 2:20  | Conversation to Innovation: Partnering to Improve Community Care | Lydia Buchheit, Mason County Public Health  
Beau Bakken, North Mason Fire District  
Thomas Worlund, North Mason School District  
Cyndi Greenlee & Albert Carbo, Peninsula Community Health Services |
| 1:30 - 2:20  | The Person-Centered Care Perspective       | Adam Marquis, Willapa Behavioral Health  
Fran Williams, Child Care Action Council  
Madlen Caplow, Arcora Foundation |
| 2:20 - 3:00  | Refreshments & Networking                  |                                                                             |
Join us for a CPAA sponsored webinar with the University of Washington AIMS Center to learn best practices and tips and tricks to optimize your behavioral health registry to drive care. From leadership to front line clinical staff you will learn how best to utilize data to drive clinical and programmatic decisions in your integrated care program.

**Learning Objectives**
- List tips for how to use the registry as a behavioral health provider.
- Describe best practices to utilize caseload data for making program decisions.
- Identify quality metrics that can be gathered from a behavioral health registry.
- Apply continuous quality improvement to your behavioral health registry data.

Register here: [https://optimizing-registry-use.eventbrite.com](https://optimizing-registry-use.eventbrite.com)
Telehealth Tips for Behavioral Health Teams

John Kern MD
May 7, 2020

Zoom Housekeeping
- This call is being recorded
- Please be mindful to not share PHI or information that could inadvertently identify a patient
- Mute when not speaking
- Audio & video controls in lower left corner

AIMS Center Introductions

John Kern, MD
Clinical Professor

Sara Barker, MPH
Assistant Director for Implementation

Julia Campbell
Program Assistant

60’s telemedicine
Agenda

- Welcome/Introductions/Polls  9:00
- Telehealth Tips and Tricks  9:10
- Breakout Discussion  9:30
- Next Steps/Resources  9:50

Learning Objectives

By the end of this session, participants should be able to:

- Describe how to prepare for a telehealth visit
- List considerations for a client when preparing for their visit
- Describe tips for conducting a telehealth visit
- Discuss considerations for behavioral health telephone encounters

Zoom Polls

- Complete the questions that will come up on the screen

<table>
<thead>
<tr>
<th>Polling 1: Polling Questions</th>
<th>Edit</th>
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<tbody>
<tr>
<td>1. What is your favorite color?</td>
<td></td>
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<tr>
<td>Red</td>
<td></td>
</tr>
<tr>
<td>Green</td>
<td></td>
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<tr>
<td>Blue</td>
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</tbody>
</table>
PREPARING FOR THE VISIT

Technology and Appearance

• Platform
  – Computer plugged in?
  – Internet Connection
  – Do a practice call – use all the icons on the dashboard
  – Multiple screens a big help if you can manage it

• Limiting distractions in background
  – Before call: test run – what do you look like?
  – Lighting
  – Use of background
  – Clothes – pattern / check distracting

• Making it routine:
  – Use the same meeting link, so you’re not always looking it up...
  – Use Waiting Room

Health Care Authority Zoom Resources

• WA Health Care Authority Zoom License Information:
  – Application
  – FAQ Guide
  – How-to video

https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/request-zoom-license-connect

Standard Meeting Link
Recurrent Meeting Invitation

Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency – 3/30/20

- “OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency...

- Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype....

- Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are not HIPAA compliant products and should not be used in the provision of telehealth by covered health care providers.”

HIPAA Compliant Video Communication

- Remember to treat hardware & software like PHI.
- “The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA...”
  - Skype for Business / Microsoft Teams
  - Updox
  - VSee
  - Zoom for Healthcare
  - Doxy.me
  - Google G Suite Hangouts Meet
  - Cisco Webex Meetings / Webex Teams
  - Amazon Chime
  - GoToMeeting
  - Spruce Health Care Messenger
Clinician Preparation

- Block time like a regular appointment
- Follow standard appointment reminder protocols if able to support client engagement
- Consent procedure
  - During COVID-19: "Using the mail to obtain written consent is an option, or use of an electronic signature. As the next option, consent to participate using these technologies can also be verbal, but the information provided and the verbal consent must be documented and dated."


Client Preparation

- Try to ensure privacy
  - Headphones an easy upgrade
  - Ask who is in the room
- Plan to have phone numbers in case video not working
- Check on client location in case of emergency
- Send paperwork ahead of time, e.g., PHQ, worksheets, treatment plans, consents if able

During the Visit

- Close other screens (except maybe EMR)
- "Energetically use your active listening skills"
  - Remember you are often on a little tiny screen right next to Twitter
- Keep an eye out for YOUR wavering attention at about 20 minutes. Don’t click away!
Conducting the Visit

- Introduce each other – have your credentials handy
- Check that meeting time is ok with client
- Is client comfortable, private?
- Can they use the video platform? Consider test call.
- Location and contact info from client
- Set call agenda, timetable
- Set next steps, time for next visit, other follow up needed

Telephone Considerations

- Telephone service to safely call from your phone (i.e. Doximity)
- Privacy more challenging when you can’t see the client’s room
- Be more organized ahead of time, set an agenda
- Be prepared to cover less than you would with another modality

Breakout Questions (10-15 Mins)

- Introduction: Name and Organization
- Describe telehealth use (including telephone)
  - What is working well?
  - What challenges are you encountering?
  - What additional questions do you have for your group?
Resources

- AIMS Center: Telehealth Tips for Behavioral Health Providers: https://aims.uw.edu/resource-library/telehealth-tips-behavioral-health-providers

Questions?

Thank You!
May 18, 2020

As we learn more and get questions, we will update SMRC Guidance during the time of the virus.

There are 4 ways of continuing some or all of the SMRC programs during this time. Short of a cure or a vaccine we expect that face-to-face programs will be largely suspended until early 2021.

**If you use any of the following programs, please complete the short questionnaire at**

[https://redcap.iths.org/surveys/?s=PJXAKHXW8C](https://redcap.iths.org/surveys/?s=PJXAKHXW8C)

If you did this questionnaire previously, you will automatically get the follow up questionnaire.

The link can also be found on the SMRC website in the resources section and the home page.

### 1. Online Workshops

**Better Choices Better Health**

- For information on how to purchase less than 150 seats contact Jennifer Raymond [jraymond@ESMV.org](mailto:jraymond@ESMV.org)
- For 150 seats or more contact Katy Plant [kplant@canaryhealth.com](mailto:kplant@canaryhealth.com)

BCBH is an asynchronous program. This means that each week for six weeks, participants can log on as many times and whenever they want. All communication is done via threaded discussion boards. For this option Canary provides all materials including books, Leaders, online platform, etc. Organizations are responsible for recruitment. Canary will report the number of people who register and those that complete (log on 4 or more weeks).

**Vively: Online Programs Platform in Spanish / Programas en línea en español** (outside US only)

- For information contact Nacho Muñiz [nacho@vively.es](mailto:nacho@vively.es)
  
  (Read below for Spanish and English descriptions.)

Vively pone a disposición de las organizaciones los programas de SMRC en formato Online. Manteniendo la metodología de SMRC, en un modelo asíncrono (permitiendo que el participante acceda en cualquier momento durante la semana a la plataforma), con una solución “llave en mano” en un entorno seguro. Servicio basado en modelo de proyecto y adaptándonos a las necesidades de la organización. En español, además de la plataforma, disponemos de Facilitadores y Master Trainers, en el caso de otros idiomas, es posible la traducción del contenido de la plataforma.
Vively makes Online SMRC programs available for the organizations. Vively’s SMRC Online Platform maintains SMRC methodology, in an asynchronous model (this allows the participant to access anytime and anywhere during the week), delivered in a secure “turnkey” solution. Service based in projects, Vively adapts to the organization needs. In Spanish, besides the Platform, Vively has its own Facilitators and Master Trainers. In other languages, the Platform content can be translated.

2. Video Workshop via Zoom, Skype, etc.

- **May be used for CDSMP, DSMP, CPSMP, CTS, PSMP, or BBC**
- These may only be provided for people served by your licensed organization. You **may not** contract with other organizations outside your geographic catchment area to offer programs.
- The workshop is presented for six weeks and uses the existing Leader manuals, adapted slightly.
- SMRC has developed a standardized set of chart slides and guidance on how to adapt the current Leader manuals for use with an online video platform. These materials are available for most SMRC programs. Licensed Organizations can request the slides they need by writing manuals@selfmanagementresource.com. Include the name and number of the licensed organization.

Slides are available for:
- CDSMP 2020
- CDSMP 2012
- Workplace CDSMP
- Chronic pain
- DSMP
- Cancer survivors
- BBC
- PSMP
- Tomando
- Spanish diabetes
- Spanish HIV

**Video Platform Workshop FAQs**

- We are standardizing the video platform workshop materials and guidance just as we have for all other SMRC manuals to assure fidelity. You are free to put your own logos on the materials in addition to the SMRC logo. Remember that these materials are copywritten just as are all other SMRC materials.
- Everyone must have a book and should attend via video platform **not only be phone**. Make sure to get books and handouts to participants before the first workshop.
- Workshop size should be between **8-12**.
- Be sure to schedule a session 0 to assure that everyone can get on to the platform and to trouble shoot any technical problems before the workshop starts.
- You must have 2 leaders, just like any other workshop.
- These materials will no doubt change as together we learn more about how best to do video platform programs.
- You will need to ask your program officer if video platform workshop attendance meets your delivery requirements.
3. Mailed Tool Kits

- You must use the **whole** tool kit or **NO** tool kit.
- CDSMP Tool Kit for Active Living with Chronic Conditions (English and Spanish) is available now from Bull Publishing.
  The CDSMP tool kit includes the 2020 Living a Healthy Life book, a CD for exercise (with 3 different exercise routines) a relaxation CD, tip sheets, a self-test that directs people on how to individualize their use of the tool kit, and drawings of all the exercises in each routine on the CD.
- The DSMP Tool Kit (English) will be available for order this week and shipping in a couple of weeks. You can pre-order from Bull Publishing emily@bullpub.com
  The DSMP kit includes the 2020 Living a Healthy Life book, exercise CD, a My Diabetes Plate magnet, tip sheets, self-test, and drawings of all the exercises in the routines.
- By early July we will have a CPSMP tool kit. It will contain the Living a Healthy Life with Chronic Pain book, moving easy CD, a relaxation CD, self-test and booklet. You can contact emily@bullpub.com

Mailed Tool Kit FAQs

- Yes, you can make your own tool kits, but they must each contain all the materials listed above.
- You **may not** copy any materials; they must be purchased either as a complete tool kit or as individual pieces from Bull Publishing. This is an issue of copyright.
- Kits can be mailed directly by the publisher to the participant (allow 2 weeks for receipt), or you can mail them.
- The CDs are also available as MP3s; contact Bull Publishing for download codes in place of CDs.
- The kits can be used without phone calls.
- The CDSMP tool kit is an approved evidence-based mode of delivery.
- You will need to ask your program officer if they will accept the DSMP tool kit to meet your delivery requirements.
- **Let us know if you want a Spanish DSMP Tool Kit.** manuals@selfmanagementresource.com

4. Mailed Tool Kits with Short Weekly Telephone Contact

- This is a new mode of delivery. It was developed specifically to reach the most isolated, those without computer access, or those who cannot or will not use a computer or attend face-to-face classes.
- Participants receive tool kits and weekly conference calls (4-6 people) with Leaders. SMRC has both English and Spanish scripts for the CDSMP program.
- English scripts for the DSMP program are available.
- CPSMP scripts will be available by July 1
- These are available to all licensed organizations by writing to manuals@selfmanagementresource.com. Please name the organization and if possible, provide your license number. The organizations then distribute the scripts to the leaders.
**Tool Kit and Telephone FAQs**

- Please use telephone only for this mode. Remember the population you are trying to reach.
- May we make our own scripts or change the scripts? No, just as with the face-to-face programs, do not have innovation attacks. Stick to the scripts!
- You should be able to count those using this mode of delivery to meet your delivery requirements, at least for CDSMP, as the tool kit is evidence-based.
- For DSMP you will need to ask your program officer if they will accept the DSMP tool kit plus phone calls to meet your delivery requirements.

**Leader and Master Trainer Certification**

We have been getting questions about whether or not virtual workshops and/or mailed tool kits with phone calls will count toward certification for Leaders and Master Trainers during this time, with the restrictions brought on by the COVID-19 crisis. The following is what we will be allowing:

- Conducting the 6-week virtual workshop (2.5 hours per session) will be counted (just as in-person workshops were) to meet the requirement for new Leaders or Master Trainers to complete certification and become active in a program. Facilitating a virtual workshop will also count for active Leaders to remain certified/active in a program, where the requirement is to complete at least one workshop per year.
- New Leaders will need to complete at least one workshop (in-person or virtually) within 12 months of the date they were trained. New Master Trainers will need to complete 2 workshops (in-person or virtually) within 12 months before or after the date of their Master Training.
- Facilitating the 6-weeks of phone calls with participants using the mailed tool kit **will not count** toward completing certification for new Leaders or Master Trainers, as these phone calls to not encompass all of the expected skills required to conduct a full 6-week workshop.
- We will, however, allow **active** Leaders or Master Trainers (who have already conducted workshops) to count the mailed tool kit with phone calls toward their requirements to remain active.

**What is coming next**

- Implementation kit for using online video platforms that will contain ways to specifically modify the activities in the Leader’s Manual for online use, slides for charts, and best practices for online video workshops.
- We are looking at ways that some training might be done online.

**How can I help?**

- If you can help with translations to other languages, please let us know.

*Together we will turn this ship and serve our populations!*
Appendix Q

CPAA COVID-19 Response Planning

Your name *

Organization *

Preferred Contact Method *

How has your organization been impacted by COVID-19 (e.g., temporary workforce needs, needing Federal Assistance, activating tele-work or tele-health)?

How does your organization anticipate being impacted by COVID-19 in the coming months?

How severe is the current fiscal impact on your organization?
What do you see as the long-term fiscal impact on your organization?

Are there any populations you serve that you are particularly concerned about? Please describe.

Can you think of anything CPAA can do to help (e.g., staying up to date on COVID-19 response / communications)?
### Cumulative snapshot

| Funds Earned | $49,683,886.16 |
| Funds Distributed | $37,890,673.91 |
| Funds available | $11,793,212.25 |

#### Table 1: Incentive Funds earned

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td>Project 2A</td>
<td>$1,781,744.00</td>
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<tr>
<td>VBP</td>
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<td>$350,000.00</td>
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<td><strong>Total</strong></td>
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#### Table 2: Interest accrued for funds in FE portal

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</thead>
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#### Table 3: Distribution of funds for shared domain 1 partners

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<td>Shared domain 1</td>
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#### Table 4: Incentive funds distributed, by use category

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<td>Administration</td>
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<td>Health systems and community capacity building</td>
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<td>Integration incentives</td>
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<td>Project management</td>
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<td>$</td>
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<tr>
<td>Provider engagement, participation, and implementation</td>
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<td>-</td>
<td>$2,111,920.00</td>
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<td>Reserve/contingency fund</td>
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<td>$</td>
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<tr>
<td><strong>Total</strong></td>
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