

### Attachment 1 - Letter of Intent to Apply Form

- 1. Applicant’s Legal Entity name: Yamhill County Care Organization
- 2. Applicant’s Secretary of State Business Registration<sup>1</sup>: 872954-90
- 3. Oregon Headquarter Location: 807 NE Third St. McMinnville, OR 97128
- 4. Principle Place of Business (if different than Oregon Headquarter Location): \_\_\_\_\_
- 5. Key Contact Person: Michael Brown
- Key Contact Person Phone/Email: (503) 376-7425 MBrown@yamhillcco.org  
Phone Email

6. To be eligible to apply, Applicant must be one (or more) of the following (Please check yes or no for each item):

a. An organization that (1) has a certificate of authority in good standing as a health care service contractor or health insurance company from the Oregon Department of Consumer and Business Services (DCBS), and (2) issues health benefit plans, as defined in 743B.005, in Oregon.

Yes       No

If you selected Yes, please provide the DCBS Certificate of Authority number:

\_\_\_\_\_

b. An organization that is under, or during the last two years was under, a Medicaid contract with OHA to bear capitated health care financial risk in Oregon, including CCOs currently or formerly certified by OHA.

Yes       No

If you selected Yes, please provide the Medicaid contract type and number:

143124-10

c. A Provider Organization which bears health care financial risk in Oregon (e.g. hospital systems with capitated contracts from self-insured health plans) but which DCBS has exempted from a certificate of authority by Bulletin 96-2, [https://dfr.oregon.gov/laws-rules/Documents/Bulletins/bulletin\\_96-02.pdf](https://dfr.oregon.gov/laws-rules/Documents/Bulletins/bulletin_96-02.pdf).

Yes       No

If you selected Yes, please explain the health care financial risk you bear in Oregon and how you meet the DCBS exemption: \_\_\_\_\_

d. A Tribe or Tribal organization.

Yes       No

Note: A Tribe may sponsor an Indian Managed Care Entity or a CCO on a different timeline from that generally applicable to Applicants. Tribal members may be moved to that organization when it is approved by OHA.

\_\_\_\_\_

<sup>1</sup> If Applicant is formed under insurance law, furnish the registration number with the Oregon Department of Consumer and Business Services (DCBS).

- e. An entity newly formed from one or more of the organizations described above.

Yes       No

If you selected Yes, please describe the newly formed organization and explain how the constituent or predecessor organizations meets one of the requirements in (a) through (d) above:

**Please note:** Applicant’s qualifications to apply will not be evaluated until after the Application due date.

**7. Desired Service Area**

County (List each desired County separately)	In your Application, will you request to serve less than the entire County?	If yes, what zip codes will be in your requested Service Area in this County?
All of Yamhill County	Yamhill CCO’s current service area also includes the following zip codes to the right that are shared by Yamhill County and adjacent counties (Washington, Clackamas, Tillamook, Polk and Marion).	97137, 97002, 97071, 97140, 97101, 97304, 97347, 97371, 97378, 97396, 97119, 97123, 97132, 97140

**Please note:** If Applicant requests to cover less than a full County, it will be required to provide additional information and its reasoning for the request in its Application. OHA will consider requests during Application evaluation and will determine whether to approve or reject the request based on criteria that include, but are not limited to, how the request better serves the goals of CCO 2.0 than serving the entire County at issue. These Applicant requests and subsequent OHA responses do not limit OHA in any way from requiring additional changes to an Applicant’s proposed Service Area based on OHA’s needs and the needs of its Members. OHA may require an Applicant to accept OHA’s additional Service Area request(s) as a condition of receiving an award or a Notice to Proceed as OHA and its Members’ needs warrant. Applicant’s requests for Service Area will not be evaluated until after the Application due date.

- 8. In Exhibit A, please provide an organization chart complying with the requirements of Attachment 6.
- 9. In Exhibit B, describe your current lines of health plan business in Oregon. Provide total covered lives for each line of business. (Provide separate figures for the following markets: Medicaid, other OHA, non-OHA state health plans, other state or local public sector, Medicare, other federal, Marketplace, other commercial insured, and commercial self-funded. Within each market identify numbers for benefit coverage types such as oral and comprehensive medical and identify numbers that are administrative-services-only as opposed to at-risk).

**10. Applicant’s Good Faith Intentions**

Applicant has a good faith intention to submit an Application and believes it has the resources to do so. If at any time prior to or upon the Application due date Applicant determines it will not submit an Application, Applicant will submit to OHA a notarized letter, withdrawing this letter of intent and briefly stating the reason for the withdrawal. If at any time prior to seven days before the Application due date Applicant determines it must change the provisions of this LOI other than the requested Service Area, Applicant will submit to OHA a notarized letter, changing this letter of intent and briefly stating the reason for the change.



**EXHIBIT A: ORGANIZATION CHART**

Yamhill CCO is a community owned, not-for-profit 501C(3) corporation domiciled in the state of Oregon, EIN #36-4742731.

Yamhill CCO is governed by a board of directors made up of Yamhill Community members including physical, mental and dental health care providers, OHP recipients, a Yamhill County Commissioner and community members at large.

The President and Chief Executive officer of Yamhill CCO, subject to the control of the board of directors, has general supervision, direction and control over the business and the employees of the corporation.

Yamhill CCO's organizational chart is attached at the end of this letter of intent.

**EXHIBIT B: OREGON HEALTH CARE BUSINESS**

Medicaid and Cover All Kids are the only lines of insurance business for Yamhill CCO. Total lives covered are in the chart to the right.

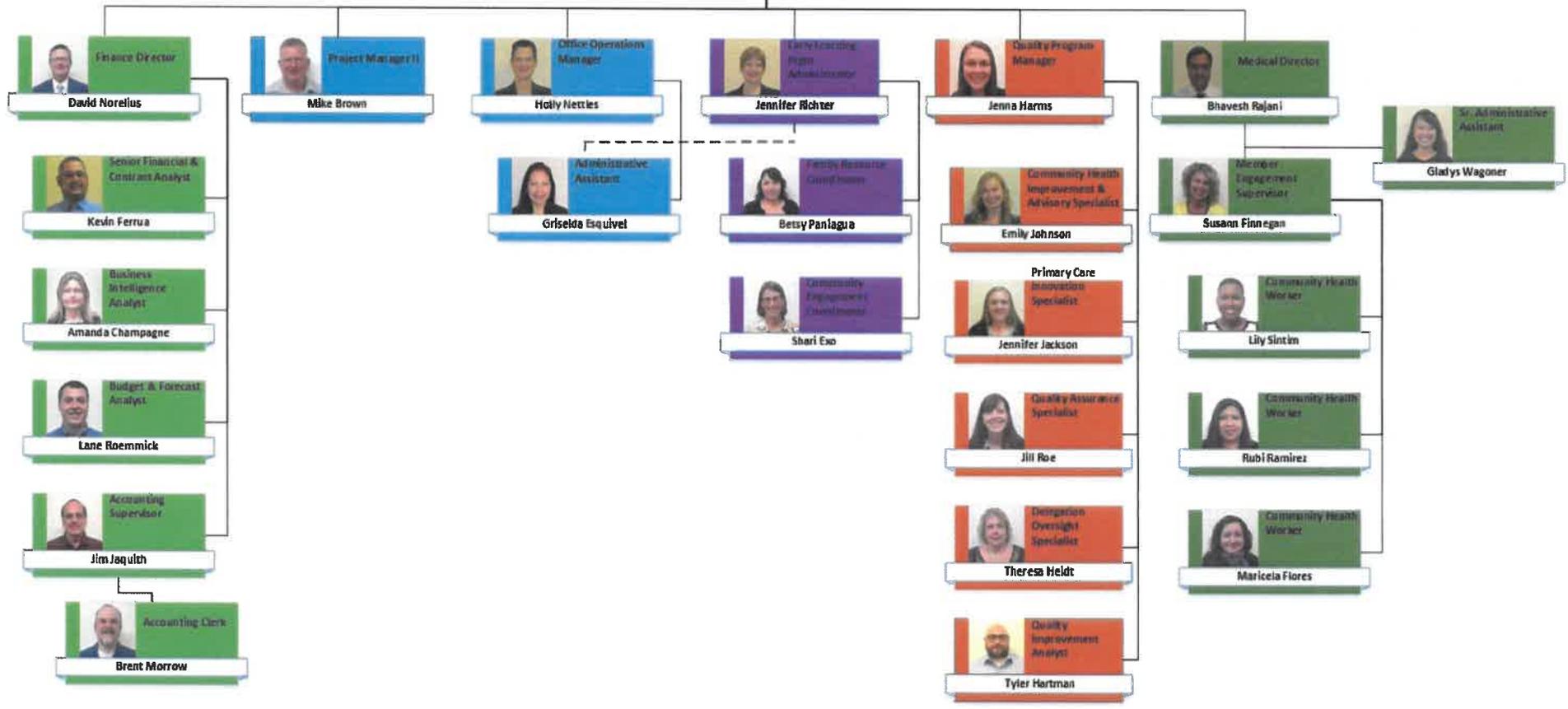
<b>Elig Cat</b>	<b>Member Totals as of Dec. 2018</b>
TANF	2007
PLMA	194
CHILD0001	706
CHILD0105	2935
CHILD0618	7163
ABAD-MED	841
ABAD	1000
OAA-MED	1280
OAA	49
CAF	419
ACA19-44	5196
ACA45-54	1473
ACA55-64	1519
BCCP	6
CAK0105	25
CAK0618	220
YCCO Total	25033



**President & Chief Executive Officer**  
Seamus McCarthy

**Executive Assistant**  
Lauren Robb

- Finance
- Operations
- Early Learning H&D
- Quality
- Wellness / CHW Hub



## Attachment 2 - Application Checklist

The checklist presented in this Attachment 2 is provided to assist Applicants in ensuring that Applicant submits a complete Application. Please complete and return with Application. This Application Checklist is for the Applicant’s convenience and does not alter the Minimum Submission requirements in Section 3.2.

---

### Application Submission Materials, Mandatory Except as Noted

- Attachment 1 – Letter of Intent
  - Attachment 2 – Application Checklist
  - Attachment 3 – Applicant Information and Certification Sheet
  - Executive Summary
  - Full County Coverage Exception Requests (Section 3.2) **(Optional)**
  - Reference Checks (Section 3.4.e.)
  - Attachment 4 – Disclosure Exemption Certificate
  - Attachment 4 – Exhibit 3 - List of Exempted Information.
  - Attachment 5 – Responsibility Check Form
  - Attachment 6 – General Questionnaire
  - Attachment 6 – Narratives
  - Attachment 6 – Articles of Incorporation
  - Attachment 6 – Chart or listing presenting the identities of and interrelationships between the parent, Affiliates and the Applicant.
  - Attachment 6 – Subcontractor and Delegated Entities Report
  - Attachment 7 – Provider Participation and Operations Questionnaire
  - Attachment 7 – DSN Provider Report
  - Attachment 8 – Value-Based Payments Questionnaire
  - Attachment 8 – RFA VBP Data Template
  - Attachment 9 – Health Information Technology Questionnaire
  - Attachment 10 – Social Determinants of Health and Health Equity Questionnaire
  - Attachment 11 – Behavioral Health Questionnaire
  - Attachment 12 – Cost and Financial Questionnaire
  - Attachment 12 – Pro Forma Workbook Templates (NAIC Form 13H)
  - Attachment 12 – NAIC Biographical Certificate (NAIC Form 11)
  - Attachment 12 – UCAA Supplemental Financial Analysis Workbook Template
  - Attachment 12 – Three years of Audited Financial Reports
  - Attachment 13 – Attestations
  - Attachment 14 – Assurances
  - Attachment 15 – Representations
  - Attachment 16 – Member Transition Plan
  - Redacted Copy of Application Documents for which confidentiality is asserted. All redacted items must be separately claimed in Attachment 4. **(Optional)**
-

### Attachment 3 - Application Information and Certification Sheet

**Legal Name of Proposer:** Yamhill County Care Organization  
**Address:** 807 NE Third St.  
McMinnville, OR 97128  
**State of Incorporation:** Oregon **Entity Type:** Not for Profits  
**Contact Name:** Seamus McCarthy **Phone:** (503) 376-7424 **Email:** smccarthy@yamhill.cco  
**Oregon Business Registry Number:** 872954-90

**Any individual signing below hereby certifies they are an authorized representative of Applicant and**

**that** Applicant understands and accepts the requirements of this RFA. By submitting an Application, Applicant acknowledges and agrees to be bound by (a) all the provisions of the RFA (as modified by any Addenda), specifically including RFA Section 6.2 (Governing Laws) and 6.4 (Limitation on Claims); and (b) the Contract terms and conditions in Appendix B, subject to negotiation and rate finalization as described in the RFA.

2. Applicant acknowledges receipt of any and all Addenda to this RFA.
3. Application is a firm offer for 180 days following the Closing.
4. If awarded a Contract, Applicant agrees to perform the scope of work and meet the performance standards set forth in the final negotiated scope of work of the Contract.
5. I have knowledge regarding Applicant's payment of taxes. I hereby certify that, to the best of my knowledge, Applicant is not in violation of any tax laws of the state or a political subdivision of the state, including, without limitation, ORS 305.620 and ORS chapters 316, 317 and 318.
6. I have knowledge regarding Applicant's payment of debts. I hereby certify that, to the best of my knowledge, Applicant has no debts unpaid to the State of Oregon or its political subdivisions for which the Oregon Department of Revenue collects debts.
7. Applicant does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, gender, disability, sexual orientation, national origin. When awarding subcontracts, Applicant does not discriminate against any business certified under ORS 200.055 as a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business. If applicable, Applicant has, or will have prior to Contract execution, a written policy and practice, that meets the requirements described in ORS 279A.112 (formerly HB 3060), of preventing sexual harassment, sexual assault and discrimination against employees who are members of a protected class. OHA may not enter into a Contract with an Applicant that does not certify it has such a policy and practice. See <https://www.oregon.gov/DAS/Procurement/Pages/hb3060.aspx> for additional information and sample policy template.
8. Applicant and Applicant's employees, agents, and subcontractors are not included on:
  - a. the "Specially Designated Nationals and Blocked Persons" list maintained by the Office of Foreign Assets Control of the United States Department of the Treasury found at: <https://www.treasury.gov/ofac/downloads/sdnlist.pdf>, or
  - b. the government wide exclusions lists in the System for Award Management found at: <https://www.sam.gov/portal/>

- 9. Applicant certifies that, to the best of its knowledge, there exists no actual or potential conflict between the business or economic interests of Applicant, its employees, or its agents, on the one hand, and the business or economic interests of the State, on the other hand, arising out of, or relating in any way to, the subject matter of the RFA, except as disclosed in writing in this Application. If any changes occur with respect to Applicant's status regarding conflict of interest, Applicant shall promptly notify OHA in writing.
- 10. Applicant certifies that all contents of the Application (including any other forms or documentation, if required under this RFA) and this Application Certification Sheet are truthful and accurate and have been prepared independently from all other Applicants, and without collusion, Fraud, or other dishonesty.
- 11. Applicant understands that any statement or representation it makes, in response to this RFA, if determined to be false or fraudulent, a misrepresentation, or inaccurate because of the omission of material information could result in a "claim" {as defined by the Oregon False Claims Act, ORS 180.750(1)}, made under Contract being a "false claim" {ORS 180.750(2)} subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a False Claim under that Act.
- 12. Applicant acknowledges these certifications are in addition to any certifications required in the Contract and Statement of Work in Attachment 10 at the time of Contract execution.

Signature: [Signature] Title: CEO Date: 4/1/19  
 (Authorized to Bind Applicant)

State of Oregon  
 ) ss:

County of Yamhill

Signed and sworn to before me on 4/1/19 (date) by Seamus McLaughlin (Affiant's name).

[Signature]  
 Notary Public for the State of Oregon  
 My Commission Expires: 5/19/20





Request for Application  
RFA OHA-4690-19-CCO 2.0

**Attachment 4 – Disclosure Exemption Certificate**



**RFA OHA-4690 (Yamhill Community Care)**

**Attachment 4 - Disclosure Exemption Certificate**

Seamus McCarthy (“Representative”), representing Yamhill Community Care (“Applicant”), hereby affirms under penalty of False Claims liability that:

1. I am an officer of the Applicant. I have knowledge of the Request for Application referenced herein. I have full authority from the Applicant to submit this Certificate and accept the responsibilities stated herein.
2. I am aware that the Applicant has submitted an Application, dated on or about [insert date] (the “Application”), to the State of Oregon in response to Request for Application #OHA-4690-18 for CCO 2.0 (the RFA). I am familiar with the contents of the Application.
3. I have read and am familiar with the provisions of Oregon’s Public Records Law, Oregon Revised Statutes (“ORS”) 192.311 through 192.478, and the Uniform Trade Secrets Act as adopted by the State of Oregon, which is set forth in ORS 646.461 through ORS 646.475. I understand that the Application is a public record held by a public body and is subject to disclosure under the Oregon Public Records Law unless specifically exempt from disclosure under that law.
4. I have checked Box A or B as applicable:
  - A.  The Applicant believes the information listed in Exhibit A to this Exhibit 4 is exempt from public disclosure (collectively, the “Exempt Information”), which is incorporated herein by this reference. In my opinion, after consulting with a person having expertise regarding Oregon’s Public Records Law, the Exempt Information is exempt from disclosure under Oregon’s Public Records Law under the specifically designated sections as set forth in Exhibit A or constitutes “Trade Secrets” under either the Oregon Public Records Law or the Uniform Trade Secrets Act as adopted in Oregon. Wherever Exhibit A makes a claim of Trade Secrets, then Exhibit A indicates whether the claim of trade secrecy is based on information being:
    1. A formula, plan, pattern, process, tool, mechanism, compound, procedure, production data, or compilation of information that:
      - i. is not patented,
      - ii. is known only to certain individuals within the Applicant’s organization and that is used in a business the Applicant conducts,
      - iii. has actual or potential commercial value, and



- iv. gives its user an opportunity to obtain a business advantage over competitors who do not know or use it.

Or

- 2. Information, including a drawing, cost data, customer list, formula, pattern, compilation, program, device, method, technique or process that:
  - i. Derives independent economic value, actual or potential, from not being generally known to the public or to other persons who can obtain economic value from its disclosure or use; and
  - ii. Is the subject of efforts by the Applicant that are reasonable under the circumstances to maintain its secrecy.

B.  Exhibit A has not been completed as Applicant attests that are no documents exempt from public disclosure.

- 5. The Applicant has submitted a copy of the Application that redacts any information the Applicant believes is Exempt Information and that does not redact any other information. The Applicant represents that all redactions on its copy of the Application are supported by Valid Claims of exemption on Exhibit A.
- 6. I understand that disclosure of the information referenced in Exhibit A may depend on official or judicial determinations made in accordance with the Public Records Law.

Representative's Signature

Seamus McCarthy, PhD, President and Chief Executiver Officer

**Exhibit A to Attachment 4**

Applicant identifies the following information as exempt from public disclosure under the following designated exemption(s):

<u>Section Redacted</u>	<u>ORS or other Authority</u>	<u>Reason for Redaction</u>
Attachment 8 Value Based Payment (VBP) Questionnaire and Attachment 8	ORS 192.345(2)	1. The redacted VBP information is a trade secret because it is a compilation of information known only to Seamus McCarthy (CEO) and David Norelius (CFO), which is used by Yamhill CCO and has actual or potential commercial value which gives Yamhill CCO an opportunity to obtain a business advantage over its



<p>VBP Data Template</p>		<p>competitors who do not know or use it. Specifically, the redactions to Attachment 8 and to Attachment 8 VBP Data Template are redactions of the dollar amounts of the payments to be made by YCCO to PHPCH clinics. This pricing information is a trade secret. YCCO has contracted with medical clinics which are located in geographic areas served by other CCOs, including without limitation Hillsboro and Tillamook. YCCO believes it would be inappropriate for those other CCOs to access such payment information, because the other CCOs could use such payment information to outbid or underbid YCCO for the services of such clinics. See also the August 8, 2007 decision by the Oregon Department of Justice which held that rate filing information by Blue Cross/Blue Shield with the Insurance Division, including claim trends, retention, target loss ratio, etc. constituted trade secrets and was exempt from disclosure.</p>
<p>Attachment 12</p>	<p>ORS 192.355(31), and May 27, 2015 DCBS decision</p>	<p>2. Personal privacy information on the NAIC Biographical Affidavit (NAIC Form 11) is being redacted. In a May 27, 2015 decision by Patrick Allen in his then capacity as the Director of DCBS, Mr. Allen held that NAIC biographical affidavits submitted by Centene Corporation in connection with its merger with Trillium Community Health Plan were exempt from disclosure under the Oregon Public Records Law, and that DCBS will not disclose personal privacy information and will release only redacted versions of the NAIC Biographical Affidavits.</p>
		<p>3.</p>
		<p>4.</p>



		5.
--	--	----



Request for Application  
RFA OHA-4690-19-CCO 2.0

**Attachment 5 - Responsibility Check Form**



**RFA OHA-4690 Yamhill Community Care**

**Attachment 5 - Responsibility Check Form**

OHA will determine responsibility of an Applicant prior to award and execution of a Contract. In addition to this form, OHA may notify Applicant of other documentation required, which may include but is not limited to recent profit-and-loss history, current balance statements and cash flow information, assets-to-liabilities ratio, including number and amount of secured versus unsecured creditor claims, availability of short and long-term financing, bonding capacity, insurability, credit information, materials and equipment, facility capabilities, personnel information, record of performance under previous contracts, etc. Failure to promptly provide requested information or clearly demonstrate responsibility may result in an OHA finding of non-responsibility and rejection.

1. Does Applicant have available the appropriate financial, material, equipment, facility and personnel resources and expertise, or ability to obtain the resources and expertise, necessary to demonstrate the capability of Applicant to meet all contractual responsibilities?

YES  NO

2. Within the last five years, how many contracts of a similar nature has Applicant completed that, to the extent that the costs associated with and time available to perform the contract remained within Applicant's Control, Applicant stayed within the time and budget allotted, and there were no contract claims by any party? Number: 7

How many contracts did not meet those standards? Number: 0 If any, please explain.

Response: For each of the seven contracts, Applicant stayed within the time and budget allotted, and there were no contract claims by any party.

3. Within the last three years has Applicant (incl. a partner or shareholder owning 10% or more of Applicant's firm) or a major Subcontractor (receiving 10% or more of a total contract amount) been criminally or civilly charged, indicted or convicted in connection with:
  - obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract,
  - violation of federal or state antitrust statutes relating to the submission of bids or proposals,or



- embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property?

YES  NO

If "YES," indicate the jurisdiction, date of indictment, charge or judgment, and names and summary of charges in the response field below.

Response:

4. Within the last three years, has Applicant had:

- any contracts terminated for default by any government agency, or
- any lawsuits filed against it by creditors or involving contract disputes?

YES  NO

If "YES," please explain. (With regard to judgments, include jurisdiction and date of final judgment or dismissal.)

Response:

5. Does Applicant have any outstanding or pending judgments against it?

YES  NO

Is Applicant experiencing financial distress or having difficulty securing financing?

YES  NO

Does Applicant have sufficient cash flow to fund day-to-day operations throughout the proposed Contract period?

YES  NO

If "YES" on the first question or second question, or "NO" on the third question, please provide additional details.

Response:

6. Within the last three years, has Applicant filed a bankruptcy action, filed for reorganization, made a general assignment of assets for the benefit of creditors, or had an action for insolvency instituted against it?

YES  NO



If "YES," indicate the filing dates, jurisdictions, type of action, ultimate resolution, and dates of judgment or dismissal, if applicable.

Response:

7. Does Applicant have all required licenses, insurance and/or registrations, if any, and is Applicant legally authorized to do business in the State of Oregon?

YES  NO

If "NO," please explain.

Response:

8. Pay Equity Certificate. This certificate is required if Applicant employs 50 or more full-time workers and the prospective Contract price is estimated to exceed \$500,000. [This requirement does not apply to architectural, engineering, photogrammetric mapping, transportation planning or land surveying and related services contracts.] Does a current authorized representative of Applicant possess an unexpired Pay Equity Certificate issued by the Department of Administrative Services?

YES  NO  N/A

Submit a copy of the certificate with this form.

Response:

**AUTHORIZED SIGNATURE**

By signature below, the undersigned Authorized Representative on behalf of Applicant certifies to the best of his or her knowledge and belief that the responses provided on this form are complete, accurate, and not misleading.

Applicant Name: Yamhill County Care Organization DBA Yamhill Community Care	RFA: OHA-4690-19 CCO 2.0  Project Name: Coordinated Care Organizations 2.0
---	--

Signature: [Handwritten Signature]  
(Authorized to Bind Applicant)

Title: President and CEO Date: 4/17/19

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 931T510J8

*I, LESLIE CUMMINGS, DEPUTY SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:*

**YAMHILL COUNTY CARE ORGANIZATION, INC.**

*is*

a Nonprofit Corporation

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.*



A handwritten signature in cursive script that reads "Leslie Cummings".

LESLIE CUMMINGS, DEPUTY SECRETARY OF STATE

3/22/2019

**DAVID R. NORELIUS**

P.O. Box 1594 Portland, OR 97207 ♦ (503) 250-0149 ♦ [dave.norelius@gmail.com](mailto:dave.norelius@gmail.com)

Dynamic executive with 20+ years successfully leading engaged teams, executing strategic plans, and solving complex problems to collaboratively facilitate growth in regulated environments.

**Yamhill Community Care Organization**

*Director, Finance*

Portland, OR

*November 2018 – present*

*Finance and Analytics Manager*

*October 2017 – November 2018*

- Reporting to CEO as CFO equivalent of \$150 million Oregon Medicaid insurer since Oct 2017.
- Designed and executed financial strategies which improved YCCO's financial performance from a \$3.3 million operating loss in 2017 to a positive net of \$4.1 million in 2018.
- Designed and recruited new Finance and Analytics teams to localize accounting, financial reporting, and data management which elevated YCCO's decision science and reporting.
- Provided strategic support to CEO with hospital designation changes, third party administrator transition processes, providing financial and business strategy, creation of Value Base Payment contracting methodologies, and improving yields of restricted investments.
- Represented YCCO during Actuarial Services Unit (ASU) meetings with Oregon Health Authority (OHA) to ensure YCCO premiums adequately fund operating expenses.

**Jackson 180, LLC**

*Principal*

Portland, OR

*March 2016 - present*

- Retained by Permanente Dental Associates to advise CEO and senior leaders on financial, operational, strategic planning, and pension management from June 2016 – December 2016.
- Chief Financial Officer of Northwest Dental Benefits, LLC (NWDB):
  - Completed 100% of NAIC application to form an Idaho Managed Care Dental insurer.
  - Certificate of Authority approved by Idaho Department of Insurance in August of 2018.
  - Formed adequate provider network and partnerships with broker agencies.
  - Many of the largest employers in Kootenai County, ID offer NWDB to employees.

**Permanente Dental Associates, P.C. (PDA)**

*Chief Financial Officer & Chief Operating Officer*

Portland, OR

*April 2013 – February 2016*

*Director, Financial Analysis & Operations*

*January 2009 – March 2013*

Analyzed and developed strategies to achieve strategic objectives and expand efficiencies:

- Grew PDA's annual revenue by +56% within a mature business established in 1974 as membership grew from 185,000 with 235,000 visits to 250,000 members with 400,000+ visits.
- 1 of 8 national Permanente Group CFOs within \$65 billion Kaiser partnership.
- Led strategic planning: refreshed corporate vision, designed and monitored 100+ process and outcome metrics, and developed and executed breakthrough plans.
- Improved overall dentist satisfaction from 7/10 to 8/10 on Gallup survey.
- Pension Plan Administrator: Improved pension funding status from 90% in 2008 to 135%+ funded with plan design changes, disciplined cash contributions, and de-risking assets.
- Managed full scale Department of Labor (DoL) and Internal Revenue Service (IRS) audits.

Led Human Resources, Accounting, Legal/Compliance, and Analytical departments:

- 9.6 out of 10 engagement rating from admin team's annual survey addressing dimensions such as Vision, Value, Trust, Leadership, Belonging, Problem Solving, and Accountability.

**KForce Professional Staffing**

*Financial Consultant for PDA*

Portland, OR

*May 2008 – December 2008*

- Programmed database queries, performed financial analysis, and designed business cases for CFO.
- Designed and implemented new patient Access improvement plan which resulted in a year-end \$2,000,000 bonus payment from Kaiser Foundation Health Plan to PDA.

**Northwest Airlines**

*Senior Analyst / Partner Manager*

Eagan, MN

*May 2006 - November 2007*

*Corporate Purchasing Analyst*

*June 2005 - August 2005*

- Managed all aspects of \$1 billion affinity credit card program. Increased Net Income by \$30,000,000.
- Led global operational logistics in preparation of RFPs, RFIs, and RFQs with regards to \$250,000,000 of annual procurement decisions impacting 900+ airports in Asia, Europe, and North America.

Executive Leadership Program, **Harvard Business School**

*November 2015*

M.B.A. Finance and Strategy, **University of Minnesota** - Dean's List

*May 2006*

B.A. History and Politics, **Whitman College** - Academic Distinction

*May 2001*



Request for Application  
RFA OHA-4690-19-CCO 2.0

**Attachment 6 - General Questions**



**Attachment 6 - General Questions**

**A. Background Information about the Applicant**

**1. Questions**

**In narrative form, provide an answer to each of the following questions. Describe the Applicant’s Legal Entity status, and where domiciled.**

**a. Describe Applicant’s Affiliates as relevant to the Contract.**

N/A

**b. Is the Applicant invoking alternative dispute resolution with respect to any Provider (see OAR 410-141-3268)? If so, describe.**

No

**c. What is the address for the Applicant’s primary office and administration located within the proposed Service Area?**

Yamhill County Care Organization DBA Yamhill Community Care (YCCO) 819 NE Third Street, McMinnville, OR 97128

**d. What counties are included in this Service Area? Describe the arrangements the Applicant has made to coordinate with county governments and establish written agreements as required by ORS 414.153.**

YCCO's primary county is Yamhill County. YCCO’s service area also includes shared zip codes with neighboring counties. The Yamhill County Commissioner has a Board seat on YCCO’s board. Additionally, YCCO contracts with Yamhill County Public Health as well as Yamhill Health & Human Services for Behavioral Health services. Members within counties adjacent to Yamhill County include Marion, Polk, Washington, Multnomah, and Clackamas.

**e. Prior history:**

**(1) Is Applicant the Legal Entity that has a contract with OHA as a CCO as of January 1, 2019 (hereinafter called "Current CCO")?**

Yes

**(2) If no to 1, is Applicant the Legal Entity that had a contract with OHA as a CCO prior to January 1, 2019?**

N/A

**(3) If no to 1 and 2, is Applicant an Affiliate with or a Risk Assuming Entity of a CCO that has a current or prior history with OHA?**

N/A

**(4) If no to 1, 2, and 3, what is Applicant’s history of bearing health care risk in Oregon?**

N/A

**f. Current experience as an OHA contractor, other than as a Current CCO. Does this Applicant (or an Affiliate of Applicant) currently have a contract with the OHA as a licensed insurer or health plan third party administrator for any of the following (hereinafter called “Current OHA Contractor”)? If so, please provide that information in addition to the other information required in this section.**

- Public Employees Benefit Board - No
- Oregon Educators Benefit Board - No
- Adult Mental Health Initiative - No



- Cover All Kids - Yes
- Other (please describe)
  - g. Does the Applicant (or an Affiliate of Applicant) have experience as a Medicare Advantage contractor? Does the Applicant (or an Affiliate of Applicant) have a current contract with Medicare as a Medicare Advantage contractor? What is the Service Area for the Medicare Advantage plan?**

YCCO has no history as a Medicare Advantage Plan and is currently not a Medicare Advantage contractor nor holds any affiliation agreements with a Medicare Advantage Plan. However, YCCO contracts with Providence Plan Partners (PPP) as a third-party administrator for health plan functions such as care management, medical management, appeals and grievances and provider contracting. PPP is also a Five Star Medicare Advantage Plan that is available in the YCCO service area. YCCO and PPP are exploring ways that the organizations can partner in Medicare.

- h. Does Applicant have a current Dual Special Needs Coordination of Benefits Agreement with OHA to serve Fully Dual Eligible Members?**

Yes

- i. Does the Applicant (or an Affiliate of Applicant) hold a current certificate of authority for transacting health insurance or the business of a health care service contractor, from the Department of Consumer and Business Services, Division of Financial Regulation?**

No

- j. Does the Applicant (or an Affiliate of Applicant) hold a current contract effective January 1, 2019, with the Oregon Health Insurance Marketplace?**

No

- k. Describe Applicant's demonstrated experience and capacity for engaging Community members and health care Providers in improving the health of the Community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among Applicant's enrollees and in Applicant's Community.**

YCCO makes significant investments to improve member access to care that acknowledge the role social determinants play within health systems. YCCO hosts a variety of forums to encourage community participation and gather feedback and buy in for community improvement (see committee org. chart). YCCO's committee compositions reflect its partners' engagement and commitment to improving community well-being. Committees or subcommittees collectively include representatives from every sector, including local government, education, social services, community members at large, DHS, and law enforcement. To support the committee/workgroup structure, YCCO provides staffing including a Member Engagement Supervisor, Community Health Specialist, and Community Engagement Coordinator. Together YCCO personnel and the community collaborate to identify and address disparities within the system. Much of this work and the successes are outlined in the 2014-2019 Community Health Improvement Plan, Transformation Funding programs, 2018 Quality and Transformation Strategy, Early Learning Strategic Plan, and the Community Prevention and Wellness three-year plan, all involving the various sectors of the community. YCCO currently engages over 150 partners through its Service Integration Teams, which engage partners in each school district area to coordinate resources, address disparities, and solve problems together. The CHA and CHIP



process in 2018-19 has reached out to or involved more than 70 agencies, held 18 public forums throughout Yamhill County, engaged the Community Advisory Council in monthly meetings, and coordinated closely with the Local Public Health Authority. YCCO has held two Family Resiliency Conferences with more than 200 attendees at each, from multiple sectors, and has continued to host ongoing trauma-informed care trainings and events to engage community members.

**l. Identify and furnish résumés for the following key leadership personnel (by whatever titles designated):**

- Chief Executive Officer - See RFA4690-YCCO-Att 6 S\_McCarthy.pdf
- Chief Financial Officer (Finance Director) - See RFA4690-YCCO-Att 6 D\_Norelius.pdf
- Chief Medical Officer (Medical Director) - See RFA4690-YCCO-Att 6 B\_Rajani
- Chief Information Officer – N/A, no such title at YCCO
- Chief Administrative or Operations Officer – N/A, no such title at YCCO

**m. Provide a chart (as a separate document, which will not be counted against page limits) identifying Applicant’s contact name, telephone number, and email address for each of the following:**

See RFA4690-YCCO-Att 6 Contact\_List.xlsx

**2. Required Documents**

- Background Narrative
- Résumés
- Contact list (excluded from pages limit)

**B. Corporate Organization and Structure**

**1. Questions**

- a. Provide a certified copy of the Applicant’s articles of incorporation, or other similar legal entity charter document, as filed with the Oregon Secretary of State or other corporate chartering office.**
- b. Provide an organization chart listing of ownership, Control or sponsorship, including the percentage Control each person has over the organization.**

As a 501c3 nonprofit community benefit corporation, YCCO is 100% community owned. The management, control and operation of the affairs and properties of YCCO are vested in the corporation’s board of directors.

**c. Describe any licenses the corporation possesses.**

N/A

- d. Describe any administrative service or management contracts with other parties where the Applicant is the provider or Recipient of the services under the contract. Affiliate contracts are excluded in this item and should be included under Section C.**

Yamhill Community Care (YCCO) entered into an administrative services agreement with Performance Health Technology, Ltd (PH Tech) and Providence Plan Partners (PPP) effective January 1st, 2019. Through this agreement, PH Tech provides a multitude of administrative services to YCCO. These services include (but are not limited to) the following: member and provider customer service; claims processing; benefit and reimbursement configuration; encounter data management; medical management; community stakeholder metric tools; and database management.



## 2. Required Documents

- Articles of Incorporation - See RFA4690-YCCO Att 6 AofI.pdf
- Narrative of Items b through d - Included under question

### C. Corporate Affiliations, Transactions, Arrangements

#### 1. Questions

- Provide an organization chart or listing presenting the identities of and interrelationships between the parent, the Applicant, Affiliated insurers and reporting entities, and other Affiliates. The organization chart must show all lines of ownership or Control up to Applicant's ultimate controlling person, all subsidiaries of Applicant, and all Affiliates of Applicant that are relevant to this Application. When interrelationships are a 50/50% ownership, footnote any voting rights preferences that one of the entities may have. For each entity, identify the corporate structure, two-character state abbreviation of the state of domicile, Federal Employer's Identification Number, and NAIC code for insurers. Schedule Y of the NAIC Annual Statement Blank—Health is acceptable to supply any of the information required by this question. If a subsidiary or other Affiliate performs business functions for Applicant, describe the functions in general terms. N/A**
- Describe of any expense arrangements with a parent or Affiliate organization. Provide detail of the amounts paid under such arrangements for the last two years. Provide footnotes to the operational budget when budgeted amounts include payments to Affiliates for services under such agreements.**

YCCO has no affiliated insurers or arrangements.

#### c. Describe Applicant's demonstrated experience and capacity for:

- **Managing financial risk and establishing financial reserves**

YCCO has consistently maintained a Risk Based Capital level of 350% to 450%+ above OHA's statutory required Control Level for YCCO. YCCO follows OHA's investment criteria and has established Board governance criteria to ensure retention of adequate financial reserves.

- **Meeting the minimum financial requirements for restricted reserves and net worth in OAR 410-141-3350.**

YCCO has consistently maintained a Risk Based Capital level of 350% to 450%+ above OHA's statutory required Control Level for YCCO. YCCO follows OHA's investment criteria and has established Board governance criteria to ensure retention of adequate financial reserves.

## 2. Required Documents

- Item a., an organization chart or listing – N/A
- Narrative for Items b and c - Included under question

### D. Subcontracts

#### 1. Informational Questions

- Please identify and describe any business functions the Contractor subcontracts or delegates to Affiliates. N/A**
- What are the major subcontracts Applicant expects to have? Please provide an example of subcontracted work and describe how Applicant currently monitors Subcontractor performance or expects to do so under the Contract.**

YCCO will subcontract with the following partners: Performance Health Technologies Ltd (PH Tech) for third party administration; Capitol Dental as a dental risk accepting entity; Yamhill



County Health and Human Services (YCHHS) as a behavioral health risk accepting entity and First Transit for non-emergent medical transportation services. YCCO monitors subcontractors in alignment with the Audit and Monitoring policy which includes the review of policies, procedures and documentation of delegated functions to ensure compliance with State and Federal regulation and the CCO contract.

**2. Required Documents**

Narrative for Items a and b - Included under question

**E. Third Party Liability**

**1. Informational Questions**

**a. How will Applicant ensure the prompt identification of Members with TPL across its Provider and Subcontractor network?**

YCCO obtains information regarding the possibility of primary health coverage by reviewing incoming enrollment and coordination of benefit (COB) information from the state's enrollment files, explanation of benefits (EOB) attached to claims, refunds, phone calls from members or providers, post-payment reports, customer service, and medical management. All leads are confirmed by contacting the primary payer to gather information and effective dates and then the member's account is updated to then only pay secondary. Similarly, identifying possible TPL due to accidental injury would include those same tactics plus the use of a vendor to identify possible injury claim cases through claim data review and investigation. The vendor works on behalf of the plan and works directly with members, other carriers, attorneys and the claims processor. The vendor pursues the claim through subrogation work until there is a settlement and repayment to the plan occurs. OHA is notified regarding TPL activity through regular reporting.

**b. How will Applicant ensure the prompt identification of Members covered by Medicare across its Provider and Subcontractor network?**

YCCO obtains identification of Medicare coverage through incoming Medicare information on the enrollment files, explanation of benefits (EOB) attached to claims, refunds, phone calls from members or providers, post-payment reports, customer service and medical management. Once identified the member record is updated to insure prompt and correct payment of claims with Medicare payer of last resort. OHA is notified of individuals who have been identified as covered by Medicare through regular reporting.

**2. Required Documents**

Narrative for Items a and b - Included under question

**F. Oversight and Governance**

**1. Informational Questions**

**Please describe:**

**a. Applicant's governing board, how board members are elected or appointed, how the board operates, and decisions that are subject to approval by a person other than Applicant.**

The Board of Directors shall consist of sixteen (16) Directors. Directors of the corporation shall be elected by the Board of Directors from a list of nominees recommended by the Nominating Committee. Notwithstanding anything to the contrary in these Bylaws, the Board of Directors shall elect from among the nominees recommended by the Nominating Committee, Directors who meet the requirements for directors of CCOs in ORS 414.625(2)(0). The term of office for each Director shall be three (3) years or until a successor has been duly elected. A Director may serve for any number of consecutive three (3) year terms. The following actions or matters



require the affirmative vote of at least 75% of all Directors then in office for approval ("Supermajority Vote"):

1. Approval of any contract, agreement, transaction or relationship between or among the corporation and any one or more of the entities or governmental units which designate Directors for nomination to the Board of Directors and/or an affiliate of any such entity or governmental unit, including without limitation a contract by any such entity or governmental unit and/or an affiliate of any such entity or governmental unit to provide health care services to Medicaid enrollees of the corporation, and a contract to provide other services such as claims processing, third party administrator (TPA) services, administrative services only (ASO), or management services organization (MSO) services, to the corporation, or to the enrollees. The Directors by a Supermajority Vote may establish "parameters" or guidelines for their approval of certain contracts or classes of contracts, whereby if such contract or class of contract fits within the parameters or guidelines, the Directors will not have to vote to approve each such contract.
  2. Approval of the initial budgets and the annual capital and operating budgets, and the establishment and amount of restricted reserves, net worth of the corporation, and working capital of the corporation, consistent with the applicable statutes and administrative rules of OHA.
  3. Approval for expenditures for any non-budget item in an amount of greater than \$20,000 in any month, or \$100,000 in the aggregate.
  4. Approval of the amount and time of capital contributions and additional capital contributions to be made by each entity and governmental unit which designates Directors.
  5. Approval of any modifications or amendments to the Articles of Incorporation or the Bylaws of the corporation.
  6. Approval of the merger or consolidation of the corporation, and/or the sale, lease, exchange, mortgage, pledge, transfer, or other disposition of all or substantially all the assets of the corporation, when such merger, sale, lease, exchange, mortgage, pledge or other disposition is, or is part of, a single or multiple transaction or plan.
  7. A change in the location, nature, purpose, or scope of the business of the corporation.
  8. Any indebtedness and/or any increase in indebtedness of the corporation more than \$100,000.
  9. The sale of corporation assets with a value more than \$100,000.
  10. Approval of any affiliation or joint venture with another person or entity.
  11. Dissolution of the corporation.
  12. Approval of any contract between the corporation and OHA.
  13. Approval of any contract having a value more than \$100,000 between or among the corporation and any other person or entity.
  14. The salary and benefits, if any, of the officers.
  15. The election or removal of a Director.
- b. Please describe Applicant's key committees including each committee's composition, reporting relationships and responsibilities, oversight responsibility, monitoring activities and other activities performed.**



The YCCO governance structure is comprised of the Board of Directors and five (5) main committees with multiple subcommittees and ad-hoc workgroups.

1. **Community Advisory Council (CAC):** Community Advisory Council (CAC) is chartered by the Board of Directors to help YCCO remain responsive to consumer and community health needs. Membership on the CAC includes OHP members, family members and community members at large. The Triple Aim guides the committee to focus on health care transformation and lead the Community Health Assessment and Community Health Improvement Plan. CCOs integrate physical, behavioral, and dental health for its members, with a focus on the whole person, including the social determinants of health and equity.
2. **Quality & Clinical Advisory Panel (QCAP):** CCO Quality and Clinical Advisory Panel is responsible for promoting clinical and system practices to achieve the Triple Aim: improve care, improve health, lower cost. The committee provides oversight and direction to the organization's quality program, clinical initiatives that drive care transformation, and associated quality and performance metrics. The advisory panel is charged with ensuring that providers are actively engaged in pursuing improvement of clinical and system practices and incorporating provider input into the planning, design, and implementation of system transformation that directly influences integration across physical, behavioral, and oral health. The Panel is composed of representatives assigned by each partner organization, plus one member of the Community Advisory Council. Additional members are recruited to ensure that perspectives represented include behavioral health providers, Northwest Senior and Disability Services, primary care practitioners (minimum of 3 including a pediatrician), medical specialists, dental providers and Public Health.
3. **Early Learning Council:** YCCO is the Yamhill Early Learning Hub. The Early Learning Council (ELC) consists of members of the health community, the education community and community members at large who are appointed by the Board of Directors. The ELC oversees and monitors Early Learning programs and promotes Early Learning investments in the community. The ELC works with the Early Learning Administrator to create annual budgets and recommends such budgets to the Board of Directors for approval.
4. **Finance Committee:** The finance committee is comprised of board appointed board directors. The finance committee works with the CEO and the Finance Director to create and recommend for approval the annual budget, monitor expense trends, and oversee investments. The finance committee drafts and recommends to the Board of Directors for approval the financial policies and procedures for the organization.
5. **Community Prevention and Wellness Committee:** The Community Prevention and Wellness Committee (CPW) consists of board appointed Board Directors and community members at large. The CPW is charged with overseeing social determinant and prevention program investments made by YCCO and the Yamhill area community. The CPW collaborates with community partners in identifying evidence-based interventions and initiatives that have proven to impact long term community health and recommends social determinant investment strategies to the Board of Directors.



**c. The composition, reporting responsibilities, oversight responsibility, and monitoring activities of Applicant's CAC.**

The CAC is composed of 9-21 members who represent no less than 51% of YCCO consumers with the remaining membership selected from community members, a community leader or representative of the community, or a local agency, or from county government. The CAC reports directly to the Board of Directors and works collaboratively with other YCCO committees. This body is responsible for the oversight and monitoring of the following activities:

- Identify and advocate for preventive care practices - all areas (physical, dental, behavioral)
- Identify opportunities to improve population health in Yamhill County
- Maximize engagement of those enrolled in the Oregon Health Plan
- Oversee the Community Health Assessment (CHA)
- Adopt the Community Health Improvement Plan (and publish annual CHIP progress report)
- Provide feedback to YCCO about strategies to engage the community in CCO planning
- Provide advice about linking the community's medical and non-medical services to overcome barriers to health
- Provide a link back to community constituents to aid in achieving YCCO goals
- Develop, implement and evaluate innovative initiatives, programs, services and activities

**2. Requested Documents**

- Narrative for Items a, b, and c

# Seamus J. McCarthy

3874 Oak Meadow Loop  
Newberg, OR 97132

(503) 530-0686

seamusaz@gmail.com

---

## PROFESSIONAL EXPERIENCE

- President and Chief Executive Officer** 2017-Present  
**Interim Chief Executive Officer** 2016-2017  
**Director of Operations and Integration** 2014-2016  
**Yamhill Community Care Organization**
- Collaborate with Yamhill CCO's Board of Directors in the development and execution of Yamhill CCO's strategic plan
  - Establish, Implement and maintain Yamhill CCO's operating plan and business strategy ensuring alignment with the organization's mission, strategic initiatives and public policy agenda
  - Provide executive oversight for Yamhill CCO's health plan operations such as claims payment, customer service, quality assurance and improvement, medical management and provider relations ensuring alignment with the organization's strategic plan, mission, vision and values
  - Direct Yamhill CCO's compliance and risk management activities for all contractual relationships including contracts with the Oregon Health Authority and delegated entities
  - Direct the development of Yamhill CCO's \$117 million operating budget and business plan
  - Proactively engage with state and federal authorities in establishing Yamhill CCO's rates
  - Provide strategic and tactical leadership to Yamhill CCO ensuring that the organization is financially sound regardless of fluctuations in premium revenue
  - Establish solid working relationships with Yamhill CCO's service delivery partners as well as community leaders and public policy processes to shape and secure Yamhill CCO's future
  - Ensure the successful development, implementation, expansion and monitoring of Yamhill CCO clinical initiatives, including integration of physical, dental and behavioral health, primary care expansion, patient centered primary care homes and health information technology adoption
- Clinic Manager**  
**Virginia Garcia Memorial Health Center, McMinnville Primary Care Clinic** 2010-2014
- Collaborated with Virginia Garcia corporate leadership in the development of strategic initiatives
  - Responsible for operationalizing the annual strategic plan for Virginia Garcia McMinnville Clinic
  - Oversaw the ongoing integration of the patient centered primary care home model (PCPCH) including the integration of primary care, dental, pharmacy and mental health services
  - Directed all primary care clinic operations to ensure quality and excellence
  - Facilitated the integration of Primary Care services into the Yamhill County Mental Health Clinic
  - Collaborated with Yamhill County Health and Human services as well as the Willamina School District to assume operational responsibility for the Willamina School Based Health Center
  - Led, mentored and trained staff to ensure the highest level of contribution
- General Manager**  
**Russellville Park Retirement Community Assisted Living and Memory Care** 2008-2010
- Mapped strategic action plans that increased revenue and ensured budget compliance for a retirement community of 291 apartments
  - Coordinated with contractors in the completion of a \$40 million residential complex
  - Hired management and support staff - Built and led a team of highly successful professionals
  - Led the community to ensure high occupancy rates and surpassed NOI goals
  - Spearheaded the successful opening of a new building with assisted living and memory care
  - Managed nursing staff who coordinated care for residents with complex health needs
  - Oversaw the successful operation of two restaurants, a café, a bar and a fitness center
  - Implemented and accounted for two separate operating budgets totaling \$10 million
  - Trained and educated staff ensuring superior customer service for residents and family members
  - Operated the community in accordance with state, federal and local standards and guidelines

# BHAVESH RAJANI

# MD MBA

---

**Bhavesh Rajani MD MBA | Medical Director**  
Yamhill Community Care Organization

P 503-376-7422 | F 503-376-7436  
807 NE Third Street, McMinnville, OR 97128 [brajani@yamhillcco.org](mailto:brajani@yamhillcco.org) |  
[www.yamhillcco.org](http://www.yamhillcco.org)

---

## PRESENT EMPLOYMENT

---

### **Medical Director Yamhill CCO May 2016 – Present**

Oversight over Community Health Worker team with pathways model of management to support patient population with Multidisciplinary work, collaboration with case management, transitions care committee work and focused case conferences.

Work to achieve CCO Metrics with collaboration in the quality team and with practice coaches and clinics and providers, development of best practices, PC3, focused outreach (physical, dental, behavioral) and working with delegates.

Oversight of Wellness Center activities - Pain program (CBT with movement therapy), Diabetes Prevention Program development, and children's health fair programs.

Developed and founded YCCO's CME program with focus on provider satisfaction and education. Incorporation of AAFP accreditation and Pain summit, and Balint sessions

Hep C Risk corridor work to focus increased identification and treatment of cases of Hep C

Committee member :

QHOC ( Quality Health and Outcomes committee)

HPQM ( State health Plan Quality Metrics Committee)

CPC+ ( Comprehensive Primary Care Plus)

State HealthCare Workforce Committee

Participant and champion in implementing Pre-Manage and DPP ( Diabetes Prevention Program) initiatives.

## Prior employment

**Programs Medical Director Providence Medical Group and Family Physician Happy Valley Providence Medical Group Sept 2015 – May 2016**

**Senior Medical Director Providence Medical Group Portland Jan 2011 – Sept 2015**

## OTHER PRIOR EMPLOYMENT

---

**Clinic Medical Director**, PMG Sherwood – 2008-2010.

**Family Physician**, PMG Sherwood - 2002-2010.

**Family physician** – Samaritan Medical Center, Watertown NY 1997 – 2002

**Family Physician**, Genesis Health Care, Watertown NY 1995-1997

(Included work as a Medical Director of a satellite clinic a Cape Vincent)

**Family Physician**, The Bacon Lane Surgery, Edgware, UK 1994 – 1995

## EDUCATION

---

University – Manchester Medical School , UK 1984-1989

MB ChB (July 1989) Honors in Anatomy 1986 BUPA prize for project –  
“Incidence, Predisposing Factors and Prevention of Oral Cancers in Manipal.”

Residency – Edgware General Family Practice Residency 1990-1992

Houseman year - House office in General surgery and General medicine  
Trafford General 1989-1990

### **Post Grad Qualifications**

DRCOG - Diplomat of the Royal College of OBGYN - Nov 1992

MRCGP - Member of the Royal College of General Practice - July 1993

DABFP - Diplomat of the American Board of Family Practice – Aug 1996

(Recert 2009)

DABQAURP – Diplomat of American Board of Quality Assurance and  
Utilization review physicians. 1998

MBA – Masters in Business Administration – Focus in Health Care - University  
of Dallas – 2000

USMLE – Step1/2/3 1994

ECFMG Cert 1994

# Seamus J. McCarthy

3874 Oak Meadow Loop  
Newberg, OR 97132

(503) 530-0686

seamusaz@gmail.com

---

## ***Regional Operations Manager & Designated Broker***

### **Prudential Foothills Real Estate/McCarthy Real Estate and Investments**

1997-2008

- Founded and managed successful independent real estate firm and merged with national affiliate
- Developed and implemented strategic plans to achieve company objectives
- Collaborated with corporate leadership in merger and acquisition initiatives
- Managed the process of identifying real estate acquisition and project development opportunities
- Oversaw multiple projects and functions; met corporate and governing authority deadlines
- Educated partners and stakeholders on real estate trends and project status with oral reports supplemented with visual graphics and written analysis
- Budgeted for all projects and remained accountable for budget compliance
- Negotiated the acquisition, redevelopment, management and/or disposition of real property ensuring profitability and the highest net return
- Built and supervised a team of contractors, sub contractors and service providers to facilitate on time production, quality and cost effectiveness
- Managed state-wide operations with nine real estate offices and over 250 employees
- Managed \$20 million annual budget and accounted for end results
- Directed the hiring, training, evaluation, and supervision of all employees and managers
- Ensured compliance with company policy and all jurisdictional requirements
- Provided leadership to implement a centralized bookkeeping and back office system for statewide operations

## **EDUCATION**

### **Doctor of Philosophy in Psychology with a Concentration in Transpersonal Psychology**

Institute of Transpersonal Psychology at Sofia University, Palo Alto, CA, 2014

Dissertation: *Investigating the Correlations Between Patient-Centered Qualities of Primary-Care Providers and Patient-Health Outcomes*

Practicum: *An Assessment of the Chronic Pain Management Needs of the Members of the Yamhill County Care Organization*

### **Masters, Transpersonal Psychology**

Institute of Transpersonal Psychology, Palo Alto, CA, 2010

Concentration: Transpersonal Health and Wellness

Final Integration Paper: *Transformation and the Individuation Process*

Practicum: *Exploring the Transformational Elements of the Twelve-Step Process as Ritual*

**Certificate in Transpersonal Studies** – Institute of Transpersonal Psychology, Palo Alto, CA, 2009

**Bachelors, Business Management** – University of Phoenix, Tucson AZ, 1992

## **ADDITIONAL EXPERIENCE**

**Yamhill County Board of Health** – Yamhill County Health and Human Services

**Advisory Board Member** – A Family Place Relief Nursery

**Board of Directors, Past** – Yamhill Community Action Partners

**Clinical Advisory Panel, Past** – Yamhill County Care Organization

**Application Committee** – Yamhill County Care Organization

**Steering Committee** – Yamhill County Care Organization

**Instructor** – Hogan School of Real Estate

**Certified Instructor** – Pima Community College

**Certified Instructor** – Arizona Department of Real Estate

**Real Estate Broker's License** – Arizona

**Administrator's License** – Oregon Department of Human Services: Seniors and People with Disabilities



Request for Application  
RFA OHA -4690-19-CCO 2.0

**Attachment 7 - Provider Participation and Operations Questionnaire**



## **Attachment 7 - Provider Participation and Operations Questionnaire**

**Page limits for this Provider Participations and Operations Questionnaire is 40 pages. Items that are excluded from the page limit will be noted in that requirement.**

### **1. Governance and Organizational Relationships**

#### **a. Governance (recommended page limit 1 page)**

**This section will describe the Governance Structure, Community Advisory Council (CAC), and how the governance model will support a sustainable and successful organization that can deliver health care services within available resources, where success is defined through the triple aim. Please describe:**

##### **(1) The proposed Governance Structure, consistent with ORS 414.625.**

Yamhill Community Care Organization (YCCO) is a non-profit 501(c)3 community benefit corporation owned, operated and controlled by the Yamhill area community.

The management, control and operation of the affairs of YCCO are vested in the Board of Directors.

Directors on YCCO's Board of Directors represent physical health, dental health, behavioral health and substance use treatment providers, community members at large, non-profit organizations, peer support organizations and at least one member of the CAC.

The YCCO Board of Directors works with the YCCO Chief Executive Officer to build and approve a strategic plan every 5 years that sets the vision and direction of the organization. The strategic plan has the following five focus areas:

(1) *Health System Innovation* focuses on developing and implementing a coordinated health care delivery model that integrates behavioral, physical and oral health care to achieve the triple aim.

(2) *Meeting Community Needs* focuses on improving community wellness through proactive engagement and outreach with members, providers and other stakeholders which includes investing in social determinants of health.

(3) *YCCO Operations* focuses on developing administrative infrastructures that support community collaboration and community-wide access to high quality coordinated care. This includes overseeing YCCO operations to ensure YCCO's sustainability and that the benefit is managed wisely. YCCO has a robust finance committee consisting of for-profit and non-profit CEOs, Directors and community members that monitor financial performance, provide updates to the Board and recommend financial strategies for long term sustainability.

(4) *Innovation* focuses on continually assessing the organizations for strengths, weaknesses, opportunities, and threats.

(5) *Early Learning* focuses on improving school success and child wellness through



coordination of family support services and early learning opportunities.

The Community Advisory Council (CAC) is chartered by the Board of Directors to help Yamhill CCO remain responsive to consumer and community health needs. The CAC has at least one representative on the Board of Directors who actively provides input to the Board regarding consumer needs and community health priorities. YCCO's CAC conducts the Community Health Assessment (CHA) every five years and constructs and monitors the Community Health Improvement Plan. The CAC makes recommendations to the Board of Directors on how YCCO should align the organization's strategic plan with CHIP priorities and identify spending priorities. The CAC has an annual budget of at least \$50,000 that they control and that can be invested in community health needs that the CAC has identified as priorities. The CAC also reviews and makes recommendations on member-facing materials, events, and activities.

**(2) The proposed Community Advisory Council (CAC) in each of the proposed Service Areas and how the CAC was selected consistent with ORS 414.625.**

The proposed service area will continue to have one Community Advisory Council. According to the CAC Charter and consistent with ORS 414.625 and 627, at least 51% of membership will be members of the YCCO health plan, which is defined in the charter as current members, people who were members after 2013, and direct caregivers of members. Additionally, according to ORS and the charter, representation from County government will sit on the CAC. Consumers who are interested in being on the CAC complete an application that is reviewed by the CAC nominations committee (consisting of voting CAC members), then YCCO's nominations committee, which consists of five board members. The nominations committee recommends CAC candidates for the Board of Directors' final approval.

**(3) The relationship of the Governance Structure with the CAC, including how the Applicant will ensure transparency and accountability for the governing body's consideration of recommendations from the CAC.**

There are two spots for CAC members on the Board of Directors, one of which is currently filled. This representative provides a summary and update from the Board meeting to the CAC members, and serves as a liaison between the two groups. Any consideration of recommendations from the CAC at the Board level will be heard by the CAC member(s) on the Board and shared back. All formal recommendations from the CAC go to the Board for final approval. Additionally, the Board follows a consistent quorum majority voting process for all decision items, which is recorded in the minutes from Board meetings and made available to CAC members if requested. Board meeting minutes are available publicly according to public meeting laws. All of YCCO Board meetings are open to the public and all decisions made and votes taken are conducted in open meetings.

**(4) The CCO Governance Structure will reflect the needs of members with severe and persistent mental illness and members receiving DHS Medicaid-funded LTC services and supports through representation on the Governing Board or CAC.**



The current CAC has representation from two peer support agencies serving people with mental illness, including people with SPMI and the homeless population. In its recruitment efforts, as part of its strategy to seek diversity that reflects the general population, YCCO will reach out to agencies serving members receiving DHS Medicaid-funded long-term care services and request member representation.

- b. Clinical Advisory Panel (recommended page limit ½ page)**  
**An Applicant is encouraged but not required to establish a Clinical Advisory Panel as a means of assuring best clinical practices across the CCO's entire network of Providers and facilities.**

- (1) If a Clinical Advisory Panel is established, describe the role of the Clinical Advisory Panel and its relationship to the CCO governance and organizational structure.**

YCCO has an established Quality and Clinical Advisory Panel (QCAP). This body is responsible for promoting clinical and system practices to achieve the Triple Aim: improve care, improve health, lower cost. This panel provides oversight and direction to the organization's quality program, clinical initiatives that drive care transformation, and associated quality and performance metrics. The advisory panel is charged with ensuring that providers are actively engaged in pursuing improvement of clinical and system practices and incorporate provider input into the planning, design, and implementation of system transformation that directly influences integration across physical, behavioral, and oral health.

Reporting to the Board of Directors, this committee links staff and contains cross-membership with quality improvement efforts within partner organizations. The QCAP receives reports on Yamhill CCO performance from partner Quality Improvement, Peer Review, Compliance, and Credentialing committees. The QCAP makes recommendations to the Board of Directors for allocation of resources necessary to accomplish its system transformation objectives. The QCAP reports progress on quality initiatives and key metrics to the Board at least quarterly. The QCAP works with the Community Advisory Council to develop mechanisms for sharing performance and strategic information with members.

- c. Agreements with Type B Area Agencies on Aging and DHS local offices for APD (APD) (recommended page limit ½ page)**

**While DHS Medicaid-funded LTC services are legislatively excluded in HB 3650 from CCO responsibility and will be paid for directly by the Department of Human Services, CCOs will still be responsible for providing physical and Behavioral Health services for individuals receiving DHS Medicaid-funded LTC services and will be responsible for coordinating with the DHS Medicaid-funded LTC system. To implement and formalize coordination and ensure relationships exist between CCOs and the local DHS Medicaid-funded LTC Providers, CCOs will be required to work with the local Type B AAA or DHS APD local office to develop a Memorandum of Understanding (MOU) or contract, detailing their system coordination agreements regarding members receiving DHS Medicaid-funded LTC services.**

- (1) Describe the Applicant's current status in obtaining MOU(s) or**



**contracts with Type B AAAs or DHS local APD office.**

- (2) If MOUs or contracts have not been executed, describe the Applicant's efforts to do so and how the Applicant will obtain the MOU or contract.**

YCCO currently holds an agreement (Memorandum of Understanding-MOU) with North West Senior and Disability Services, the local AAA and with the Washington County APD office. This MOU describes the mutual goals to improve person-centered care by aligning services to provide quality care, produce the best health and functional outcomes for individuals, avoid cost shifting between systems and prevent escalation of costs for both systems. The MOU describes the agreement to participate in the following activities: interdisciplinary care teams; transitional care practices; member engagement and preferences; health promotion and prevention; cross system learning; aligned governance structure; expansion of relationships with Person Centered Primary Care Home (PCPCH) and LTSS providers.

**d. Agreements with Community Partners Relating to Behavioral Health Services (recommended page limit 1 page)**

**To implement and formalize coordination, CCOs will be required to work with local mental health authorities and Community Mental Health Programs to develop a Memorandum of Understanding (MOU) or contract, detailing their system coordination agreements regarding Members receiving mental health services.**

- (1) Describe the Applicant's current status in obtaining MOU(s) or contract(s) with LMHAs and CMHPs throughout its proposed Service Area.**

YCCO currently has a delegation agreement with Yamhill County Health and Human Services (YCHHS), the Community Mental Health Program serving Yamhill County. YCHHS has sub-contracts with mental health providers throughout the county such as Lutheran Community Services. YCHHS has main mental health and addiction clinics in Newberg and McMinnville and has embedded MH providers in schools in every school district in Yamhill County.

- (2) If MOUs or contracts have not been executed, describe the Applicant's efforts to do so and how the Applicant will obtain the MOU(s) or contract(s).**

N/A

- (3) Describe how the Applicant has established and will maintain relationships with social and support services in the Service Area, such as:**
- **DHS Child Welfare and Self Sufficiency field offices in the Service Area; Oregon Youth Authority (OYA) and Juvenile Departments in the Service Area; Department of Corrections and local**



**Community corrections and law enforcement, local court system, problem solving courts (drug courts/mental health courts) in the Service Area, including for individuals with mental illness and substance abuse disorders; School districts, education service districts that may be involved with students having special needs, and higher education in the Service Area; Developmental disabilities programs; Tribes, tribal organizations, Urban Indian organizations, Indian Health Services and services provided for the benefit of Native Americans and Alaska Natives; Housing organizations; Community-based Family and Peer support organizations; Other social and support services important to communities served.**

YCCO currently has a delegation agreement with Yamhill County Health and Human Services, the Community Mental Health Program serving Yamhill County. With this contract and others, YCCO has an established working relationship to coordinate social services and supports across the service area including:

- a. A working relationship with DHS Child Welfare local branch helps to ensure proper support for children who enter the foster care system in the Yamhill region and beyond. While not contractually binding, DHS is an important partner with which efforts are coordinated through both care management and community health hub programs.
- b. Oregon Youth Authority (OYA) and Juvenile Departments in the Service Area
- c. Department of Corrections and local Community corrections and law enforcement, local court system, problem solving courts (drug courts/mental health courts) in the Service Area, including for individuals with mental illness and substance abuse disorders.
- d. Through the Early Learning Hub program, YCCO maintains a contractual agreement with all 7 school districts in the county as well as with Willamette Valley ESD. These agencies are active partners in addressing educational needs of members and the community.
- e. The developmental disabilities program relationship is embedded in the Yamhill County Health and Human Services agreement. Partnership with this agency as well as North West Senior and Disability Services ensures coordination for those members needing social support services.
- f. YCCO holds a provider contract with Grande Ronde Health and Wellness Center, the local tribal organization in the west valley of Yamhill County. This organization provides an array of culturally appropriate services including physical, mental, dental, ancillary services, home health and community support services.
- g. Contracts are in place with peer support services offering peer wellness support, community-based classes, certified recovery mentorship, and a drop-in center. The



CCO also operates a Community Health Hub with four Community Health Workers who maintain relationships with members and offer navigation support with providers, community agencies, the local hospitals.

**2. Member Engagement and Activation (recommended page limit 1½ pages)**

**Members should be actively engaged partners in the design and implementation of their treatment and care plans through ongoing consultations regarding cultural preferences and goals for health maintenance and improvement. Member choices should be reflected in the selection of their Providers and in the development of Treatment Plans while ensuring Member dignity and culture will be respected.**

- h. Describe the ways in which Members (and their families and support networks, where appropriate) are meaningfully engaged as partners in the care they receive as well as in organizational Quality Improvement activities.**

There are a variety of ways members are engaged as partners in their care and in quality improvement. At a plan level, the Community Advisory Council is a primary way for member representatives to actively provide system feedback, engage in discussion, and help design processes that will improve outcomes and the experience of care. Meetings are open quarterly to public comment and provide an in-person venue for members to share their stories and receive information about the appropriate complaints and grievances procedures. The CAC also includes representation from peer support agencies and is well-versed in encouraging self-advocacy. Alongside the CAC that convenes at the plan level, many network partners have Patient and Family Advisory Councils (PFACs) and peer advisory groups which provide ideas to improve the system and give honest reflection on the experience when interacting with the system. These advisory bodies are a primary source of member representation and are used to identify and invite members to participate in project-focused ad hoc workgroups that address a specific topic of improvement.

YCCO recently went through a Community Health Assessment (CHA). This process collected data directly from YCCO members and the community related to perceived health and interaction with the local health care system. The information collected through the CHA will directly influence the development of a Community Health Improvement Plan (CHIP). The CHA and CHIP will be used to identify barriers and system improvements, as well as approaches that are person and family-centered to address these. One focus area of the Community Health Improvement Plan is Access to Care, which includes experience of care. YCCO has developed partnerships with a wide range of agencies serving YCCO members throughout the CHIP and CHA process, and these partnerships will be expanded upon and strengthened to continue to seek member voice and engagement by capitalizing on the existing relationships and trust with these agencies.

Other aggregated data collected is the Consumer Assessment of Healthcare Providers and Systems (CAHPS) data which describes responses to questions related to getting needed care, getting care quickly, provider communication, customer service, and shared decision making among other topics. This member feedback data is reviewed and used to improve the system of



care. Along with CAHPS, satisfaction surveys are collected throughout the system on an annual basis and focus on Behavioral Health, Peer Support Services, Community Health Worker Hub, and Dental. This survey data allows for systematic assessment of the member's experience and engagement in continuous quality improvement efforts. Information about grievance processes is posted to the YCCO website and members are encouraged to provide feedback over the phone, through mail, or in person.

The Community Health Worker Hub employs three bachelor's level CHWs, who can attend appointments with members and work with them to understand and implement information from providers and help communicate. They also serve as advocates, communicating with providers and service agencies on behalf of members, often sharing feedback with clinics and the health plan.

Finally, YCCO offers a Continuing Medical Education program for its providers. In the past, this program has had sessions on cultural competency, treating LGBTQ patients, motivational interviewing, and other topics designed to educate providers on fostering a more collaborative patient experience that respects member dignity and culture. The program will continue to offer education around topics like these, informed by the feedback of the surveys, meetings, and interactions with members and the community.

- b. Describe how the Applicant will ensure a comprehensive communication program to engage and provide all Members, not just those Members accessing services, with appropriate information related to benefits and accessing physical health, Behavioral Health and oral health services, including how it will:**
- **Encourage Members to be active partners in their health care, understanding to the greatest extent feasible how the approach to activation accounts for the social determinants of health;**
  - **Engage Members in culturally and linguistically appropriate ways;**
  - **Educate Members on how to navigate the coordinated care approach and ensure access to advocates including Peer wellness and other Traditional Health Worker resources;**
  - **Encourage Members to use effective wellness and prevention resources and to make healthy lifestyle choices in a manner that is culturally and linguistically appropriate;**
  - **Provide plain language narrative that informs patients about what they should expect from the CCO with regard to their rights and responsibilities; and**
  - **Meaningfully engage the CAC to monitor and measure patient engagement and activation.**

YCCO members are active participants in their treatment and the development of their treatment plans. Members have the right to have treatment options presented to them and to decide



alongside their provider what is the best course of treatment for them. Members are encouraged to bring family or support people with them to their appointments. They can ask questions and review clinical guidelines to determine if the treatment is what will work for them. Members and their support person can access WellRide to attend the appointment when needed to reduce barriers of transportation. Providers review the risks and benefits of various treatment options with members prior to prescribing medications. If a condition is better handled by behavior changes, the member is referred to a behaviorist within the clinic to address specific changes that will improve their health without the use of chemical interference.

In behavioral health, members sit with the clinician and develop their treatment plan together, regularly review progress, and make changes as needed to ensure they are getting the most from their care. In dental clinics, treatment options are presented to members and together they determine the schedule and urgency of the dental care to be completed. Members are encouraged to provide feedback on ways to improve services. If a complaint or grievance is filed, these are reviewed and if needed, changes will be made to improve the member's experience.

Another way members are involved in their care is through the review of aftercare summaries provide after their visit on a hard copy or through the patient portal. In the portals they can view lab work, look up treatment options, and give feedback to their provider. YCCO delegates have been very creative in various engagement opportunities for YCCO members. YCCO dental partner Capitol Dental Care goes out to the local schools, apartment complexes, and holds special events such as "sealants with Santa" to provide dental sealants to children. Capitol has also set up satellite offices in primary care clinics and in peer run organizations to make accessing dental care less complicated and meet people where they are the most comfortable. Physical health network providers and public health hold periodic events in the evenings that include fun activities and prizes to encourage families and youth to get their wellness visit and immunizations. These have been very successful in getting youth up-to-date on their care and engaged with their provider.

Another way patients are engaged through the clinics is with review of clinic gap lists. These lists are metric-driven to identify members that have not engaged in treatment. Clinics will reach out to those assigned members and encourage them to come in for appointments. CHW staff also provide outreach to members, particularly ones that have been seen in the emergency department or as an inpatient in the hospital, to help coordinate follow up with their primary care physician. Through Clinical Integration Manager (CIM) and Pre-Manage, providers can communicate between care plans and see emergency services provided. This enables better follow up and support for all members.

YCCO has an active Community Advisory Council (CAC) that is involved in the quality improvement of the health plan services. The CAC is responsible for the community health assessment, reviewing member issues, and making improvement recommendations. Many of the clinics have advisory councils that also review and assess what improvements can be made to improve the member experience.

YCCO has a website that is currently under development to improve the member experience and make it more accessible. It contains updates on services/benefits, a portal to apply for benefits



linked directly to the OHP site. There is a tab on the site that has a blog-like format to share health information and tips for living a healthy lifestyle. Member education videos are being produced that are available on the website as well as YouTube, including topics on advanced directives, member rights, and appeals and grievances. YCCO has a very active social media presence. Regular updates to Facebook inform members of current practices and benefit information such as how to get dental sealants, heart health tips, getting adolescent wellness checkups, and other benefits such as contraception. Social media posts are culturally and linguistically appropriate, often available bilingually. Videos are offered in both English and Spanish as those are the two primary languages in the CCO membership. The scripts for the videos as well as the posts on the website and Facebook and all other member-facing materials are checked to meet general public readability standards and are designed to be interactive and engage members in their health choices.

The YCCO offers classes in the management of persistent pain and diabetes prevention. The Diabetes Prevention Program (DPP) classes are offered in both English and Spanish. Several of the Community Health Care Workers (CHWs) are bi-lingual in English and Spanish to meet community need. Staff attend various community events such as Parent Back to School Nights, Health Fairs, community free meal sites providing information about YCCO and the services/benefits offered.

### **3. Transforming Models of Care (recommended page limit 1 page)**

**Transformation relies on ensuring that Members have access to high quality care: “right care, right place, right time”. This will be accomplished by the CCO through a Provider Network capable of meeting Health System Transformation (HST) objectives. The Applicant is transforming the health and health care delivery system in its Service Area and communities – taking into consideration the information developed in the Community health assessment – by building relationships that develop and strengthen network and Provider participation, and Community linkages with the Provider Network.**

#### **a. Patient-Centered Primary Care Homes**

**Integral to transformation is the Patient-Centered Primary Care Home (PCPCH), as currently defined by Oregon’s statewide standards in OAR. These standards advance the Triple Aim goals of better health, better care, lower costs by focusing on effective wellness and prevention, coordination of care, active management and support of individuals with Special Health Care Needs, a patient and Family-centered approach to all aspects of care, and an emphasis on whole- person care in order to address a patient’s physical, oral and Behavioral Health care needs.**

- (1) Describe Applicant’s PCPCH delivery system.**
- (2) Describe how the Applicant’s PCPCH delivery system will coordinate PCPCH Providers and services with DHS Medicaid-funded LTC Providers and services.**



**(3) Describe how the Applicant will encourage the use of Federally Qualified Health Centers (FQHC), Rural health clinics, migrant health clinics, school-based health clinics and other safety net providers that qualify as Patient-Centered Primary Care Homes.**

The CCO maintains a delivery system that is made up with over 165 PCPCH-recognized practices with 75% of members assigned to these practices. Of those, 20 have achieved the highest recognition status of tier 5. PCPCH-recognized practices span across all counties where members reside, including Yamhill, Marion, Polk, Washington, and Clackamas counties.

The PCPCH delivery system coordinates with DHS, NorthWest Senior and Disability Services, SNAP benefit providers, and LTC providers through a variety of mechanisms. These case-specific coordination efforts take place primarily between care managers at the practices, with the plan, and through case workers within the agencies. The CCO hosts two committees where case managers, care managers, Primary Care, CCO staff, and other members of the care team convene and do case review and consultation as well as discuss system resources, barriers and quality improvement opportunities. The committees are Multi-Disciplinary Team (MDT) and Transitions of Care (TOC) and meet on a regular frequency. For example, the TOC workgroup has been working on a process map to coordinate efforts for when members transition from one point of care to another.

A third of members are assigned to an FQHC, rural or migrant health clinic, or a school-based health center. One of the key partners, Virginia Garcia Memorial Health Center is both an FQHC and migrant health center and partnering with them is a key strategy for ensuring local, culturally appropriate primary care.

Auto-assignment of members is based on criteria that considers geography compared to the clinic location, past history with a provider, and others. Members always have the right to select a new PCP by calling customer service or gaining support through a Community Health Worker. A provider directory is accessible on the YCCO website for members to search out available providers.

The CCO also supports providers to gain or improve PCPCH status through a designated Primary Care Innovation Specialist role that provides technical assistance and support for practices. YCCO also offers a Practice Coaching for Patient-Centered Primary Care (PC3) collaborative to further support clinics build efficiencies in delivering patient-centered primary care. All clinics are invited to attend with a focused effort towards those clinics who may be struggling in a specific area i.e. engagement, high acute utilization, poor performance toward quality metrics, or staffing challenges.

Finally, the CCO has worked hard to develop transformation in payment models with an APM structure that allows funding independent of provider visits and encourages the employment of behavioral health clinicians, case managers, and PharmDs as part of the payment structure.

**b. Other models of patient-centered primary health care**

**(1) If the Applicant proposes to use other models of patient-centered primary health care in addition to the use of PCPCH, describe how**



**the Applicant will assure Member access to Coordinated Care Services that provides effective wellness and prevention services, facilitates the coordination of care, involves active management and support of individuals with Special Health Care Needs, is consistent with a patient and Family- centered approach to all aspects of care, and has an emphasis on whole-person care in order to address a patient's physical, oral and Behavioral Health care needs.**

- (2) **Describe how the Applicant's use of this model will achieve the goals of Health System Transformation.**

The primary model of care that YCCO has adopted is the PCPCH model. Along with the PCPCH model, YCCO has a history of success and exploration of integration of different models of care such as a bi-lateral colocation of a PCPCH in a mental health practice, integration of Behavioral Health Consultants (BHC) in primary care, and a colocation and psychiatry consultation model in an FQHC and PCPCH. YCCO also participates in CPC+ as a payer to help streamline value-based payment, data collection and quality improvement metrics in Primary Care.

Transformation is achieved by provision of alternative sources of funding to clinic partners through grants, PMPM mechanisms, and shared savings. Pay for performance is linked to successful outcomes and support to achieve quality metrics. It is the intent to further risk-stratify payments to enhance support to clinics who serve especially complex members.

**4. Network Adequacy (recommended page limit 3 pages)**

**Applicant's network of Providers must be adequate to serve Members' health care and service needs, meet access to care standards, including time and distance standards and wait time to appointment, and allow for appropriate choice for Members, and include Traditional Health Workers including Community Health Workers, Personal Health Navigators and certified, qualified interpreters.**

**a. Evaluation Questions**

- (1) **How does Applicant intend to assess the adequacy of its Provider Network? Please include specific data points used to inform the assessment and the methodology for how adequacy will be evaluated.**

YCCO assesses the Provider Network on an on-going basis with a full evaluation annually. In the past, this assessment has been done manually and through provider data from existing contracts, network zip code matching, and utilization trend data. YCCO also uses geocoding to help better match primary, specialist, and non-traditional providers proximal to membership. When assessing the network, the following characteristics are evaluated: time and distance standards, geographic location, provider specialty including urgent and emergent care, languages spoken, historic utilization, disease prevalence, access through provider appointment and wait time, and grievance data.

YCCO subcontracts and partners with established networks in the region as a primary method for ensuring an adequate network. YCCO meets quarterly with these delegated entities for operations meetings where network is routinely discussed (access, availability, provider panel),



including the number of providers and if the time and distance standards are met. This information is also discussed at the Quality and Clinical Advisory Panel (QCAP), a quality monitoring committee. Data are reviewed for access and network issues. When issue trends are noted, the information is shared with clinics and delegates as appropriate to determine if additional resources are needed.

**(2) How does Applicant intend to establish the capacity of its Provider Network? Please include specific data points used to inform the assessment and the methodology for how capacity will be evaluated.**

YCCO currently maintains an adequate provider network. To do this, YCCO subcontracts and partners with established networks in the region as a primary method. These networks have a specialized focus (physical health, behavioral, dental, transportation) which offer a high level of expertise in managing relationships with providers.

Prior to selecting these partners, a full network analysis is performed to identify the membership needs (geography, specialty, language, utilization demand). Through a request for proposal (RFP) process, the subcontracted network providers demonstrated that a sufficient network was/would be established prior to contracting. During the time leading up to the final subcontract agreement, the plan partner and YCCO work together collectively to evaluate the existing network to supplement and define additional providers and ensuring all provider contracts and compensation are aligned.

**(3) How does Applicant intend to remedy deficiencies in the capacity of its Provider Network?**

For areas of the network where deficiencies are identified, YCCO works with its partners to add to the network as indicated and contracts directly with those providers to supplement the leased network. Using the assessment process listed above, YCCO uses online search to identify, outreach, and contract with providers in the region based on need. YCCO also allows out-of-network services as an interim solution when needed.

**(4) How does Applicant intend to monitor Member wait times to appointment? Please include specific data points used to monitor and how that data will be collected.**

YCCO requests a delivery system network report from subcontracted partners annually or when a significant network change occurs. Additionally, YCCO monitors monthly service-level reporting to ensure timely access and service authorization standards are met. Grievance system and customer service data is monitored closely to identify provider access barriers, and utilization trends are examined to determine if additional providers are needed due to a shortage in that specialty or if geographic barriers exist.

**(5) How will Applicant ensure sufficient availability of general practice oral health Providers and oral health specialists such as endodontists? Please provide details on how the full-time equivalent availability of Providers to serve Applicant's prospective Members will be measured and periodically validated.**



YCCO contracts with Capitol Dental Care (CDC) to ensure a sufficient network to deliver oral health services. On behalf of YCCO, CDC contracts with all types of dental specialists including pediatric dentists, endodontists, periodontists, oral surgeons, denturists, and orthodontists. As such, every member has direct access to dental specialists ensuring access to all services covered under the OHP. Within dentistry, most interdisciplinary care, i.e., between general dentists and specialists, is achieved via the referral and preauthorization process. As general dentists become aware of needs that are above their skill level, a referral is generated. CDC Referral Specialists in the Member Services group, working with the Dental Director and with consideration for the recommendation of the primary dentist, assess the need and direct the member to where they can get the most appropriate care.

CDC analyzes capacity in large measure at its Quality Improvement Committee meetings. This is done through various ways, including time and distance measurements, analysis of average wait times, member complaints, provider discipline and termination, and applications for credentialing. In performing these activities, CDC strives to achieve provider-to-patient ratios that are in line with and meet established industry norms. CDC analysis begins with a review of recent activity/utilization (generally 18 months). This helps to understand if provider participation levels are changing. Knowing the activity/utilization level of each provider allows for determining the appropriate level of capacity for the provider. A general rule is that a dentist can accommodate 2,000-2,500 patients in their practice. This is a theoretical capacity that holds fairly true with industry standards. To calculate a provider's capacity to serve members, CDC takes that theoretical capacity and considers other factors. These other factors include their current annual patient volume (defined by an 18-month lookback) as well as other expectations that providers communicate. In the end, a provider's capacity to see CDC patients can be reduced or augmented from the theoretical capacity.

**(6) Describe how Applicant will plan for fluctuations in Provider capacity, such as a Provider terminating a contract with the Applicant, to ensure that Members will not experience delays or barriers to accessing care.**

YCCO maintains through subcontracted relationships a robust network that is integrated into large delivery systems in the region as well as the contiguous Portland Metro and Marion/Polk regions. This coordinated network helps to absorb some of the impact when network capacity changes due to a provider termination. While provider shortage and access has been a challenge historically, focused recruiting for high quality providers into the Yamhill region, reassignment to open providers, and supporting practice transformation to increase efficiency are strategies to increase provider capacity.

**b. Requested Documents**

**Completion of the DSN Provider Report (does not count towards page limitations)**

**5. Grievance & Appeals (recommended page limit 1½ pages)**

**Please describe how Applicant intends to utilize information gathered from its Grievance and Appeal system to identify issues related to each of the following**



**areas:**

**a. Access to care (wait times, travel distance, and subcontracted activities such as Non-Emergent Medical Transportation).**

YCCO gathers access related grievance data to trend and identify barriers. YCCO works with delegates to address the needs at a provider level by providing complaint data. YCCO's Medical Director, Primary Care Innovation Specialist (PCIS), and QI Analyst meet with providers to address issues and provide insight on adjustments that can be made to remedy the situation. NEMT has provided additional drivers and reserved a specific number of providers to provide afterhours access in a timely manner by having drivers located in close geographic proximity to the various hospitals in the network area.

**b. Network adequacy (including enough specialists, oral health and Behavioral Health Providers).**

YCCO examines the number of complaints and appeals related to inability to obtain a timely appointment and reviews availability of providers. To augment the panel, YCCO reaches out to providers in the area who may not be contracted. When there are no additional providers in the area YCCO works with providers in the surrounding area and offers out-of-network authorization as needed.

**c. Appropriate review of prior authorized services (consistent and appropriate application of Prior Authorization criteria and notification of Adverse Benefit Determinations down to the Subcontractor level).**

NOABDs and appeal files are audited for appropriate application of the PA criteria, and all required elements; this information is then shared with delegates for possible improvement projects.

**6. Coordination, Transition and Care Management (recommended page limit 5 pages)**

**a. Care Coordination:**

- (1) Describe how the Applicant will support the flow of information between providers, including DHS Medicaid-funded LTC care Providers, mental health crisis services, and home and Community-based services, covered under the State's 1915(i) State Plan Amendment (SPA) for Members with severe and persistent mental illness, as well as Medicare Advantage plans serving Fully Dual Eligible Members, in order to avoid duplication of services, medication errors and missed opportunities to provide effective preventive and primary care.**

Yamhill Community Care facilitates the flow of information between providers and community partners by integrating all community services in MDT meetings, QCAP meetings (local medical, dental, and behavioral health providers), PC3 meetings (primary care providers), and Family CORE meetings (home visiting network).

YCCO works closely with its contracted providers and community partners to support information exchange between all types of providers. The Multi-Disciplinary Team meets



weekly to discuss cases and ensure care coordination is not redundant and meets the needs of complex patients in the most effective way. The MDT includes representation from primary care clinics, Northwest Senior and Disability Services, OHA, peer support programs, Capitol Dental, local hospice, and county behavioral health services. This group supports regular communication between all of these providers to ensure the most effective preventative, primary, and complex care.

The Community Health Worker Hub utilizes systems like Clara and Pre-Manage to understand member engagement with social service agencies and the emergency department, respectively. In addition to receiving and submitting regular member data, the CHWs work regularly with service agencies and hospitals to ensure good communication and strong partnership.

Behavioral health has been and will continue to be integrated into primary care homes across the service area. More than 90% of YCCO members are assigned to a PCPCH, most of which have an integrated behaviorist.

The behavioral health neighborhood project is a concerted effort to continue this integration. The Behavioral Health Neighborhood project ensures YCCO members who have mental health and substance use conditions and/or behavioral risk factors for disease and disability receive safe, evidence based, trauma informed, culturally responsive, and person-centered health care. YCCO partnered with Yamhill County Behavioral health, two local clinics that carry a large percentage of the complex patients of the CCO, and George Fox University to bring together the work of behavioral health clinicians (BHCs; psychologists, post-master's supervised psychology trainees, LCSWs, etc.) robustly and seamlessly into person-centered primary care teams as well as integrate the work of biomedical primary care clinicians (PCCs) and their teams (medical assistants, nurses, etc.) into specialty behavioral health clinics/programs. There has been focused effort to ensure that integrated service providers are fully connected to each other. The increasingly-connected system of integrated service providers ensures equitable access to biopsychosocial care for all people while making exceptional provisions and supports for those most in need of this kind of care. Through shared projects, people transitioning between integrated service providers will increasingly experience care transitions to be seamless and "just-in-time" to meet their needs.

The BHN pilot project strategically and intentionally built upon Yamhill County Behavioral Health's (YCBH) work to achieve and maintain certified community behavioral health clinic (CCBHC) status. Specifically, YCBH has co-located Virginia Garcia Memorial Health Center primary care services within YCBH offices and care space. This has allowed YCBH patients (which include many YCCO members) with all levels of mental health and addiction concerns served in specialty behavioral health programs to receive essential biomedical primary care services alongside treatment for psychological and social health concerns.

With one Dental Care Organization, YCCO can create strong cross-agency collaboration between dental organizations and others, integrating dental care into primary care, women's care, and peer support centers in the community. This partnership and communication will continue to grow, and CHWs work closely with both Capital and DHS to ensure coordination of care for children in DHS custody.



- (2) **Describe how the Applicant will work with its providers to develop the partnerships necessary to allow for access to and coordination with social and support services, including crisis management services, and Community prevention and self-management programs.**

Yamhill County Health and Human Services (YCHHS) has well-developed crisis intervention services embedded in their full spectrum of mental health and addiction services. YCHHS crisis services are strategically connected to a wide range of partners, including local emergency rooms, hospitals, primary care clinics, jails, and first responders.

The Behavioral Health Neighborhood Project will ensure robust access to BHC services in primary care to better ensure patients with behavioral and/or social support needs are connected with appropriate community service providers and are provided a continuity care environment that is responsive to their biopsychosocial care needs. This project also provides improved access to psychiatrist recommendations to enhance patient care.

There have been ongoing trainings with community providers, invitations to presentations by YCCO, and support of other community events that are set up for member education and information. There is an MOU between YCCO and NWSDS to help support self-management programs. Patient self-management education has supported people on healthy living with prediabetes, pain management, and chronic disease. The use of health IT has been leveraged to enhance communication, including the use of Pre-Manage as a communication tool between disciplines.

YCCO has contracted with Providence case management to focus on the exceptional needs care coordination (ENCC) efforts. Other relationships include contracts with the Novel Interventions in Children's Healthcare (NICH) program at OHSU. YCCO has also developed a Children's Champion program to enhance clinic knowledge and use of Family CORE home visiting services to improve the resilience of at-risk patients and families.

Peer support services have been actively financially supported by the CCO and are integrated into MDT and patient outreach work of the CCO.

- (3) **Describe how the Applicant will develop a tool for Provider use to assist in the culturally and linguistically appropriate education of Members about Care Coordination, and the responsibilities of both Providers and Members in assuring effective communication.**

YCCO will develop a written guide for providers outlining the CLAS standards and expectations for providing culturally and linguistically appropriate services and offering a clear workflow for care coordination referrals. Clinics receiving APM payments are required to offer culturally and linguistically appropriate services to their patients, including translation and/or interpretation services as needed, and YCCO is responsible for ensuring other clinics are offering these services to their patients as well.

YCCO has worked to develop analytic tools to define which patients are at highest risk. Methods have included use of adjusted clinical groups (ACG) system, pharmacy risk scores, ED



utilization rates, number of chronic diseases, total cost of care analytics, underlying MH or SUD issues and others. These tools have helped to identify members who need certain interventions or wrap around services such as the Behavioral Health Neighborhood which targets members with mental health conditions who also have high physical health needs. Also, there is recent focus on utilization of childhood health complexity scoring through the Oregon Pediatric Improvement Partnership (OPIP). Additionally, clinic partners themselves are risk-stratifying patients especially as required to do so through participation in CPC plus. The Behavioral Health Neighborhood has also been developed to focus on the highest at-risk patients with underlying mental health issues. The future work for the CCO will involve the development of provider dashboards that will support metrics and utilization data that will allow providers to further focus on the most complex members.

- (4) Describe how the Applicant will work with Providers to implement uniform methods of identifying Members with multiple diagnoses and who are served with multiple healthcare and service systems.**

YCCO communicates care coordination information to its members by publicly posting it on the YCCO website and in print through its member handbook. The applicant regularly holds site visits at each of its partner clinics and has established regular communication and education pathways for sharing information with providers. YCCO also has the capacity to offer in-person technical support and training, both through a Continuing Medical Education series it offers locally and through technical assistance events held in clinics or in the YCCO offices.

- (5) Describe how Applicant will implement an intensive Care Coordination and planning model in collaboration with Member's PCPCH and other service providers such as Community Developmental Disability Programs and brokerages for Members with developmental disabilities, that effectively coordinates services and supports for the complex needs of these Members.**

A Health Risk Assessment (HRA) is conducted with newly enrolled members which assesses physical, dental, and mental health providers for each member. If at any time a member is identified or referred for care management services a comprehensive assessment is completed which identifies the interdisciplinary care team. This team consists of the member, primary care provider, specialty providers, caregiver, or community peer support. Collaboration with member's primary health care team is essential in successful care plan and treatment plan implementation.

YCCO/PPP Care Management will coordinate with the primary care provider routinely throughout the duration of care management services. Information from care management assessments including gaps in care, medication adherence, appointment setting, condition management, and obtaining services are all communicated to the care team to develop and maintain an active and accurate longitudinal plan of care.

- (6) Describe how the Applicant will meet state goals and expectations for coordination of care for Members with severe and persistent mental illness receiving home and Community-based services covered under**



**the State's 1915(i) SPA and Members receiving DHS Medicaid-funded LTC services, given the exclusion of DHS Medicaid-funded LTC services from Global Budgets.**

YCCO will partner with local Behavioral Health providers, long-term care agencies, local disability services and APD (Aging and People with Disabilities) offices to ensure utilization of medically appropriate habilitative services and supports that are individual-focused. These community partners will be reimbursed based on the needs of the individual. YCCO will continue to utilize non-traditional reimbursement strategies such as daily, monthly, or case rates to assure individuals are moving to the most independent setting possible

YCCO delegates behavioral health services to Yamhill County Health and Human Services (YCHHS), which has primary responsibility for providing 1915i and care coordination with APD for members with severe and persistent mental illness (SPMI). Members are assessed by health care professionals to determine the level of care needed to ensure the member's health and safety, in the least restrictive and least costly setting, consistent with their service needs. YCHHS offers 1915i Home and Community-Based Services for adults with SPMI as outlined in Oregon Administrative Rules 411-004-0000 through 411-004-0040 in both residential and non-residential settings, including Parkside RTF and programs/facilities outside the CCO service area. YCHHS works closely with state licensed Adult Foster Home (AFH) providers and Kepro to support individuals in accessing AFH level of support as medically indicated. The Choice Model team completes and submits initial eligibility documentation to Kepro, consults with AFH providers on placement fit during the referral process, provides linkages to behavioral health services and supports, and supports transition to higher or lower levels of care when determined necessary.

YCHHS provides 1915i Home and Community-Based services for individuals residing in independent or supportive/supported non-residential settings. Individuals with SPMI in need of this support as indicated through an integrated behavioral health assessment are referred to services via an internal referral process. Upon referral, a designated QMHP works collaboratively with the referent to develop a person-centered service plan. The QMHP also works as a care coordinator to ensure the service plan and required supporting documents are submitted to Kepro for prior authorization of services. 1915i services are delivered as outlined in the service plan in the context of the individual's home or other community setting. The QMHP completes the reauthorization process every six months when services continue to be clinically indicated to support the individuals with attaining or maintaining their maximal level of independence through acquisition, retention, or improvement of independent living, community survival, and adaptive skills.

YCCO has MOUs with the Area Agencies on Aging (AAA) and Aging and People with Disabilities (APD) offices in the CCO service area stating a commitment to a shared responsibility for delivering high quality, person-centered care, for members with SPMI receiving Medicaid-funded long-term care services. YCHHS as the primary behavioral health provider for individuals with SPMI has staff dedicated to serve this population. Specialized programs provided through YCHHS include the Vulnerable Adults Program (VAP), Enhanced Care Outreach Services (ECOS), Pre-admission Screening and Resident Review (PASRR), and



Behavior Support Services (BSS), and Older Adult Behavioral Health Specialist (OABHS) services. All these programs work collaboratively with Northwest Senior and Disability Services (NWSDS) and various LTC settings in the community to ensure individuals with behavioral health needs have access to appropriate resources and services consistent with best practices.

VAP offers behavioral health services to individuals with serious chronic or complex medical conditions that make it difficult to engage in traditional outpatient treatment. Therapy, skills training, case management, and care coordination services can be provided to help overcome barriers in receiving mental health treatment. Outreach services may be provided to individuals residing in LTC settings.

ECOS provides intensive individualized outreach rehabilitative behavioral health services to eligible individuals in APD-licensed LTC settings. Quarterly multidisciplinary team meetings and regular consultation (including mental health providers, NWSDS case managers, and staff at nursing facilities, assisted living facilities, and adult foster homes) provide opportunities to coordinate care, identify needs, problem solve, and tailor services to each unique individual and specific environment.

PASRR level II evaluations and reviews are provided to nursing facility residents with serious mental illness to ensure they are identified, appropriately placed, and provided with the services they need. In addition to verifying diagnoses, determining the most appropriate service setting, making treatment recommendations, and facilitating specialized services as needed, the PASRR evaluator also provides referrals and linkages to other resources, systems, and supports.

BSS helps individuals receiving home and community-based care attain a maximal level of emotional and social functioning. The goal is to reduce the stress and concerns that can occur when people with challenging behaviors are not provided the support they need. Behavior Consultants complete person-centered evaluations and develop behavior support plans, then train provider staff to improve interactions and effectively address challenging behaviors, cognitive processing, communication, self-help activities, impulse control and/or adaptive skills.

The OABHS is responsible for community-wide coordination, planning, health promotion, and education related to older adult services. This position serves as a liaison between systems of care and an advocate on behalf of older adults and people with disabilities receiving LTC services. Through screening and complex case consultation the OABHS identifies individuals who could benefit from increased behavioral health support and makes referrals to appropriate resources and services.

- (7) Describe the evidence-based or innovative strategies the Applicant will use within their delivery system network to ensure coordinated care, including the use of Traditional Health Workers, especially for Members with intensive Care Coordination needs, and those experiencing health disparities.**

YCCO currently employs three full time Community Health Workers (CHWs) and a Family CORE Coordinator, all bachelor's level. The CHW works alongside the member and healthcare team to identify chronic conditions, unmet healthcare needs, social service needs, and issues that



may be present that are preventing the member from accessing available services. This position partners with YCCO members in preparing a plan to address any social determinants of health that are preventing the member from meeting their health care goals/needs. This includes assisting the member in setting appropriate goals to increase patient activation, access, and appropriate use of services. The Community Health Worker works within a team environment consisting of other Community Health Workers, RN Case Managers, Behavioral Health providers, and dental service providers. The CHWs also provide member classes on DP and Persistent Pain, oversee the Wellness to Learn program, and outreach to the local homeless population. Two of the three CHWs also are bilingual in Spanish.

CHW performance is measured by member feedback and member surveys at close of a case, community partner feedback, supervisor shadowing to observe engagement skills, resource knowledge, and timeliness to documentation.

The CCO also works closely with community peer support specialists, Navigators and Peer Wellness Specialists to provide services for members of YCCO.

**(8) Assignment of responsibility and accountability: The Applicant must demonstrate that each Member has a Primary Care Provider or primary care team that is responsible for coordination of care and transitions.**

**(a) Describe the Applicant's standards that ensure access to care and systems in place to engage Members with appropriate levels of care and services beginning not later than 30 days after Enrollment with the CCO.**

A Health Risk Assessment (HRA) is conducted with newly enrolled members which assesses physical, dental, and mental health needs for each member. Gaps identified are addressed through Care Management services to ensure access to new care needed, continuity of ongoing care, access to medication, as well as support and assistance in navigating the health plan and benefits. Additionally, establishing or coordinating with a primary care team is foundational in these services.

New members are auto assigned a primary care physician based on geography, clinic capacity, and prior connection with a clinic. Assignment is made no later than 30 days after members have been assigned to YCCO. Welcome packets including the patient handbook and ID card are mailed out within 30 days of members being assigned to YCCO. The handbook is updated and mailed to members at least annually. Patients are encouraged to make a new patient appointment to establish care with their new provider.

**(b) Describe how the Applicant will provide access to primary care to conduct culturally and linguistically appropriate health screenings for Members to assess individual care needs.**

The case management services at Providence Plan Partners (PPP) routinely assess for cultural or linguistic needs that influence a member's health care. Additionally, a Patient Activation



Measure (PAM) assessment is conducted when a member enrolls in Care Management services to tailor education and assistance with their understanding of health and the health care system, as well as determine if a higher level of care is needed.

- (9) Comprehensive Transitional Care: The Applicant must ensure that Members receive comprehensive Transitional Care so that Members' experiences and outcomes are improved. Care coordination and Transitional Care should be culturally and linguistically appropriate to the Member's need.**

Through the Multi-disciplinary Team (MDT) and YCCO/PPP care management teams, members in need of transitional care are identified. The teams assess the need of the member to ensure services are coordinated appropriately. Continuity of care and individualized transition plans help improve member experience and health outcomes. Case management staff are trained annually on cultural diversity and are offered ongoing trainings and education throughout the year. Assessments completed with members inquire around cultural, ethnic, and/or religious affiliations that may influence healthcare decisions and planning. Additionally, telephonic or in-person language interpretation services are offered to all members and translated documents can be provided upon member request.

The CHW team also reaches out to patients in the hospital setting to review any social needs using the Accountable Health Communities model of evaluation and connection to resources. Two out of the three CHWs are bilingual.

- (a) Describe the Applicant's plan to address appropriate Transitional Care for Members facing admission or discharge from Hospital, Hospice or other palliative care, home health care, adult foster care, skilled nursing care, residential or outpatient treatment for mental health or substance use disorder, the Oregon State Hospital or other care settings. This includes transitional services and supports for children, adolescents and adults with serious Behavioral Health conditions facing admissions or discharge from residential treatment settings and the state Hospitals.**

Member Care Transition can include, but is not limited to, planned or unplanned admissions to acute care, transition to rehab or skilled nursing, move from independent to assisted living, transition to intermediate care facilities as well as admission to hospice. In the case of any care transition, the case management team follows the guidelines identified in policies and procedures that define the work flow and responsibility of Health Care Services, which includes updating the members' care plans to reflect new goals or progress of ongoing care and communicating this to providers, case workers, and the care team. Information may also include identification of readmission risk, emergency room utilization, as well as specialty care. Care transition and care coordination aspects of member care are then communicated with the primary care provider.

- (b) Describe the Applicant's plan to coordinate and communicate with Type B AAA or APD to promote and monitor improved**



**transitions of care for Members receiving DHS Medicaid-funded LTC services and supports, so that these Members receive comprehensive Transitional Care.**

The Behavioral Health Neighborhood Project is one way to ensure robust access for the AAA/APD/LTC population to BHC services in primary care to better ensure patients with behavioral and/or social support needs are provided proactive, individualized, and timely support services. YCCO intends to better facilitate these members to appropriate community service providers by providing a transitional service responsive to their biopsychosocial needs in their continuity care environment. This project also provides improved access to psychiatrist recommendations to enhance the care of these members. By using data to proactively identify those members with DSM-5 conditions who are also using higher amounts of healthcare services, YCCO will substantially improve the transitioning care experience for some of its most vulnerable members.

The case management team's communication plan includes regular exchange of member information with the member's DHS case worker or LTC service coordinator for proper oversight. Ongoing communication between support services are provided for these members and family members through multiple avenues such as multi-disciplinary Case Conferences, including meeting minutes; in-person communication; phone; secure e-mail or fax; EMR documentation; and Pre-Manage ED Interventional care plans, resulting in complete wraparound services and coordination.

- (c) **Describe the Applicant's plan to develop an effective mechanism to track Member transitions from one care setting to another, including engagement of the Member and Family Members in care management and treatment planning.**

Care Management works with members and families along with their care teams to ensure care transitions are safe, supported, and seamless as members move between levels of care. These transitions are tracked through the electronic charting platform where teams involved in member's care can communicate seamlessly. All care management interventions are documented in the electronic charting system, which included a scheduling and tracking component to ensure the delivery of timely and appropriate care.

- (10) **Individual care plans: As required by ORS 414.625, the Applicant will use individualized care plans to address the supportive and therapeutic needs of Members with intensive Care Coordination needs, including Members with severe and persistent mental illness receiving home and Community-based services covered under the State's 1915(i) State Plan Amendment. Care plans will reflect Member or Family/caregiver preferences and goals to ensure engagement and satisfaction.**

Care Management collaborates with medical, dental, and behavioral health providers to ensure treatment plan alignment. Care plans are created in partnership with the member and health care



representative. Updates to the care plan are made as progress is made, and preferences and goals change.

- (a) Describe the Applicant’s standards and procedures that ensure the development of individualized care plans, including any priorities that will be followed in establishing such plans for those with intensive Care Coordination needs, including Members with severe and persistent mental illness receiving home and Community-based services covered under the State’s 1915(i) SPA.**

Upon enrollment to the plan, member needs for care coordination, complex case management, and/or care transitions are identified based off of an extensive initial Health Risk Assessment (HRA). The comprehensive assessment distinguishes member medical and behavioral health needs in addition to functional and socioeconomic requirements. Providence Plan Partners with YCCO (PPP-YCCO) and Providence Plan Partners (PPP) Care Management staff utilize information from the HRA to complete a member-focused care plan which identifies member goals, measurable outcomes, identifies member’s care teams and assists with member establishment of care and scheduling of appointments when indicated. In addition, PPP-YCCO/PPP utilizes collected information from the HRA to connect Primary Care Providers with various specialties for complete coordination of the care to include Medical, Dental and Behavioral Health.

PPP-YCCO/PPP Care Management assesses for behavioral health conditions through an assessment process and validated questionnaires such as the PHQ-2 and PHQ-9 depression screens. Once a member is identified, PPP-YCCO/PPP Care Management will outreach and conduct a comprehensive assessment of health. If behavioral health needs are identified, collaboration and coordination is offered to the member. Additionally, the member’s primary care provider and behavioral health provider are notified when indicated to coordinate services and interventions.

- (b) Describe the Applicant’s universal screening process that assesses individuals for critical risk factors that trigger intensive Care Coordination for high needs Members; including those receiving DHS Medicaid-funded LTC services.**

Universal Screening with a comprehensive assessment identifies members’ care management and coordination needs. The assessment addresses past medical history, current medical status, mental health using PHQ 2/9, Patient Activation using PAM, ADL assessment, dental history, social determinants of health, cultural or ethical beliefs affecting health care, End of Life education, medication reconciliation, patient centered goals, and other elements that are reviewed by the interdisciplinary care team and inform an individualized care plan providing whole person care.



- (c) **Describe how the Applicant will factor in relevant Referral, risk assessment and screening information from local Type B AAA and APD offices and DHS Medicaid-funded LTC Providers; and how they will communicate and coordinate with Type B AAA and APD offices**

MDT (Multi-Disciplinary Team) meetings facilitate communication about at-risk members with coordinated discussion and support provision. Upon identification for care management services a comprehensive initial assessment is completed which addresses past medical history, current medical status, mental health using PHQ 2/9, Patient Activation using PAM, ADL assessment, dental history, social determinants of health, cultural or ethical beliefs affecting health care, End of Life education, medication reconciliation, patient centered goals, and other elements that identify the interdisciplinary care team and inform an individualized care plan providing whole person care.

- (d) **Describe how the Applicant will reassess high-needs Members at least semi- annually or when significant changes in status occur to determine whether their care plans are effectively meeting their needs in a person-centered, person- directed manner.**

Members are assessed based on acuity, utilization, predictive risk scoring, cost, and stability of social determinants of health. Members are continuously enrolled in care management services with multiple reassessments until all goals are met. All members are reassessed for care management services every 6 months using high risk criteria through claims analysis, utilization, and cost when not active with Care Management services.

- (e) **Describe how individualized care plans will be jointly shared and coordinated with relevant staff from Type B AAA and APD with and DHS Medicaid-funded LTC Providers and Medicare Advantage plans serving Fully Dual Eligible Members.**

Care plans are communicated via telephone, fax, or secure email upon development and with changes.

- (11) **Describe the Applicant's plan for coordinating care for Member oral health needs, prevention and wellness as well as facilitating appropriate Referrals to oral health services.**

The CCO has CHWs that contact new members to provide information around dental services, which providers are accepting new patients, and remind members that the CCO does provide free transportation to members to and from dental exams. The CCO CHW Hub also reviews the ED utilization and calls members who have had five visits within a 12-month period. A representative from the CCO dental plan Capitol Dental Care (CDC) participates in the monthly MDT meetings at the agency. The CCO also works with children in DHS custody and Capitol Dental to ensure children are seen by a dental provider within 30 days of placement. The CCO



will contact the agency and the foster parent(s) to aid the foster parent(s) in arranging dental exams and transportation if needed. The CCO also works with Capitol Dental to conduct sealants in the schools and as part of the agency Wellness to Learn program.

**(12) Describe Applicant’s plan for coordinating Referrals from oral health to physical health or Behavioral Health care.**

All YCCO providers in the various lines of business have access to the Community Integration Manager (CIM) system for submitting authorizations, claims, and referrals. This system can track referrals as well as show if a claim was submitted to indicate the service was received by the member. Utilizing Pre-Manage to call members who have been seen in the ED to schedule them for appropriate follow up care is an important role of the care coordination teams across the physical, oral, and behavioral health networks.

**b. Care Integration (recommended page limit 1½ pages)**

**(1) Oral Health**

**(a) Describe the Applicant’s plan for ensuring delivery of oral health services is coordinated among systems of physical, oral, and Behavioral Health care.**

The CCO works closely with Capitol Dental and this team attends the CCO MDT, QCAP, and PC3 meetings where cases are staffed, and member needs are discussed. YCCO also follows ED utilization and as members present with dental issues the information is also provided to the PCP or PCCH with ED recommendation. The member is also contacted by YCCO for post ED follow-up at which time the member is asked about follow up appointments with PCP and offered assistance to identify PCP or make appointment, offered transportation assistance or provided information on free transportation or reimbursement for their transportation costs. The CCO also tracks DHS foster placements and ensures children are seen with in the first 30 days of placement for medical, dental, and behavioral health. The foster parent is contacted with information on the assigned PCP, dentist, and BH office. YCCO offers to make appointment for foster parent(s) or the CCO will contact the PCP who will then contact the foster parent to get the child seen with in the 30-day window. The same is done for dental care and MH appointments. The agency tracks the appointment on a spreadsheet and this information is securely shared back and forth between agency and providers who place their individual information in the document for tracking purposes.

**(b) Describe Applicant’s plan for ensuring that preventive oral health services are easily accessible by Members to reduce the need for urgent or emergency oral health services.**

All YCCO providers in the various lines of business have access to CIM for submitting authorizations, claims, and referrals. This system can track referrals as well as show if a claim was submitted to indicate the service was received by the member. Utilizing Pre-Manage to call members who have been seen in the ED to schedule them in the clinic for comprehensive care is an important role of the care coordination team at the DCO level. Members of the DCO sit on the MDT workgroup to case manage CCO high ED utilizers and prevent use and reuse of ED for



dental problems.

The dental providers have a very robust outreach and on-call service to encourage members to be seen at the clinic office instead of accessing urgent or emergency services for dental care. Dental providers are co-located in several primary care clinics and have satellite offices at peer support agencies and behavioral health clinics to reduce barriers to access. This allows a member to be seen at the same clinic they are receiving physical or behavioral health care, thus reducing barriers and making the service more trauma-informed. Oral health issues can impact all areas of an individual's health; these satellite offices and the dental network's outreach are meeting the needs of members in locations they are most comfortable. This addresses the needs of members who are unable to access care in the traditional office setting or due to medical/behavioral issues too complex to be seen at the office. Dental providers also attend various community clinics and events at social service agencies to perform brief screenings and make referrals.

Behaviorists in many of the primary care clinics where dental services are collocated help with referrals and management of care for more complex members. They can help with making appointments and help members to understand what would constitute an emergency and what needs can be addressed by their PCP. All YCCO clinics for all lines of business have on-call and emergency staff to take calls and triage a member's needs.

YCCO has CHWs that contact new members to provide information around dental services, behavioral health services, PCP information, which providers are accepting new patients, and remind members that the CCO does provide free transportation to members to and from all medical appointments. The CCO CHW Hub also reviews the ED utilization and calls members who have five visits within a 12-month period. The CHW addresses dental health, physical health, behavioral health during the member calls and will provide information regarding providers accepting new members and how to access transportation to and from appointments free of charge for members.

## (2) Hospital and Specialty Services

**Adequate, timely and appropriate access to Hospital and specialty services will be required. Hospital and specialty service agreements should be established that include the role of Patient-Centered Primary Care Homes.**

**Describe how the Applicant's agreements with its Hospital and specialty care Providers will address:**

### (a) Coordination with a Member's Patient-Centered Primary Care Home or Primary Care Provider

Local hospital agencies provide hospitalist services and in-patient case management, together with discharge planning and case coordination to meet patient needs at transition and connect them with a PCP to make follow up arrangements.

Specialists also connect with primary care clinics for follow up. The referral process requires PCP offices to refer to the specialists so there is appropriate utilization and coordination from primary care offices to connect patients to appropriate specialists. If procedures are needed, the



specialty office works towards prior authorization. Some prior authorization processes would require collaboration between the specialist and PCP office, such as helping the patient quit smoking prior to authorization for elective surgery.

YCCO contracts have language that specifies the requirement that referral providers cooperate with the PCPs in the referral system for administration of appropriate referrals. If the referral provider determines that the member needs to be referred to another specialist or other service, the referral must be coordinated with and done by the PCP. The referral provider must coordinate with the member's designated PCP. The specialist must have a referral from the PCP before being able to request other services requiring a pre-authorization. Hospitals must adhere to all pre-authorization and plan rules.

**(b) Processes for PCPCH or Primary Care Provider to refer for Hospital admission or specialty services and coordination of care.**

Processes have been created to put referrals through PH Tech's CIM system. Primary care offices have access to case management services for the coordination of care across the integrated network. Many of the network primary care offices also have their own case managers.

Primary Care Providers must adhere to and cooperate with YCCO's utilization management program, including pre-authorizations for hospital admissions. The PCP is the care manager of the member and must coordinate and process all referrals to specialists or other services. They are expected to coordinate the member's care.

**(c) Performance expectations for communication and medical records sharing for Hospital and specialty treatments, at the time of Hospital admission or discharge, for after-hospital follow up appointments.**

Communication is received through Pre-Manage when a patient is seen in the ED or has been hospitalized. Notes from the hospital admission and also ED use are made available through Care Everywhere.

Contract language with clinics says provider will provide for the discharge planning of member, in coordination with the health plan and other network providers. The hospitals must adhere to YCCO's utilization management program, which includes providing notification of hospital admission to the health plan. With the advent of the EDIE system, there is increased notification of ED and admissions to medical groups accessing that system.

**(d) A plan for achieving successful transitions of care for Members, with the PCPCH or Primary Care Provider and the Member in central treatment planning roles.**

Case management services provide connection with discharge planning to help patients get appropriate and timely follow up with their PCP and with specialists as needed. Transportation services are provided to help patients get to appointments



There are several provisions in the base contract that indicate PCPs will coordinate necessary referrals and comply with the referral system, including referring to in-network providers. There are other provisions that speak to adhering to utilization management, including pre-authorization requirements. The OHP-specific CCO attachment includes a provision that Network Providers will coordinate Member's care.

**c. DHS Medicaid-funded Long-Term Care Services (recommended page limit 2 pages)**

**CCOs will be responsible for the provision of health services to Members receiving DHS Medicaid-funded LTC services provided under the DHS-reimbursed LTC program. DHS Medicaid-funded LTC services include, but are not limited to, in-home supports/services, Adult Foster Care, Residential Care Facilities, Assisted Living Facilities, DHS Medicaid-funded LTC Nursing Facility state plan, State Plan Personal Care for APD, Adult Day Services, Contract Nursing Program, administrative examinations and reports, non-medical transportation (except in some areas where contracted to transportation brokerages) and PACE state plan (including Medicare benefits).**

**(1) Describe how the Applicant will:**

- (a) Effectively provide health services to Members receiving DHS Medicaid-funded LTC services whether served in their own home, Community-based care or Nursing Facility and coordinate with the DHS Medicaid-funded LTC delivery system in the Applicants Service Area, including the role of Type B AAA or the APD office;**

Care Managers complete comprehensive assessments to identify needs and develop person-centered care plans. PPP-YCCO/PPP's Care Management provides services and collaborates with interdisciplinary teams across settings where the member is served and ensures comprehensive coordination of care with the DHS Medicaid-funded LTC delivery system. To support a cohesive approach to addressing health-related needs and social determinants of health, coordination with DHS Medicaid-funded LTC delivery system is ongoing.

YCCO works with local APD offices through interdisciplinary teams that support the care management function. The team consists of APD, NWSDS, PCP, and the member and or personal caregiver. The composition of these teams varies among members, as do the frequency with which teams meet and the group dynamics of team meetings. The members who are in LTC facilities are still provided with the same transportation benefits, HRAs, ABH services, and dental services as their care and needs dictate. The members are reviewed at MDT meetings and the case managers are in contact with CCO and vice versa to follow up on members' needs. Social issues are often identified that trigger CHW involvement. Local agencies discuss and can offer support for each case as needed.



- (b) Use best practices applicable to individuals in DHS Medicaid-funded LTC settings including best practices related to Care Coordination and transitions of care;**

YCCO/PPP's Care Management incorporates best practices to promote and provide optimal person-centered care coordination and safe transitions of care across levels of healthcare settings. Policies and procedures are evaluated ad hoc and annually to ensure best practices utilized are most current and support the members served. Additionally, Care Management works with YCCO/PPP's robust Quality program to ensure initiatives, assessments, member engagement strategies, and programs support and align with evidence-based medicine and research.

- (2) Describe how Applicant will use or participate in any of the following models for better coordinating care between the health and DHS Medicaid-funded LTC systems, or describe any alternative models for coordination of care:**

- (a) Co-Location: co-location of staff such as Type B AAA and APD case managers in healthcare settings or co-locating Behavioral Health specialists in health or other care settings where Members live or spend time.**

YCCO/PPP's Care Management is a primarily telephonic service model provided by interdisciplinary care teams that include Care Managers, providers, representatives of DHS Medicaid-funded LTC services, and other relevant agencies. In-person coordination is provided through case conferences in various settings. Both approaches facilitate person-centered care plans and promote the participation of the members' care team.

- (b) Team approaches: Care Coordination positions jointly funded by the DHS Medicaid-funded LTC and health systems, or team approaches such as a multi-disciplinary care team including DHS Medicaid-funded LTC representation.**

YCCO/PPP's community partnerships optimize resources and provide unique opportunities to leverage team approach coordination with care management, providers, community advocates, DHS Medicaid-funded LTC presentation, and any other positions that may be involved with the member's care team. Multi-disciplinary care teams collaborate to provide robust options with comprehensive services to connect all team providers to support a care plan that is best suited for the member.

- (c) Services in Congregate Settings: DHS Medicaid-funded LTC and health services provided in congregate settings, which can be limited to one type of service, such as "in home" Personal Care Services provided in an apartment complex, or can be a comprehensive model, such as the Program of All-Inclusive Care for the Elderly (PACE).**

YCCO/PPP's Care Management model has the capacity to provide services to coordinate care to members in congregate settings. The diverse Care Management workforce delivers coordination



of services in any setting that supports the member's care plan: in the home, an apartment or Program of All-Inclusive Care for the Elderly (PACE).

- (d) Clinician/Home-Based Programs: increased use of Nurse Practitioners, Physician Assistants, or Registered Nurses who perform Assessments, plan treatments, and provide interventions to the person in their home, Community-based or Nursing Facility setting.**

YCCO/PPP's case management team collaborates with the members' Clinicians and Home-Base Programs to facilitate transition, interventions and overall coordination of care. To support coordination of services and a person-centered care plan, the Care Manager has ongoing communication with clinicians and others involved in the member's Home-Base Program to mitigate gaps in care.

**d. Utilization management**

**Describe how the Applicant will perform the following UM activities tailored to address the needs of diverse populations including Members receiving DHS Medicaid-funded LTC services, Members with Special Health Care Needs, Members with intellectual disability and developmental disabilities, adults who have serious mental illness and children who have serious emotional disturbance.**

- (1) How will the authorization process differ for Acute and ambulatory levels of care; and**

Inpatient services are reviewed concurrently when the concurrent review (CCR) team is notified of the admission. The CCR team individualizes their review so that members with special health care needs are identified and managed appropriately. Urgent and emergent admissions are reviewed for medical necessity; elective admissions are reviewed for network status of admission facility and medical necessity. The concurrent review team follows these admissions through the acute setting and assists with the transitions of care into the outpatient setting.

If there are identified transition needs, the concurrent review team collaborates with Care Management, and/or Prior Authorization to ensure all needs are met.

- (2) Describe the methodology and criteria for identifying over- and under-utilization of services**

One aspect of YCCO's UM process is to review utilization to identify members with special health care needs and members who over- or under-utilize services. Care management programs target patients with special health care needs for specialized care coordination and wrap around programs. For instance, the BHN pilot specifically targets members with moderate to high mental health conditions who also have high physical health needs to improve their engagement with primary care and ensure that their mental health needs are addressed.

Providence Health Plan Partners, YCCO's Medical Management delegate, uses objective measures to identify potential patterns of over-and-under utilization. Data is systematically



monitored to detect potential over- and under-utilization across the organization and by product line. Data is monitored at specified intervals based on product and performance is compared to external benchmarks (e.g. HEDIS), if they exist. If external benchmarks are not available, internal utilization thresholds are developed based on historical trended data. YCCO/PPP has committees in place which monitors, or reviews data based on specific intervals set.

**7. Accountability (recommended page limit 1½ pages)**

**a. Describe any quality measurement and reporting systems that the Applicant has in place or will implement in Year 1.**

YCCO's quality measurement and reporting system is comprised of a technology solution for information exchange, performance reporting, and communication and technical assistance structures. Combined, these strategies allow providers to gain necessary information on performance and the CCO to monitor, course correct, and stay accountable to CCO quality and transformation goals.

**b. Will the Applicant participate in any external quality measurement and reporting programs (e.g. HEDIS reporting related to NCQA accreditation, federal reporting for Medicare Advantage lines of business)?**

The CCO does not participate in other external quality measurement and reporting programs.

**c. Explain the Applicant's internal quality standards or performance expectations to which Providers and Subcontractors are held.**

YCCO's performance expectations and quality standards are described in delegation agreements and provider contracts and are incentivized when quality goals are achieved and penalized in some contracts when quality goals are not achieved. Overall, the general expectation is that providers utilize the data platforms offered, provide and/or review performance reporting, attend the YCCO-offered committees and collaboratives to participate in technical assistance and co-develop improvement strategies to achieved quality goals.

**d. Describe the mechanisms that the Applicant has for sharing performance information with Providers and contractors for Quality Improvement.**

Providers have access to a YCCO sponsored data platform and secure file transfer port (sFTP) to view and exchange CCO metric performance related data. These platforms allow viewability to YCCO overall performance, practice specific rates, and to access member-level data that identify care gaps. Along with self-service data, status and trend reports are produced monthly to track process and are shared through a variety of venues to communicate current performance and discuss strategies.

To maintain accountability, performance data is shared through all levels of the organization and the network. The Board of Directors and supporting Finance Committee, Quality and Clinical Advisory Panel, and Community Advisory Council all receive regular updates as the monitoring and overall governance bodies. Quality committees for physical, behavioral, and dental; ad hoc focused workgroups such as immunization, DHS, opioid, and dental sealant; and the PC3 collaborative are working committees that use performance data to develop and adopt



improvement strategies.

**8. Fraud, Waste and Abuse Compliance (recommended page limit ½ page)**

- a. Please describe how Applicant currently engages in activities designed to prevent and detect Fraud, Waste and Abuse.**
- b. Please describe how Applicant intends to monitor and audit its Provider Network, Subcontractors, and delegated entities for potential Fraud, Waste and Abuse activities.**

Yamhill CCO's Fraud, Waste and Abuse program is based on seven core elements identified by the Health and Human Services (HHS) Office of Inspector General (OIG). All activities are designed to prevent and detect Fraud, Waste and Abuse. These activities include written standards of conduct through policies and procedures; high level oversight by a designated Compliance Officer and Quality and Compliance Department; training and education to share key policies and procedures; hotline and reporting mechanisms including a well-publicized policy of no-tolerance of retaliation for reporting in good faith; enforcing all disciplinary standards; routine audit and monitoring activities to identify potential fraud, waste and abuse and risk assessment; and mechanisms for prompt response, investigation, and mitigation.

YCCO monitors the Provider Network and subcontractors through the review of the following:

- Plan partner and provider policy and procedures
- Cost and utilization trend data
- Service authorization and denial data
- Grievance system complaints and appeals
- Annual risk assessment including self-assessment

**9. Quality Improvement Program (recommended page limit 1 page)**

- a. Please describe policies, processes, practices and procedures you have in place that serve to improve Member outcomes, including evidence-based best practices, emerging best practices, and innovative strategies in all areas of Health System Transformation, including patient engagement and activation.**

YCCO quality program structure includes both internal and external activities to ensure quality and operational efficiencies throughout the organization. Service delivery and assuring quality is in part delegated to key community partners:

1. Performance Health Technology (PH Tech)/Providence Plan Partners - Physical Health provider, plan activities defined through an administrative services agreement;
2. Yamhill County Health and Human Services - Behavioral Health (Mental Health and Substance Use Disorder);
3. Capitol Dental Care - Dental Care Provider;



4. First Transit - WellRide non-emergent medical transportation.

The CCO also maintains quality and operation departments that provide structure and continuous oversight. The Quality Manager oversees the quality department which consist of the following positions: QI Analyst, QA Assurance Specialist, Audit and Compliance Specialist, Community Health Improvement and Advisory Specialist, and a Primary Care Innovation Specialist. Through these structures and meetings, health system transformation and innovation are developed, implemented, and tested.

Quality plan activities are developed internally by quality management staff and through the QCAP committee for effectiveness. The primary improvement methodology used for evaluating activities is Plan Do Study Act (PDSA) and Lean process improvement with the lens of ease and impact given the number of improvement initiatives underway within YCCO.

**b. Please describe your experience and plan to emphasize and implement wellness and health improvement activities and practices within your organization for Members and staff, including partners and contracts in place to strengthen this aspect of health care.**

YCCO offers health and wellness classes and community health worker support for all members. Classes include diabetes prevention, persistent pain program, tobacco cessation through a partner agency, and other lifestyle classes. Also offered is monthly provider Continuing Medical Education (CME) on a variety of topics. Through the Early Learning program, trauma informed care conferences and community conversations build strategies to address increasing understanding and prevention of childhood trauma, including building protective factors and decreasing negative social determinants of health like homelessness and adverse childhood experiences (ACEs) that impact health and wellness in adults. The Community Prevention and Wellness Committee identifies evidence-based prevention programs and innovative funding strategies to address upstream prevention. YCCO also provides a monthly wellness benefit to employees and encourages self-care practices in the workplace like mindfulness and taking short walks. YCCO also encourages staff to maintain a healthy work-life balance.

**c. Outline your experience, staffing, policies, procedures, and capacity to collect the necessary electronic and other data that will be required for meeting regular performance benchmarks to evaluate the value of Health Services delivered by your CCO. Describe how CCO accountability metrics serve to ensure quality care is provided and serve as an incentive to improve care and the delivery of services.**

YCCO has met the quality incentive metric benchmarks to achieve 100% payout for the past four years. Designated staffing, data collection, sharing, analytics and system support are structures that were necessary to achieve performance benchmarks. Key staffing includes a Quality Improvement Analyst and Primary Care Innovation Specialist and other support staff as well as a purchased platform to share metric-specific member information, gap lists, and clinic performance with the network. Achieving performance targets is a community-wide goal to ensure high quality care and is integrated into many aspects of the plan including VBP models, provider engagement and innovation/transformation projects. YCCO is considering



incorporating Prometheus Potentially Avoidable Complications to augment these practices.

- d. Describe your policies and procedures to ensure a continuity of care system for the coordination of care and the arrangement, tracking and documentation of all Referrals and Prior Authorization.**

YCCO and delegates ensure that coordination of healthcare services is available for all members. This is done by YCCO, delegates, and participating providers implementing methods of coordination with physical, oral, and behavioral care in various ways which can include having written policies, procedures, and systems in place to monitor services. YCCO has a tracking and documentation system in CIM for referrals and prior authorizations. This technology enables providers across all service delivery systems to coordinate integrated care. All members have an ongoing source of primary care appropriate to their needs and a practitioner or entity formally designated as primarily responsible for coordinating the health care services furnished to the member. These services include a formal referral system, access to alternative care, traditional healthcare workers to assist with care transitions, and processes to request for prior authorization.

**10. Medicare/Medicaid Alignment (recommended page limit ½ page)**

- a. Is Applicant under Enrollment and/or Marketing sanction by CMS? If so, please describe?**

No

- b. Is Applicant currently Affiliated with a Medicare Advantage plan? If no, how will Applicant ensure they are contracted or Affiliated with a Medicare Advantage plan prior to the Effective Date of the Contract?**

No. YCCO contracts with Providence Plan Partners (PPP) for third party administrative services such as network contracting. PPP has a five-star Medicare Advantage Plan. YCCO and PPP are exploring a partnership regarding YCCO Dual Eligible members having access to the PPP MA plan. YCCO will secure agreement(s) with one or more MA Plans by 1/1/2020.

**11. Service Area and Capacity (not counted towards overall page limit)**

- a. List the Service Area(s) the Applicant is applying for and the maximum number of Members the Applicant is proposing to accept in each area based upon the Applicant's Community health assessment and plan for delivery of integrated and coordinated health, mental health, and substance use disorder treatment services and supports and oral health services.**
- b. Does Applicant propose a Service Area to cover less than a full County in any County? If so, please describe how:**

YCCO's service level is all of Yamhill County and portions of Marion, Polk, Washington, Clackamas and Tillamook Counties. The portions of these counties are associated with



contiguous zip codes that are shared with Yamhill County and are aligned with patient utilization patterns. The original round of CCO contracts established service areas based on zip codes rather than county lines which is one of the reasons YCCO's service area shares zip codes with neighboring counties. Solid utilization pathways for members in these zip codes have been developed and disruption of continuity of care for members would happen if YCCO did not apply for the same service area. Retaining these contiguous zip codes in the YCCO service area is critical for continuity of care and coordination of services.

Serving less than the full contiguous counties will allow the Applicant to achieve the transformational goals of CCO 2.0 (as described in this RFA) more effectively than county-wide coverage in the following areas:

- Community engagement, governance, and accountability;
- Behavioral Health integration and access;
- Social Determinants of Health and Health Equity;
- Value-Based Payments and cost containment; Financial viability;

YCCO's proposed service area is the same service area YCCO has served since 2012. In rural communities, members often travel across county lines to receive services. The members in these contiguous zip codes who choose YCCO as their coordinated care organization do so because some or all of the services they receive are in Yamhill County. The vast majority of YCCO providers: primary care, dental care, behavioral health care, hospital and specialty practices are in Yamhill County. These providers are well represented on YCCO governance committees. Community members from across the full service area including in contiguous zip codes participate on the Board of Directors and/or on one of the YCCO committees such as the Community Advisory Council, Early Learning Council, Quality and Clinical Advisory Panel, or Community Prevention and Wellness Committee. YCCO has a history of engaging with community members across its current service area through early learning services, trauma informed care trainings, member 101 classes, parenting education classes. The 2018-9 CHA and CHIP work has determined needs and priorities for the full service area when possible, not just Yamhill County.

YCCO's major behavioral health partner, Yamhill County Health and Human Services (YCHHS) has mental health and addiction treatment centers in Newberg and McMinnville and is well integrated across the service area including having mental health providers embedded in schools in all of the school districts in Yamhill County. YCHHS partners with YCCO in making social determinant investments that impact every part of the service area investing in programs like peer support, supportive housing, needle exchange programs, the PAX Good Behavior Game (a social-emotional behavioral modification intervention for K through sixth grade), employment services, and clinical innovations including integrating BH and MH in primary care clinics as well as integrating PH and DH in the two mental health clinics.

The vast majority of YCCO providers: primary care, dental care, behavioral health care, hospital and specialty practices are in Yamhill County. YCCO has a solid relationship with these providers and has established value-based agreements with 36% of the provider network including primary care quality payments, primary care APM payments, and payments for dental and hospital quality metrics.



Serving less than the full additional counties provides greater benefit to OHP members, providers, and the community. YCCO is only applying for portions of neighboring counties due to shared zip codes with those counties; YCCO’s service area is well established with an engaged provider network. This service area aligns with member utilization patterns. The application for this service area is not designed to minimize financial risk, does not create adverse selection and is not an effort to red-line high risk areas. Maintaining YCCO’s current service are is critical for continuity of care.

**Service Area Table**

<b>County (List each desired County separately)</b>	<b>Maximum Number of Members-Capacity Level</b>
Clackamas	100
Marion	100
Polk	2,300
Washington	2,075
Yamhill	24,403

**12. Standards Related To Provider Participation (recommended page limit 5 pages)**

**a. Standard #1 - Provision of Coordinated Care Services**

**The Applicant has the ability to deliver or arrange for all the Coordinated Care Services that are Medically Necessary and reimbursable.**

**DSN provider report has been submitted on the USB drive in the folder for this attachment with the required naming convention.**

**b. Standard #2 – Providers for Members with Special Health Care Needs (recommended page limit 1 page)**

**In the context of the Applicant’s Community health assessment and approach for providing integrated and coordinated care, Applicant shall ensure those Members who have Special Health Care Needs such as those who are aged, blind, disabled, or who have high health care needs, multiple chronic conditions, mental illness or substance use disorder or who are children/youths placed in a substitute care setting by Children, Adults and Families (CAF) and the Oregon Youth Authority (OYA) (or children receiving adoption assistance from CAF), or any Member receiving DHS-funded Medicaid LTC or home and Community-based services, have access to Primary Care and Referral Providers with expertise to treat the full**



**range of medical, oral health, and Behavioral Health and Substance Use Disorders experienced by these Members.**

**From those Providers and facilities identified in the DSN Provider Report Template (Standard #1 Table), identify those Providers and specialists that have special skills or sub-specialties necessary to provide a comprehensive array of Medical Services to the elderly, disabled populations and children/youths in substitute care or Members who have high health care needs, multiple chronic conditions, mental illness or substance use disorder. In narrative form, describe their qualifications and sub-specialties to provide Coordinated Care Services to these Members.**

The Yamhill Community Care participating provider network (physical, behavioral, dental) is more than enough in numbers and areas of practice to serve all its members including those members with special health care needs. Yamhill Community Care utilizes the CMS time/distance adequacy standards (Urban: 30 minutes/miles; Rural: 60 minutes/miles) when analyzing network access for all categories of health care need. YCCO maintains a robust data warehouse. Data analysis generates a geo-mapping report that shows the distance of members' addresses from their assigned PCP clinic. This also verifies that most specialty care is within the CMS time/distance standard. If the CMS time/distance standard cannot be met with a contracted provider, an out-of-network agreement will be made with a non-contracted provider to meet the needs of the member(s).

Currently, Yamhill Community Care has contracted agreements in place with multiple specialists across a multitude of specialty care services. YCCO has agreements with major health care systems in surrounding metro areas such as OHSU, Salem Hospital, and Legacy Health for all specialty services. All the specialists have advanced degrees and are credentialed to provide services to members. These include (but are not limited) to the following for both adult and children: acute care, addiction medicine, audiology, cardiology, dermatology, endocrinology, gastroenterology, geriatric care, hematology, internal medicine, nephrology, neurology, oncology, oral surgeons, orthopedics, pathology, psychology, psychiatry, radiology, rheumatology, and urology.

**c. Standard #3 – Publicly funded public health and Community mental health services (recommended page limit 1½ pages)**

**Under ORS 414.153, Applicants must execute agreements with publicly funded Providers for authorization of and payment for point-of-contact services (i.e. immunizations, sexually transmitted diseases and other communicable diseases) and for cooperation with the local mental health authorities unless cause can be demonstrated that such an agreement is not feasible.**

**Submit the following table in an Excel format, detailing Applicant's involvement with publicly funded health care and service programs. Include those publicly funded health care and service programs with which you have subcontracts. Table does not count toward overall page limits.**



**Publicly Funded Health Care and Service Programs Table**

<b>Name of publicly funded program</b>	<b>Type of public program (i.e. County Mental Health Department)</b>	<b>County in which program provides service</b>	<b>Specialty/Sub-Specialty Codes</b>
Yamhill County Health & Human Services	Community Mental Health	Yamhill County	
Yamhill County Health & Human Services	Public Health	Yamhill County	

**Other formatting conventions that must be followed are: all requested data on Applicant’s Provider Network must be submitted in the exact format found in the DSN Provider Report Template (Standard #1).**

- (1) Describe how Applicant has involved publicly funded providers in the development of its integrated and coordinated Application.**

Yamhill Community Care is contracted with Yamhill County Health and Human Services and Yamhill County Public Health to comply with applicable laws and administrative rules including ORS 414.153.

- (2) Describe the agreements with counties in the Service Area that achieve the objectives in ORS 414.153(4). If any of those agreements are under negotiation, the Applicant must submit the executed agreement prior to OHA issuing the CCO Contract.**

YCCO has had an agreement with Yamhill County Public Health since inception. This agreement provides for point of care services as required by ORS 414-143 such as vaccines, birth control, and women’s health.

- (3) If Applicant does not have signed agreements with counties, as providers of services or as required by ORS 414.153(4), describe good faith efforts made to obtain such agreements and why such agreements are not feasible.**

**d. Standard #4 – Services for the American Indian/Alaska Native Population (AI/AN) (recommended limit ½ page)**

- (1) Please describe your experience and ability to provide culturally relevant Coordinated Care Services for the AI/AN population.**



YCCO currently covers approximately 300 individuals of American Indian/Alaskan Native and has a provider agreement with the Grande Ronde Health and Wellness Center tribal clinic. YCCO has worked with the local tribe since inception and is able to provide culturally relevant coordinated care services for this population.

- e. Standard #5 – Indian Health Services (IHS) and Tribal 638 facilities (recommended limit 1 page)**
- (1) From among the Providers and facilities listed in the DSN Provider Report Template, please identify any that are Indian Health Service or Tribal 638 facilities.**
  - (2) Please describe your experience working with Indian Health Services and Tribal 638 facilities.**
    - Include your Referral process when the IHS or Tribal 638 facility is not a participating panel Provider.**

YCCO currently holds a provider contract with Grande Ronde Health and Wellness Clinic, the local tribal health provider. Grande Ronde follows standard referral and authorization processes.

- Include your Prior Authorization process when the Referral originates from an IHS or Tribal 638 facility that is not a Participating Provider.**
- Prior Authorization processes from a referral that originates from an HIS or Tribal 638 facility are processed in the same manner as prior authorizations that originate from Participating Providers.**

- f. Standard #6 – Pharmacy Services and Medication Management (recommended limit 5 pages)**
- (1) Describe Applicant’s experience and ability to provide a prescription drug benefit as a Covered Service for funded Condition/Treatment Pairs.**

Yamhill Community Care Organization (YCCO) contracts with Providence Plan Partners (YCCO/PPP) as the pharmacy benefit manager which has decades of experience in managing prescription drug coverage for citizens who are beneficiaries in Oregon’s managed Medicaid programs.

All clinical reviewers are thoroughly trained on Oregon’s Medicaid requirements inclusive of funded conditions and co-morbid reviews (treatment pairs). The Prioritized List of Health Services (PL) guides the formulary process, clinical policy development, and the individual clinical reviewer decision process for each drug service request requiring prior authorization. Updates to the PL are routinely communicated to both the formulary team and the individual



clinical reviewers - be they clinical pharmacists or physicians upon release. OAR 410-141-0480 Oregon Health Plan Benefit Package of Covered Services is strictly applied when reviewing any request for a Medicaid member. Any invocation of treatment pairs is documented within the case file regardless if the decision is favorable or unfavorable. This is a crucial task which all reviewers take seriously in caring for this unique and vulnerable population.

In addition, prior authorization clinical policies are in line with the guideline notes of the Prioritized List of Health Services. Clinical criteria are written and built within the utilization management system called Rx PA Hub to ensure that a condition defined by ICD-10 as submitted by the direct care provider is eligible for funding inclusive of treatment pairs along with other clinical use criteria. Assuring beneficiaries can access and receive needed treatment is at the forefront of all clinical reviews. Prior to issuing a denial, the case is reviewed as a total patient case to determine whether any co-morbid factors apply or whether there are any factors of previous medication use that should be considered prior to issuing a denial.

**(2) Specifically describe the Applicant's:**

- **Ability to use a restrictive formulary as long as it allows access to other drug products not on the formulary through some process such as Prior Authorization.**
- **Formulary development that includes FDA approved drug products for each therapeutic class and at least one item in each therapeutic class of over-the-counter medications sufficient to ensure the availability of covered drugs with minimal prior approval intervention by the providers of Pharmaceutical Services, e.g. pharmacies.**

The formulary for Yamhill Community Care Organization (YCCO) members is a closed formulary; medications not listed on the formulary are considered non-formulary and will not be allowed at pharmacy point-of-service without prior authorization. These medications may be accessed by requesting a prior authorization for coverage. Alternatively, the prescriber can choose a formulary alternative that is available on the formulary.

Clinical criteria for use of non-formulary medications requires that two formulary medications have been tried and/or another specific medical issue exists that precludes use of a formulary item. Drugs that are on the formulary with prior authorization have formulary alternatives that should be used first before going to the agent requiring prior authorization. Formulary development principles include choosing two FDA-approved drug products for each therapeutic prescription drug class and at least one item in each coverable over-the-counter medication class. The goal is to assure sufficient enough choices in drug therapy to assure the common needs of the beneficiaries are met in the context of available benefits from the program. Clinical pharmacists involved with clinical policy development for drug use also participate in applying these policies to individual cases. All clinical reviewers participate in annual and routine case reviews and inter-rater reliability assessments to assure congruence and alignment with the benefit plan requirements, quality goals, PL, and formulary associated with the Medicaid plan for beneficiaries.



- **Development of clinically appropriate utilization controls.**

An attribute of YCCO as a nimble agency is the ability to react to change and adapt utilization management controls as evidence for appropriate use changes as well as cost driver change. This may mean eliminating utilization management controls such as PA, ST, or QL or adding those UM controls as warranted with appropriate notification to members and direct care providers.

- **Ability to revise a formulary periodically and a description of the evidence-based review processes utilized (including how information provided by the Oregon Pharmacy & Therapeutics Committee is incorporated) and whether this work will be subcontracted or performed internally.**

The formulary is developed, reviewed, and approved by the Providence Health and Services Oregon Region Pharmacy and Therapeutics committee (ORPTC). This is a group of practicing clinicians within the community, including physicians, pharmacists and nurses from various clinical specialties (e.g., primary care, behavioral health, geriatrics, hospitalists). Formulary recommendations to this committee are developed internally at Providence Plan Partners by clinical pharmacist specialists trained in evidence-based review. The review process includes a thorough review of safety and efficacy; medications are added to the formulary when considered effective and safe for the population. The most cost-effective therapies are considered for formulary addition first when there are multiple medications considered comparable in terms of efficacy and safety. Information from the Oregon Pharmacy and Therapeutics Committee, if available, is reviewed and incorporated in development of the Medicaid formulary. Additionally, the recommendations are reviewed against the state of Oregon preferred drug list to align recommendations when possible. Utilization management tactics (e.g., prior authorization, step therapy, quantity limitations) are employed when clinically appropriate and are used to promote overall cost-effective and safe care.

ORPTC meets up to six times per year and at least quarterly. All medical policies are reviewed at least annually, and as needed due to guideline updates, new clinical evidence, etc. Policies and utilization management edits are reviewed for appropriateness in terms of guidelines and standards of care.

**(3) Describe Applicant's ability to ensure an adequate pharmacy network to provide sufficient access to all enrollees and how Applicant will communicate formulary choices and changes to the network and other medical professionals and how to make non-formulary, i.e. Prior Authorization, requests.**

Yamhill Community Care Organization (YCCO) contracts with Providence Plan Partners (YCCO/PPP) to administer its own pharmacy network. YCCO/PPP will add any appropriately licensed and non-regulator sanctioned pharmacy that is willing to accept the sponsor's standard contracting terms and conditions for participation when located inside the beneficiaries' service area. YCCO/PPP meets or exceeds standard urban, suburban and rural access requirements of 2, 5, and 15 miles respectively. YCCO/PPP's Retail Pharmacy Network consists of about 35,000 pharmacies nationwide (to meet the needs of travelling or student beneficiaries) and includes a



pharmacy directory available on the YCCO website, plus an emergency medication access provision when needed. YCCO/PPP distributes the pharmacy communication newsletter, Rx Consultant, quarterly and on an as-needed basis to all participating pharmacies as well as direct care providers (upon request) in the community. The Rx Consultant contains information pertinent to pharmacies regarding claims process changes, BIN/PCN updates, formulary changes, and federal and state regulatory and compliance updates. Physicians receive updates through an online portal and via formulary tools available to physicians and pharmacies therein. All members are provided written notice of termination of a contracted pharmacy or a change in formulary at least thirty (30) calendar days before the change effective date. Information on how to make requests for non-formulary medications is available on the pharmacy resources page of the YCCO website. Members, providers, or pharmacies may also call the pharmacy department directly and PA forms can be mailed/emailed/faxed. For urgent and emergent needs a YCCO/PPP clinical pharmacist is available to be paged 24/7 for specific member coverage determination needs or to assist pharmacists and direct care providers with member needs.

- (4) Describe Applicant’s capacity to process pharmacy claims using a real-time Claims Adjudication and Provider reimbursement system and capture all relevant clinical and historical data elements for claims paid in their entirety by the CCO and when the coordination of benefits is needed to bill Third Party Liability (TPL) when the CCO is the secondary coverage.**

Yamhill Community Care Organization (YCCO) contracts with Providence Plan Partners (YCCO/PPP) which can adjudicate claims in real time as well as provide weekly pharmacy reimbursement. The claims processing system stores historical claims data in addition to all diagnostic codes or clinical review notes that may be needed when coordination of benefits is required with a TPL. YCCO/PPP has a history of successfully performing coordination of benefits (COB) when the CCO is secondary coverage for the member; this is a standard procedure and is performed daily via real-time claims adjudication. 100% of all benefit and formulary changes are tested and approved for accuracy prior to release into the live claims processing system.

- (5) Describe Applicant’s capacity to process pharmacy Prior Authorizations (PA) within the required timeframes either with in-house staff or through a Pharmacy Benefits Manager and the hours of operation that prescribers or pharmacies will be able to submit PAs.**

Yamhill Community Care Organization (YCCO) contracts with Providence Plan Partners (YCCO/PPP). YCCO/PPP’s prior authorization and clinical review team are dedicated group of professionals (clinical pharmacists, pharmacy technicians, and physicians) who provide clinical review service for covered public programs inclusive of Medicaid. All prior authorization technicians and pharmacists are trained on the 24-hour turnaround timeframes for completing Oregon Medicaid drug prior authorization requests. In addition, the utilization management software assigns a due date to each case when it is received and triages them appropriately. Further, a fail-safe alert is built into the system to alert users of upcoming expiring cases to avoid



untimely cases and to provide prompt access to therapy. Prior authorizations are accepted all hours of every day of the year (inclusive of holidays and weekends). An on-call clinical reviewer is available 24/7 as needed for clinical review, but general hours of operation are 8AM-6PM M-F (Pacific Time).

- (6) **Describe Applicant’s contractual arrangements with a PBM, including:**
- **The contractual discount percentage(s) from Average Wholesale Price (AWP) or the percentage above Wholesale Acquisition Cost (WAC) the Contractor will receive from the PBM including rebate and incentive agreements or other funds received from the PBM by the CCO or any other type of any pricing arrangements between the CCO and PBM not based on a percentage discount from AWP or the percentage above WAC.**
  - **The dispensing fees associated with each category or type of prescription (for example: generic, brand name, mail order, retail choice 90, specialty).**
  - **The administrative fee to be paid to the PBM by CCO on a quarterly basis including a description of the associated administrative fee for each category or type and a description of the amount and type of any other administrative fees paid to PBM by Contractor.**

Yamhill Community Care (YCCO) has a global ASA agreement with PH Tech for Physical Health Administrative Services which includes Pharmacy Benefit Management (PBM).

- (7) **Describe Applicant’s ability to engage and utilize 340B enrolled Providers and pharmacies as a part of the CCO including:**
- **Whether Applicant is currently working with FQHCs and Hospitals; and if so,**
  - **How Applicant ensures the 340B program is delivering effective adjunctive programs that are being funded by the delta between what CCOs pay for their drugs and their acquisition costs; and**
  - **How the Applicant is evaluating the impact of these adjunctive programs whether they are generating positive outcomes.**

Yamhill Community Care (YCCO) contracts with Providence Plan Partners (YCCO/PPP). YCCO/PPP’s Pharmacy Network includes pharmacies that are contracted pharmacies with a 340B covered entities and pharmacies that are affiliated with 340B covered entities. This includes 340B pharmacies, pharmacies affiliated with FQHCs, critical access hospitals, disproportionate share hospitals, and Indian Health (ITU) facilities. Hospitals and FQHCs that



dispense 340B drugs are responsible for the adjunct programs and services they provide to their patients, inclusive of outcomes. CCOs are not responsible for defining these services or outcomes but does measure specified quality metrics provided by these same hospitals and FQHCs and to that extent monitors the quality parameters defined by OHA as part of the hospital or FQHC's quality performance criteria.

**(8) Describe Applicant's ability and intent to use Medication Therapy Management (MTM) as part of a Patient-Centered Primary Care Home.**

YCCO/PPP can and does perform MTM care for CCO Medicaid members and supports Medicaid Nurse Care Managers, as well as practicing physicians and clinical pharmacists. MTM care is supported through reimbursement tactics and provision of distilled utilization and quality metrics information in formats usable by clinicians that support and facilitate a "Patient-Centered Pharmacy Care Home."

**(9) Describe Applicant's ability to utilize E-prescribing and its interface with Electronic Medical Records (EMR).**

YCCO/PPP currently utilizes an E-Prescribing program through its pharmacy claims processor, currently 77.5% of all prescriptions processed are performed via E-prescribing including interfaces with Electronic Medical Records.

**(10) Describe Applicant's capacity to publish formulary and Prior Authorization criteria on a public website in a format useable by Providers and Members.**

YCCO/PPP publishes the formularies, inclusive of prior authorization, step therapy, and quantity limits at the beginning of each month, located here: <https://yamhillcco.org/providers/formulary-drug-list-and-updates/> Prior Authorization criteria for use by both providers and members can be found within the formulary list link on this site.

The formulary website is an interactive drug search tool. Inputting a drug name into the search box results in the formulary status of the requested drug. If the searched drug also has an associated prior authorization and the user moves their cursor over the "PA" icon, instructions to "Click for details" appears. If a user clicks the "PA" icon, the associated prior authorization criteria appears in a separate pop-up box.

If a member or provider calls YCCO and requests a copy of the formulary or prior authorization criteria, a copy will be mailed to the requested address. When deemed necessary, YCCO/PPP will publish additional information to prescribers and pharmacists in communication tools necessary to ensure practitioners have up-to-date information available to support the care they provide Medicaid beneficiaries.

**g. Standard #7 – Hospital Services (recommended limit 4 pages)**

**(1) Describe how the Applicant will assure access for Members to Inpatient and outpatient Hospital services addressing timeliness, amount, duration and scope equal to other people within the same**



### Service Area.

Providence Plan Partners inpatient concurrent review (CCR) team reviews all inpatient admissions for medical necessity and level of care. Upon admission to an inpatient acute setting the facility notifies YCCO/PPP directly via fax, telephone or electronically of admission. The CCR team reviews the initial notification for medical necessity and then continues to review during the entire inpatient admission. All inpatient admissions are reviewed for medical necessity using InterQual guidelines.

During this review, CCR works collaboratively with the facility inpatient team as well as YCCO/PPP Care Management to ensure safe and effective discharge plans are in place prior to discharge.

For transitions of care to sub-acute settings such as skilled nursing facilities or long-term acute care settings, the CCR team works directly with the inpatient discharge team to ensure adequate authorization and access to in network facilities.

- **Indicate what services, if any, cannot be provided locally and what arrangements have been made to accommodate Members who require those services.**

See RFA4690-YCCO-Att7 YCCO DSN.xlsx

- **Describe any contractual arrangements with out-of-state hospitals.**

See RFA4690-YCCO-Att7 YCCO DSN.xlsx

- **Describe Applicant's system for monitoring equal access of Members to Referral Inpatient and outpatient Hospital services.**

Inpatient services are reviewed concurrently when the CCR team is notified of the admission. Urgent and emergent admissions are reviewed for medical necessity while elective admissions are reviewed for network status of admission facility as well as medical necessity. Members who require specialized care in the inpatient setting which is not available in network will work with their provider and care teams who then work with Health Care Services to obtain prior authorization for the facility and services. If services are received urgently or emergently the CCR team will review for medical necessity and the in-network benefit would be applied when the admission meets medical necessity. NEMT benefits are available to all members traveling to medical appointments, even if appointments fall outside of YCCO's geographic service area.

- (2) **Describe how the Applicant will educate Members about how to appropriately access care from Ambulance, Emergency Rooms, and urgent care/walk-in clinics, and less intensive interventions other than their Primary Care home. Specifically, please discuss:**
  - **What procedures will be used for tracking Members' inappropriate use of Ambulance, Emergency Rooms, and urgent care/walk-in clinics, other than their Primary Care home.**
  - **Procedures for improving appropriate use of Ambulance,**



### **Emergency Rooms, and urgent care/walk-in clinics.**

YCCO/PPP care management offers a variety of programs to assist and identify members in real-time utilization of emergency and urgent care services. PHP Care Management department monitors members via Pre-Manage. This program allows for assessment of member utilization based off specified data of member cohorts to include level of acuity, urgency, and impact. Once a member is identified, the care manager opens a case to initiate outreach to the member as well as their care team to assist in coordination of resources, identification of educational needs and/or other barriers to care. YCCO/PPP Care Management will also initiate multi-disciplinary care conferences including not only the member but also their medical and behavioral health care teams as well as various community partners. These members are continually followed via active care management and/or chart review and assessed from multiple disciplines.

**(3) Describe how the Applicant will monitor and adjudicate claims for Provider Preventable Conditions based on Medicare guidelines for the following:**

- **Adverse Events; and**
- **Hospital Acquired Conditions (HACs).**

Providence Plan Partners (YCCO/PPP) considers “never events” or “serious reportable events” as adverse occurrences in medical care that are clearly identifiable, preventable, and serious in consequences for patient, and that indicate a real concern for safety and credibility of a health care facility or provider. Payment will not be provided for identified “never events” and YCCO/PPP will notify facilities and providers if a “never event” is identified.

Hospital facilities are required to have policies for serious reportable events that address how they will prevent “never events” and how they will respond when a patient sustains a serious, preventable injury while in the care of the facility. Hospitals must report “never events” but may not seek payment for charges associated with a “never event.” YCCO should have payment policies which inform facilities and providers on options for reporting and billing when “never events” occur.

The CCR team works directly with the acute facility to understand all medical interventions provided during an admission. If an adverse event or hospital acquired condition is noted during this review, the CCR RN will work directly with the YCCO/PPP Medical Director to adjudicate the authorization with any appropriate denial if such decided. This information is provided within notes in the authorization in the electronic charting platform which will inform claims payment.

Additionally, any team is set up to send internal referrals to the YCCO/PPP Quality department when a potential quality of care concern is raised at any point in the continuum of care.

Providence Plan Partners advises YCCO to not pay the additional, higher reimbursement (DRG) for conditions that were not present on admission to the hospital but become present during the patient’s hospital stay. YCCO should utilize a payment policy which outlines and informs



facilities regarding definitions and policy related to non-payment for HAC's.

**(4) Describe the Applicant's Hospital readmission policy, and how it will enforce and monitor this policy.**

YCCO/PPP's Payment Policy 54.0 speaks to readmissions in the inpatient setting. If an acute care hospital inpatient admission occurs within 31 days of a discharge from an acute inpatient admission to the same hospital, the two consecutive admissions shall be referred to a Medical Director for review. If the Medical Director determines that the member was medically unstable at the time of discharge from the first admission, or if the Medical Director determines that the member's discharge plan was incomplete or inadequate to prevent an avoidable readmission, the hospital is entitled to only one diagnosis-related group (DRG) payment.

The provider should submit a separate claim for each hospital stay. A discharge and readmission to the same hospital beyond 31 calendar days for the same or related diagnosis, and readmissions within 31 days that are planned at the time of discharge, are subject to review by the Medical Director and may be combined into a single payment using a combined DRG if appropriate. Admissions or readmissions that are not medically necessary will be denied. YCCO/PPP runs internal reports to monitor the use of this policy.

**(5) Please describe innovative strategies that could be employed to decrease unnecessary Hospital utilization.**

Providence Plan Partners Care Management focuses on connecting members with providers for prompt follow up, providing education on appropriate hospital use as well as their conditions, and redirecting members to the most appropriate level of care given their medical needs. Members who require behavioral health support are connected with their county behavioral health services. Members with more acute behavioral health needs are connected with a team of social workers who then coordinate with psychiatric prescribers or other behavioral health professionals to optimize their care and avoid unnecessary use.

Providence Plan Partners uses objective measures to identify potential patterns of over-and-under utilization. Data is systematically monitored to detect potential over- and under-utilization across the organization and by product line. Data is monitored at specified intervals based on product and performance is compared to external benchmarks (e.g. HEDIS), if they exist. If external benchmarks are not available, internal utilization thresholds are developed based on historical trended data. YCCO/PPP has committees in place which monitor, or review data based on specific intervals set.

**(6) Please describe how you will coordinate with Medicare Providers and, as applicable, Medicare Advantage plans to reduce unnecessary ED visits or hospitalization for potentially preventable conditions and to reduce readmission rates for Fully Dual Eligible Members.**

YCCO/PPP Care Management staff monitor Emergency Department (ED) use in real time from 8am to 5pm Monday through Friday. Real time monitoring is augmented by a stratification process through the use of cohorts in Pre-Manage. These cohorts include members with three ED visits in three Months and three ED visits in one month, in addition to super-utilizer cohorts.



Examples of these include a behavioral health cohort and a Severe and Persistent Mental Illness (SPMI) cohort.

Once a member has been identified through real time monitoring or cohort monitoring, the member is triaged to an appropriate clinical level based on diagnosis and medical history. This may result in reaching out to the member while they are in the ED. Members who require DME, follow up appointments, education on appropriate ED use, or simple clinical needs receive a call from a Clinical Support Coordinator who then coordinates their care. If complex clinical case management is needed the member is triaged to licensed personnel including any of one these disciplines: RN's, LSW, and Medical Directors.



Request for Application  
RFA OHA-4690-19-CCO 2.0

**Attachment 9 - Health Information Technology**



## **Attachment 9 - Health Information Technology**

The information requested in this questionnaire should be provided in narrative form, answering specific questions in each section and providing enough information for the OHA to evaluate the response.

**Page limit for this Health Information Technology Questionnaire is 36 pages, items that are excluded from the page limit will be noted in that requirement.**

### **A. HIT Partnership**

#### **1. Informational Question (recommended page limit 1 page) to do:**

- a. What challenges or obstacles does Applicant expect to encounter in signing the 2020 HIT Commons MOU and fulfilling its terms?**

YCCO does not expect any challenges in executing the 2020 HIT Commons MOU agreement. YCCO has historically had representation at HITAG and plans to continue having representatives at this and other CCO related HIT forums that OHA or OHLC convene. YCCO is engaged and actively implementing the use of Pre-Manage/EDIE, PDMP and other HIT solutions within the provider network including physical health, behavioral health, and dental. While uptake of these technologies is slow, the provider network is at various stages of readiness in utilizing these tools.

### **B. Support for EHR Adoption**

#### **1. Evaluation Questions (recommended page limit 5 pages)**

**For each evaluation question, include information on Applicant's current operations, what Applicant intends to arrange by the Contract Effective Date, and Applicant's future plans. When answering the evaluation questions, please include in a narrative as well as a roadmap that includes activities, milestones and timelines.**

- a. How will Applicant support increased rates of EHR adoption among contracted physical health Providers?**

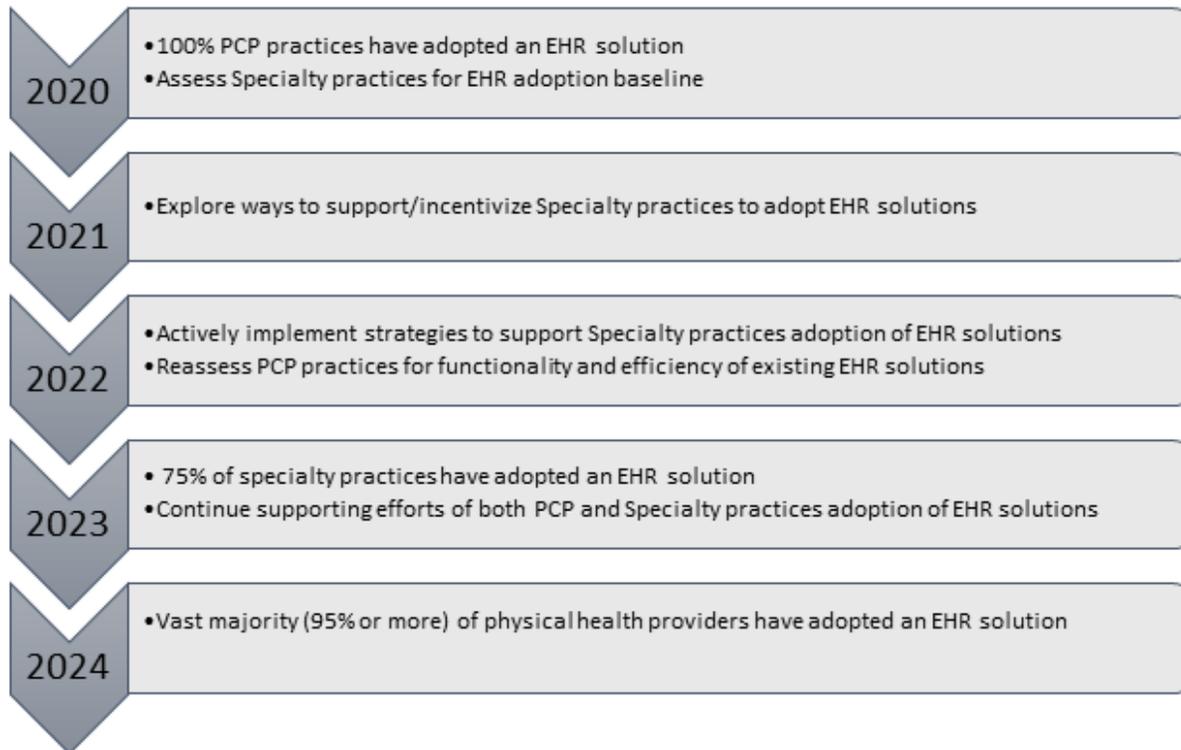
Nearly all primary care providers in the YCCO network have adopted an EHR platform to support documentation, care coordination, and population-based data collection. This adoption has been supported through VBP models, reporting requirements built into provider agreements, and through offerings of technical assistance sponsored by the CCO and OHA. Specialty physical health provider adoption rate is not as well known. YCCO intends to assess current adoption rates and plans to explore barriers and ways of supporting specialty care providers adoption rates.

YCCO's current operations support physical health providers to adopt and meaningfully use EHR systems through the existing strategies and others identified. These include assessing baseline adoption rates, providing technical support resources for selecting solutions compatible with CCO



reporting requirements, incentivizing and financially supporting adoption through VBP models.

### YCCO Future EHR Adoption: Physical Health



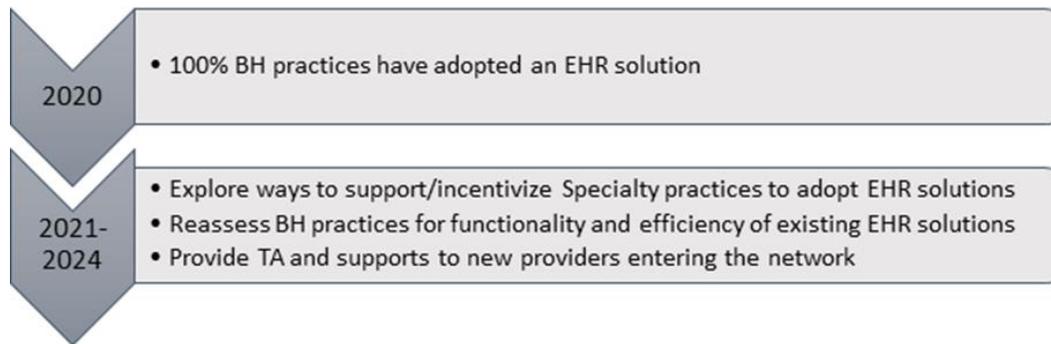
**b. How will Applicant support increased rates of EHR adoption among contracted Behavioral Health Providers?**

All existing Yamhill CCO Behavioral Health participating providers have successfully implemented EHRs as of 2019. This is due, in part, to 2016 investments of quality pool dollars into the implementation of electronic health records for these providers. This investment and implementation has streamlined the processing of claims, ensured greater access to clinical records for the purposes of care coordination, enhanced patient safety, improved clinic productivity, and enabled participating providers to collect data from several clinical screening tools (PHQ-9, GAD-7, DLA-20) at intake, at service conclusion, and as clinically indicated across 85% of the mental health outpatient services provided to YCCO Members. As the network continues to evolve, YCCO will re-evaluate the need to upgrade or demonstrate further meaningful use of certified EHR technology to facilitate



improved coordination of care. Collaboration and the provision of technical assistance will be offered to any new providers entering the network to ensure that future systems are designed to support YCCO behavioral health strategies.

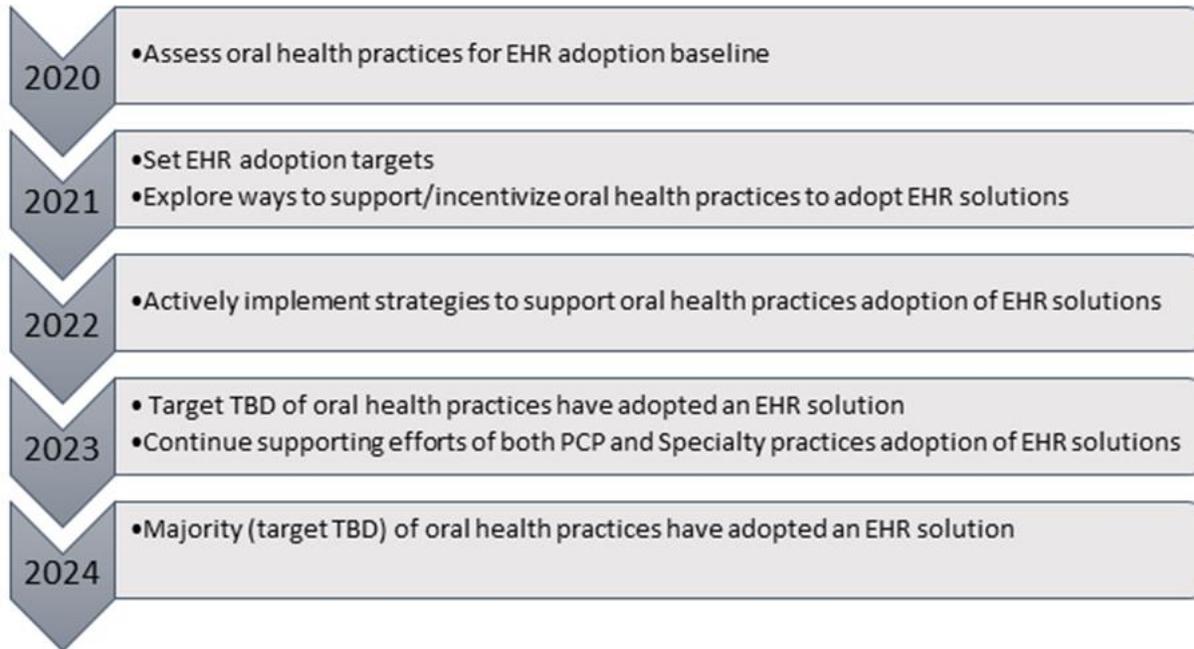
### YCCO Future EHR Adoption: Behavioral Health



**c. How will Applicant support increased rates of EHR adoption among contracted oral health Providers?**

YCCO intends to support oral health providers to adopt and meaningfully use EHR using existing strategies for physical and behavioral health. These planned activities include offering VBP models, building reporting requirements into provider agreements, and through offerings of technical assistance sponsored by the CCO and OHA. These activities include assessing baseline adoption rates, providing technical support resources for selecting solutions compatible with CCO reporting requirements, incentivizing and financially supporting adoption through VBP models.

## YCCO Future EHR Adoption: Oral Health



**d. What barriers does Applicant expect that physical health Providers will have to overcome to adopt EHRs? How do you plan to help address these barriers?**

The greatest barrier YCCO anticipates for physical health providers is the financial and administrative resource necessary to implement and meaningfully use an EHR solution. To address these barriers, the plan is to provide technical support resources for selecting solutions compatible with CCO reporting requirements, incentivizing and financially supporting adoption through VBP models.

**e. What barriers does Applicant expect that Behavioral Health Providers will have to overcome to adopt EHRs? How do you plan to help address these barriers?**

YCCO’s BH delegate currently uses this technology, but integration into additional platforms (example: integrating BH and physical health Electronic Health Record data tracking) is not currently happening. This development will require TA and system architectural upgrades and improvement work.

The biggest barrier that behavioral health providers new to the network must overcome to adopt EHRs is two-fold: the financial cost and the administrative burden of EHR development and implementation. The time and money needed to implement an EHR is often out of reach for smaller providers. If technical challenges arise for these providers, YCCO will connect them to technical resources like O-HITEC for assistance. Additionally, YCCO behavioral health will identify ways to incentivize behavioral health providers through VBP models. Since so much of



the network is already using an electronic health record, there is a wealth of information locally that can assist new providers through the inquiry, development, and implementation phases of adopting an electronic health record.

- f. What barriers does Applicant expect that oral health Providers will have to overcome to adopt EHRs? How do you plan to help address these barriers?**

YCCO's Dental delegate currently uses this technology, but integration into additional platforms (example: integrating Dental and physical health Electronic Health Record data tracking) is not currently happening. This development will require TA and system architectural upgrades and improvement work.

The greatest barrier YCCO anticipates for oral health providers is the financial and administrative resources necessary to implement and meaningfully use an EHR solution. To address these barriers, the plan is to provide technical support resources for selecting solutions compatible with CCO reporting requirements, incentivizing and financially supporting adoption through VBP models.

**2. Informational Questions (recommended page limit 2 pages)**

- a. What assistance you would like from OHA in collecting and reporting EHR use and setting targets for increased use?**

YCCO would like support from OHA through the provision of technical assistance for inquiry, selection, development, and implementation phases of adopting an EHR solution. Additionally, hosting CCO-wide collaboratives and learning opportunities to align CCO efforts with OHA vision. OHA can also support these efforts through convening CCOs and the predominate EHR vendors to identify strategies and collective solutions to common barriers identified in the adoption process.

- b. Please describe your initial plans for collecting data on EHR use and setting targets for increased use by contracted physical health Providers. Include data sources or data collection methods.**

EHR data is currently tracked, based on VBP structures. Data collection is based on attestation and the providers' ability to report on electronic clinical quality measures in required formats. Collection reporting method is predominantly practice-level custom query. When available, Quality Reporting Document Architecture III (QRDA III) and Meaningful Use reporting is the preferred reporting methodology. Future plans for 2019 and 2020 are to work with OHA and clinical partners to scale up QRDA I reporting capabilities. These reports are received monthly via sFTP submission. Increased adoption will be tracked for non-VBP providers (a small portion of provider network) via attestation through the contracting process.

- c. Please describe your initial plans for collecting data on EHR use, and setting targets for increased use by contracted Behavioral**



**Health Providers. Include data sources or data collection methods.**

Electronic Health Record tracking is currently being utilized by BH delegate. Data collection is based on attestation and the providers' ability to report on population health measures as defined by contractual agreement and OHA specifications. This will be tracked by increased reporting direct to YCCO and to suit OHA's reporting requirements, through YCCO's partnership with BH Delegate.

**d. Please describe your initial plans for collecting data on EHR use, and setting targets for increased use by contracted oral health Providers. Include data sources or data collection methods.**

Electronic Health Record tracking is currently being utilized by YCCO's oral health delegate, Capitol Dental Care. Data collection is based on attestation and the providers' ability to report on population health measures as defined by contractual agreement and OHA specifications. This will be tracked by increased reporting direct to YCCO and to suit OHA's reporting requirements, through YCCO's partnership with the oral health delegate.

**C. Support for Health Information Exchange (HIE)**

**1. Evaluation Questions (recommended page limit 8 pages)**

**For each evaluation question, include information on Applicant's current operations, what Applicant intends to arrange by the Contract Effective Date, and Applicant's future plans. When answering the evaluation questions, please include a narrative as well as a roadmap that includes activities, milestones and timelines.**

**a. How will Applicant support increased access to HIE for Care Coordination among contracted physical health Providers? Please describe your strategy, including any focus on use cases or types of Providers, any HIE tool(s) or HIE methods included, and the actions you plan to take.**

YCCO currently utilizes and financially supports the subscriptions for contracted providers' access to HIE platforms including PreManage and Inteligenz Provider Portal. Other HIE platforms PDMP and CLARA are State sponsored solutions. These systems allow for providers to receive and exchange health information pertinent to care coordination.

PreManage

YCCO utilizes PreManage as a physical health care plan communication tool and a real-time stratification and triage tool. The PreManage subscription is offered to all providers.



Operationally, YCCO assigns a Clinical Support Coordinator (CSC) to monitor ED utilization of ENCC patients or those that are supported by care management services. YCCO has targeted populations set in PreManage that have specific criteria for identification of Members that have utilization patterns and have an intervenable component. The Members are identified at the point of ED admission and triaged based on acuity. This allows for immediate intervention with Members that have been difficult to engage or contact.

YCCO also uses PreManage as a tool to manage inpatient utilization through automated file exchange from all hospitals in Oregon that use EDIE. This real-time notification allows Concurrent Review team immediate inpatient diagnosis and admission status as well as enables care management to immediately begin discharge planning and coordination of care.

#### PDMP

YCCO efforts have been in the promotion and education of providers around usage, how to register, and common workflows in which the tools can be utilized when determining treatment plans and prescribing. The PDMP has also been promoted as a communication tool with Members regarding their prescription history and optimal treatment plan. YCCO has also explored data availability and how to overcome barriers related to legislative restrictions within the tool.

#### Inteligenz - Provider Portal

The Inteligenz Provider Portal is a tool that helps to identify care gaps and supports clinical workflows for providers to coordinate care for Members. This tool aligns with OHA quality incentive measures and allow for providers to track patient care through an additional tool outside of their EHR. Sponsored by YCCO, all Primary care providers have access to their assigned population. YCCO deploys two FTE in support of providers to help analyze data and integrate clinical activities into quality improvement workflows.

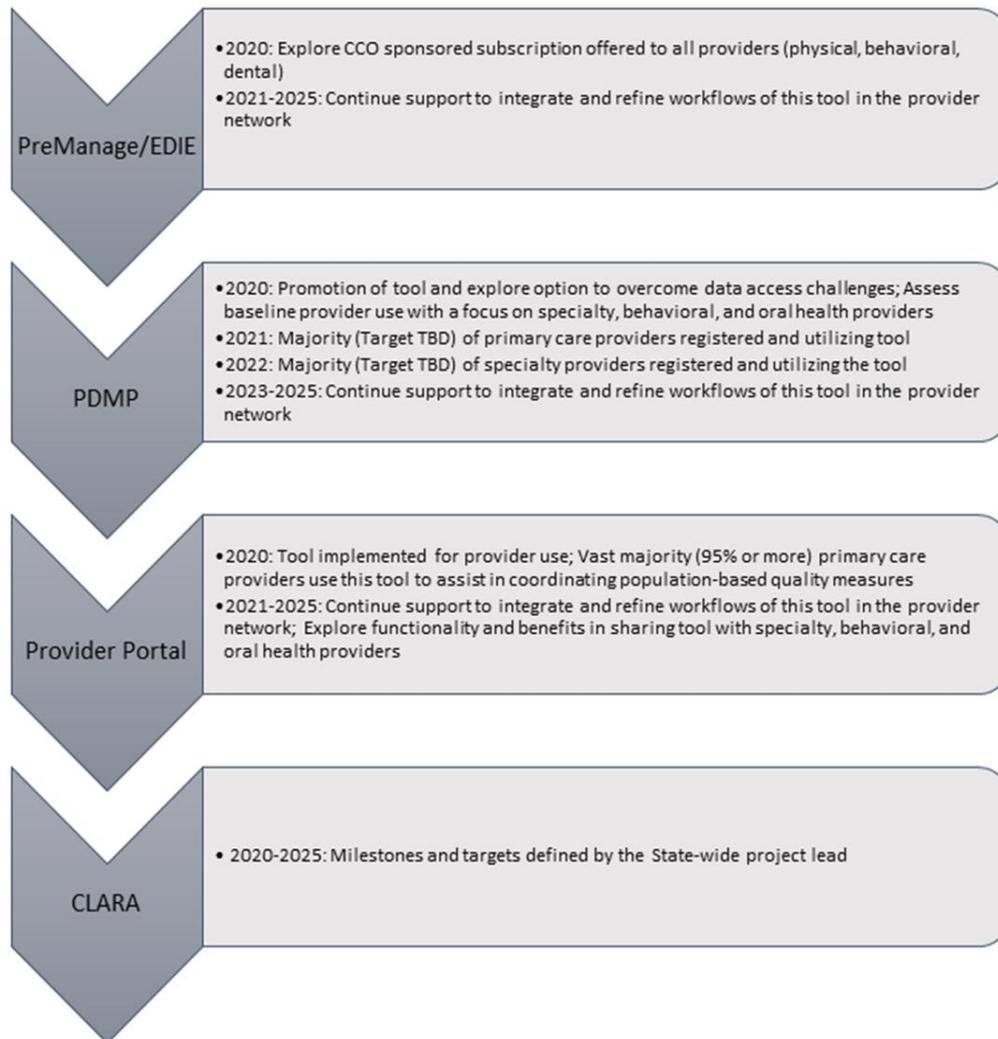
This tool aligns with a CCO facing version (CCO Metrics Manager) that allows the plan to exchange aggregate and Member-level information with providers in support of coordination of care for specific measures. While the primary audience is primary care providers, the CCO will continue to explore functionality and benefits to offering this tool to select specialty, behavioral, and oral health providers.

#### CLARA

YCCO has started work in the Accountable Health Communities project and documents social health determinant screening and navigation using the CLARA tool. The CCO worked with local clinics to encourage participation and two of the major clinic sites (including the FQHC) are participating in the project. Future activities and milestones will be determined by the convener of the project.



## HIE Toolbox



- b. How will Applicant support increased access to HIE for Care Coordination among contracted Behavioral Health Providers? Please describe your strategy, including any focus on use cases or types of Providers, any HIE tool(s) or HIE methods included, and the actions you plan to take.**

In January 2019, Yamhill CCO migrated its physical health data into the same Clinical Information Manager tool (administered by Performance Health Technology, PH Tech) as its Behavioral Health claims and authorization data. This step ensures that the CCO is better poised to share information across physical, behavioral, and oral health that will support better care coordination. Once business rules are identified and refined for this environment in 2019, this singular data repository supports better Care Coordination through the potential sharing of things



like care summaries, electronic referrals to different care types that require pre-authorization, and the sharing of information related to specific cohorts such as the Members in DHS foster care to improve communication with DHS caseworkers and ensure timelines are met for physical, behavioral, and dental assessments required for this population. A 2019 workgroup dedicated to the use of this information will include Yamhill CCO staff as well as representatives from physical health, behavioral health, and oral health delegates and providers. Ultimately, the workgroup should produce a rubric to help providers assess their HIE needs and determine if the Clinical Information Manager tool will allow for this or if another tool, such as EDIE/PreManage should be used. A financial analysis of both options should further inform the 2020 strategy and help determine whether additional system investments need to be made to advance this effort to improve the lives of Yamhill CCO Members. Yamhill CCO Behavioral Health will focus first on improving care coordination through an HIE for higher cost care such as children's acute, subacute, psychiatric residential treatment, and psychiatric day treatment services to facilitate smoother, more successful step-downs to lower levels of care.

YCCO Behavioral Health will likely apply for technical assistance through the HIE Onboarding Program. As a Phase 1 Priority Medicaid Provider, YCCO expects that this technical assistance will speed up expanded use of an HIE by 2020. YCCO Behavioral Health has participated in three learning collaboratives throughout 2018 and 2019 for PreManage and hope to contribute to local workgroups of stakeholders interested in utilizing PreManage more broadly for improved care coordination related to Yamhill CCO Members. One strategy is to define the organizational roles of Yamhill CCO (health plan), the emergency department, primary care, behavioral health, and other providers. Further conversations are needed with PreManage to assist the best workflow for collecting/inputting that information based on the electronic health records, clinical information management tools, and other data sets being used to feed information into PreManage. Process efficiencies and clinic capabilities will be considered when developing the plan for broader use of hospital event notifications.

- c. How will Applicant support increased access to HIE for Care Coordination among contracted oral health Providers? Please describe your strategy, including any focus on use cases or types of Providers, any HIE tool(s) or HIE methods included, and the actions you plan to take.**

PreManage, PDMP and the Inteligenz Provider Portal have been made available to Oral health providers. The Oral health team utilize the tool to outreach to patients who have been to the ED.

Yamhill CCO also receives a list from OHA of foster children who have entered care and need medical, dental, and mental health services. The list is reviewed by the CCO and the local branch of Child Welfare is contacted by the CCO to identify where the child is placed, with whom the child is placed and the contact information for the child's current foster parent, BRS facility or individual responsible for the child's physical care. The information is shared with the dental provider and clinic to which the child has been assigned through an Excel spreadsheet with secure



access. The CCO can reach out to the foster parent and provide them with contact information for child's PCP and dental provider and offer to make an appointment for them or have the clinic make appointment for them. Once the appointment is made and completed the information is placed on the Excel spreadsheet that is shared among partners. Dental provider and clinic providers are also able to coordinate outreach as necessary.

- d. How will Applicant ensure access to timely Hospital event notifications for contracted physical health Providers? Please describe your strategy, including any focus on use cases or types of Providers, which HIE tool(s), and the actions you plan to take.**

Through the community wide usage of PreManage, clinics can get real time notification of patients in the ED or inpatient. Also, specific cohorts have been set up, for example patients with underlying mental health diagnoses, who the clinics are able to follow. Similarly, Community Health Workers within the organization can use the same tool and enter coordination care plans so the clinics and ED are aware of individuals involved in coordination of the patients' care. The tool has been very useful in finding patients' phone numbers and location and often helps provide information to outreach to the patients. A transitions committee has also focused on mapping of care coordination to evaluate the possibility of duplication of work.

- e. How will Applicant ensure access to timely Hospital event notifications for contracted Behavioral Health Providers? Please describe your strategy, including any focus on use cases or types of Providers, which HIE tool(s), and the actions you plan to take.**

Yamhill CCO Behavioral Health has piloted a timely hospital event notification for Members enrolled in two Assertive Community Treatment (ACT) teams. The hospital event notification is expected to be expanded more broadly in 2019 to all Members currently enrolled in a safety net service provided by the local Certified Community Behavioral Health Center and Community Mental Health Program, Yamhill County Health and Human Services. Behavioral Health has participated in three learning collaboratives throughout 2018 and 2019 for PreManage and hope to contribute to local workgroups of stakeholders interested in utilizing PreManage more broadly for improved care coordination related to Yamhill CCO Members. Specific strategies include the definition of organizational roles of Yamhill CCO (health plan), the emergency department, primary care, behavioral health, and other providers. Further conversations are needed with PreManage to assist the best workflow for collecting/inputting that information based on the electronic health records, clinical information management tools, and other data sets being used to feed information into PreManage. Process efficiencies and clinic capabilities will be considered when developing the plan for broader use of hospital event notifications.

- f. How will Applicant ensure access to timely Hospital event notifications for contracted oral health Providers? Please describe your strategy, including any focus on use cases or types of**



**Providers, which HIE tool(s), and the actions you plan to take.**

Through Capitol Dental, Oral health providers are using Pre-Manage as a tool to notify them when a patient has been to the emergency room for dental issues. They outreach these patients to get them in for a timely follow up visit.

- g. How will Applicant access and use timely Hospital event notifications within your organization? Please describe your strategy, including any focus areas and methods for use, which HIE tool(s), and any actions you plan.**

The CHW Hub has utilized a process in PreManage for notification when a patient has been to the hospital for ED use or have been admitted. They round regularly on inpatients and call patients who go to the ED to help set up follow-up with primary care providers and any community support needed through a pathways model. The inpatient rounding allows connection and rapport for follow-up support on social determinant pathways and connection to resources. It has also allowed patient interviews utilizing the CLARA tool for accountable health care communities. Provider and clinic education on standard use of the PreManage tool has allowed for care plans to be entered and notification follow-up from primary care and dental clinics. The CCO is also participating in a collaborative that has developed a template and standardized language to notify providers about patients who are using opiates already and defining care guidelines individually for those at risk.

**2. Informational Questions (recommended page limit 2 pages)**

- a. What assistance you would like from OHA in collecting and reporting on HIE use and setting targets for increased use?**

YCCO would like support from OHA in identifying, developing, and implementing state-wide solutions. Additionally, hosting CCO-wide collaboratives and learning opportunities to align CCO efforts with OHA vision. OHA can also support these efforts through convening CCOs and the predominate HIE vendors to identify strategies and collective solutions to common barriers identified in the adoption process.

- b. Please describe your initial plans for collecting data on HIE use, and setting targets for increased use by contracted physical health Providers. Include data sources or data collection methods.**

YCCO plans to collect data on HIE use by physical health providers through direct inquiry, survey, and user agreements. Given the majority of HIE solutions are CCO sponsored, tracking of the registration and use of these solutions will be integrated into the administration of the tools. For those tools not sponsored directly, YCCO will use polling surveys and conversations directly with the providers.

- c. Please describe your initial plans for collecting data on HIE use**



**and setting targets for increased use by contracted Behavioral Health Providers. Include data sources or data collection methods.**

YCCO plans to collect data on HIE use by behavioral health providers through direct inquiry, survey, and user agreements. Given the majority of HIE solutions are CCO sponsored, tracking of the registration and use of these solutions will be integrated into the administration of the tools. For those tools not sponsored directly, YCCO will use polling surveys and conversations directly with the providers. Yamhill CCO Behavioral Health intends to apply for the HIE Onboarding Program for technical assistance through the HIE Onboarding Program. As a Phase 1 Priority Medicaid Provider, Yamhill CCO Behavioral Health's hope is that this technical assistance will speed up the expanded use of an HIE by 2020. The 2019 plan includes a provider survey of current HIE use (PreManage, EDIE, Oregon PDMP) that will help create strategic focus on the areas across the Behavioral Health provider network that are not currently accessing any information related to cohorts of Yamhill CCO clients. Data sources will include the information contained within Performance Health Technology (PH Tech's) Clinical Information Manager, within the limits of sharing allowed via 42 CFR and HIPAA as well as additional data from Yamhill CCO Behavioral Health participating providers' electronic health records, since all participating providers are currently using EHRs.

**d. Please describe your initial plans for collecting data on HIE use, and setting targets for increased use by contracted oral health Providers. Include data sources or data collection methods.**

YCCO plans to collect data on HIE use by physical health providers through direct inquiry, survey, and user agreements. Given the majority of HIE solutions are CCO sponsored, tracking of the registration and use of these solutions will be integrated into the administration of the tools. For those tools not sponsored directly, YCCO will use polling surveys and conversations directly with the providers.

**D. Health IT For VBP and Population Health Management**

**1. Informational Questions: (recommended page limit 3 pages)**

**a. If Applicant will need technical assistance or guidance from OHA on HIT for VBP, please describe what is needed and when.**

YCCO will need to understand accepted risk adjusted models for Medicaid Members. While risk adjustment mechanisms do exist and are more or less accepted for Medicare patients, there is a lack of agreement on which models to use for Medicaid. TA on defining a valid and acceptable model will be most helpful, together with the need to inform clinics to have buy in in to the new model by which they will be risk adjusted. While it would be great to encourage those clinics, who have more complicated patient loads, the CCO recognizes that this change will especially be a concern to those clinics where a risk model defines their population to be lower risk and may affect them with lower payments. It would be important for an accepted method of risk sharing to



be used across the board and for the message to be supported by OHA.

- b. What plans do you have for collecting and aggregate data on SDOH&HE, that may be self-reported or come from providers rather than be found in claims? Can you match demographic and SDOH&HE- related data with claims data?**

For children, such data is being developed by the Oregon Pediatric Improvement Partnership (OPIP) in conjunction with OHA. While this data will help front line providers apply the medical and social complexity determination to their patient population to identify those at higher risk, it should also allow the CCO to understand the medical complexity of the child population and support risk stratification models of development of VBP for children. It should be possible to cross reference the higher risk stratified population to compare claims history and therefore understand the nature of how utilization may be affected. It will also be possible therefore to target the higher risk patients for intervention and wrap around to reduce future risk and therefore reduce future utilization. Such data can be further cross matched with health equity information like language barriers. Defining specific HE risk data can be cross matched to further focus Traditional Health Worker efforts to support intervention. Such additional support would help with more specific utilization to improve future outcomes.

- c. What are some key insights for population management that you can currently produce from your data and analysis?**

In a present pilot program to determine specific support, YCCO has been able to focus efforts on patients with increased risk through a collection and analysis of data from the data warehouse. Several factors were assessed, including high ED utilization, SPMI history, Hx of substance use, total cost of care, ACG risk score calculation, and pharmacy risk scores. With two of the pilot clinics, this defined a high-risk patient list, for whom the clinic was supported with a grant to staff an intervention team. This team is at the point of just being hired and will develop some baseline data of the at-risk population to follow the progress of intervention.

**2. Evaluation Questions (recommended page limit 15 pages)**

- a. Describe how Applicant will use HIT to administer VBP arrangements (for example, to calculate metrics and make payments consistent with its VBP models). Include in your description how Applicant will implement HIT to administer its initial VBP arrangements and how Applicant will ensure that it has the necessary HIT as it scales its VBP arrangements rapidly over the course of 5 years and spreads VBP arrangements to different care settings. Include in your description, plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements over the 5-year contract, including activities, milestones, and timelines.**



Metrics payout had initially been related to achievement of CCO metrics as a group, together with equal sharing of pay-for-performance (P4P) returns. With the transformation of primary care, development of other initiatives such as CPC+ and PCPCH, a greater emphasis is paid to clinics achieving their own individual metric goals and so the model of P4P reimbursement is reflective of that. Using the data warehouse that the CCO has procured through PH Tech, as well as using Metrics Manager, the CCO will be able to determine individual clinic performance and engagement and allow specific differentiation in P4P. Staff hired within the CCO help the clinics to optimize their approach and best practices are shared at meetings such as the PC3 (Patient Centered Primary Care Practice Coaching) efforts.

The specific metrics determined for other areas such as hospitals, dental, and behavioral health will require a focus on Health Plan Quality Metrics-developed measure set to determine the relevant metrics that can be measured. This will also require the buy-in of the affected clinical area to having their pay affected by the performance of these measures. The CCO plans to develop specific monitoring dashboards for any metric chosen to determine performance.

- b. Describe how Applicant will support contracted Providers with VBP arrangements with actionable data, attribution, and information on performance. Include in your description, plans for start of Year 1 as well as plans over the 5 year contract, including activities, milestones, and timelines. Include an explanation of how, by the start of Year 1, the Applicant will provide contracted Providers with VBP arrangements with each of the following:**
- (1) Timely (e.g., at least quarterly) information on measures used in the VBP arrangement(s) applicable to the Providers;**
  - (2) Accurate and consistent information on patient attribution; and**
  - (3) Identification of specific patients who need intervention through the year, so the Providers can take action before the year end.**

Before a P4P is in place, it will be important to bring together the leadership team in the specific clinical area and explain the required changes as part of VBP models. The use of measures defined by the HPQM measure set will help the affected groups to be confident in the measures chosen on which to focus performance and pay. It will also allow the development of provider dashboards to track these measures at a clinic level. The CCO will be able to access some measures through Metrics Manager, though it will also need to define a baseline and improvement targets to determine successful performance. Tracking on the dashboard should be accurate and allow for the easy determination of any gap lists for the provider to specifically correct or outreach for completion of the measure. Quarterly report outs will help compare progress as well



as cross sector comparison.

- c. **Describe other ways the Applicant plans to provide actionable data to your Provider Network. Include information on what you currently do, what you plan to do by the start of the Contract (Jan. 1, 2020), and what you intend to do in the future. Please include a narrative as well as a roadmap that includes activities, milestones and timelines.**

YCCO presently sends out data to the clinics and is in the process of deploying Metrics Manager. PC3 meetings are a forum for focus on best practices and knowledge-sharing. To meet performance targets, the CCO is also able to develop gap lists to distribute so providers can respond accordingly. Once a measure set is defined for determining performance of specific determined metrics, the CCO will develop provider dashboards to monitor the performance.

- d. **Describe how you will help educate and train Providers on how to use the HIT tools and data that they will receive from the CCOs.**

Specific training sessions will help providers develop knowledge on how to follow population level data and the tool will allow a drill down to Member level information. Clinic based outreach will help determine further focus and education as well as look for ground level feedback on accuracy of the data and for any problems.

- e. **Describe the Applicant's plans for use of HIT for population health management, including supporting Providers with VBP arrangements. Include in the response any plans for start of Year 1 as well as plans over the 5-year contract, including activities, milestones, and timelines. Describe how Applicant will do the following:**

- (1) **Use HIT to risk stratify and identify and report upon Member characteristics, including but not limited to past diagnoses and services, that can inform the targeting of interventions to improve outcomes? Please include the tools and data sources that will be used (e.g., claims), and how often Applicant will re-stratify the population.**

The CCO is able to drill down on ACG risk scores and utilization level of Members. For children, the development of OPIP's focus on health complexity will allow YCCO to also drill down on the defined higher risk Members that are children. Several clinics are involved with CPC+ and so also look at their patient population through a risk stratification lens. As previously described, YCCO has used risk stratification to define the very complex patients in a couple of pilot sites and develop pilot intervention strategy, which is presently actively progressing. Claims to determine utilization, metric data, data warehouse and diagnostic codes, and ACG risk stratification have helped determine populations at risk.

Such process will help focus approach for any defined metric measure upon which P4P is based.



Additional focus could further be placed on health equity within this data set.

- f. What are your plans to provide risk stratification and Member characteristics to your contracted Providers with VBP arrangements for the population(s) included in those arrangement(s)?**

The OPIP health complexity data will be made available to providers. Additional defined stratification will rely on acceptable methods – presently the CCO has used ACG measures but is keen to develop an ability to reliably risk-stratify Members so that more funding can follow those of highest risk.

- g. Please describe any other ways that the Applicant will gather information on, and measure population health status and outcomes (e.g., claims, clinical metrics, etc.). Describe Applicant’s HIT capabilities for the purposes of supporting VBP and population management. Again, please provide plans for start of Year 1 as well as plans over the 5- year contract, including activities, milestones, and timelines. Include information about the following items:**

- (1) Data sources: What data sources do you draw on – for example, if you incorporate clinical quality metrics, what data do you collect and how? How often do you update the data? How are new data sources added? How do you address data quality?**

YCCO tracks clinical quality metrics through monthly Electronic Health Record submissions by clinics (both APM clinics and non-APM clinics). The data is shared via a sFTP transfer platform and accessed through Filezilla. This data is stored in protected files within YCCO’s server and is accessed for the purposes of data aggregation for incentive metrics tracking and quality improvement initiative informing. In addition, clinical quality metrics are tracked via claims data and OHA enrollment/demographics data.

- (2) Data storage: Where do you store data (e.g., enterprise data warehouse)?**

EHR data is stored within secured folders on YCCO’s server. Claims data is stored within an enterprise data warehouse.

- (3) Tools:**

- (a) What HIT tool(s) do you use to manage the data and assess performance?**

CCO Metrics Manager (CCOMM) is used to track CCO Incentive Metrics, as well as a variety of additional metrics. PreManage is used to track and measure performance around Emergency



Department utilization and follow-up after hospitalization. The sFTP server is used to share data back and forth between YCCO and clinical partners.

**(b) What analytics tool(s) do you use? What types of reports do you generate routinely (e.g., daily, weekly, monthly, quarterly)?**

CCO Metrics Manager (CCOMM) is utilized to inform analysis of data trends, cost trends, and utilization trends. Utilization reports, equity-based demographics reports, and engagement reports are generated regularly, and are communicated to community partners in a variety of settings (QCAP, PC3, Board Meeting, etc.).

**(4) Workforce: Do you have staff (in-house, contractors or a combination) who can write and run reports and who can help other staff understand the data? What is your staffing model, including contracted staffing?**

YCCO utilizes a Senior Finance and Contracts Analyst, Budget and Forecast Analyst, Business Intelligence Analyst, and Quality Improvement Analyst to write and run reports, and to work with staff within each department (Quality, Finance and Analytics, Early Learning, Health Plan Operations) to understand the data, and use it to drive improvement and innovation work. YCCO also contracts with PH Tech for data reporting and dashboarding and utilizes the in-house Analysts to interpret and share those dashboards and data appropriately.

**(5) Dissemination: After reports are run, how do you disseminate analysis to Providers or Care Coordinators in your network? How do you disseminate analysis within your organization?**

YCCO shares reports and trends with providers through Quality Assurance and Oversight Operations Meetings, on a quarterly basis. Data and reporting is shared with providers monthly (or more frequently) through the QCAP, PC3 and Metrics Subcommittee groups. Metric tracking system CCOMM is used by YCCO staff and providers to track performance and obtain gap lists for Members, on an as-needed basis.

**(6) Effectiveness: How will you monitor progress on your roadmap and the effectiveness of the HIT supports implemented or to be implemented?**

YCCO tracks success of these systems through analysis of utilization, Member engagement, success around CCO Incentive Metrics, Performance Improvement Projects (PIPs), Transformation and Quality Strategy, and the Community Health Improvement Plan.

**(7) Addressing challenges: What challenges do you anticipate related to HIT to support VBP arrangements with contracted Providers, including provider-side**



**challenges? How do you plan to mitigate these challenges?  
Do you have any planned projects or IT upgrades or  
transitions that would affect your ability to have the  
appropriate HIT for VBP?**

Formerly, barriers existed with use of the PreManage platform, as well as the Care Oregon Business Intelligence (COBI) platform, in terms of buy-in from the organizations, as well as inability to mold these platforms to the needs of partner organizations. YCCO is developing unique partnerships with PreManage and now CCO Metrics Manager (CCOMM) to build needs-specific reporting and dashboarding, to better accommodate the data needs of partner organizations, and to further drive innovation and transformation. YCCO has also coordinated Technical Assistance between smaller clinics and larger data organizations, to improve skills in utilization of HIT.

**E. Reference Documents**

- 2020 HIT Commons MOU



## Community Engagement Plan

### CHA/CHP Component

- 1. Describe (via narrative) the process for members (both CAC and non-CAC members), health care providers, other service delivery partners, and other stakeholders to provide input that will inform CCO decision-making (for example, how the CAC could ensure a member voice in CCO decision making)**

CCO Board meetings are subject to public meeting laws, meaning all meeting agendas are published in advance, and meetings are open for public comment during decision-making discussions. Then all minutes are posted publicly to the CCO website. The Board of Directors includes representation from CAC members, health care providers (including physical, behavioral, and dental health), early childhood partners, social service providers, the community at large, and county government. Other CCO committees have more specialized membership representation, and decisions involving specific sectors, like early learning or the community, will directly involve those committees. All RFP processes include committees of community stakeholders; no large funding decisions driven by requests for proposals are decided entirely internally.

- 2. Describe (via narrative) how the Applicant will ensure the member voice is elevated;**

The Community Advisory Council is a key component of both CCO governance and decision-making. Member voice is elevated not only during CAC meetings, but also in the Community Health Assessment process, customer service data, grievance and complaint data, CAHPs data, and at the YCCO annual Fall Forum. YCCO uses these sources of information to inform decisions and create changes according to Member feedback.

- 3. Describe (via narrative) potential barriers to community engagement and how the Applicant will address these barriers. The applicant will include:**
  - a. Known or anticipated barriers for the community the Applicant intends to serve (e.g. transportation and costs, accessibility, childcare, language access, literacy and numeracy levels and dominance of oral culture, rural isolation, gaps in information);**

The key barriers identified in the Community Health Assessment include access to care, transportation, and housing. Focus groups and survey data indicate these are severe issues requiring problem-solving and solutions. Lack of linguistically and culturally appropriate



services is still apparent, despite YCCO and community efforts to improve access to these services and recruit a diverse workforce.

**b. The methods the Applicant will use to address barriers. This must include description of strategies to avoid exclusionary practices and allocation of necessary resources, including funds;**

In order to incentivize attendance at meetings, YCCO offers a \$25 reimbursement for CAC members to use for childcare, transportation, or whatever else they need. Additionally, the CCO offers food and holds the meetings in the evening, so working participants can make the meeting. Additionally, the CAC Coordinator meets members regularly around the community in places that are convenient for them, in order to maintain relationships, get feedback, and plan projects. Making a regular meeting is often difficult for community members struggling with health issues and encountering daily barriers, so these one-on-one meetings offer a chance for members to remain engaged without asking them to make a larger commitment.

In order to incentivize participation in the Community Health Assessment, YCCO offered a chance to win a \$75 gift card to a few select locations. After many community conversations, the CHA team determined that the flexibility of gift cards and the appeal of winning was a good incentive, but in order to avoid any OIG or exclusionary regulatory restrictions, YCCO capped the amount at \$75 and did not allow cash-equivalent gift cards to be an option. Additionally, YCCO offered (and will continue to offer) focus groups in the communities and locations people live and gather. Even with incentives, asking people to attend events is often challenging, and going to where people already meet has proven an effective strategy for getting feedback.

A strength of the Yamhill County community is that its residents are passionate about issues affecting their community. While there are a series of barriers, the community is willing and open to share these grievances and concerns. By creating an open forum with the CAC and inviting community feedback, YCCO has engaged Members who originally had serious concerns about an issue, but eventually got that issue addressed and became interested in participating in the collaborate CCO decision-making processes through the CAC or other committees.

Engaging a wide range of populations is a barrier, and YCCO has identified organizations that work with these populations and is strengthening partnerships with them in order to improve engagement. These groups include youth and the Latino community, and YCCO is working with local service delivery and community-based organizations to connect with these populations and get feedback. Additionally, YCCO's social media and communications strategy is being refined to reach Members on the platforms they use regularly.

**4. Describe (via narrative) the plan to ensure continual quality improvement of the high-level plan throughout the life of the contract, including how quality**



**improvements will be shared back with engaged stakeholders and the larger community.**

YCCO is continually improving its engagement strategies and reviews and revises its plans to engage the community as they prove to be more or less effective. As a public meeting, the CAC publishes agendas and minutes on the CCO website, making information about meeting content and attendance available to the public. This will include information about recruitment discussions, strategizing with the CAC, and community engagement experiments and improvements. Additionally, updates will be provided to engaged stakeholders through the Board, other clinical committees, and the Early Learning Council as appropriate.

**2. CAC component**

The current CAC structure consists of one Community Advisory Council for the small geographic service area of YCCO. Yamhill CCO is applying for a service area identical to its previous service area, so changes for an adjusted service area do not apply. However, the majority of current CAC members are from the larger towns in Yamhill County, and YCCO is engaging community-based organization and SDOH-EH partners in connecting with Members in more rural areas in order to engage them in CAC activities. The current CAC has one Chair, although the charter allows for a co-chair structure, which the group has deemed preferable. The role of the CAC overall is to advise the Board of Directors. While not a governing body, and therefore not a decision-making body, the CAC can make recommendations that are then approved by the Board.

The current CAC charter, which was revised in 2018 and approved in 2019, defines the population as at minimum 51% YCCO Members, with a goal of 51%+. The CAC chose to define YCCO Members as people who are currently on OHP, have been on OHP since the inception of CCOs in 2012, or are the direct caregivers of someone on OHP. The present CAC membership is 50% OHP Member, according to the CAC charter definition, with one uninsured member. The group has one Spanish-speaking member and all meetings are held with Spanish materials and in-person interpretation. Two new members are in the process of application, one of whom is the direct caregiver of an OHP member.

The CAC Coordinator regularly reviews a CAC demographic worksheet shared at a previous CAC statewide conference and strategizes with the team around recruitment. The CAC will continue to engage diverse communities in its recruitment efforts.

All Applicants will describe how they will meaningfully engage OHP consumer representatives on the CCO board, and how they will meaningfully engage tribes and/or tribal advisory committees (if applicable).



Currently one CAC member sits on the YCCO board; who meets the CAC criteria of being a Member. In the past 2 CAC members have sat on the Board of Directors, and plans are in place to ensure 2 CAC members continue to be represented: CAC members have expressed interest in this position.

A member of the tribal Head Start sits on the Early Learning Council, which advises the Board of Directors, and the tribe was engaged in the CHA process. YCCO will continue to engage the local Confederated Tribes of Grand Ronde but engaging with them in their own setting is often more effective than requesting attendance at YCCO meetings and events. YCCO engages the tribe in the YCCO-led Service Integration Team meetings, which are held in both Willamina and Grand Ronde; the Grand Ronde SIT meeting is held in the Grand Ronde Employee Services Building.

YCCO engages annually with the statewide CAC conference; allowing for connection and networking with other CACs. There is very limited CAC or CCO overlap in the YCCO service area; the most significant overlap is in the West Valley area, an area where one town is split by two counties and where the Confederated Tribes of Grand Ronde live. YCCO has collaborated with Willamette Valley Community Health CCO on projects that involve both of their service areas, and the YCCO Early Learning Hub and Marion-Polk Early Learning Hubs collaborate on projects like Mid-Valley Parenting, which engages parents in the community in classes and support. CAC participation and the CHA/CHIP process are both confined to the YCCO service area; there is little risk of overtaxing people for multiple CCO needs.

### **3. Description of CHA/CHP component**

#### **1. Describe (via narrative) how the Applicant's strategy for health-related services (HRS) community benefit initiatives will link with the Applicant's CHP.**

HRS funds must be used for things or activities that will promote Members' health, in alignment with the CHIP and YCCO Strategic Plan. HRS funding decisions are currently made internally, because they respond to short-term individual or family needs. However, the CAC has authority to review appeals when funding has been denied and make the final recommendation. The CAC will review funding decisions within the context of the CHIP and the vision for the CHIP and CHA. If additional initiatives utilize HRS funds a CAC representative will have a role in reviewing any Requests for Proposals (RFPs), applications, and funding decisions according to the CHIP objectives.

In addition, YCCO has established a Community Prevention and Wellness Fund (CPWF) to invest in HRS and SDOH-HE initiatives. The Community Prevention and Wellness Committee (CPW) consists of YCCO board members, CAC members, community members, business community representatives and non-profit leaders. The CPW is designing a 3-5-year plan for investments in evidence-based HRS and SDOH-HE initiatives that impact long term population



health. The plan will have a central vision for these investments over a five-year period with recommendations on certain evidence-based initiatives. The CPW will also release RFPs to local communities for submission of proposals that would align with the plan but be specific to the needs of the individual community. All types of community organizations are encouraged to submit proposals such as local non-profits, school districts, Head Start etc. RFPs will be reviewed and scored with final recommendations on investments made to the YCCO board of directors who will make the final approval.



## Community Engagement Plan Required Tables

<b>Table 1: Stakeholders to be included in the engagement process</b>			
<b>All applicants must complete this full table. Applicants may add rows as needed.</b>			
<b>Part 1a.</b> List stakeholder types to be included in the engagement process.	<b>Part 1b.</b> List specific agencies, organizations and individuals, based on the stakeholder types identified in Part 1.a, with which the applicant will engage. Add additional rows under the stakeholder type as needed.	<b>Part 1b.</b> Describe why each listed agency, organization and individual was included.	<b>Part 1b.</b> Describe how Applicant plans to develop, maintain or strengthen relationships with each stakeholder and maintain a presence within the community.
<b>OHP consumers (list in first column below)</b>			
	Parents	To seek feedback from those directly impacted by services	Health & resource fairs, family events, focus groups, surveys
	CAC members	To seek feedback from those directly impacted by services	Engage and recruit CAC membership that mirrors membership demographics



## Community Engagement Plan Required Tables

<b>Community-based organizations that address disparities and SDOH-HE (list in first column below)</b>			
Advocacy and Outreach Organizations	Unidos Bridging Community	To gain the perspective of a minority population in the community, to address disparities	SITs, Latino Advocacy Coalition
<b>Providers, physical health (list in first column below)</b>			
Clinics	Physicians Medical Center	To work collaboratively with clinics and providers who serve YCCO Members	Board, QCAP, Patient Centered Primary Care Collaborative, Metrics Subcommittee, Primary Care Innovation Specialist engagement and clinic visits from YCCO
	McMinnville Free Clinic	To get the perspective of those who serve Yamhill highest risk community members	SITs
	Virginia Garcia Medical Center	To work collaboratively with clinics and providers who serve YCCO Members	Board, QCAP, Patient Centered Primary Care Collaborative, Metrics Subcommittee, Primary Care Innovation Specialist engagement and clinic visits from YCCO



## Community Engagement Plan Required Tables

	Willamette Valley Medical Center	To work collaboratively with clinics and providers who serve YCCO Members	Board, ELC, Metrics Subcommittee, Primary Care Innovation Specialist engagement and clinic visits from YCCO
	Providence Medical Group	To work collaboratively with clinics and providers who serve YCCO Members	Board, Metrics Subcommittee, Primary Care Innovation Specialist Engagement and clinic visits from YCCO
	West Hills HealthCare	To work collaboratively with clinics and providers who serve YCCO Members	QCAP, Metrics Subcommittee, Primary Care Innovation Specialist Engagement and clinic visits from YCCO
	A Family Healing Center	To work collaboratively with clinics and providers who serve YCCO Members	QCAP, Metrics Subcommittee, Primary Care Innovation Specialist Engagement and clinic visits from YCCO
	Children’s Clinic Newberg	To work collaboratively with clinics and providers who serve YCCO Members	Metrics Subcommittee, Primary Care Innovation Specialist Engagement and clinic visits from YCCO
	Dr. John Nelson	To work collaboratively with clinics and providers who serve YCCO Members	Metrics Subcommittee, Primary Care Innovation Specialist Engagement and clinic visits from YCCO



## Community Engagement Plan Required Tables

	Grand Ronde Clinic	To work collaboratively with clinics and providers who serve YCCO Members	Metrics Subcommittee, Primary Care Innovation Specialist Engagement and clinic visits from YCCO
	Newberg Pediatric	To work collaboratively with clinics and providers who serve YCCO Members	Metrics Subcommittee, Primary Care Innovation Specialist Engagement and clinic visits from YCCO
	Northwest Human Services, West Salem Clinic	To work collaboratively with clinics and providers who serve YCCO Members	Metrics Subcommittee, Primary Care Innovation Specialist Engagement and clinic visits from YCCO
	People’s Community Clinic	To work collaboratively with clinics and providers who serve YCCO Members	Metrics Subcommittee, Primary Care Innovation Specialist Engagement and clinic visits from YCCO
	Providence Newberg and Sherwood	To work collaboratively with clinics and providers who serve YCCO Members	Metrics Subcommittee, Primary Care Innovation Specialist Engagement and clinic visits from YCCO
	Sunrise Family Clinic	To work collaboratively with clinics and providers who serve YCCO Members	Metrics Subcommittee, Primary Care Innovation Specialist Engagement and clinic visits from YCCO

**Providers, behavioral health (list in first column below)**



### Community Engagement Plan Required Tables

	George Fox University	To obtain feedback from those who provide mental health services to YCCO clients and those who are training mental health professionals	QCAP
	Lutheran Community Services	To obtain feedback from those who provide mental health services to YCCO clients and those who are training mental health professionals	ELC, Family CORE, CPW
<b>Providers, oral health (list in first column below)</b>			



## Community Engagement Plan Required Tables

Dental clinics	Smile Keepers	To obtain feedback from one of YCCO’s primary contracted dental clinics	Board
Dental care organizations	Capitol Dental	To obtain feedback from YCCO’s dental coverage provider	QCAP, through delegation agreement
<b>Providers, long term services and supports (list in first column below)</b>			
Senior and disability services	Northwest Senior & Disability Services	To obtain feedback from those who serve YCCO’s seniors and those with disabilities	SITs
Disability services	MV Advancements	To understand needs of community Members with disabilities	SITs
<b>Providers, traditional health workers (list in first column below)</b>			



### Community Engagement Plan Required Tables

	YCCO Community Health Workers	These staff members directly address SDOHs of YCCO’s highest need clients.	Staff/team meetings
	Promotores de Salud	To obtain feedback from those who serve high risk and minority clients at Providence	CHA focus group, mailing lists, SITs
	Virginia Garcia Memorial Clinics	To obtain feedback from those who serve high risk and minority clients at Virginia Garcia	Partnership with YCCO Community Health Hub
<b>Providers, health care interpreters (list in first column below)</b>			
Health care interpreters	Mindlink	To engage interpretation and translation services in understanding YCCO mission and goals; to provide linguistically appropriate services to Members	CAC, contract to deliver services
	Passport to Languages	To provide linguistically appropriate services to Members	Contract to deliver services



## Community Engagement Plan Required Tables

<b>Early learning hubs (list in first column below)</b>			
Early Learning Hubs	Yamhill CCO ELH	This program directly addresses the SDOH through subcontracts and cross-sector collaboration.	Embedded in CCO
<b>Local public health authorities (list in first column below)</b>			
Public Health	Yamhill County Public Health	To obtain the perspective of those who monitor public health issues for Yamhill County and who provide a number of supports re: SDOHs, including home visiting	QCAP, ELC, SITS, Family CORE, Family CORE Leadership Team.
<b>Local mental health authorities (list in the first column below)</b>			
Behavioral Health Clinics	Health & Human Services	To obtain feedback from those who provide mental health and numerous other essential services to YCCO clients	QCAP
	Chehalem Youth and Family Services	To obtain feedback from those who provide mental health and numerous other essential services to YCCO clients	SITs



## Community Engagement Plan Required Tables

	Yamhill County Family and Youth	To obtain feedback from those who provide mental health and numerous other essential services to YCCO clients	ELC
<b>Other local government (list in the first column below)</b>			
Local government	Department of Human Services	To obtain feedback from those who provide child protective services and assistance to families in poverty	SITs, ELC
	Housing Authority	To obtain feedback from those who provide housing vouchers to those in poverty and who are actively engaged in efforts to expand low-cost housing in Yamhill County	SITs
	McMinnville Public Library	To obtain feedback from an agency that supports the educational attainment of Yamhill’s children and youth	ELC
<b>Tribes, if present in the service area (list in first column below)</b>			
Tribes	Confederated Tribe of Grand Ronde Head Start	To obtain feedback from an agency that provides early childhood education to tribal children	ELC, Family CORE Leadership Team,



### Community Engagement Plan Required Tables

Tribal Organizations	Iskam Mek Mek-Haws	To obtain feedback from an agency that provides food resources to tribal members living in poverty	SITs
<b>Regional Health Equity Coalitions, if present in the service area (list in first column below)</b>			
N/A			
<b>Add additional stakeholder types here (list in first column below)</b>			
Law enforcement	Yamhill Police Department	To obtain feedback from a police chief who is interested in expanding trauma-informed care within law enforcement	YCCO will continue to engage the Yamhill Chief of Police through shared participation on the trauma workgroup.



## Community Engagement Plan Required Tables

<b>Add additional stakeholder types here (list in first column below)</b>			
Education	All School Districts	To obtain feedback from those who educate Yamhill’s children & youth	ELC, SITs
	Head Start of Yamhill County	To obtain feedback from those who educate high poverty children and support their parents	Board, ELC, Family CORE, Family CORE Leadership Team, Parent Advisory Council
	Oregon Child Development Coalition	To obtain feedback from those who provide education and family supports for Yamhill’s migrant families	ELC, FCLT
	Willamette Education Service District	To obtain feedback from those who provide education for children with developmental delays	ELC, LICC, FCLT



### Community Engagement Plan Required Tables

	Linfield College	To obtain feedback from those who are preparing future educators	ELC, YCCO and PH internships
	Portland Community College	To engage those who are educating Yamhill County's future/current workforce	SITs
	Child Care Resource & Referral	To obtain feedback from those who are engaged in expanding and supporting the development of quality childcare for Yamhill families	ELC, SITs
Peer support and mental health support	Provoking Hope		
<b>Add additional stakeholder types here (list in first column below)</b>			
Social Services	Yamhill Community Action Agency	To obtain feedback from those who provide supports with housing, utilities and other needs for Yamhill's families in poverty	SITs



### Community Engagement Plan Required Tables

	Catholic Community Services	To obtain feedback from those who are involved in the development of Safe Families, a program designed to prevent abuse and neglect of children	ELC
	Creating Opportunities	To obtain feedback from those who support children/youth with disabilities and their families	SITs
	Student Nutrition and Activity Clinic for Kids	To obtain feedback from those who provide fitness & nutrition supports for children & youth	SITs
	Women Infants Children (WIC)	To obtain feedback from those who provide nutritional support and education for YCCO's youngest Members and their mothers	SITs
	Kiwanis	To obtain feedback from a service organization invested in the well-being of Yamhill County families	ELC



### Community Engagement Plan Required Tables

	Juliette’s House	To obtain feedback from an agency invested in child abuse intervention and prevention education	ELC (regular guest)	
<b>Add additional stakeholder types here (list in first column below)</b>				Yamhill
Faith Community	Just Service	To obtain feedback from a volunteer organization invested in the well-being of Yamhill families	SITs	
	Love Inc	To obtain feedback from a faith-based organization that seeks to meet concrete needs and to teach life skills to Yamhill’s at-risk population	SITs	
	2 <sup>nd</sup> Street Community Church	To obtain feedback from a faith-based community that provides a drop-in center for the homeless in Newberg	SITs	
	Providence Faith in Action	To obtain feedback from an agency that seeks to address unmet health needs of community members, especially in the Newberg area	SITs	



### Community Engagement Plan Required Tables

	Yamhill United Methodist Church	To obtain feedback from a church invested in social justice	SITs
<b>Add additional stakeholder types here (list in first column below)</b>			
Community members at large	Paul Kushner	To obtain feedback from a community member who is devoted to the wellbeing of his community	Board
<b>Add additional stakeholder types here (list in first column below)</b>			
Business	Communication Connections of Yamhill County, LLC	To obtain feedback from an educator who has started a business to address a gap in services in Yamhill County for children with speech delays	Early Learning Council



## Community Engagement Plan Required Tables

<b>Table 2: Major activities and deliverables for which the CCO will engage the community</b>	
<b>All applicants must complete this full table.</b>	
<b>Part 2a. List and describe the five to eight major projects, programs and decisions for which the CCO will engage the community.</b>	<b>Part 2b. Identify the level of community engagement for each project, program and decision. Answers* must be 1) inform/communicate, 2) consult, 3) involve, 4) collaborate, or 5) shared decision-making. Applicant may include more than one level of engagement for each project, program or</b>
Children’s Champions – A) This program encourages APM clinics to designate one provider from each clinic to attend biannual trainings to learn about school readiness and family support services that are available to families. The training will review clinic specific referral data and will address the integration of referrals into workflows and will include information on Trauma-Informed Practices. B) 1, 4	
Service Integration Teams – A) This program involves cross-sector partners from health, social services, education, law enforcement, and the faith community who meet monthly in each school district catchment areas to discuss resources available to families and to address the concrete needs of individuals and/or families. A limited amount of funding is available to help these families, but often the team is available to identify resources already in place to assist them. The team can also vote remotely between meetings as situations arise, and the Family Resource Coordinator has the ability to address limited emergency needs in real time. B) 5	
Trauma-Informed Care – A) YCCO is address TIC on multiple fronts including partnering with Public Health on a TIC & Resiliency Workgroup with a shared, cross-sector workplan and multiple trainings, including a train-the-trainer event in April 2019 that will also include support in developing agency-specific TIC workplans. B)1, 5	
Obesity Reduction – A) This workgroup includes partners from education, health and social services who meet to identify the various factors that contribute to obesity in children age 0-18 and pregnant women and who are working toward a shared plan to reduce obesity in Yamhill County’s children and youth. B) 4	



## Community Engagement Plan Required Tables

<p>Preschool Promise – A) Involvement in this program is under discussion. If implemented, it would provide limited preschool slots to children in families up to 200% of the poverty level. B) 4</p>
<p>CHA/CHIP -- A) This project engages non only multiple sectors but a wide range of all community members in order to assess the needs in the community and determine priorities for feasible strategies to address those needs. The project will result in a Community Health Assessment and a collaborative Community Health Improvement Plan in alignment with the LPHA and Providence Newberg Hospital. B) 1, 2, 3, 4, 5</p>
<p>CPW/Wellness Fund -- A) This committee and program consist of identifying available funds to support evidence-based prevention programs to improve long-term health of the community. These investments include classroom interventions and other SDoH-HE investments and strategies. B) 2, 5</p>
<p>*</p> <ol style="list-style-type: none"> <li>1. <b>Inform:</b> Provide the community with information to assist in their understanding of the issue, opportunities, and solutions. Tools include fact sheets, published reports, media releases, education programs, social media, email, radio, information posted on websites, and informational meetings.</li> <li>2. <b>Consult:</b> Obtain community feedback on analysis, alternatives, and/or decisions. Tools include issue briefs, discussion papers, focus groups, surveys, public meetings, and listening sessions.</li> <li>3. <b>Involve:</b> Work directly with the community throughout the process to ensure that community concerns and aspirations are understood and considered. Applicant provides feedback to the community describing how the community input influenced the decision. Tools include meetings with key stakeholders, workshops, subject matter expert and stakeholder roundtables, conferences, and task forces.</li> <li>4. <b>Collaborate:</b> Partner with the community in each aspect of the process, including decision points, the development of alternatives and the identification of a solution. Tools include advisory committees, consensus building, and participatory decision making.</li> <li>5. <b>Shared decision-making:</b> To place the decision-making in the hands of the community (delegate) or support the actions of community</li> </ol>



## Community Engagement Plan Required Tables

<b>Table 3: Collaboration with other agencies in the service area that have responsibility for developing community health assessments and community health improvement plans</b>					
<b>All applicants must complete this full table. Applicants may add rows as needed.</b>					
<b>Part 1. Applicants with an existing CCO CHA and CHP will submit their most recent CHA and CHP with the community engagement plan.</b>					
<b>Part 2. List of all local public health authorities, non-profit hospitals, other CCOs that share a portion of the service area, and any federally recognized tribe in the service area that is developing or has a CHA/CHP. Add additional rows as needed.</b>	<b>Part 3. The extent to which each organization was involved in the development of the Applicant's current CHA and CHP. Answers* must be a) competition and cooperation, b) collaboration, or d) not applicable (NA) **</b>	<b>Part 4. For any organization that is a <u>collaborator</u> for a shared CHA and shared CHP priorities and strategies, the applicant will list the shared priorities and strategies.**</b>	<b>Part 5. For any organization that is <u>not a collaborator</u> for a shared CHA and shared CHP priorities and strategies, the applicant will describe the current state of the relationship between the applicant and the organization(s), including gaps</b>	<b>Part 6. For any organization that is not a collaborator for a shared CHA and shared CHP priorities and strategies, the applicant will describe the steps the applicant will take to address gaps prior to developing the next CHA and CHP and the dates</b>	<b>Part 7. Applicants without an existing CHA and CHP or that intend to change their service area will demonstrate that they have reviewed CHAs and CHPs developed by these other organizations. List the health priorities from existing plans</b>
<b>Local public health authorities (list in this column below)</b>					
Yamhill County Public	Collaboration	Access to care,			



### Community Engagement Plan Required Tables

<b>Non-profit hospitals (list in this column)</b>					
Providence Newberg Hospital	Coordination	Behavioral health, chronic conditions	YCCO, YCPH, and Providence are working closely to begin integration of CHA and CHIP processes. The CHA process for YCCO and Providence has been collaborative, freely sharing data and coordinating shared forum sessions. Representatives from each agency meet regularly in a workgroup. There are not currently aligned resources or CHIPs	YCCO, PCPH, and Providence are working together to create a formal data-sharing and collaboration agreement by July 2019. Fully shared and collaborative CHAs will be created by 12/31/2022; CHIPs by 12/31/2023.	
<b>Current coordinated care organizations, as of 2019 (list in this</b>					



## Community Engagement Plan Required Tables

<p>Willamette Valley Community Health</p>	<p>YCCO and WVCH have collaborated on small projects, like addressing harm reduction strategies for intravenous drug use, but there is no current CHA/CHIP collaboration because the overlap of service</p> <p>Because WVCH is not renewing its CCO application, YCCO will coordinate with any new CCOs in the service area, incorporating any relevant strategies into its plan by December 2023.</p>
---	--



### Community Engagement Plan Required Tables

<b>Federally recognized tribes that have or are developing a CHA/CHIP (list in</b>					
Confederated Tribes of Grand Ronde	Cooperation		Grand Ronde was engaged in the YCCO CHA and CHIP process as an informant but not as a collaborator.	In the next CHA/CHIP cycle, YCCO will participate in Grand Ronde tribe-specific planning activities and attend relevant meetings to inform YCCO's own CHA/CHIP development process, including the tribe in a way that is relevant to them.	



## Community Engagement Plan Required Tables

<p>*</p> <p>a) Competition and Cooperation: Loose connections and low trust; tacit information sharing; ad hoc communication flows; independent goals; adapting to each other or accommodating others' actions and goals; power remains with each organization; resources remain with each organization; commitment and accountability only to own organization; relational time frame short; low risk and reward.</p> <p>b) Coordination: Medium connections and work-based trust; structured communication flows and formalized project-based information sharing; joint policies, programs and aligned resources; semi-interdependent goals; power remains with parent organizations; commitment and accountability to parent organization and project; relational time frame medium and based on prior projects; medium risk and reward.</p> <p>c) Collaboration: Dense interdependent connections and high trust; frequent communication; tactical information sharing; systems change; pooled and collective resources; negotiated shared goals; power is shared between organizations; commitment and accountability to network first, community and parent organization; relation time frame long (3 years or more); high risk and reward.</p>
<p>**If the applicant does not have a current CHA and CHP, the applicant will enter not applicable (NA).</p>
<p>***Engagement activities must begin by March 31, 2020 and applicant will report on progress through the June 2020 CCO CHP progress report.</p>

<b>Table 4: Engagement with social determinants of health and health equity (SDOH-HE) partners for CHA and CHPs</b> <b>Applicants may add rows as needed.</b>					
All applicants must complete Part 1.	Applicants <u>with an existing CHA and CHP</u> must complete Parts 2, 3 and 4. Applicants <u>that intend to change their service area</u> must also complete Parts 2, 3, and 4.			Applicants <u>without an</u> that intend to change t complete Parts 2a and	
<b>Part 1. List of organizations that address the social determinants of health and health equity in the applicant’s service area. Add additional rows as needed.</b>	<b>Part 2. Applicants with an existing CHA and CHP will describe existing partnerships with each identified organization, including whether the organization contributed to the applicant's current CHA and CHP.</b>	<b>Part 3. Applicants with an existing CHA and CHP will describe gaps in existing relationships with identified organizations.</b>	<b>Part 4. Applicants with an existing CHA and CHP will describe the steps the applicant will take to address the identified gaps prior to they developing the next CHA and CHP</b>	<b>Part 2a. Applicants without an existing CHA and CHP or that intend to change their service area will demonstrate that have reviewed</b>	<b>Part 4a. Applicants without an existing CHA and CHP</b>  <u>existing CHA and CHP or</u> <b>eir service area must 4a.</b>





### Community Engagement Plan Required Tables

<p><b>All tribes that are present in the service area (list in this column below). If no tribe is present in the service area, note there are none.</b></p>					
<p>Confederated Tribes of Grand Ronde</p>	<p>Partnership through YCCO-led Service Integration Teams; contributed to CHA/CHIP process through focus group and survey feedback</p>	<p>There is limited current collaborative work in CHA/CHIP process</p>	<p>Begin activities by March 2020 By December 2023 YCCO will have engaged with the tribes by attending tribal meetings and events in Grand Ronde, to meet the tribe representative in their own space</p>		
<p><b>All regional health equity coalitions (RHECs) that are present in the service area (list in</b></p>					
<p>None</p>					
<p><b>Local government,</b></p>					



### Community Engagement Plan Required Tables

Yamhill County	Collaborative data-sharing and strategic partnership to develop an aligned CHA and CHIP	There is robust collaborative work in the CHA/CHIP process but the CHA/CHIP processes are not yet fully aligned	YCCO, PCPH, and Providence are working together to create a formal data-sharing and collaboration agreement by July 2019. Fully shared and collaborative CHAs will be created by 12/31/2022; CHIPs by 12/31/2023.		
<b>Organizations that address the four key domains of social determinants of health* (list in</b>					
Housing Authority of Yamhill County	Partnership through YCCO-led Service Integration Teams; was invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		



### Community Engagement Plan Required Tables

<p>Yamhill Community Action Partnership</p>	<p>Partnership through YCCO-led Service Integration Teams; contributed to CHA/CHIP process through focus group and survey feedback</p>	<p>This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response</p>	<p>YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022</p>		
---	--	--	--	--	--



## Community Engagement Plan Required Tables

First Transit	Partnership through YCCO-led Service Integration Teams; was invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
McMinnville Chamber of Commerce	Partnership through YCCO-led Service Integration Teams; was invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Willamina Chamber of Commerce	Partnership through YCCO-led Service Integration Teams; contributed to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Newberg Chamber of Commerce	Partnership through YCCO-led Service Integration Teams	This agency has not yet been actively consulted or involved in the process; systems are not	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up		



### Community Engagement Plan Required Tables

		in place to track agency-level response	to monitor agency response and engagement by 12/2022		
Yamhill Early Learning Hub	Collaborative partnership through relationship with CCO; Consulted and gave feedback on CHA/CHIP process, ELC vetted materials	Parent voice through the Hub should be engaged more	YCCO will engage the Hub and the parent and family voice through focus groups, any current advisory councils by 12/2022		
Head Start of Yamhill County	Partnership through YCCO-led Service Integration Teams and YCCO Early Learning Council; contributed to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Grand Ronde Head Start	Partnership through YCCO-led Service Integration Teams; contributed to CHA/CHIP process through survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		



## Community Engagement Plan Required Tables

All Yamhill County School Districts	Partnership through YCCO-led Service Integration Teams and ELC; contributed to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Catholic Community Services	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Yamhill County Gospel Rescue Mission	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Kiwanis	Partnership through YCCO-led Service Integration Teams;	This agency has not yet been actively consulted or involved in the	YCCO will inform agency of CHA/CHIP updates by March 2020		



### Community Engagement Plan Required Tables

	invited to contribute to CHA/CHIP process through survey feedback	process; systems are not in place to track agency- level response	Systems will be set up to monitor agency response and engagement by 12/2022		
McMinnville Greeters	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency- level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Rotary	Partnership through YCCO-led Service Integration Teams; contributed to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency- level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Project ABLE	Partnership through YCCO-led Service Integration Teams; contributed to CHA/CHIP process through focus group and	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency- level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and		



### Community Engagement Plan Required Tables

	survey feedback		engagement by 12/2022		
Champion Team	Partnership through YCCO-led Service Integration Teams; contributed to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Provoking Hope	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Love Inc	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
2 <sup>nd</sup> St. Community	Partnership through	This agency has not yet	YCCO will inform		



### Community Engagement Plan Required Tables

Church	YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	been actively consulted or involved in the process; systems are not in place to track agency-level response	agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Providence Faith in Action	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
211 Info	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
5 Rock Ranch	Partnership through YCCO-led Service Integration Teams; invited to contribute to	This agency has not yet been actively consulted or involved in the process; systems are not	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up		



### Community Engagement Plan Required Tables

	CHA/CHIP process through focus group and survey feedback	in place to track agency-level response	to monitor agency response and engagement by 12/2022		
Blanchet Farms	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Lutheran Community Service – A Family Place	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Carlton Community Church	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		



### Community Engagement Plan Required Tables

Chehalem Park and Rec	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Dayton Christian Church	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Dayton Food Pantry	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
DHS Child Welfare	Partnership through YCCO-led Service	This agency has not yet been actively consulted	YCCO will inform agency of CHA/CHIP		



### Community Engagement Plan Required Tables

	Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	or involved in the process; systems are not in place to track agency-level response	updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
First Presbyterian Church	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
First Step Adolescent Center	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Ford Family Foundation	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency		



### Community Engagement Plan Required Tables

	through focus group and survey feedback	level response	response and engagement by 12/2022		
Fostering Hope Initiative	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Give a Little Foundation	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Goodwill Job Connection	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		



### Community Engagement Plan Required Tables

Grand Ronde Tribe Children and Family Services	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Grand Sheramina Food Pantry	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Grow International Inc.	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Housing Authority of Yamhill County	Partnership through YCCO-led Service Integration Teams;	This agency has not yet been actively consulted or involved in the	YCCO will inform agency of CHA/CHIP updates by March 2020		



### Community Engagement Plan Required Tables

	invited to contribute to CHA/CHIP process through focus group and survey feedback	process; systems are not in place to track agency- level response	Systems will be set up to monitor agency response and engagement by 12/2022		
Helping Hands	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency- level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Henderson House	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency- level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Home for Good	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency- level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and		



### Community Engagement Plan Required Tables

	survey feedback		engagement by 12/2022		
Hope on the Hill	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
House of Hope	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Juliette’s House	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Juntos/OSU Open	Partnership through	This agency has not yet	YCCO will inform		



### Community Engagement Plan Required Tables

Campus	YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	been actively consulted or involved in the process; systems are not in place to track agency-level response	agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Legal aid services OR	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Newberg City Club	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Newberg FISH	Partnership through YCCO-led Service Integration Teams; invited to contribute to	This agency has not yet been actively consulted or involved in the process; systems are not	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up		



## Community Engagement Plan Required Tables

	CHA/CHIP process through focus group and survey feedback	in place to track agency-level response	to monitor agency response and engagement by 12/2022		
Northwest Senior Disability Services	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Polk County Service Integration Teams	Partnership through YCCO-led Service Integration Teams; contributed to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
See Ya Later Foundation	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		



### Community Engagement Plan Required Tables

Sheridan Care Center	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
St. Vincent de Paul	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
The Blessing Room	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		



### Community Engagement Plan Required Tables

WorkSource	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Yamhill Carlton Together Cares	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Yamhill Community Mediators	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		



### Community Engagement Plan Required Tables

Yamhill County Transit Area	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Yamhill County Veterans' Services	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Yamhill Enrichment Society	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
YOOP!	Partnership through	This agency has not yet	YCCO will inform		



### Community Engagement Plan Required Tables

	YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	been actively consulted or involved in the process; systems are not in place to track agency-level response	agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
Youth Outreach	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	This agency has not yet been actively consulted or involved in the process; systems are not in place to track agency-level response	YCCO will inform agency of CHA/CHIP updates by March 2020 Systems will be set up to monitor agency response and engagement by 12/2022		
<b>Traditional Health Workers (THWs) affiliated with organizations listed in OAR 410-141-3145 (list</b>					



### Community Engagement Plan Required Tables

YCCO CHW Hub	Community Health Workers are part of YCCO staff; consulted on survey and forum development, involved in soliciting feedback	CHWs could assist in soliciting feedback from more YCCO Members	Engagement with Members to receive feedback is ongoing, utilizing CHWs to advise on distribution and information-sharing methods will begin by March 2020		
Providence Promotores	Partnership through the SITs, Providence Hospital CHA/CHIP cooperative process; CHWs were engaged in focus group	CHWs could assist in soliciting feedback from more YCCO Members	Engagement with Members to receive feedback is ongoing, utilizing CHWs to advise on distribution and information-sharing methods will begin by March 2020		



### Community Engagement Plan Required Tables

Virginia Garcia	Partnership through the SITs, CHW Hub works collaboratively with VG; VG was engaged in forums and survey distribution	CHWs could assist in soliciting feedback from more YCCO Members	Engagement with Members to receive feedback is ongoing, utilizing CHWs to advise on distribution and information-sharing methods will begin by March 2020		
<b>Culturally specific organizations and organizations that work with underserved or at-risk populations (list</b>					
Unidos Yamhill County	Partnership through YCCO-led Service Integration Teams; invited to contribute to CHA/CHIP process through focus group and survey feedback	Spanish speakers had a low rate of response to requests for feedback; Unidos could help	Engage Unidos and other culturally-specific organizations to connect with the Latinx community by March 2020		



## Community Engagement Plan Required Tables

Other organizations (list in this					
*The four key domains of social determinants of health are economic stability, education, neighborhood and built environment, and social and					
**Engagement activities <b>must</b> begin by March 31, 2020 and applicant will report on progress through the June 2020 CCO CHP progress report.					



## Community Engagement Plan Required Tables

<b>Table 5: Assessment of existing social determinants of health priorities and process to select Year 1 social determinants of health priorities</b>		
<b>All applicants must complete this full table to describe how the applicant will identify social determinants of health (“SDOH-HE”) priorities to meet the CCO SDOH-HE spending requirements. Housing must be included as one of the SDOH-HE spending priorities.</b>		
<b>Part 1. List of existing SDOH-HE CHP priorities* in applicant's proposed service area from its own CHP or other existing CCO, local hospital, local public health authority and/or tribal CHPs, if applicable. Add additional rows as needed.</b>	<b>Part 1a. Source for priority (i.e. which CHP it came from).</b>	<b>Part 1b. Whether priority describes a <u>health outcome goal</u> (i.e. addressing food insecurity to address obesity as a health issue) or <u>priority populations</u> (i.e. addressing early childhood education for children as a priority population) or <u>other</u>.</b>
1.1.1 Increase access and awareness about resources offering healthy affordable food options	YCCO	Outcome goal
1.1.5 Promote Student Nutrition and Activity Clinic for Kids program throughout Yamhill County clinics serving children	YCCO	Outcome goal
1.2.1 Provide annual Adverse Childhood Experiences trainings to develop a better understanding of childhood trauma and chronic conditions	YCCO	Outcome goal
1.2.2 Regularly offer classes to providers on health literacy and the culture of poverty	YCCO	Outcome goal
1.3.3 Promote the services of community health workers in managing chronic conditions	YCCO	Outcome goal
3.2.2 Conduct geographical gap analysis on	YCCO	Priority population



## Community Engagement Plan Required Tables

Yamhill CCO service providers		
4.1.1 Outreach with local organizations, including other non-profits, religious organizations, school districts, and businesses, to build partnerships	YCCO	Outcome goal
4.1.7 Work with Early Learning Hub to identify delays earlier in life	YCCO	Priority population
4.1.8 Promote the family relief nursery and other programs and classes that support parents and prevent child abuse/neglect	YCCO	Priority population
4.1.9 Assess the need for employment services for YCCO Members with behavioral health needs	YCCO	Outcome goal
Increase the number of trauma-informed orgs within the community	Yamhill County Public Health	Outcome goal
Enhance protective factors that contribute to overall community wellness and safe, stable, and nurturing families	Yamhill County Public Health	Outcome goal
Increase protective factors that support and develop parental resilience and knowledge of child development and available parenting resources	Yamhill County Public Health	Outcome goal
Increase social and emotional competence among children	Yamhill County Public Health	Outcome goal
Build on existing prevention collaborations to further align efforts across the county	Yamhill County Public Health	Outcome goal
Provide safe and secure discharge for at least 150 individuals needing social service support annually;	Providence Newberg	Priority population



## Community Engagement Plan Required Tables

Provide fresh produce from community garden to improve healthy food access	Providence Newberg	Outcome goal
Fewer working families will report having to work multiple jobs to make ends meet	Providence Newberg	Outcome goal
Fewer community members will recognize transport as a barrier to receiving care	Providence Newberg	Outcome goal
Community members and providers will have increased awareness of available social service resources	Providence Newberg	Outcome goal

**Part 2. Description of process through which the applicant will identify and vet SDOH-HE priorities\*\* in line with CHP priorities for submission to OHA by March 15, 2020. This must include, timelines, milestones, methods for vetting selected priorities with community partners (such as those described in Table B, Part 1) and CAC, and planned actions to clarify and define CCO housing priority in line with statewide priority.**

- Process may also include planned actions to identify additional community-based SDOH-HE priorities from CHP priorities.
- **If housing has not been identified as a priority in existing CHPs, note that housing must still be selected as an SDOH-HE priority. Consider**



## Community Engagement Plan Required Tables

The process of identifying and vetting SDOH-HE priorities will mirror the CHIP process, as SDOH-HE is a key and integral component of the CHA and CHIP processes. The SDOH priorities will not be separate from the CHIP, in order to keep these areas of focus, resource, and attention. The process will build on the Yamhill County Public Health and Providence Newberg processes, utilizing local survey data, focus groups, stakeholder meetings, and public feedback forums to determine areas of greatest need that are also able to be appropriately resourced. All CHIP priorities will be vetted by the CAC and strategy decisions will be approved by the CAC before implementation or funding.

HRS funds must be used for things or activities that will promote Members' health, in alignment with the CHIP and YCCO Strategic Plan. HRS funding decisions are currently made internally, because they respond to short-term individual or family needs. However, the CAC has authority to review appeals when funding has been denied and make the final recommendation. The CAC will review funding decisions within the context of the CHIP and the vision for the CHIP and CHA. If additional initiatives utilize HRS funds a CAC representative will have a role in reviewing any RFPs, applications, and funding decisions according to the CHIP objectives.

In addition, YCCO has established a Community Prevention and Wellness Fund (CPWF) to invest in HRS and SDOH-HE initiatives. The Community Prevention and Wellness Committee (CPW) consists of YCCO board members, CAC members, community members, business community representatives and non-profit leaders. The CPW is designing a 3-5-year plan for investments in evidence-based HRS and SDOH-HE initiatives that impact long term population health. The plan will have a central vision for these investments over a five-year period with recommendations on certain evidence-based initiatives. The CPW will also release RFPs to local communities for submission of proposals that would align with the plan but be specific to the needs of the individual community. All types of community organizations are encouraged to submit proposals such as local non-profits, school districts, Headstart etc. RFPs will be reviewed and scored with final recommendations on investments made to the YCCO board of directors who will make the final approval.

Current CHA priorities include social determinants of health and trauma and access to care, both of which include social determinants and equity components. The teams will continue to refine these priority areas and develop associated SDOH strategies.

YCCO CHIP will be completed by June 30 2019, and will include a housing strategy. Community-based SDoH-HE priorities will be present in the CHIP, based on existing priority data, existing resources, and community feedback and partnership. As the SHIP priorities are released, the YCCO CHIP team will work together to align identified SDoH priorities with all SHIP SDoH priorities, not just housing-related priorities. This may include aligning the metrics used to measure success, aligning housing-related strategic interventions, and/or identifying common areas of interest in the state CHA and local assessments.



## Community Engagement Plan Required Tables



Request for Application  
RFA OHA-4690-19-CCO 2.0

**Attachment 10 – Social Determinants of Health and Health Equity**



## Community Engagement Plan

### CHA/CHP Component

- 1. Describe (via narrative) the process for members (both CAC and non-CAC members), health care providers, other service delivery partners, and other stakeholders to provide input that will inform CCO decision-making (for example, how the CAC could ensure a member voice in CCO decision making)**

CCO Board meetings are subject to public meeting laws, meaning all meeting agendas are published in advance, and meetings are open for public comment during decision-making discussions. Then all minutes are posted publicly to the CCO website. The Board of Directors includes representation from CAC members, health care providers (including physical, behavioral, and dental health), early childhood partners, social service providers, the community at large, and county government. Other CCO committees have more specialized membership representation, and decisions involving specific sectors, like early learning or the community, will directly involve those committees. All RFP processes include committees of community stakeholders; no large funding decisions driven by requests for proposals are decided entirely internally.

- 2. Describe (via narrative) how the Applicant will ensure the member voice is elevated;**

The Community Advisory Council is a key component of both CCO governance and decision-making. Member voice is elevated not only during CAC meetings, but also in the Community Health Assessment process, customer service data, grievance and complaint data, CAHPs data, and at the YCCO annual Fall Forum. YCCO uses these sources of information to inform decisions and create changes according to Member feedback.

- 3. Describe (via narrative) potential barriers to community engagement and how the Applicant will address these barriers. The applicant will include:**
  - a. Known or anticipated barriers for the community the Applicant intends to serve (e.g. transportation and costs, accessibility, childcare, language access, literacy and numeracy levels and dominance of oral culture, rural isolation, gaps in information);**

The key barriers identified in the Community Health Assessment include access to care, transportation, and housing. Focus groups and survey data indicate these are severe issues requiring problem-solving and solutions. Lack of linguistically and culturally appropriate



services is still apparent, despite YCCO and community efforts to improve access to these services and recruit a diverse workforce.

**b. The methods the Applicant will use to address barriers. This must include description of strategies to avoid exclusionary practices and allocation of necessary resources, including funds;**

In order to incentivize attendance at meetings, YCCO offers a \$25 reimbursement for CAC members to use for childcare, transportation, or whatever else they need. Additionally, the CCO offers food and holds the meetings in the evening, so working participants can make the meeting. Additionally, the CAC Coordinator meets members regularly around the community in places that are convenient for them, in order to maintain relationships, get feedback, and plan projects. Making a regular meeting is often difficult for community members struggling with health issues and encountering daily barriers, so these one-on-one meetings offer a chance for members to remain engaged without asking them to make a larger commitment.

In order to incentivize participation in the Community Health Assessment, YCCO offered a chance to win a \$75 gift card to a few select locations. After many community conversations, the CHA team determined that the flexibility of gift cards and the appeal of winning was a good incentive, but in order to avoid any OIG or exclusionary regulatory restrictions, YCCO capped the amount at \$75 and did not allow cash-equivalent gift cards to be an option. Additionally, YCCO offered (and will continue to offer) focus groups in the communities and locations people live and gather. Even with incentives, asking people to attend events is often challenging, and going to where people already meet has proven an effective strategy for getting feedback.

A strength of the Yamhill County community is that its residents are passionate about issues affecting their community. While there are a series of barriers, the community is willing and open to share these grievances and concerns. By creating an open forum with the CAC and inviting community feedback, YCCO has engaged Members who originally had serious concerns about an issue, but eventually got that issue addressed and became interested in participating in the collaborate CCO decision-making processes through the CAC or other committees.

Engaging a wide range of populations is a barrier, and YCCO has identified organizations that work with these populations and is strengthening partnerships with them in order to improve engagement. These groups include youth and the Latino community, and YCCO is working with local service delivery and community-based organizations to connect with these populations and get feedback. Additionally, YCCO's social media and communications strategy is being refined to reach Members on the platforms they use regularly.

**4. Describe (via narrative) the plan to ensure continual quality improvement of the high-level plan throughout the life of the contract, including how quality**



**improvements will be shared back with engaged stakeholders and the larger community.**

YCCO is continually improving its engagement strategies and reviews and revises its plans to engage the community as they prove to be more or less effective. As a public meeting, the CAC publishes agendas and minutes on the CCO website, making information about meeting content and attendance available to the public. This will include information about recruitment discussions, strategizing with the CAC, and community engagement experiments and improvements. Additionally, updates will be provided to engaged stakeholders through the Board, other clinical committees, and the Early Learning Council as appropriate.

**2. CAC component**

The current CAC structure consists of one Community Advisory Council for the small geographic service area of YCCO. Yamhill CCO is applying for a service area identical to its previous service area, so changes for an adjusted service area do not apply. However, the majority of current CAC members are from the larger towns in Yamhill County, and YCCO is engaging community-based organization and SDOH-EH partners in connecting with Members in more rural areas in order to engage them in CAC activities. The current CAC has one Chair, although the charter allows for a co-chair structure, which the group has deemed preferable. The role of the CAC overall is to advise the Board of Directors. While not a governing body, and therefore not a decision-making body, the CAC can make recommendations that are then approved by the Board.

The current CAC charter, which was revised in 2018 and approved in 2019, defines the population as at minimum 51% YCCO Members, with a goal of 51%+. The CAC chose to define YCCO Members as people who are currently on OHP, have been on OHP since the inception of CCOs in 2012, or are the direct caregivers of someone on OHP. The present CAC membership is 50% OHP Member, according to the CAC charter definition, with one uninsured member. The group has one Spanish-speaking member and all meetings are held with Spanish materials and in-person interpretation. Two new members are in the process of application, one of whom is the direct caregiver of an OHP member.

The CAC Coordinator regularly reviews a CAC demographic worksheet shared at a previous CAC statewide conference and strategizes with the team around recruitment. The CAC will continue to engage diverse communities in its recruitment efforts.

All Applicants will describe how they will meaningfully engage OHP consumer representatives on the CCO board, and how they will meaningfully engage tribes and/or tribal advisory committees (if applicable).



Currently one CAC member sits on the YCCO board; who meets the CAC criteria of being a Member. In the past 2 CAC members have sat on the Board of Directors, and plans are in place to ensure 2 CAC members continue to be represented: CAC members have expressed interest in this position.

A member of the tribal Head Start sits on the Early Learning Council, which advises the Board of Directors, and the tribe was engaged in the CHA process. YCCO will continue to engage the local Confederated Tribes of Grand Ronde but engaging with them in their own setting is often more effective than requesting attendance at YCCO meetings and events. YCCO engages the tribe in the YCCO-led Service Integration Team meetings, which are held in both Willamina and Grand Ronde; the Grand Ronde SIT meeting is held in the Grand Ronde Employee Services Building.

YCCO engages annually with the statewide CAC conference; allowing for connection and networking with other CACs. There is very limited CAC or CCO overlap in the YCCO service area; the most significant overlap is in the West Valley area, an area where one town is split by two counties and where the Confederated Tribes of Grand Ronde live. YCCO has collaborated with Willamette Valley Community Health CCO on projects that involve both of their service areas, and the YCCO Early Learning Hub and Marion-Polk Early Learning Hubs collaborate on projects like Mid-Valley Parenting, which engages parents in the community in classes and support. CAC participation and the CHA/CHIP process are both confined to the YCCO service area; there is little risk of overtaxing people for multiple CCO needs.

### **3. Description of CHA/CHP component**

#### **1. Describe (via narrative) how the Applicant's strategy for health-related services (HRS) community benefit initiatives will link with the Applicant's CHP.**

HRS funds must be used for things or activities that will promote Members' health, in alignment with the CHIP and YCCO Strategic Plan. HRS funding decisions are currently made internally, because they respond to short-term individual or family needs. However, the CAC has authority to review appeals when funding has been denied and make the final recommendation. The CAC will review funding decisions within the context of the CHIP and the vision for the CHIP and CHA. If additional initiatives utilize HRS funds a CAC representative will have a role in reviewing any Requests for Proposals (RFPs), applications, and funding decisions according to the CHIP objectives.

In addition, YCCO has established a Community Prevention and Wellness Fund (CPWF) to invest in HRS and SDOH-HE initiatives. The Community Prevention and Wellness Committee (CPW) consists of YCCO board members, CAC members, community members, business community representatives and non-profit leaders. The CPW is designing a 3-5-year plan for investments in evidence-based HRS and SDOH-HE initiatives that impact long term population



health. The plan will have a central vision for these investments over a five-year period with recommendations on certain evidence-based initiatives. The CPW will also release RFPs to local communities for submission of proposals that would align with the plan but be specific to the needs of the individual community. All types of community organizations are encouraged to submit proposals such as local non-profits, school districts, Head Start etc. RFPs will be reviewed and scored with final recommendations on investments made to the YCCO board of directors who will make the final approval.



## Yamhill Community Care Organization Standard Operating Procedure

<b>TOPIC:</b> Communication Materials
<b>DEPARTMENT:</b> Yamhill Community Care Organization
<b>APPROVED BY:</b> Communications Workgroup and President/CEO
<b>EFFECTIVE DATE:</b> 05/18/2018
<b>REVISION DATE:</b>
<b>APPLIES TO:</b> All departments that create outgoing communications materials. All delegates that create outgoing communication materials on behalf of Yamhill Community Care Organization.

### **PURPOSE:**

To ensure that all outgoing Yamhill Community Care Organization (YCCO) materials meet a professional standard, are culturally responsive, easily understandable and fit the member's needs.

All materials should be created with an equity lens.

Member materials may be defined as handbooks, pamphlets, videos, social media postings, etc.

### **PROCEDURE:**

#### *Material Development:*

#### Member Materials:

- Review Process for Developing Effective Health Communication Materials section below
- Complete your materials
- Review Plain Language Checklist below
- Complete a Flesch-Kincaid readability test via <https://datayze.com/readability-analyzer.php> if your document is a Word document after you do a spelling and grammar check Word will provide the Flesch-Kincaid scoring.
- Once the readability test has been completed, submit the document to the Community Advisory Council (CAC).
  - *To submit the document to the CAC:*
    - Email the CAC Support Staff person, who will include it on the next meeting agenda. Once the CAC has reviewed the materials, the CAC Support Staff person will return it to the Communications Workgroup Chair who will then return your document to you.
    - Once document is returned if corrections are required make all changes and complete an additional Flesch-Kincaid readability test.
- Branding - Review your materials against the YCCO Branding Policy and Procedure to insure it meets company standards.
- Submit document to Communications Workgroup for approval
  - *To submit document to Communications Workgroup:*
    - Email the Communications Workgroup Chair (currently Miriam) a copy of the document, she will add the review to the next meeting's agenda, you may attend the workgroup to answer any questions on your document and receive the approval and/or suggestions from the group.
    - Documents needing approval prior to the next workgroup meeting:
      - Email the workgroup point of contact and they will facilitate the review electronically. The Communications Workgroup may give



suggestions and once approved you will receive confirmation via email.

- Once document is returned if corrections are required make all changes and complete an additional Flesch-Kincaid readability test.

- Dependent on the type of material please follow instruction for Outside Agency Review below if applicable.

**Provider, Healthcare Worker, or other Partner-Facing Material:**

- Use of the Plain Language Checklist and completion of the readability test is not required.
- Have an YCCO staff member read your document for complete sentences, spell check, ease of understanding and content conveyance.
- Branding - Review your materials against the YCCO Branding Policy and Procedure to insure it meets company standards.
- Submit document to Communications Workgroup for approval
  - *To submit document to Communications Workgroup:*
    - Email the Communications Workgroup Chair a copy of the document. They will add the review to the next meeting's agenda, you may want to attend the workgroup to answer any questions on your document and receive the approval and/or suggestions from the group. If you are unable to attend and the workgroup has questions it may delay the approval of your document.
    - Documents needing approval prior to the next workgroup meeting:
      - Email the workgroup point of contact and they will facilitate the review electronically. The Communications Workgroup may give suggestions and once approved you will receive confirmation via email.
    - Once document is returned if corrections are required make all changes and complete an additional Flesch-Kincaid readability test.
- Dependent on the type of material please follow instruction for Outside Agency Review below if applicable.

**Press Releases:**

- Develop your press release:
  - Define the key area of interest.
  - Determine key concepts and messages.
  - Design a draft of your release.
  - Spell and grammar check your release.
- Submit the release to President/CEO for approval.

**Outside Agency Review:**

- **Translation**
  - Member materials (except fliers for classes/programs that are not offered in Spanish) must be translated it into Spanish.
    - Passport to Languages:*
      - Contact Passport to Languages via email [passporttolanguages.com](mailto:passporttolanguages.com) or telephone 503-297-2707
      - Advise to bill CareOregon/use the CareOregon reference number 1234052.
      - Send the documents per Passport to Languages instructions, they will return a quote and timeline.
      - Approve the quote and timeline; they will complete the translation and return it to you within the approved timeframe.
    - Donna Montoya:*
      - Contact Donna via email [donnano9@gmail.com](mailto:donnano9@gmail.com)
      - Advise on need with timeline and billing through Yamhill Community Care Organization.
      - Send the documents per Donna's instructions, she will return a quote and timeline.

- Approve the quote and timeline; she will complete the translation and return it to you within the approved timeframe.

- Send the material to Oregon Health Authority (OHA)
  - Any **member** materials or marketing materials once approved by the CAC and the Communications Workgroup need to go through OHA. OHA submission is as follows:
    - Complete the OHA Materials Submission and Approval Form. A copy of the form can be found in the Communications Policy and Procedure file. Always use the most up to date version.
    - Attach the form as the document to an email and email per the form instructions to [OHP.Materials@state.or.us](mailto:OHP.Materials@state.or.us) with a copy to the YCCO form submission email [OHASubmissions@Yamhillcco.org](mailto:OHASubmissions@Yamhillcco.org)
    - Questions from OHA will be emailed to you directly. If adjustments need to be made you will need to make the changes (always check the readability score after any changes) then resubmit the form and document to OHA.
    - Once approved the form is ready for your audience.

#### **RELATED POLICIES & DOCUMENTS:**

ADM-002 Branding Policy and Procedure

Plain Language Thesaurus (Located in the Communications Policy and Procedure File)

OHA Materials Submission and Approval Form (Located in the Communications Policy and Procedure File)

#### ***Process for Developing Effective Health Communication Materials***

- **Step 1.** Define the key health problem or areas of interest (e.g., low use of preventive services) and identify your intended audience (e.g., Hispanic and African-American women).
- **Step 2.** Engage the intended audience. Focus groups, surveys, patient advisory councils, or community advisory boards can be good mediums to seek input. Determine the audience's needs, beliefs/values, level of knowledge, and perceived barriers related to the identified health topic.
- **Step 3.** Determine key concepts and messages based on your knowledge of the audience.
- **Step 4.** Design a draft of the materials.
- **Step 5.** Pilot materials with the intended audience, or an available subset. Patient volunteers or community partner organizations may be good sources for a pretest audience. Incentives such as gift certificates might help gain their participation.
- **Step 6.** Revise draft according to feedback from the pretest audience.
- **Step 7.** Publish and distribute materials.
- **Step 8.** Evaluate the audiences' satisfaction and understanding, using focus groups, surveys, and related tools.

#### ***Plain Language Checklist***

**Are your sentences short?** Try to keep your sentences under about 20 words.

**Are you using active verbs where possible?** Don't "be checking" this list, "check" it.

**Are you using 'you' and 'we'?** Rather than icy phrases like "this company" or "the client," use the friendlier "we" and "you."

**Are you using words that are appropriate for the reader?** Don't use technical words where you can use everyday ones.

**Don't be afraid to give instructions.** Don't ask, tell. But politely.

**Avoid nominalizations.** A nominalization is the noun version of a verb or adjective. Long story short: if you can verb, don't use a noun. Pairs nicely with the "active verbs" rule.

**Are you using lists where appropriate?** If you need to tell people about multiple items, space the items out so they're easier to read. Don't mush together multiple items under a single noun.

**Utilize the Plain Language Thesaurus if needed.** The Thesaurus is located in the Communications Policy and Procedure file.

**Yamhill Community Care Organization  
POLICY AND PROCEDURE**



<b>POLICY NUMBER: COM-002</b>	<b>TITLE: Communication Services</b>
<b>DEPARTMENT: Quality</b>	<b>APPROVED BY: President/CEO</b>
<b>EFFECTIVE DATE: 9/14/2016</b>	<b>REVISION DATE: NA</b>
<b>REVIEW DATES: NA</b>	
<b>APPLIES TO: Yamhill Community Care and Delegated</b>	

**INTRODUCTION:**

The goal of Yamhill Community Care Organization is to provide limited English proficient (LEP) members timely and meaningful access to all agency programs and activities. Yamhill Community Care Organization and Delegates shall provide free language assistance services to LEP members who are encountered or whenever an LEP member requests language assistance services.

**DEFINITION:**

Member	An individual eligible for OHP and enrolled with Yamhill Community Care Organization as their Coordinated Care Organization for covered services.
Delegated Entity	Affiliate(s) of Yamhill Community Care Organization who provide covered services and share risk.
Authorized translator	An employee of Yamhill Community Care Organization or a delegated entity serving in a designated bilingual position who is responsible for translating documents in the language indicated in his/her position description.
Certified interpreter	A vendor that has met the requirements to provide interpretation services. These translators can only bill for services rendered to Yamhill Community Care Organization or delegated entity for the languages in which they are certified to translate.
Contracted service provider or vendor	A person, agency, or business entity that contracts with Yamhill Community Care Organization or delegated entity to provide the amount and kind of services requested to serve members in their language of preference.
Customer’s preferred language	The language that a member identifies in which she/he wishes to communicate verbally and/or in writing with.
Language access services	The full spectrum of oral and written services available to provide meaningful access of covered services through Yamhill Community Care Organization or delegated entity programs and services for LEP members. Including, but not limited to, in-person interpreter services, telephonic

	and video interpreter services, the translation of written materials, and services provided by designated bilingual staff.
Limited English proficient (LEP)	Members who have a limited ability to read, speak, write, or understand English are entitled to language assistance with respect to a particular type of covered service, benefit, or encounter.
Civil Rights Act of 1964	Title VI means a federal law that protects persons from Discrimination based on their race, color, or national origin in programs and activities that receive Federal financial assistance.
Affordable Care Act 1557 tagline	The Final rule on Section 1557 requires covered entities post notices of nondiscrimination and taglines that alert individuals with limited English proficiency to the availability of language assistance services. The final rule requires each covered entity to post taglines in at least the top 15 non-English languages spoken in the State in which the entity is located or does business.
CFR	The Code of Federal Regulations (CFR) is the codification of the general and permanent rules and regulations published in the Federal Register by the executive departments and agencies of the federal government of the United States.
OAR	The Oregon Administrative Rules compilation is an annual print publication containing complete text of Oregon Administrative Rules (OAR)

**PURPOSE:**

This policy shall ensure that all members can effectively access covered services to understand their rights and responsibilities in a language they understand. The purpose of this policy is to establish effective guidelines, consistent with Title VI of the Civil Rights Act of 1964 (Title VI).

**POLICY:**

Yamhill Community Care Organization delegates who receive federal funds for the provision of Medicaid services are obligated to make language services available to those with Limited English Proficiency (LEP) under Title VI of the Civil Rights Act. Yamhill Community Care Organization delegates shall provide LEP members with meaningful access to programs and services by offering language access services at no cost through one or more of the following methods:

1. Direct provision of services by an employee of Yamhill Community Care Organization or delegate that is bilingual or multilingual;
2. Interpreter services provided by certified contracted interpreters (in person or over the phone);
3. Translation of written documents provided by certified or authorized translators.

**PROCEDURE:**

Yamhill Community Care Organization and delegates shall evaluate whether a member requires services of an interpreter. When required and needed, Yamhill Community Care Organization LEP member(s) shall be offered:

1. Legally authorized representative(s), and/or other individuals whom the member authorizes to provide a means of communication with physicians and staff involved in their care;
2. Services of a Certified Interpreter despite English communication abilities to promote patient safety, reduce anxiety, and to enhance comprehension and retention of information;
3. The right to decline services. In circumstances where a member declines a Medical Interpreter whose services were requested by a professional, the Interpreter shall remain present with the professional to ensure that the conversation is interpreted correctly;
4. Interpreter services shall be available 24 hr. /day at no cost to members;
5. Reasonable assistance in completing forms and taking other procedural steps when translation of vital documents is needed;
6. toll-free numbers that have adequate TTY/TTD services.

**COMPLIANCE & OVERSIGHT:**

Yamhill Community Care Organization will monitor delegated entities by:

1. Requesting updated Policies and Procedures biennially or when policies are updated by date of review/renewal;
2. Request documentation of translations and interpretive services used
3. Request documents with alternative written formats for different languages
4. Request delegates complaint investigations from plan members in regards to grievances associated to 1557.

**REFERENCES:**

42 CFR 438.10(C), 42 CFR 438.406(a)(1)  
 OAR 410-141-0220(7)(b-c), OAR 410-141-3280(1)(b), OAR 410-141-0320(j)(w)  
 OHA OHP CCO Contract Exhibit B- Part 3

**RELATED POLOCIES:**

Enrollee Rights and Protections: Enrollee Rights and Information Requirements (Yamhill Community Care Policy Organization, ENR-001)

**Log of Revisions**

Date	Review/Revision	By Whom



## THW Integration and Utilization Plan

YCCO offers a comprehensive care integration program, consisting of complex case management (CM), disease management (DM), care coordination and population health to eligible members. The care integration program focuses on preventive health and enhancing and coordinating a member's care across an episode or continuum of care; negotiating, procuring and coordinating services and resources needed by members and families with complex issues; facilitating care transitions across care settings; ensuring and facilitating the achievement of quality, clinical and cost outcomes; intervening at key points for individual members; addressing and resolving patterns of issues that have negative quality or cost impact and creating opportunities and systems to enhance outcomes.

The goal of the care integration program is to help members sustain or regain optimal health in the right setting and in a cost-effective manner. This is achieved through the well-coordinated efforts between the YCCO CHW staff and patient centered medical home practices. Including the primary care providers (PCP) in this integration assures continuity of care and alignment for improving health outcomes. The CHW staff work closely with the PCPs to assess the member's needs, determine available benefits and resources, and develop and implement specific interventions to meet the population needs.

The objectives of the CHW team are to:

- Assist members in sustaining or achieving an optimal level of wellness and function by facilitating timely and appropriate health care services
- Promote strong member/Primary Care Provider relationships for coordination and continuity of care, using Member Centered Medical Home concepts
- Reduce inappropriate inpatient hospitalizations and utilization of emergency room services
- Promote clinical care that is consistent with scientific evidence and member preferences
- Ensure the integration of medical and behavioral health services
- Educate members in self-advocacy and self-management
- Minimize gaps in care and encourage use of preventive health services
- Achieve cost efficiency in the provision of health services while maximizing health care quality
- Mobilize community resources to meet needs of members



Circumstances that might warrant referral to the CHW team include but are not limited to:

- Presence of progressive, chronic, or life-threatening illness
- Need for inpatient or outpatient rehabilitation
- Terminal illness
- High risk pregnancies
- Acute/traumatic injury, or an acute exacerbation of a chronic illness
- Complex social factors
- Members with Special Health Care Needs
- Multiple hospitalizations or emergency room visits
- Housing insecurities
- Food insecurities
- Transportation issues

The YCCO CHW team, Community behavioral health team, member centered medical homes and primary care providers form the communities one “integrated care team” and actively partner together to share accountability for the total health care needs and outcomes of the YCCO members. They work together from a shared workflow to provide most of the mental health, physical and behavioral health care in the primary care setting, including medication management and brief behavioral therapies. For members needing more intensive treatment, there is the option to refer to specialty mental health or substance abuse services, but the integrated care team coordinates that care. YCCO’s Behavior Health Neighborhood project will address both medical and mental health care in primary care and other clinical settings. Offering mental health treatments in primary care is convenient for patients, can reduce the stigma associated with treatment for mental disorders, builds on existing provider-patient relationships.

The” integrated care team” promotes the CHW availability and refers as appropriate. The CHW’s also present at the CAC, QCAP, PC3, board meetings individual clinic staff meetings individual elementary school staff meetings and community events and health fairs.

**• How Applicant intends to increase THW utilization**

As the CCO grows the organization will house CHW’s in ABH clinics, medical homes, PCP clinics, hospital ED’s and school settings with highest concentration of member usage.

**• How Applicant proposes to measure baseline utilization and performance over time**



Through data analysis and identification of high cost or high-risk trends, YCCO continually assesses the characteristics and needs of the population and sub-populations being managed to identify opportunities to enhance and/or modify its care integration program. This includes members with special needs, disabilities, and other complex health issues. Disease management interventions focus on two chronic conditions that are relevant to the YCCO member population; high blood pressure and diabetes. The CCO assesses all program interventions and resources to determine if changes are needed to better meet the needs of the population.



Request for Application  
RFA OHA-4690-YCCO-CCO 2.0

**Attachment 10 - Social Determinants of Health and Health Equity**



## **Attachment 10 - Social Determinants of Health and Health Equity**

### **A. Community Engagement**

#### **1. Evaluation Questions**

##### **a. Did Applicant obtain Community involvement in the development of the Application?**

Yes, Yamhill CCO sought the input on the development of this application from numerous partners. The annual Fall Forum in October 2018 provided an ideal opportunity to engage members from each of the CCO's committees: The Board of Directors, Quality and Clinical Advisory Panel, Community Advisory Council, and Early Learning Council members were asked to identify ways in which their agencies address the social determinants of health in the areas of trauma, equity, behavioral health, and lifestyle. They were also asked to reflect on opportunities for growth and resources available in the community to support more effective engagement in each of these areas. Additionally, participants in the Forum were asked to participate directly in the application process. Representatives from the local public health department, local social service agencies, Health and Human Services, and OHP members all volunteered and will be involved in the application process.

Another group that has provided substantial feedback to the development of Yamhill CCO's work around SDOH is the cross-sector Trauma and Resiliency Workgroup, hosted by Public Health. Trauma and resiliency is written into the Yamhill County Public Health 2018 Community Health Improvement Plan and the YCCO 2019 CHIP. Participants include physical and mental health care, education, social services, philanthropy, and law enforcement. Yamhill CCO's Early Learning Administrator and Community Health Specialist have been actively involved in the design of this shared plan and are integrating strategies into this application as well as the Early Learning Workplan and the Community Health Improvement Plan. YCCO also coordinated with its delegated partners to provide feedback and contribute to parts of the application, including PH Tech, Providence Plan Partners, Capitol Dental Care, First Transit, and Yamhill County Health and Human Services.

##### **b. Applicant will submit a plan via the RFA Community Engagement Plan for engaging key stakeholders, including OHP consumers, Community-based organizations that address disparities and the social determinants of health, providers, local public health authorities, Tribes, and others, in its work. The Plan will include strategies for engaging its Community Advisory Council and developing shared Community Health Assessments and Community Health Improvement Plan priorities and strategies.**

#### **2. Requested Documents**

**Completed RFA Community Engagement Plan, including all required elements as described in RFA Community Engagement Plan Requirement Components and attaching required Tables in RFA Community Engagement Plan Required Tables (page limit: 4 pages, excluding tables)**



Completed RFA Community Engagement Plan - See RFA4690-YCCO-Att10 Community Engagement Plan

RFA Community Engagement Plan Required Tables - See RFA4690-YCCO-Att10 Community Engagement Plan Required Tables

**B. Social Determinants of Health and Health Equity (SDOH-HE) Spending, Priorities, and Partnership**

**1. Informational Questions**

- a. Does Applicant currently hold any agreements or MOUs with entities that meet the definition of SDOH-HE partners, including housing partners? If yes, please describe the agreement.**

YCCO is the only current CCO in Oregon that serves as the backbone agency for an Early Learning Hub, meaning not only does it have a formal partnership agreement with the local ELH, but that the work of the CCO and its Hub are closely aligned. Strategies from the EL Strategic Plan are incorporated into the CCO's Strategic Plan, representing the strength of this partnership and linking YCCO to many SDOH-HE partners. Yamhill CCO holds several agreements that address social determinants of health and/or health equity, including a Declaration of Cooperation shared by all members of the Early Learning Council, a memorandum of understanding and business associate's agreement with member agencies participating in the Family CORE (Coordinated 0-5 Referral Exchange).

YCCO has also issued subcontracts with several partners to address SDOH-HE. The DOC is required of all ELC member agencies, which includes representatives from the following:

- early childhood education
- k12 education
- social services
- HHS and DHS
- government
- the business sector

This agreement requires them to commit to sharing budgets and data. Agencies self-select their role in addressing shared goals of a coordinated system, kindergarten readiness, and healthy, stable and attached families. By signing the Family CORE MOU, all agencies that participate in Home Visiting agree to the same terms. These include participation in a coordinated referral exchange and professional development of home visitors, timely response to referrals, the use of shared referral and screening tools, and the sharing of data. All parties except one have signed a BAA to allow them to share personal health information in a HIPAA compliant manner.

YCCO holds a contract with Yamhill County Health and Human Services as part of its behavioral health delegation agreement, but this includes a partnership with the local public health authority. YCCO holds a formal partnership with Yamhill County PH to help coordinate prevention and wellness programs in the area. This includes coordinating school-based prevention programs and assisting with the YCCO CHA and CHIP processes and aligning and coordinating those documents with PH's.

YCCO has a place on the Board of Directors for a representative from the local Housing Authority,



and the Community Prevention and Wellness Committee has representation from a local Chamber of Commerce, which consistently addresses housing and homelessness issues. Peer support programs that YCCO funds or partners with include Provoking Hope, which addresses addiction issues; Project ABLE, which offers peer support for mental illness; and Champion Team, which addresses addiction, mental illness, and homelessness. YCCO also supports the Western Oregon Center for Pediatric Lifestyle Change, which coordinates the Student Nutrition and Activity Clinic for Kids, offering healthy lifestyle mentorship for children and families.

Through its Early Learning Hub, YCCO also has funding contracts with all seven school district in the county, as well as Mid-Willamette Valley Community Action Agency, which coordinates childcare and early childhood programs for the community; Lutheran Community Services, which offers a relief nursery, respite care, diaper bank, and parenting classes; and Yamhill Enrichment Society, which supports Dolly Parton's Imagination Library and other literacy efforts in the county.

**b. Does Applicant currently have performance milestones and/or metrics in place related to SDOH-HE? These milestones/metrics may be at the plan level or Provider level. If yes, please describe.**

Several role and indicators of success have been developed that guide the work of the Early Learning Hubs and their backbone agencies, such as YCCO. The roles are based on the three shared goals of all Early Learning Hubs (coordinated systems, kindergarten readiness and family stability).

YCCO's Early Learning Hub measures the following:

- common data collection and tracking strategies between K12 and early learning partners
- increased early registration and improved kindergarten attendance
- increased number of children from priority populations who are connected to and engaged with culturally responsive support services
- increased number of childcare providers participating in SPARK (the ELD's quality improvement system)
- increase in the number of providers who have received cultural competency and trauma-informed care trainings
- identification of common goals and plan for implementation with CCO and health partners related to social determinants of health
- increase in the number of families of at-risk children who access home visiting and other child abuse prevention programs
- increase in the number of children obtaining physical and dental well- checks and immunizations
- referrals into the Family CORE for home visiting
- the number of both adults and children who participate in parent education
- Kindergarten Assessment scores, third grade reading scores, kindergarten attendance, and poverty rates – all by community and by ethnicity



YCCO's Children's Champion program launched in 2019 with nine APM clinics opting to follow the CCO's strong recommendation that they designate a staff person to attend biannual trainings on the school readiness and support services available to families (such as home visiting and parent education) and the development of workflows to facilitate connection to services. YCCO's Early Learning Hub will be tracking engagement by clinic by monitoring the number of the children referred into the Family CORE and the level of post-referral connection to services.

YCCO has the capacity to track and measure disparities among its members based on race/ethnicity, language, age, disability, and geographic location, among others and the mechanism to report this information back to clinics. In a recent colorectal cancer screening campaign, YCCO was able to identify specific populations not receiving screenings and work with clinics to improve this measure.

The YCCO Community Health Assessment includes examination of disparities, and this and future CHIPs will include an equity lens and measure for each objective. YCCO receives information about the requests for interpretation in the clinic setting, and can determine whether these needs have been met, what was paid (if YCCO covered the costs), and how often these services are utilized.

Yamhill CCO operates a Community Health Worker Hub, which delivers direct services to members. The activities, encounters, interventions, and outcome data are tracked for each encounter with individuals enrolled in these programs. The captured data includes items like the following: status of referral (open or closed), whether the member engaged, reason for referral, source of referral, and number of visits, transports provided, appointments attended, phone calls or other encounters, goals made, and goals met. Community Health Workers perform a needs assessment on members, screening for nine items from the Pathways Model: healthcare, food, housing, transportation, clothing/household items, financial assistance/social support, employment/education, counseling/peer support, and fitness/self-care. The CHWs follow up with members until the issue is resolved, the member declines to engage, or the issue is not resolvable at the time of service.

- c. Does Applicant have a current policy in place defining the role of the CAC in tracking, reviewing and determining how SDOH-HE spending occurs? If yes, please attach current policy. If no, please describe how Applicant intends to define the role of the CAC in directing, tracking, and reviewing SDOH-HE spending.**

YCCO does not currently have a policy that defines the CAC role in tracking, reviewing and determination if how SDOH-HE spending is administered. YCCO intends to use the CAC to guide an RFP and funding approval process for CHIP projects in the same way other committees guide the process for other funding. The Community Advisory Council has been and will continue to be instrumental in the selection of priorities, directing the vision for SDoH and other community-based projects, reviewing RFP criteria and proposals according to criteria, and offering feedback and recommendations. The CAC roles and responsibilities related to funding allocation and tracking of SDOH-HE initiatives will be reflected in the CAC charter and in the RFP funding criteria as well as incorporated as a reference in the existing Health Related Services policy.

- d. Please describe how Applicant intends to award funding for SDOH-HE**



**projects, including:**

**(1) How Applicant will guard against potential conflicts of interest**

Each member of a YCCO committee is required to complete a Conflict of Interest declaration form, ensuring that any potential conflicts of interest are disclosed and addressed. Additionally, funding decisions are never informed by parties applying for funding. In cases where a representative from an agency requesting funding from YCCO is on a decision-making committee, they are not present in the room when the rubric review, discussion, or funding decision occurs.

**(2) How Applicant will ensure a transparent and equitable process**

YCCO currently has a robust and specific process for awarding funding, including to SDOH-HE partners and programs. In current process, YCCO releases a Request for Proposals addressing the identified need, funding limitations, or desired outcomes. The RFP is publicized through press releases, email lists, social media, and other communication methods. RFPs are open to all applicable agencies. This open, public process ensures transparency and equity in the funding decisions. Relevant parties, which for SDOH-HE processes will include the CAC, review the proposals based on a scoring rubric, discuss the proposed projects, and choose the awardees based on the rubric scores and thorough discussion of each. The scoring rubric is available to awardees if requested, further ensuring transparency.

**(3) How Applicant will demonstrate the outcome of funded projects to Members, SDOH- HE partners, and other key stakeholders in the Community.**

All funded projects include contractually required metrics and outcome measures. YCCO collects regular reports on program progress, outcome achievement, barriers, and expenditures. This information is made available to the Board of Directors and other relevant committees and summaries are publicized as appropriate. YCCO is participating in the CMS Accountable Health Communities grant with OHSU – Oregon Rural Practice Network project. The project involves screening and navigation of patients with a recent clinical visit. Examples can include patients who have recently been admitted to hospital. The team of CHWs is outreaching to these patients, and this grant project uses the CLARA system to report connection to social resources and track progress. The results of this research grant will be available publicly as they are compiled.

**e. For the statewide housing priority only: please provide proposed metrics for assessing the impact of investments in this area.**

For housing-related SDOH funding, YCCO currently offers emergency housing or rent assistance through its Service Integration Teams. The protocol for this funding is that a community-based, multi-sector group of various agencies vote through in-person meetings or email on housing and rent-related requests. The request is typically funded if it meets the following criteria: A specific individual or family need is met which positions the individual/family to be more self-sufficient or to prevent them from losing home, energy, or utilities. As funds are intended to meet one-time needs, partner advocates are asked to demonstrate why those they advocate for are unable to pay for these needs themselves as well as how they intend to meet these needs in the future. Recipients must live in, attend school, or otherwise participate within the community within the team's school district. Other current housing programs include Transitional Treatment Recovery Services. This program tracks which participants in the program are employed or enrolled in school, who is placed in safe housing, and who continues to be involved with Certified Recovery Mentorship. Metrics for additional programs, both current and future, could include the following:



- number of clients screened, assisted, and/or housed
  - ED visits
  - engagement with primary and preventative care
  - engagement with Certified Recovery Mentors (CRMs), peers, THWs, or other support
  - drug and alcohol use (although abstinence would not be a requirement for support)
  - participation in training and development.
- 2. Evaluation Questions**
- a. Please describe the criteria Applicant will apply when selecting SDOH-HE partners.**

Applicant criteria varies according to the request for proposals, but a typical Request for Proposals has and will include the following criteria: detailed project description; outline of current organizational capacity and project team; sustainability plan; implementation plan and timeline; alignment with YCCO Strategic Plan, CHIP, Transformation and Quality Strategy (TQS), or Early Learning Strategic Plan; alignment with desired SDOH-HE priority areas; budget, including in-kind or leveraged funds; data collection and reporting capacity; outcome measures; target population within YCCO service area; alignment with Medicaid/OHP funding regulations; awardee is not on the Office of the Inspector General (OIG) exclusionary list; ability to meet any relevant state requirements, including any insurance requirements; and submission of anti-discrimination policy or statement.

- b. Please describe how Applicant will broadly communicate the following information to the public and through its network of partners: its SDOH-HE spending priorities, the availability of funding for projects, how interested parties can apply for consideration, and the project selection process.**

YCCO contracts with a public relations management company that is skilled in wide-reaching communication and promotion strategies. YCCO funding processes are always public and open to all applicable agencies. Requests for Proposals will be publicized through press releases, YCCO website, social media, the local news media, email newsletters, and other media as appropriate. RFPs will be released at least one month before applications are closed, depending on the length of the application required, to give proper time for interested parties to learn about opportunities and apply. The RFP will include information about spending priorities, amount and availability of funding, and have a clearly outlined application process. The selection process and scoring rubrics will be posted publicly on the YCCO website.

- c. Please describe how Applicant will track and report SDOH-HE expenses and outcomes, including technological capacity and process for sharing and collecting data, financial systems, and methods for data collection.**

YCCO requires grant-funded partners to submit implementation plans, goals, and outcome measures in regular reports, along with expenses and record of expenditures if requested or required. Currently, especially considering many SDOH-HE partners limited technological capacities, reports are submitted through documents via email. YCCO is exploring non-EHR data sharing systems, like the Devereaux Student Strengths Assessment; a social services client database called CLARA, developed for the Accountable Health Communities grant in partnership with the Oregon Rural Practice Research Network; grant management software, including online



submission systems; and YCCO-supported research, including observational research held in local schools to monitor implementation of the Good Behavior Game, a classroom intervention. Methods of data collection and sharing must be flexible to accommodate the funded partner, but requirements for monitoring outcomes will be consistent and keep agencies accountable.

- d. Applicant will submit a plan for selecting Community SDOH-HE spending priorities in line with existing CHP priorities and the statewide priority on Housing-Related Services and Supports via the RFA Community Engagement Plan, as referenced in section A.**

- **Plan for selecting Community SDOH-HE spending priorities –**

See Plan submitted via the Community Engagement Plan and Community Engagement Plan Required Tables

**C. Health-Related Services (HRS)**

**1. Informational Questions**

- a. Please describe how HRS Community benefit investment decisions will be made, including the types of entities eligible for funding, how entities may apply, the process for how funding will be awarded, the role of the CAC (and Tribes/tribal advisory committee if applicable) in determining how investment decisions are made, and how HRS spending will align with CHP priorities.**

General HRS funding decisions are made in alignment with YCCO's HRS policies and procedures. HRS funds must be used for things or activities that will promote members' health. Requests can be driven by physician recommendation, individual or caregiver request, or determination of a Community Health Worker. The process for making funding decisions involves reviewing the request to ensure other resources cannot meet the request, necessity for this resource in improving health, and evidence of commitment to goal. The use of HRS funds is indicated for situations where care would be improved, like ensuring a member can stay out of the ED to stabilize a housing situation or living situation. Long-term plans and supports are required for using funds. Use of funds is documented by CHWs. A recent example of HRS fund use follows: A physical health provider recommends that an overweight boy with autism could use a physical therapy yoga ball for improved physical health and to support a proclivity for repetitive bouncing. The boy was living with his family in an apartment, and his bouncing was causing noise complaints, creating a risk of eviction. This ball purchase stabilized their housing situation and improved this boy's self-management abilities. The funds are used for unique situations that would improve life situations and reduce either immediate costs or reduce likelihood of higher medical costs later. The team follows up with the client to ensure funds are used appropriately.

Because these funding decisions need to be made very quickly, funding decisions for HRS are made internally. Flex fund policy currently requires approval from the CEO and review by the Medical Director. The CHW Hub provides a monthly report to the Board of Directors, which is then included in an Executive Brief. This brief is posted publicly on the YCCO website. The Community Advisory Council also receives the Executive Brief and can ask questions. The Community Advisory Council is also the body that reviews any denied HRS fund requests that are appealed and can make the final decision. After the decision is made, the provider and member receive a written notice of the decision.

In addition, YCCO has established a Community Prevention and Wellness Fund (CPWF) to



in HRS and SDOH-HE initiatives. The Community Prevention and Wellness Committee (CPW) consists of YCCO Board members, community members, business community representatives and non-profit leaders. The CPW is designing a 3-5-year plan for investments in evidence-based HRS and SDOH-HE initiatives that impact long term population health. The plan will have a central vision for these investments over a five-year period with recommendations on certain evidence-based initiatives. The CPW will also release RFPs to local communities for submission of proposals that would align with the plan but be specific to the needs of the individual community. All types of community organizations are encouraged to submit proposals such as local non-profits, school districts, Head Start, etc. RFPs will be reviewed and scored with final recommendations on investments made to the YCCO board of directors who will make the final approval.

**D. Community Advisory Council membership and role**

**1. Informational Questions**

- a. Please identify the data source(s) Applicant proposes to use when defining the demographic composition of Medicaid Members in the Applicant's Service Area.**

YCCO currently receives its member demographic information from the 834 report from Oregon Health Authority. Because of the limited demographic information in this report, the Community Health Assessment requested race/ethnicity information in survey data and YCCO uses county and state census and survey data to more accurately gauge demographic composition of its members. The Community Advisory Council, Board of Directors, and staff complete a Race Ethnicity Age Language + Disability assessment (REAL+D) to determine whether demographic of governance reflect the community. YCCO is in the process of exploring clinic capacity for reporting demographic information in a standardized EHR reporting template to further improve accuracy.

**2. Evaluation Questions**

- a. Applicant will submit a plan via the RFA Community Engagement Plan, as referenced in Section A, for engaging CAC representatives that align with CHP priorities and membership demographics, how it will meaningfully engage OHP consumer(s) on the CCO board and describe how it will meaningfully engage Tribes and/or tribal advisory committee (if applicable).**

- b. Applicant may refer to guidance document CAC Member Assessment Recruitment Matrix.**

Completed RFA Community Engagement Plan - See RFA4690-YCCO-Att10 Community Engagement Plan

**E. Health Equity Assessment and Health Equity Plan**

**1. Informational Questions**

- a. Please briefly describe the Applicant's current organizational capacity to develop, administer, and monitor completion of training material to organizational staff and contractors, including whether the Applicant currently requires its Providers or Subcontractors to complete training topics on health and Health Equity.**

YCCO's Equity workgroup is designing an onboarding program that gives new employees an equity training upon hire. Part of the current request for proposals from new HR companies will



include the capacity to provide equity training materials or the flexibility for YCCO to include their own. The team has the capacity to develop a policy around requirements for new staff to complete a general equity training, but also one that addresses the specific diversity and disparities among YCCO members. The HR vendor and the Equity Workgroup will collaborate to create an ongoing continuous improvement focus on cultural agility and awareness both within the staff and as a community-facing entity. Additionally, the workgroup has delivered trainings during staff meetings introducing the concept of equity and how each individual department impacts YCCO members. Currently, YCCO does not require its contracted providers or subcontractors to complete training on health equity but has offered Continued Medical Education trainings on the topic of general health equity and LGBTQ equity to its providers, and a robust series of trauma-informed care trainings and conferences to the community at large.

**b. Please describe Applicant's capacity to collect and analyze REAL+D data.**

YCCO has collected and analyzed REAL+D data for its entire staff. It has also collected REAL+D data for its Board of Directors and its Community Advisory Council and has incorporated an anonymous REAL+D protocol into the application process for its other advisory committees. YCCO is exploring using Inteligenz to standardize EHR data reporting to include member REAL+D data reported directly from the clinics. The organization will also support clinics with technical assistance around collecting and reporting demographic data for its members. YCCO will assess clinic capacity and is working with its contracted practices and their EHR vendors to determine ability to offer a template for demographic data collection. Clinics include providers across service areas; YCCO will work specifically with Capitol Dental and Health and Human Services to ensure their EHR data collection capabilities include demographic information.

**2. Evaluation Questions (Health Equity Assessment)**

**a. Please provide a general description of the Applicant's organizational practices, related to the provision of culturally and linguistically appropriate services. Include description of data collection procedures and how data informs the provision of such services, if applicable.**

Yamhill CCO has a policy on nondiscrimination that is shared to all staff members and delegates. The CCO monitors this through grievances to make sure members are not discriminated against. Yamhill CCO also monitors delegates by requesting policies, copies of monitoring logs, and provider agreements with redacted proprietary information that shows providers are complying with rules and regulations regarding nondiscrimination. Yamhill CCO's member handbook, mailed to members upon joining the plan and available on the website, directs members to a Customer Service number as well as a TTY/TTD direct line if members need interpreters or documents translated in another language or alternative format. Yamhill CCO follows the OCR 1557 which informs members of rights for free language assistance and translations. Yamhill CCO provides written materials predominantly in English and Spanish as requested and representative of the CCO demographics. Additional languages as required by OHA rules and OCR 1557 and alternative formats of publications are produced on request (large print, Braille, CD, and oral presentation). YCCO has collected and compiled the languages spoken by its providers and its members and understands the ratio of providers speaking YCCO member languages. It continues to refine and improve both the data around member language and



race/ethnicity and its strategies to improve services and representation. This includes reclassifying Yamhill County's HPSA score, which will assist in recruiting more diverse medical, oral health, and behavioral health providers. The CCO can use DSN data to supplement OHA data around member language. Through its partnership with PH Tech, YCCO can examine language data within customer service access, including language spoken during customer service calls and requests for alternate-language materials.

**b. Please describe the strategies used to recruit, retain, and promote at all levels, diverse personnel and leadership that are representative of the demographic characteristics of the Service Area.**

YCCO has identified local agencies that perform outreach to diverse communities, like the young professional's network and local Latino outreach and advocacy networks. It is developing strategies, as it contracts with a new Human Resources agency, to engage diverse communities in a more meaningful way. This strategy also involves a robust professional development plan to develop new employees who may require upskilling. The current HR policy includes incentives for current employees to refer new employees to open positions. Currently the YCCO staff is more heavily female and less Caucasian than the Yamhill County population, and older than the YCCO membership, based on a REAL+D survey of the staff. YCCO is conducting an RFP for a new HR company; this process will include explore strategies for recruiting diverse and bilingual populations, including incentives, pay scales, or bonus structures.

There is a current physician and medical provider shortage in the YCCO service area. YCCO has worked with the healthcare workforce to secure a higher local HPSA score to support loan forgiveness in the area, as a high-need rural location. This is a key strategy in securing commitment from providers, especially diverse providers. YCCO has participated in the AmeriCorps VISTA program, which often brings volunteers from outside of Yamhill County or Oregon, offering the potential to increase diversity in the local workforce. Additionally, YCCO has a partnership with local Linfield College, bringing interns from Linfield College to support YCCO work and encourage work experience in Yamhill County. The Early Learning Hub has explored strategies to promote careers in early childhood education and childcare in the local educational institutions.

**c. Please describe how Applicant will ensure the provision of linguistically appropriate services to Members, including the use of bilingual personnel, qualified and certified interpreter services, translation of notices in languages other than English, including the use of alternate formats. Applicant should describe how services can be accessed by the Member, staff, and Provider, and how Applicant intends to measure and/or evaluate the quality of language services.**

YCCO provides and pays for language services. YCCO ensures that member-facing materials are written below a Flesch-Kincaid score of 6 and meet all readability and language accessibility requirements. These requirements are written into YCCO policy. YCCO prints or sends materials in English and Spanish, the two dominant languages in the services area, and will interpret in other languages as required or requested. YCCO contracts with Mindlink and Passport to

Languages, which are local phone- and in-person certified interpretation and translation agencies. Clinics contracted for APM are expected to provide translation and interpretation for all YCCO



members who need those services; APM contracts include explicit language requiring clinics to offer linguistically appropriate services. Clinics can utilize Mindlink or a certified interpretation service of their choice. For non-APM clinics, YCCO will cover interpretation services for medical appointments. The CCO recognizes that it is ultimately responsible for ensuring language access, and monitors clinic delivery of services.

YCCO has, in its Transformation and Quality Strategy and equity workplan, strategies to audit its providers for CLAS Standards and ensuring culturally appropriate services, including member rights, plain language, and standards of care. This may include member or provider education and training components. YCCO also has a contract with Passport to Languages, a translation and interpretation agency that many local agencies are familiar with, offering clinics phone and in-person interpretation. YCCO's partner PH Tech contracts with Languages Services Inc. and this agency's services are also available to the community. Yamhill CCO uses several methods to provide service to members who do not speak English. Customer Service has individuals who are fluent in Spanish. The member can select an option on the call to speak with a staff member fluent in Spanish, if needed. If a Spanish bilingual Customer Service representative is not available a telephone language line is available, and this line is available for all other languages. The Customer Service Rep places the call and then the interpreter and the Customer Service Rep collaborate with the member to give the member the information needed. Customer Service remains on the call through the entire interaction. The vendor that is used for telephonic interpretation provides translation for 200 different languages.

Yamhill CCO will translate documents in different languages, but has it preprinted in languages where the area has over 35 households speaking a specific language per OHA's guidelines. Large print, audiotape, braille, computer disk, oral presentation are also available upon request. Customer Service staff members are trained on how to coordinate language translation services over the phone. Members can call into customer service and receive translation services and ask questions as needed. Yamhill CCO delegates notify providers through the Provider Manual; each manual has a section about how to arrange for interpretation services for a member. Providers are also given the Customer Service number for members who need assistance understanding materials. Yamhill CCO's member handbook, mailed to members upon joining the plan and available on the website, directs members to a Customer Service number as well as a TTY/TTD direct line if members need interpreters or documents translated in another language or alternative format. Yamhill CCO follows the OCR 1557 which informs members of rights for free language assistance and translations.

- d. Please describe how Applicant will ensure Members with disabilities will have access to auxiliary aids and services at no cost as required in 42 CFR 438.10, 42 CFR part 92, and Section 1557 of the Affordable Care Act. Response should include a description of how Applicant plans to monitor access for Members with disabilities with all contracted providers.**

As part of PCPCH recognition, contracted YCCO clinics are required to be audited around ADA accessibility compliance. The YCCO Quality Department performs audits of all clinics to determine compliance with all standards of local care. When clinics are credentialed, they receive review to ensure compliance with accessibility rules. APM clinics are required to provide additional resources like auxiliary aids and interpretation if needed. If the clinic cannot provide



these aids YCCO will cover any disability-related expenses. YCCO-contracted NEMT offers wheelchair and stretcher transport as requested.

### **3. Requested Documents**

Policies and procedures describing language access services, practices, evaluation, and monitoring for appropriateness and quality

Policies and procedures related to the provision of culturally and linguistically appropriate services.

### **F. Traditional Health Workers (THW) Utilization and Integration**

#### **1. Informational Questions**

- a. Does Applicant currently utilize THWs in any capacity? If yes, please describe how they are utilized, how performance is measured and evaluated, and identify the number of THWs (by THW type) in the Applicant's workforce.**

The CCO currently employs three full time Community Health Workers (CHWs) and a Family Resource Coordinator. The Community Health Worker works alongside the member and healthcare team to identify chronic condition(s), unmet healthcare needs, social service needs, and issues that may be present that are preventing the member from accessing available services. This position partners with the YCCO members in preparing a plan to address any social determinants that are preventing the YCCO member from meeting their health care goals/ needs. This includes assisting the member in setting appropriate goals to increase patient activation, access, and appropriate use of services. The Community Health Worker works within a team environment consisting of other Community Health Workers, RN Case Managers, Behavioral Health providers, and dental service providers. The CHWs also provide member and community education classes on diabetes prevention, persistent pain, and oversee the Wellness to Learn program.

The CHW's performance is measured by member feedback and member surveys at close of a case, community partner feedback, supervisor shadowing to observe engagement skills, resource knowledge, and timeliness to documentation. CHW-led programs are also evaluated on classroom attendance, classroom engagement, subject matter and expertise, class weight loss, and overall class involvement.

The CCO also works closely with community peer support specialists, navigators and Peer Wellness Specialists to provide services for members of YCCO. The Family Resource Coordinator facilitates the work of both the Family CORE (Coordinated 0-5 Referral Exchange) and the Service Integration Teams (SITs). For the former, she accepts referrals from medical, human service and social service providers and meets weekly with front line providers from home visiting agencies to connect at-risk families to support services that best meet their individual needs. She also supports the Family CORE Leadership Team in continued quality improvement of this program. The FRC tracks data by reason for referral, source, assignment, and engagement, as well as noting reasons services were declined (if applicable and available), as well as primary language and city of residence of families being served. Referral data is tracked and reported quarterly to the FCLT and periodically to the Early Learning Council, which provides oversight to this body. In her capacity as the coordinator for the SITs, she meets monthly in each school district catchment area with cross-sector partners, including those from education, law enforcement, social services, and the faith community. These are agency and community partners



collaborating to further improve the overall health and well-being of Yamhill County residents by matching resources to clearly defined needs, while avoiding duplication of services. Yamhill CCO and Yamhill County Health and Human Services fund these teams, and each team is unique to its local community with representatives from school staff, law enforcement, government (city, county, state) agencies, non-profits, faith-based members, tribal members, and the community-at-large. Between meetings, the FRC also processes requests for emergency funds to address utility shut-offs, eviction notices, medical needs and other urgent matters, both by coordinating services between agencies and through direct funding.

- b. If Applicant currently utilizes THWs, please describe the payment methodology used to reimburse for THW services, including any alternative payment structures.**

The YCCO Community Health Workers are paid as a carve out of the admin budget. The CHWs are reimbursed for their travel expenses as they use their own personal cars to do home visits, community presentations, and community meetings/ forums.

- 2. Evaluation Questions**
  - a. Please submit a THW Integration and Utilization Plan**
  - 3. Requested Documents**

THW Integration and Utilization Plan (page limit: 5 pages) - See RFA4690-YCCO-Att10 THW Integration and Utilization Plan

- G. Community Health Assessment and Community Health Improvement Plan**
  - 1. Evaluation Questions**
    - a. Applicant will submit a proposal via the RFA Community Engagement Plan**



Request for Application  
RFA OHA-4690-19-CCO 2.0

**Attachment 11 - Behavioral Health Questionnaire**



## Attachment 11 - Behavioral Health Questionnaire

The information requested in this questionnaire should be provided in narrative form, answering specific questions in each section and providing enough information for the OHA to evaluate the response. Include reasons why your organization can effectively complete the CCO service delivery and program design requirements, and how this will be accomplished in time to meet the needs of Members on implementation.

### A. Behavioral Health Benefit (recommended page limit 8 pages)

**Applicant must be fully accountable for the Behavioral Health benefit to ensure Members have access to an adequate Provider Network, receive timely access to the full continuum of care, and access effective treatment. Full accountability of the Behavioral Health benefit should result in integration of the benefit at the CCO level. Applicant may enter into Value-Based Payment arrangements; however, the arrangement does not eliminate the Applicant's responsibility to meet the contractual and individual Member need. Applicant must have enough oversight of the arrangement and intervene when a Member's need is not met, or the network of services is not enough to meet Members' needs.**

#### 1. How does Applicant plan to ensure that Behavioral Health, oral health and physical health services are seamlessly integrated so that Members are unaware of any differences in how the benefits are managed?

YCCO delegates behavioral, oral and physical health services to partnering organizations. Through operational and delegation oversight activities, the CCO ensures seamless and integrated care to Members. Members receive one handbook and print materials with a consistent YCCO brand. Customer service identifies as YCCO to callers and Member needs are collected, responded to, and shared with YCCO through ongoing reporting. Oversight of provider policies ensure integrative care practices and Member data sharing between providers for the purposes of care coordination. YCCO is committed to and ultimately responsible for assuring integrated care delivery among partners and services offered.

For care integration, the CCO hosts a variety of committees which discuss points of integration: the Quality and Clinical Advisory Panel, Oral Health Coalition, Metrics Subcommittee, and ad hoc workgroups. Through operations meetings, the CCO supports the collective planning for programs and pathways of care between physical, behavioral, and dental providers.

#### 2. How will Applicant manage the Global Budget (as defined in ORS 414.025) in a fully integrated manner meaning that Applicant will not identify a pre-defined cap on Behavioral Health spending, nor separate funding for Behavioral Health and physical health care by delegating the benefit coverage to separate entities that do not coordinate or integrate?

YCCO manages the global budget holistically based on utilization, YCCO's Member Benefit Ratio (MBR), the MBRs of network partners and delegates, and the need for system investments. YCCO does not follow the OHA methodology for attributing premium revenue to the different areas of service (PH, BH, Dental etc.). For instance, YCCO recognizes that behavioral health benefits are traditionally underfunded and that system investments in behavioral health services



are needed to reach benefit parity. Since 2015, YCCO has funded the BH benefit at approximately \$1.4 million more each year than the OHA methodology. BH is funded at LAN level 4 based on a blended PMPM. In addition, in fiscal years 2017 and 2018 YCCO funded the dental benefit less than the OHA methodology. Essentially, physical health and dental health dollars have been used to invest in the behavioral benefit. YCCO and YCCO's BH partner, Yamhill County Health and Human Services, have successfully built an integrated system that coordinates care across the service areas. YCCO evaluates the system through required reporting that demonstrates what programs are being funded, how much is being spent on these programs, how many Members are engaged and the utilization rates for BH and substance use disorder (SUD) services. In addition, YCCO's UM team monitors encounter data that is submitted by YCHHS to PHTech to understand what services are being provided and how that compares year over year. YCCO requires that YCHHS report medical loss ratio (MLR) data to ensure that dollars are being spent on services, and to ensure efficiency and that any annual margins are reasonable.

**3. How will Applicant fund Behavioral Health for its Service Area in compliance with the Mental Health Parity and Addiction Equity Act of 2008?**

YCCO ensures parity in the administration of its mental health and substance use disorders benefits (MH/SUD) in compliance with the Medicaid and Children's Health Insurance (CHIP) regulations implementing the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). YCCO ensures that financial requirements and/or treatment limitation based on MH/SUD benefits are not more restrictive than requirements and/or limitations on medical/surgical benefits. YCCO and Delegate policies do not apply a non-quantitative treatment limitation (NQTL) to MH/SUD benefits in any classification unless the NQTL is 1) comparable to the NQTL imposed on medical/surgical benefits, and 2) applied no more stringently to the MH/SUD benefits than to medical/surgical benefits. YCCO works with its delegates to conduct benefit determination review to ensure parity in decision-making. Further, the CCO ensures parity rules are applied to all in-network and out-of-network/out-of-state providers who provide covered services to Members.

**4. How will Applicant monitor the need for Behavioral Health services and fund Behavioral Health to address prevalence rather than historical regional spend? How will Applicant monitor cost and utilization of the Behavioral Health benefit?**

YCCO monitors need for behavioral health services through new Member screenings and physical health screening tools where referrals to behavioral health treatment are effectively coordinated between providers. In addition, YCCO's behavioral health Delegate monitors and reports on access data across the behavioral health provider network to monitor providers who may not be accepting new patients, which impacts the overall network, as well as wait times between first contact and first appointment, to ensure an adequate network of credentialed providers and types (in terms of training, experience, and specialization) to serve the diverse needs of its Members. Additionally, the behavioral health network is monitored to ensure a focus on increasing access to community-based behavioral health care and ensure diversity of providers according to cultural and linguistic competencies, as well as areas of practice, including traditional health workers (peer support specialists and certified recover mentors)—this



ongoing monitoring may include strategic investments in under-staffed areas across the catchment area or investments in evidence-based practices according to practice guidelines. Funding for behavioral health will address prevalence by reviewing known correlations between the poverty rates and serious emotional disorders in youth (statistic from NRI/SDICC for CMHS) and comorbidities with chronic physical health conditions that make severe and persistent mental illness, substance use disorders, and co-occurring disorders more likely. Further, YCCO monitors the membership list and projects membership using state/regional level OHA forecasting on the caseload size for specific at-risk rate groups, and individual Member assessed needs. Cost and utilization of behavioral health benefit is monitored through an array of complex reporting designed around a category of service and level of care model that helps assess the care complexity and episode length.

**5. How will Applicant contract for Behavioral Health services in primary care service delivery locations, contract for physical health services in Behavioral Health care service delivery locations, reimburse for the complete Behavioral Health Benefit Package, and ensure Providers integrate Behavioral Health services and physical health services?**

YCCO has an established alternative payment model (APM) that pays for integrated behavioral health services within primary care. This began in 2013 with Transformation funds and has evolved into a well-defined model for brief screening and intervention by post-masters and psychologist level Behavioral Health Consultants within the major clinics across the entire YCCO Patient Centered Primary Care Home (PCPCH) network. Approximately 77% (18,133/23,666) of Members are assigned to primary care practices with a co-located Behavioral Health Consultant. Conversely, because of the Yamhill County Health and Human Services (YCHHS) desire to create integrated Primary Care access within a specialty Behavioral Health Home model, YCHHS began a formal partnership with Virginia Garcia in 2015. In 2017, YCHHS was awarded status as a Certified Community Behavioral Health Center with service locations in the two largest cities, Newberg and McMinnville, within the YCCO service area. This model is supported both by alternative payment through the Behavioral Health Risk Accepting Entity contract, with additional funds coming through the CCBHC wrap payment, plus Virginia Garcia's existing payment models with APM funds. Various other linkage agreements are in place for care coordination through participation in the CCBHC model, especially around important transitions of care. For example, a more active hub-and-spoke model for Medication Assisted Treatment (MAT) is being developed to provide more access to this critical recovery support.

**6. How will Applicant ensure the full Behavioral Health benefit is available to all Members in Applicant's Service Area?**

YCHHS, as the YCCO Behavioral Health Delegate, provides oversight and monitoring of behavioral health participating providers. In addition to timely access stipulated in policy, YCHHS requires participating providers to submit monthly access data, which is reviewed by the YCHHS Utilization Management Program monthly and the Behavioral Health Quality Management Committee semi-annually to monitor for trends and recommend quality improvement initiatives as indicated. In addition, YCHHS administers an annual provider risk survey that includes an assessment of providers' timely access to care compliance; monitors for grievances related to timely access; and administers an annual Member behavioral health



satisfaction survey. YCCO has a representative on the Behavioral Health Quality Management Committee; monitors Member grievances related to access to behavioral health services; monitors Delegate compliance through the Quality Review activities; and submits reports to YCCO Advisory Councils for oversight and monitoring.

**7. How will Applicant ensure timely access to all Behavioral Health services for all Members?**

YCHHS, as the YCCO Behavioral Health Delegate, provides oversight and monitoring of behavioral health participating providers. In addition to timely access stipulated in policy, YCHHS requires participating providers to submit monthly access data, which is reviewed by the YCHHS Utilization Management Program monthly and the Behavioral Health Quality Management Committee semi-annually to monitor for trends and recommend quality improvement initiatives as indicated. In addition, YCHHS administers an annual provider risk survey that includes an assessment of provider's timely access to care compliance; monitors for grievances related to timely access; and administers an annual Member behavioral health satisfaction survey. YCCO has a representative on the Behavioral Health Quality Management Committee; monitors Member grievances related to access to behavioral health services; monitors Delegate compliance through the Quality Review activities; and submits reports to YCCO Advisory Councils for oversight and monitoring.

**8. How will Applicant ensure that Members can receive Behavioral Health services out of the Service Area, due to lack of access within the Service Area, and that Applicant will remain responsible for arranging and paying for such out-of-service-area care?**

YCCO delegates authorization of behavioral health services to YCHHS. YCHHS stipulates in policy that Members may access services out of the Service Area when the participating provider network is unable to provide the necessary service at no cost to the Member. The YCHHS Utilization Management Program reviews all out of area service requests and will authorize the care when the YCCO behavioral health provider network does not have the capacity to serve the Member or does not offer the medically necessary specialty care. By policy, YCHHS monitors for consistent application of the authorization review criteria. The YCHHS Utilization Management Program, Behavioral Health Quality Management Committee, and YCCO Quality Departments and Committees monitor grievances related to authorizations or denials for out of service area treatment.

**9. How will Applicant ensure Applicant's physical, oral and Behavioral Health Providers are completing comprehensive screening of physical and Behavioral Health care using evidence-based screening tools?**

YCCO ensures providers use evidence-based screening tools to assess Members' needs and identify appropriate treatment plans. Delegation contracts and adopted practice guidelines define the expected screening tools and population health quality measures. Oversight and monitoring of YCCO participating providers include, at minimum, policy desk review, data analysis, and annual chart review of participating provider clinical records. Included in the review is provider compliance with the above screening tools and assessing for health and safety concerns, and referring as medically indicated per OARs 309-019-0135, 0185, 0200.

For physical health, primary care providers utilize multiple screening tools, the following tools



are a sample of the standard tools utilized:

- Patient Health Questionnaire 2 and 9 (PHQ-1, PHQ-9)
- Screening, brief intervention, referral to treatment (SBIRT)
- Tobacco Use
- Ages and Stages Questionnaire
- Pregnancy intention
- Weight Assessment and Counseling
- Social Determinants Screening-Crick Learning Assessment for Resilient Agencies (CLARA) and Protocol for Responding to and Assessing Patients' Assets, Risk, and Experience (PRAPARE)

For behavioral health, YCHHS stipulates in the YCCO behavioral health participating provider contracts that they will comply with OARs 410-141 and 309-019, and utilize the following screening tools:

- Patient Health Questionnaire 9 (PHQ-9)
- Generalized Anxiety Disorder 7 (GAD-7) Screening, brief intervention, referral to treatment (SBIRT)
- Daily Living Activities 20 (DLA-20)

For oral health, clinical screening programs and protocols include:

- First Tooth
- Oral Health Assessment for children
- Tobacco Use
- Oral Health evaluation for Adults with Diabetes

**10. How will Applicant ensure access to Mobile Crisis Services for all Members to promote stabilization in a Community setting rather than arrest, presentation to an Emergency Department, or admission to an Acute Care Psychiatric Hospital, in accordance with OAR 309- 019-0105, 309-019-0150, 309-019-0242, and 309-019-0300 to 309-019-0320?**

YCCO through contracts with YCHHS offers mobile crisis response 24 hours a day, seven days a week. The team of Qualified Mental Health Professionals is accessible to any law enforcement agency through their dispatch centers using a convenient direct line phone number. The partnership between law enforcement agencies and YCHHS has included information sessions, regularly scheduled meetings, a mental health crisis orientation for all incoming officers/deputies, and partnership on a yearly Crisis Intervention Training (CIT) for Yamhill County first responders. YCHHS maintains a Memorandum of Understanding with all Yamhill County law enforcement agencies, two local hospital systems and other community partners which sets expectations and services for interactions with those in psychiatric crisis; with the intent to engage them in behavioral health services. These collaborations provide education and training around diversion of those with mental illness and builds trust between the mobile crisis workers and sworn law enforcement officials to provide on the scene evaluation and diversion. In cases where diversion is not possible on scene, YCHHS offers jail diversion services, which



include the use of Forensic Peer Specialists and Community Outreach Specialists to work with Members to lower or dismiss charges and prevent recidivism. If a Member is taken to a nearby emergency room, YCHHS maintains contracts with each hospital to ensure timely and client centered screenings, which include assessment for diversion from acute care. YCHHS operates two local crises respite programs that allow for safe discharge from the emergency departments and promote diversion from acute care. These crises respite programs are also available to the mobile crisis workers should they need to divert a Member in the community to a community setting in lieu of emergency department, jail, or charges.

**11. Describe how Applicant will utilize Peers in the Behavioral Health system.**

YCCO highly values the services of the Peer Support Specialist within their network of care. YCCO funds Project ABLE, an organization that provides peer services and support to those struggling with mental health and co-occurring issues, with a \$60,000 grant that is renewed annually. In addition, YCCO funds Yamhill County Health and Human Services (YCHHS) with a blended PMPM that equates to \$1.4 million dollars more than the BH revenue provided by the OHA methodology. The YCCO's methodology for funding BH and SUD services takes into consideration significant annual investments made by YCHHS in peer support services provided by several peer support agencies: Provoking Hope, Project Able and Champion Team. The recent Community Health Assessment identified 52 full time equivalent (FTE) peer support specialists, representing 15.8% of the total behavioral health network workforce. Through lived experience, Peer Support Specialists can speak into the lives of others, providing Members with insight, assist with learning and practicing new skills, and model effective coping techniques and self-help strategies.

The Peer Support Specialists have an integral role, with their services woven into multiple facets of the behavioral health delivery system through contractual agreements. Local non-profit Peer Run Organizations, including Project ABLE, Champion Team, Provoking Hope, Oregon Family Support Network, and Dave Romprey Warmline provide an array of drop-in, individual, crisis, wellness, substance use recovery, and telephonic peer support. YCHHS integrates peer services in array of individual and group behavioral health supports for adults, youth, and families enrolled in YCCO services. YCHHS employs peer support individuals throughout the service array including crisis stabilization, jail diversion, Wraparound, supported and supportive housing, general outpatient, illness management and recovery, employment and education, Assertive Community Treatment, and Early Assessment Support Alliance services. Outside of the formal behavioral health network, YCCO via YCHHS has a longstanding partnership with the local National Alliance on Mental Illness (NAMI) chapter. In addition to providing direct support and services, Peers also help to educate, advocate, and provide insight and understanding for their co-workers, teams they are working on, and the community.

The Peer Support Specialists are actively involved in a local peer coalition that brings together Peer programs throughout the service area to share ideas, resources, strategies to provide services to others, and to provide collective supports in doing the work. The Peer Coalition plans and hosts an annual Peers In the Park community event. The intent of the event is to bring the community together and provide support and information about behavioral health resources. YCHHS supports Peer Support Specialists with ongoing trainings and education opportunities, such as going to the annual Peerpocalypse conference, in addition to other trainings associated



with their area of work.

Certified Peer Support Specialists, Family Support Specialists, Certified Recovery Mentors, and peer and family advocates are integrated into care organization and behavioral health subcommittees and advisory boards. Their feedback and advocacy inform service delivery and quality improvement initiatives, as does participant feedback collected via an annual Peer Delivered Services Survey administered by YCCO across all network peer organizations.

**12. How will Applicant ensure access to a diversity of integrated community supports that mitigate SDOH-HE, increase individuals' integration into the community, and ensure all Members access to Peer services and networks.**

Utilizing the Collective Impact Model, YCCO has built relationships with SDOH-HE partners; a strategic framework including macro, mezzo, and micro levels. Diverse partnerships include YCHHS, Housing Authority of Yamhill County (HAYC), Virginia Garcia Medical Clinic, and Project ABLE peer services.

New collaborative YCCO/YCHHS programs mitigate SDOH-HE factors and service gaps: 1) Early Learning Hub funding, 2) referrals for early childhood home visits, 3) a new Maternal Medical Home model, 4) new-parent toolkits fostering client relationships with primary care providers, 5) community health workers and nurses stationed at adult health care hubs to identify people with complex care needs and connect them with resources, 6) co-location of Virginia Garcia clinic alongside YCHHS - Newberg, improving coordination of care.

Strong, established YCHHS integrated community supported services, such as ACT, increase individuals' integration into the community and are available regardless of income or insurance. YCCO works to build collaborative partnerships with vulnerable and disenfranchised individuals, hoping to reduce stigma and address unmet needs to assure health, wellness and safety that honor individual autonomy and choice. YCCO recognizes numerous non-medical factors contribute to adverse health outcomes, including food insecurity, economic uncertainty, housing insufficiency, access to care and social isolation, and addresses them through individual treatment plans.

Partnerships with YCHHS peer services, as well as grass-roots, community peer service organizations (Oregon Family Support Network, Project ABLE, Provoking Hope, Champion Team) result in all Members having access to peer services and networks in which Members can partner with other individuals who model having bridged SDOH-HE conditions in their process of recovery.

**B. Billing System and Policy Barriers to Integration (recommended page limit 2 pages)**

**Applicant must identify and address billing system and policy barriers to integration that prevent Behavioral Health Provider billing from a physical health setting. Applicant will develop payment methodologies to reimburse for Warm Handoffs, impromptu consultations, integrated care management services and all services for evidence-based treatments (for example, Wraparound, ACT, PCIT, EASA, Peer Delivered Services). Applicant will examine equity in Behavioral Health and physical health reimbursement.**



**1. Please describe Applicant’s process to provide Warm Handoffs, any potential barriers to ensuring Warm Handoffs occur and are documented, and how Applicant plans to address them.**

YCCO and its participating behavioral health providers understand the importance of coordination with physical health care providers to assist YCCO Members in accessing care in areas appropriate to their needs. Patient care activities are deliberately organized among the participants concerned with the patient’s care to achieve safer and more effective care via Warm Handoffs, impromptu consultation, integrated care management services, and all services for evidence-based treatments. YCCO maintains a close relationship with the local Certified Community Behavioral Health Center (CCBHC), YCHHS. YCCO’s behavioral health Delegate, YCHHS, currently provides psychiatric consultation services from the YCHHS Medical Director to PCPCHs. Additionally, behavioral health providers consult with, aid and educate, physical health care providers in the YCCO service area in early identification, prevention, and treatment of behavioral health disorders through collaborative care pilots, ad hoc system improvement meetings and through provider networking events to engage and introduce cross-system system providers. As of January 2019, all billing/authorization for behavioral health services provided in a primary care setting are overseen by the behavioral health risk-accepting entity, YCHHS. This enables care coordination to happen more seamlessly where consultation and care management may result in additional referral to a higher level of service. Further, the singular data repository for all behavioral and physical health care coordination information, PH Tech, ensures that information can be shared within legal limits for better care coordination. Discharge planning begins at the time a Member is placed in a higher level of care to ensure a timely and seamless warm handoff for the YCCO Member when ready to transition to a lower level of care.

**2. How does Applicant plan to assess for need and utilization of in-home care services (Behavioral Health services delivered in the Member’s home) for Members?**

YCCO assesses the need for in-home care services by utilizing membership information related to the geographical location of its Members, as well as complex health needs. Utilization is monitored via ongoing assessment of claims level data where the place of service is used to assess the volume of services being provided in homes and in the community for YCCO Members. In addition, community-based specialty care services for Members with SMI are provided based on assessed need in the Member’s home, such as Assertive Community Treatment (ACT), Early Assessment and Support Alliance (EASA), System of Care/Wraparound, 1915i Home and Community-Based Services and Supported Housing.

**3. Please describe Applicant’s process for discharge planning, noting that discharge planning begins at the beginning of an Episode of Care and must be included in the care plan. Discharge Planning involves the transition of a patient’s care from one level of care to the next or Episode of Care. Treatment team and the patient and/or the patient’s representative participate in discharge planning activities.**

YCCO behavioral health participating provider contracts stipulate the need for providers to comply with OARs 309-019 and 410-141, including requirements pertaining to transfers and discharge planning. In addition, YCHHS policy on care coordination specifies requirements pertaining to transition of care in compliance with OAR 410-141-3061, 3160, 3170. When a Member transitions to a higher level of care, the YCHHS Utilization Management Program



coordinates with the Member/Member representative, and the behavioral health providers involved in the Member's care to initiate discharge planning at placement and facilitate a warm handoff to a lower level of care at discharge. YCHHS' annual review of participating provider clinical records includes assessment of provider's compliance with clinical record requirements related to transitions of care and discharge summaries. Other oversight and monitoring activities related to discharge planning include administering the provider annual risk survey, which includes evaluation of provider's compliance with Special Needs Care Coordination and monitoring for grievances related to Intensive Care Coordination and Intensive Case Management. Grievances are reviewed by the YCHHS Utilization Management Program monthly, YCCO Quality Department quarterly and the Behavioral Health Quality Management Committee semi-annually.

**4. Please describe Applicant's plan to coordinate Behavioral Health care for Fully Dual Eligible Members with Medicare providers and Medicare plans, including ensuring proper billing for Medicare covered services and addressing barriers to Fully Dual Eligible accessing OHP Covered Services.**

It is the goal of YCHHS to make services and payer coverage seamless for the dual eligible Member. When possible, the YCHHS Utilization Management Program will refer Members to a health care provider with the appropriate credentials required by the primary payer. YCHHS, as the YCCO behavioral health Delegate, has stipulated in their coordination of benefits policy that providers must bill all other insurances, including Medicare, before billing Medicaid per OARs 410-120-1280 and 410-141-3420. Providers must make reasonable efforts to obtain payment first from other resources responsible to pay their limit of legal liability, before billing YCHHS/YCCO. This shall include determining the existence of insurance or other resources on each date of service by using an insurance database such as Electronic Verification System (EVS). YCHHS will pay for Medicare coinsurances and deductibles up to the Medicare or YCHHS's maximum allowable for covered services the Member receives within the YCCO behavioral health participating provider network for authorized services, and urgent care or emergency services the Member receives from non-participating providers. YCHHS will not pay for Medicare coinsurances and deductibles for non-urgent or non-emergent care Members receive from non-participating providers. YCHHS may request the provider submit a claim for Medicare payment, except as noted in 410-141-3420. Claims submitted to Medicare shall include the Medicaid information necessary to enable electronic crossover to the OHA or contracted health plan. Under federal regulation, a YCCO behavioral health provider may not charge a beneficiary (or the state or YCCO as the beneficiary's subrogee) for services for which a provider failed to file a timely claim (42 CFR 424) with Medicare despite being requested to do so. If Medicare is the primary payer and Medicare denies payment, Medicare appeals must be timely pursued, and Medicare denial must be obtained prior to submitting the claim for payment to YCCO.

**C. MOU with Community Mental Health Program (CMHP) (recommended page limit 6 pages)**

**Applicant will enter a MOU with Local Mental Health Authority that will be enforced and honored. Improved health outcomes and increased access to services through coordination of safety net services and Medicaid services.**

**1. Describe how Applicant plans to develop a comprehensive Behavioral**



**Health plan for Applicant's Service Area. Please include dates, milestones, and Community partners.**

YCCO partners closely with the Yamhill County Health and Human Services (YCHHS) to deliver comprehensive Behavioral Health services and serve as the Local Public Health Authority on several strategic initiatives. These initiatives include the Community Prevention and Wellness Fund, the Community Health Assessment (CHA) and Health Improvement Plan (CHIP), and behavioral health delegated activities. As part of the CHIP process there is a focus on behavioral health treatment and prevention strategies. YCCO community need and plans are evaluated based on this work, and the data associated with it, to inform interventions to address identified disparities. Future planning efforts include the Community Prevention and Wellness investments and funding solutions; alignment of community needs assessment and improvement plans; expanded availability of peer support and traditional health worker services; comprehensive screening for social determinants of health and integrated treatment-SDoH delivery models; expanded access and availability of mental health and substance use disorder treatment including non-traditional integrated, consultation, and co-located models of care. Some of the most recent investments in peer support and housing models, as well as the investment in the Community Prevention and Wellness Fund are a direct result of the collaboration and planning efforts shared between YCCO and partners.

Strategies	Date	Milestone	Partners
CPW	06/2020	<ul style="list-style-type: none"> <li>Expand investments in school-based prevention programs</li> <li>Establish Wellness Fund</li> </ul>	LPHA Early Learning Hub YCHHS Lutheran Community Services
CHA/CHIP	12/2022	<ul style="list-style-type: none"> <li>Align Community Improvement strategies with local Public Health Authority and hospital systems</li> <li>Strategies include: Opioid and tobacco substance use prevention and treatment; integration of trauma-informed care approaches</li> </ul>	LPHA Providence Health System Willamette Valley Medical
Peer Supports	12/2022	<ul style="list-style-type: none"> <li>Expand and Integrate Peer Support Services</li> <li>Explore strategies to improve access</li> </ul>	YCHHS Peer Support agencies
SDoH	12/2020	<ul style="list-style-type: none"> <li>Integrate treatment-based housing models</li> <li>Comprehensive SDoH screening and navigation</li> <li>Invest in THW support programs</li> </ul>	YCHHS Peer Support agencies Primary Care providers
Mental Health treatment	On-going	<ul style="list-style-type: none"> <li>Improve Member and Provider awareness and pathways to access mental health services</li> <li>Expand penetration rates of Members receiving mental health services</li> </ul>	YCHHS
Substance Use Disorder prevention and treatment	On-going	<ul style="list-style-type: none"> <li>Expand penetration rates of Members receiving substance use disorder services</li> <li>Improve Member and Provider awareness and pathways to access mental health services</li> </ul>	YCHHS



BHC in Primary Care	On-going	<ul style="list-style-type: none"> <li>Integrate Behavioral Health Clinicians in Primary Care practices-support psychiatric consultation and supported biopsychosocial management of care</li> </ul>	Primacy Care providers YCHHS George Fox University
---------------------	----------	--	--

**2. Describe how Applicant plans to collaborate and coordinate with the Local Mental Health Authority in the development of the CHP. Please include dates and milestones.**

The Yamhill County Board of Commissioners are the Local Mental Health Authority. Mary Starrett, County Commissioner, is on the YCCO Board, as well as Silas Halloran-Steiner, YCHHS Director. Coordination between YCCO and the LMHA is done formally through contracted services. Dates and milestones for future behavioral health planning will be established after a contract has been awarded with OHA/YCCO. Current planning on the CHIP related to behavioral health, however, is already underway and YCCO won't wait for OHA to award the contract to move forward with assessing for need and improving services.

**3. Describe how Applicant plans to collaborate and coordinate with the Local Mental Health Authority in the development of the local plan. Please include dates and milestones.**

YCCO partners and hold a delegation agreement with Yamhill County Health and Human Services (YCHHS) the Local Mental Health Authority for Yamhill County. This relationship was established in 2012 with the CCO inception and remains strong today. The initial plan for ensuring comprehensive Behavioral Health Services was developed collectively and included co-location and integrated models of care, alternative payment models, workforce development and investments in traditional health worker and peer models. Strategies identified in the Behavioral Health Plan above are in most cases a continuation of successful implementation of the original Behavioral Health Plan objectives.

**4. Does Applicant expect any challenges or barriers to executing the written plan or MOU extension with the Local Mental Health Authority? If yes, please describe.**

YCCO expects no challenges with this process to amend and extend the current Agreement between YCCO and the County LMHA given the collaborative relationship. The focus of the Agreement will continue to be on providing Members with the best possible safety net services while also striving to achieve stated goals.

**D. Provision of Covered Services (recommended page limit 6 pages)**

**Applicant must monitor its Provider Network to ensure mental health parity for their Members.**

**1. Please provide a report on the Behavioral Health needs in Applicant's Service Area.**

YCCO Members' behavioral health needs include continued access to core services such as the safety net services provided by the local mental health authority including: management of children and adults at risk of entering, or who are transitioning from the Oregon State Hospital or from residential care, mental health crisis services, supported employment and education, early psychosis program, assertive community treatment and other types of intensive case management



programs and home-based services for children; and specialized services to reduce entry or recidivism of individuals with mental illness or co-occurring disorders in the criminal justice system. Beyond these basic safety net needs, Members need continued access to mental health outpatient screening, assessment, and services at YCCO mental health Level of Care A-D, which may include dialectical behavioral therapy, crisis stabilization services, intensive outpatient, psychological testing, or applied behavioral analysis services. Additionally, more intensive mental health services like psychiatric day treatment services, psychiatric residential treatment services, crisis respite, subacute, and acute psychiatric hospitalizations are utilized by a small subset of YCCO Members. However, the CCO continues to focus on access to early intervention services to minimize the need for the intensive, high-cost services. From a substance use perspective, Members need continued access to outpatient, intensive outpatient, medication-assisted treatment (several local in-County options were strategic investments in 2018), withdrawal management/detox, and SUD residential services. Further, continued access to health-related services to improve health care quality for Members increases the likelihood of desired health outcomes, prevents hospital readmissions, and improves patient safety by focusing on wellness and health promotion activities critical to the continued success of the CCO healthcare delivery system.

Through this array of established behavioral health services and strategic partnerships that focus on health outcomes, the needs of YCCO Members are met so that they can live, learn, work, and fully participate in their communities. Partnerships developed over the last 10 or more years, and 6 since the inception of YCCO, ensure a robust delivery system for YCCO Members that can focus on increased penetration rates, prevention and promotion, early intervention services, recovery support and recovery-oriented systems of care, trauma-informed care, innovative and health-related services, and closing the gap on health equity and health disparities during the CCO 2.0 era.

**2. Please provide an analysis of the capacity of Applicant's workforce to provide needed services that will lead to better health, based on existing Behavioral Health needs of the population in Applicant's Service Area.**

YCCO works with both existing and new community partners to ensure Members' needs are met. YCCO has an established network of over 109 credentialed providers across all areas of specialty, and seeks consumers' input to support workforce expansion to meet the health care needs of an increasingly diverse population. A key component to success in this area will be the continued cultivation of a diverse workforce, which includes the expanded use of traditional health workers in all health care settings to avoid unnecessary ED visits and wrap community-based supports around all segments of the local Medicaid population. YCHHS monitors YCCO membership enrollments and Member timely access to behavioral health participating provider services for compliance to OARs. Participating providers submit access data to YCHHS, which is then used to assess and monitor network and workforce capacity to serve YCCO Members. YCHHS also monitors Member need for behavioral health specialty care and will support the development and expansion of the provider workforce in those specialty care areas as indicated.

Further, priorities for additional system capacity in the coming years includes enhanced care coordination between providers via the use of health-information technology strategies. These strategies include workforce access to the Emergency Department Information Exchange (EDIE)



and PreManage to exchange relevant care information; the Prescription Drug Monitoring Program (PDMP) to coordinate prescribing; provider portal access to coordinate population-based quality measures; and Crick Learning Assessment for Resilient Agencies (CLARA) for a continued focus on social determinants of health such as housing and food security. These strategies will strengthen the CCO's ability to meet existing behavioral health needs in the local community for the Member population.

**3. How does Applicant plan to work with Applicant's local communities and local and state educational resources to develop an action plan to ensure the workforce is prepared to provide Behavioral Health services to Applicant's Members?**

YCCO works within the local community by assessing the network capacity for licensed and unlicensed behavioral health staff. Through an existing partnership with George Fox University, YCCO promotes local workforce training and development. Licensed psychologists are trained and gain direct experience as Behavioral Health Clinicians in primary care through a local partnership residency program. In many cases, the training, support, and development resources create local workforce sustainability after completion of the training program.

Recruitment and retention strategies funded by quality pool dollars support workforce training opportunities from subject matter experts in the areas of trauma-informed care, as well as training for additional cultural competencies and specialty trainings such as Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavioral Therapy (DBT), pharmacology, ethics, non-violent crisis intervention training, and peer support specialist training. These and other network-wide training investments ensure that the workforce is prepared to provide behavioral health services to YCCO Members.

**4. What is Applicant's strategy to ensure workforce capacity meets the needs of Applicant's Members and Potential Members?**

YCCO is focused on continual assessment of the behavioral health network workforce capacity by assessing provider caseload size, access data, and penetration rates across the geographical area. Disparities in specialties, provider types, and cultural competencies are addressed individually with credentialed providers as well as through the additional credentialing of providers as needed to meet the needs of YCCO Members. A delivery system network report is produced annually where analysis of the network and the impact on access, availability, cultural and linguistic needs, and utilization is examined to determine network sufficiency. Based on this analysis, YCCO explores ways to further develop the network to meet unmet or sparsely met needs. Through the addition of collaborative partnerships and direct agency contracts, YCCO ensures a comprehensive workforce is established within the preferred provider network.

Where workforce shortages exist, those are addressed via a combination of wage studies and further stratification of provider classifications to create promotional opportunities. The local mental health authority was recently certified as a National Health Service Corp site, making it eligible for several loan repayment opportunities for its employees. This designation increases the attractiveness of the YCCO service area community for licensed and unlicensed practitioners who may have student debt obligations. Further, advocacy at the state level led to a revision of the Health Resources and Services Administration (HRSA) score from an 8 to 18 - increasing the likelihood that practitioners would be eligible for additional loan repayment opportunities and



subsidies. These efforts impact the broader area, drawing talented, diverse practitioners to the community to serve the Medicaid population.

**5. What strategies does Applicant plan to use to support the workforce pipeline in Applicant's area?**

Partnerships with local colleges and universities, as well as the expanded use of traditional health workers, ensures that YCCO continues to maintain a population of new graduates/interns in the field of social work, training them in the community, and cultivating a commitment to the YCCO membership. The local mental health authority is a hub for such internships, providing the necessary clinical supervision to help students graduate, which often leads to a position within the community serving the behavioral health needs of the YCCO population.

**6. How will Applicant utilize the data required to be collected and reported about Members with SPMI to improve the quality of services and outcomes for this population? What other data and processes will Applicant collect and utilize for this purpose?**

YCCO behavioral health conducts regular clinical record reviews of YCCO SPMI/SMI population, as well as an auditing of the network's participation in evidence-based and wraparound programs. YCCO conducts out-of-panel reviews of assessments and treatment plans as a part of the prior authorization process to ensure needs are being met. Additionally, for those Members with exceptionally high needs, the provider network has developed improved care coordination. Members with SPMI also receive metabolic monitoring on a regular basis to assess needs and potential concerns regarding their physical health secondary to psychotropic medication side effects that may require additional treatment referral to address.

Additionally, as a part of the Oregon Performance Plan, the local mental health authority assists by providing mobile crisis services, access to Assertive Community Treatment (ACT), peer-delivered services and access to housing and employment services. Data on the SPMI population and their utilization of these safety net services is evaluated against overall service utilization. Targeted supports around reducing the number of emergency department (ED) visits for this population is one of the ways that this data improves the quality of services and outcomes for this population.

**7. What Outreach and/or collaboration has Applicant conducted with Tribes and/or other Indian Health Care Providers in Applicant's Service Area to establish plans for coordination of care, coordination of access to services (including crisis services), and coordination of patient release?**

YCCO service area includes zip codes covered by two tribes, The Confederated Tribes of Grande Ronde and Confederated Tribes of Siletz Indians. Willamina and Grand Ronde are locations where there are Tribal members currently covered by YCCO. Other Tribal members reside in other parts of the YCCO catchment area. YCCO currently hold a provider contract with Grande Ronde Health and Wellness Clinic; a provider agreement is in process with Siletz Health Clinic. These tribal health providers follow standard referral, authorization processes and Members receive Care Coordination and crisis services as requested.

Additional efforts for care coordination include a focus on the public K-12 school system in



Willamina where the CCO has a School Based Health Center operated by Virginia Garcia, the largest Patient Centered Primary Care Home for YCCO Members across the service area, as well as dedicated school counselors who are partially funded through the CCO and a relationship with YCHHS. YCCO has been very strategic to work closely with Willamina School District leadership to increase access in this area, understanding that a portion of the need for healthcare access was for members who identify as Tribal or have some history of family connection to the Grand Ronde Tribe. Additionally, the CCO has worked with partners like YCHHS Public Health to include Grand Ronde Tribal leadership as council members in community prevention efforts. Concretely, YCCO did a community-wide suicide prevention training called Connect last year that included a Grand Ronde Council member.

YCHHS Director, Silas Halloran-Steiner, who also serves on the Board of YCCO, recently met with Grand Ronde Tribal Council Chair, Cheryle Kennedy, to discuss opportunities for further partnership and collaboration. Like many areas of the local healthcare delivery system there are many strengths and lots of opportunities for growth. YCCO welcomes input from Grand Ronde Tribe and understands that they provide a unique perspective on the needs of the community and YCCO Members who identify as part of the Grand Ronde Tribe.

**E. Covered Services Components (recommended page limit 36 pages)**

**1. Substance Use Disorder (recommended page limit 2 pages)**

**How will Applicant support efforts to address opioid use disorder and dependency? This includes:**

**a. How will Applicant provide, in a culturally responsive and linguistically appropriate manner, SUD services to Members, including outpatient, intensive outpatient, residential, detoxification and MAT services?**

YCCO ensures the provision of culturally responsive and linguistically appropriate services to its Members who have substance use disorder(s) (SUD) through its policies and procedures, as well as by hiring credentialed and skilled staff at all levels of care to meet these needs. Translation, interpretation, and other language accommodation services as well as provider selection (where available) are offered for all Members when requested and are tracked to ensure services are delivered in a culturally and linguistically appropriate manner. Training opportunities are offered to promote the provision of culturally responsive and linguistically appropriate services. These services include: outpatient treatment, intensive outpatient and Medication Assisted Treatment services across the CCO service area. If YCCO does not offer a local service option, such as residential and detoxification services, they coordinate and contract with providers within the Region, supporting Members in accessing care and in transitioning back to ongoing care within the CCO network as medically appropriate. Adherence to the policy is monitored by YCHHS oversight and monitoring activities of YCCO behavioral health providers, including an annual risk survey.

**b. How will Applicant provide culturally responsive and linguistically appropriate alcohol, tobacco, and other drug abuse prevention and education services that reduce Substance Use Disorders risk to Members?**

YCCO has implemented multiple evidence-based programs in partnerships with YCHHS Public Health and local school districts that are up-stream primary prevention for alcohol, drug and



tobacco addiction. These programs include PAX Good Behavior Game and The Family Check-Up, which provide a framework for schools to shift the culture to one of nurturance in a culturally and linguistically appropriate way. Additionally, YCCO supports at risk youth through school prevention and education activities, such as evidenced-based classes and groups. This education component and early treatment for substance use disorders supports individuals to a path free from addiction.

During the past four years, YCCO has invested greatly in the expansion of peer delivered services with the goal of reducing intergenerational trauma and addiction as an approach to prevention. One example of creative programming that has been developed are Transitional Treatment and Recovery Services serving parents and their children in a supported housing and treatment program utilizing a community-based intensive wraparound treatment team. The services promote recovery while providing skills training for the parents to increase healthy parenting with the goal of stopping intergenerational trauma and reducing the effects of adverse childhood trauma, which decreases the pathway to addiction, likelihood of children being placed in foster care, and decreases future involvement in the criminal justice system.

**c. How will Applicant inform Members, in a culturally responsive and linguistically appropriate manner, of SUD services, which will include outpatient, intensive outpatient, residential, detoxification and MAT services?**

YCCO has adopted an emphasis on inclusion and diversity, such as embracing and prioritizing a variety of needs in the CCO's diverse population and cultural groups, which is a vital and necessary part of effective treatment for behavioral health challenges. Translation, interpretation, and other language accommodation services as well as provider selection (where available) are offered for all Members when requested and are tracked to ensure services are delivered in a culturally and linguistically appropriate manner. The CCO informs its Members of the availability of services that support culturally responsive and linguistically appropriate SUD services (outpatient, intensive outpatient, residential, detoxification and MAT services) via the Member Handbook, website, customer service and all plan mailings that include a notice of non-discrimination and language availability.

YCCO creates, maintains, and makes available a list of culturally specific programs and program contacts related to the above services and/or evidence-based specialty care in the Member service brochures/handbooks (which are mailed out to all YCCO Members) and on the CCO website, in English and Spanish, with a link to interpreter lines and other interpreter services for people needing the information in a language other than Spanish and English. Forms have been modified to meet culturally appropriate standards including populations such LQBTQIA.

The YCCO website and Handbook indicate that alternative means are available when there are barriers accessing services in a specific outpatient setting. These alternative means include, but are not limited to:

- a) Telephone intake interview, counseling and outreach services in a culturally appropriate manner.
- b) Utilizing FAX and encrypted email to transmit documents with a release of



information.

- c) Lastly, YCCO contracts with Yamhill County Health and Human Services Public Health Department, which has culturally competent, Bilingual (Spanish and English Speaking) staff, to provide prevention services in the community through written materials and in person information sharing to reach populations who may not easily access services.

**d. In collaboration with local providers and CMHPs, ensure that adequate workforce, Provider capacity, and recovery support services exist in Applicant's Service Area for individuals and families in need of opioid use disorder treatment and recovery services. This includes: sufficient up to date training of contracted Providers on the PDMP, prescribing guidelines, buprenorphine waiver eligibility, overdose reversal, and accurate data reporting on utilization and capacity.**

YCCO has partnered with the local CMHP, Public Health, peer organizations, and local providers in several ways to support individuals with substance use disorders, including opioid use disorders. These include the local CMHP expanding medication-assisted treatment (MAT) services to include buprenorphine and six prescribing providers waived and partnering with the local jail to assure smooth transitions for those being released who are receiving MAT. Additionally, YCCO is working to expand the network of behavioral health providers to smaller rural areas of the service area to reach vulnerable populations where services are hard to access. As an example, the network has recently expanded to provide services in the Sheridan area.

Strong partnership also exists with the public schools. These partnerships allow behavioral health services and prevention activities to happen on-site in all 7 of the school districts in the YCCO catchment area. Capacity is continually assessed via data analysis, as well as close communication and coordination with community providers and peer organizations. YCCO required enrollment in the PDMP prior to the passing of House Bill 4143, thus efforts have focused on encouraging practices to query the system and use as a clinical tool by training, providing data, and sharing sample workflows that have successfully been implemented.

Annually, YCCO partners with local Public Health to offer provider education in the form of an "Opioid Summit". This provides a venue for providers across the community to come together to learn about community prescribing guidelines, the PDMP, local data and prescribing trends and discuss relative topics. This along with a CCO hosted monthly non-cancer pain workgroup provide opportunity for providers and the CCO to collaborate on this important issue.

**e. Coordinate with Providers to have as many eligible Providers as possible be DATA Waived so they can prescribe MAT drugs.**

YCCO has sponsored, in coordination with YCHHS Public Health, an annual Pain and Opioid Summit for four years. This event has included free training to become DATA Waived as well as panels of local buprenorphine prescribers and substance use disorder treatment providers to share how medication-assisted treatment (MAT) can be built into practice models. Local MAT prescribers have also convened to coordinate care, as well as explore a hub-and-spoke model for MAT prescribing and treatment in the community.



**f. Coordinate care with local Hospitals, Emergency Departments, law enforcement, EMS, DCOs, certified Peers, housing coordinators, and other local partners to facilitate continuum of care (prevention, treatment, recovery) for individuals and families struggling with opioid use disorder in their Community.**

Partnerships have been developed and established to ensure law enforcement agencies have immediate access to lifesaving medications in the event of an overdose. A Certified Recovery Mentor (CRM) is on call 24 hours a day and will respond to a scene or the emergency department in the event of an opioid overdose and provide immediate support, resources, and connections to care and shelter. The CRM will offer after care support and connections with resources and providers for as long as the Member is willing to engage in the services. In addition to these services, a YCHHS held Memorandum of Understanding has been established between YCHHS behavioral health, law enforcement agencies in Yamhill County, and the local hospital systems, which includes screenings in the emergency department for behavioral health related concerns, including substance use. Screeners also interact with Members in the emergency room and provide resources and referrals to detox centers, treatment providers, and other community resources that can be lifesaving. The CRM will continue to offer outreach to the individuals with an opioid use disorder, mentoring them and acting as beacons of hope while motivating them to engage in treatment toward recovery; including medication assisted treatment, mental health treatment as appropriate, and primary care, housing support and supported employment.

**g. Additional efforts to address opioid use disorder and dependency shall also include:**

**Implementation of comprehensive treatment and prevention strategies**

YCCO Members have access to an array of substance use disorder treatment options. These options include services in clinics as well as in the community and provided by clinical staff and peer supports. Treatment for individuals consists of comprehensive support related to social determinants of health such as housing and food security. YCCO financially supports prevention strategies, including upstream primary prevention, through its Community Prevention and Wellness Fund. Efforts supported through this fund include implementation of the Good Behavior Game, an evidenced based program in elementary schools that shows significant decreases in drug addiction and experimentation later in life. YCCO also participates in the community-wide alcohol and drug prevention workgroup coordinated through YCHHS Public Health with a focus on alcohol and drug prevention strategies.

Additional strategies to address opioid prevention and treatment include improvements to the provider system, prevention, community coordination, and treatment strategies. Deployed over the past three years, YCCO demonstrated great success with its MED reduction strategy, reducing high Morphine Equivalent Dose (MED) prescribing by 77% and overall opioid prescribing for chronic use by 43%. Beginning in 2019, YCCO is focusing improvement activities on acute opioid prescribing prevention and education.

**Care coordination and transitions between levels of care, especially from high levels of care such as hospitalization, withdrawal management and residential.**



Transition and coordination of care to support Members' transition to a lower level of care as medically appropriate begins at the time of placement in the higher level of care. Coordination of the transition occurs between YCHHS as the behavioral health Delegate, the provider(s), Member and Member representative to ensure a timely and seamless transition to the lower level of care.

### **Adherence to Treatment Plans**

Treatment plans are developed in collaboration with the Member by certified and or licensed professionals in accordance to Oregon Administrative Rules and CMS criteria. Non-licensed staff treatment plans are reviewed by their clinical supervisor for compliance. The YCHHS Utilization Management Program audits participating provider clinical records to assess quality of care in relation to contractual mandates, record completeness and rule compliance. Providers monitor Member's adherence to the treatment plan, provide feedback as necessary, update the plan in collaboration with the Member as indicated, and offer Certified Recovery Mentor services to support the Member in their recovery and adherence to the treatment plan.

### **Increase rates of identification, initiation and engagement**

This is done in part through data analysis, identifying those who have been in the emergency department and providing outreach to engage in treatment. Substance use screening is administered by primary and dental care providers. YCCO has also made strategic efforts over the last 5 years to increase supports and engagement by increasing the peer support network available to the community. This engagement includes peer outreach, drop-in centers, and outreach to places such as homeless camps.

### **Reduction in overdoses and overdose related deaths**

YCCO has implemented a program to have 24/7 Certified Recovery Mentors (CRM) for individuals who have experienced an overdose. The peer support worker is called by law enforcement or emergency medical services and comes on-site to locations such as homes or emergency department. The CRM works to engage the individual in treatment and continues to provide support to those individuals throughout their recovery journey. Local law enforcement carries naloxone and has been trained to use it as they are often the first to arrive on the scene of an overdose. Significant work to increase access to treatment, including MAT, has been accomplished.

2. **Fewer readmissions to the same or higher level of care Prioritize Access for Pregnant Women and Children Ages Birth through Five Years (recommended page limit 6 pages)**

**Applicant will prioritize access for pregnant women and children ages birth through five years to health services, developmental services, Early Intervention, targeted supportive services, and Behavioral Health treatment.**

- a. **How will Applicant ensure that periodic social-emotional screening for all children birth through five years is conducted in the primary care setting? What will take place if the screening reveals concerns?**

The Ages and Stages Questionnaire is routinely done at primary care visits and contains a social-emotional screening component. YCCO has done extensive work to assure strong pathways are in place when a screening reveals a concern. Closed loop referral pathways are in place for Early



Intervention as well as Family CORE, a group of early childhood home visiting and parent education providers/organizations. Additionally, a comprehensive social-emotional assessment is done for every pregnant YCCO Member or parent of an infant. The tool being used, Oregon Family Wellbeing Assessment, was designed for use in obstetric and pediatric practices. YCCO is working with local providers who work with pregnant women and parents of infants to implement.

**b. What screening tool(s) to assess for adverse childhood experiences (ACEs) and trauma will be used? How will Applicant assess for resiliency? How will Applicant evaluate the use of these screenings and their application to developing service and support plans?**

In primary care, the Oregon Family Wellbeing Assessment is the tool used to assess for ACEs, trauma, and other psychosocial needs. This tool also asks questions about supports and resources in place to gain insight into what level of resilience and protective factors a family may have. This tool also comes with a guide, including local resources to refer families when a need is identified. The YCCO Family CORE system is in process of adopting the Strengthening Families Protective Factor framework, an evidence-based model from the Center for the Study of Social Policy, to work with families in their homes who have identified needs. When behavioral health needs are identified from the assessment, the Member is referred to a YCCO behavioral health participating provider where the Member is further assessed for the presence of a behavioral health diagnosis and medical necessity for treatment.

**c. How will Applicant support Providers in screening all (universal screening) pregnant women for Behavioral Health needs, at least once during pregnancy and post-partum?**

Currently all pregnant women receive a comprehensive assessment that assesses behavioral health, as well as social-emotional and concrete needs called the Oregon Family Wellbeing Assessment (OFWBA). YCCO has partnered with YCHHS Public Health to develop and implement a model of care called a Maternal Medical Home. Like Patient Centered Primary Care Home, YCCO has set standards for prenatal providers. Providers who meet these standards receive an enhanced payment. The OFWBA, on-site integrated behavioral health, case management, and home visiting services (provided by public health home visiting nurses) are three of the 19 standards. The enhanced payment to providers supports the work and additional costs associated with this comprehensive and integrated model. Currently postpartum mental health screening is happening at postpartum visits and in some well child checks. The CCO participates in a group convened by YCHHS Public Health dedicated to families in the preconception to postpartum period. This group, including prenatal providers, is discussing how to coordinate these screenings.

**d. How will Applicant ensure that clinical staff providing post-partum care is prepared to refer patients to appropriate Behavioral Health resources when indicated and that systems are in place to ensure follow-up for diagnosis and treatment?**

The Maternal Medical Home model assures this. Integrated into all obstetric provider offices in the YCCO region, strong warm handoff pathways and closed loop referral systems already exist with providers who deliver post-partum care through this model. The model has in-office behavioral health and case management services that can extend into the home when needed.



The number of warm handoffs, referrals, referral follow up, and program capacity are reviewed regularly. Behavioral health staff and YCHHS Public Health home visiting nurses are available in the practice to talk with pregnant and postpartum women about their needs and support them in taking next steps to address them.

**e. How will evidence based Dyadic Treatment and treatment allowing children to remain living with their primary parent or guardian be defined and made available to families who need these treatments?**

The YCCO behavioral health provider network offers Parent-Child Interaction therapy (PCIT) as a dyadic treatment with a strong and growing evidence base. It is one of the primary treatment services offered for younger children due to the importance of strengthening the relationship with the caregiver. PCIT is used with families who have, or had, Department of Human Services involvement where there is an identified need for parenting skills or relational repair. This has been used to prepare the YCCO Member for a smooth transition back to the family home from foster care, or as a support to families living in the YCHHS adult Transitional Treatment Recovery Services homes with their children.

Other systems of care available to YCCO Members where the primary focus is on children remaining with the primary parent/guardian includes the Family Place Relief Nursery, collaborative home services, In-home Safety and Reunification Services, parent education classes, and Safe Families for Children program. In-home Safety and Reunification Services are available to families involved with DHS-Child Welfare who are at risk of having their children removed from the home or who are in the reunification process. Services are available for families within 72 hours of referral date. Once enrolled, families can access help 24 hours a day, seven days a week, with short-term and intensive services.

**f. How will Applicant ensure that Providers conduct in-home Assessments for adequacy of Family Supports, and offer supportive services (for example, housing adequacy, nutrition and food, diaper needs, transportation needs, safety needs and home visiting)?**

YCCO coordinates a robust system called Family CORE (Coordinated 0-5 Referral Exchange) to address the needs of families from the prenatal period to age 5. All service providers who provide home visiting and parental education services convene weekly to review referrals that come from an array of places, but predominately from medical providers. Families are then connected to resources such as diaper banks, housing programs, Women Infant and Children's (WIC) or a longer-term home visiting program such as Nurse Family Partnership. Family CORE takes a family-centered and strengths-based approach to identifying family needs and responding appropriately. In addition to the weekly meeting to respond to referrals, a monthly meeting of these program leaders convenes to identify, and address system level needs to assure families have supports needed to thrive. This monthly Family CORE Leadership meeting is a committee of the local Early Learning Hub, which is nested into YCCO.

**g. Describe how Applicant will meet the additional Complex Care Management and evidence-based Behavioral Health intervention needs of children 0-5, and their caregivers, with indications of ACEs and high complexity.**

Many YCCO behavioral health participating providers are trained in several evidence-based



treatments specific to working with children and youth with trauma exposure. For the ages of 0-5, the primary treatment modality is PCIT. Many other providers are trained in Trauma focused Cognitive Behavioral Therapy (CBT), and Eye Movement Desensitization and Reprocessing therapy (EMDR). One network provider organization uses the Child-Parent Psychotherapy model for children 0-5. Caregivers who have experienced their own trauma are supported through parenting groups like Collaborative Problem Solving and general support groups, as well offered referral to Peer Services, such as the Oregon Family Support Network, for parents.

**h. How will Applicant ensure children referred to the highest levels of care (day treatment, subacute or PRTS) are able to continue Dyadic Treatment with their parents or primary caregivers whenever possible?**

Youth referred to out of home care continue to have dyadic treatment with their parents at the discretion of the treatment team. Frequently these family therapy appointments require long travel due to all the highest levels of care being outside of YCCO catchment area. YCCO Members can access non-emergent medical transport to appointments or receive mileage reimbursement through a contract with WellRide for these services. In addition, Members involved in Wraparound have care coordinators who stay in regular communication with the treatment teams and families to ensure family participation is valued and consistent.

**i. Describe Applicant's annual training plan for Applicant's staff and Providers that addresses ACEs, trauma informed approaches and practices, tools and interventions that promote healing from trauma and the creation/support of resiliency for families.**

In April 2019, YCCO is offering a Trauma-Informed Care train the trainer event for approximately 75 cross-sector providers from over 35 agencies in education, social services, health care and law enforcement. A trainer from the National Association of State Mental Health Directors will lead the first day and a half. The second afternoon will be facilitated by Trauma Informed Oregon and will involve the development of agency-specific trauma-informed care workplans. Sector leads have been identified to support the continued development of these workplans after the training, and participants will meet again for a half-day in October to provide facilitated peer support in the final development and implementation of these workplans.

YCCO is developing an internal TIC workgroup, which will be responsible for the development of its own workplan, including a half-day training in TIC to be attended by the full staff by the end of the calendar year.

YCCO's Early Learning Hub is partnering with several cross-sector partners in a child abuse prevention campaign in April 2019, which will launch with a viewing and discussion of the documentary Resilience. Tools are being provided to partners to raise awareness of the role of all partners in the prevention/interruption of child abuse and neglect. A community resource guide is being distributed to providers in March, and a postcard-sized magnetic version focused on family support services will be distributed to parents throughout the month of April.

YCCO continues to support the professional development of home visitors in Yamhill County. A training on the culture of poverty with Dr. Donna Beegle has been planned for May 2019. Parent education opportunities also continue to be coordinated by the EL Hub, in partnership with Polk County through Mid-Valley Parenting. The Community Engagement Coordinator is also holding several Parent Cafes in both English and Spanish. These are designed to focus on creating



community and on developing a deeper understanding of the Protective Factors among parents.

Through the Children's Champion program, begun in 2019, YCCO strongly encouraged all APM clinics to designate a representative to attend biannual trainings with the CCO's Early Learning team. During these trainings, providers will learn about family support and school readiness services that are available to families of young children, who should be engaged, and how to refer into these programs. They will also engage with the Primary Care Innovation Specialist to develop clinic workflows, and a portion of each training will be devoted to discussion of trauma-informed practices.

**3. Care Coordination (recommended page limit 12 pages)**

**Applicant is required to ensure a Care Coordinator is identified for individuals with severe and persistent mental illness (SPMI), children with serious emotional disorders (SED), individuals in medication assisted treatment for substance use disorder (SUD), and Members of a Prioritized Populations.**

**Applicant must develop standards for Care Coordination that reflect principles that are trauma informed, linguistically appropriate and Culturally Responsive.**

**Applicant must ensure Care Coordination is provided for all children in Child Welfare and state custody and for other prioritized populations (e.g., intellectual/developmental disabilities). Applicant must establish outcome measure tools for Care Coordination.**

**a. Describe Applicant's screening and stratification processes for Care Coordination, specifically:**

**(1) How will Applicant determine which enrollees receive Care Coordination services?**

All YCCO Members with behavioral health conditions (mental health and substance use disorders) are eligible for some level of care coordination based on the individual assessed needs of the Member. Members will be assessed for eligibility for specialized behavioral health services, such as Assertive Community Treatment (ACT), Early Assessment and Support Alliance (EASA), Wrap-Around, and 1915(i) Home and Community Based Services (HCBS). Initial screening and assessment by a QMHP will determine diagnosis, medical necessity for behavioral health care, and individual needs. Based on diagnosis and assessed needs, Member will be referred to the specialty program to screen Member for eligibility into the program.

Additionally, YCCO conducts a Health Risk Assessment (HRA) with all newly enrolled Members to identify special healthcare needs. The HRA addresses a Member's current state of health and proactively identifies areas where health care access, resources, equipment, or medications may need to be coordinated to reduce progression of symptoms or conditions. Disease management education and/or case management services are initiated at this time if the Member opts in for this assistance. Additionally, with the use of claims identification, referrals and utilization activity Members are stratified based on complexity of social, behavioral, physical or dental health care needs. The CCO also supports a multidisciplinary case consultation team that helps provide input for Members whom require additional care coordination. Care coordination and case management is available for all Members determined to meet the criteria of exceptional needs which includes individuals with severe and persistent mental illness (SPMI) and other prioritized populations.



**(2) How will Applicant ensure that enrollees who need Care Coordination are able to access these services?**

YCHHS Utilization Management Program will monitor eligible Member enrollment into specialized ICC services through participating provider clinical record reviews and monitoring Member grievances related to care coordination.

**(3) How will Applicant identify enrollees who have had no utilization within the first six months of Enrollment, and what strategies will Applicant use to contact and assess these enrollees?**

YCCO identifies Members with no utilization through a comprehensive Health Risk Assessment (HRA), conducted with newly enrolled Members to identify special healthcare needs. The HRA addresses an enrollee's current state of mental, behavioral, physical, and dental health and proactively identifies areas where health care access, resources, equipment, or medications may need to be coordinated to reduce progression of symptoms or conditions. Disease management education and/or case management services are initiated at this time if the enrollee opts in for this assistance.

**b. How does Applicant plan to complete initial screening and Assessment of Intensive Care Coordination (ICC) within the designated timeline? (May submit work flow chart if desirable).**

YCHHS as the behavioral health Delegate stipulates in policy the expectation that YCCO participating providers adhere to the access timelines outlined in OAR 410-141-0220. Per rule, screenings for Members with behavioral health conditions will be completed as follows:

1. Emergency Care: The Member shall be seen within 24-hours or as indicated in initial screening;
2. Urgent Care: The Member shall be seen within 48 hours or as indicated in initial screening;
3. Non-Urgent Care: The Member shall be seen for an intake assessment within two weeks from date of request.

Assessment for behavioral health condition meeting the need for medical necessity and covered under the Plan must be completed before non-urgent care is provided and updated when there is a change in the clinical condition. Behavioral health participating providers submit monthly access data to YCHHS where it is reviewed by the YCHHS Utilization Management Program monthly and the Behavioral Health Quality Management Committee every six months. In addition, specialty programs such as ACT, EASA and Wrap receive fidelity reviews to evaluate provider's adherence to program fidelity. In addition, participating providers complete an annual risk survey which includes assessing risk related to "timely access to services".

Outreach is initiated within 7 days of referral and for ENCC is completed within 1 business day of referral. Upon enrollment, the following documentation is completed in the electronic medical record:

Initial assessment:

- Within thirty (30) days of Member identification (case open) and once a year thereafter.

Patient Activation Measure (PAM) Assessment:



- Within thirty (30) days of Member identification (case open) unless working with caregiver and/or healthcare representative
- Ongoing PAM every ninety (90) days (when working with Member) and at closure of case.

Medication list:

- Within thirty (30) days of Member identification Case open).
- When changes occur or at least every 60 days.

Depression Screen:

- Upon enrollment (when working with Member).

Provider and Member Letter:

- Upon enrollment, a welcome letter is sent to the Member and the provider.
- If the Care Manager is not working directly with Member or Member representative, the welcome Member letter does not need to be sent. In this case, the RN Care Manager will document a variance.

Care Plan:

- Care plan updated with each Member contact or every 30 days.
- The Care Manager will actively modify and prioritize the care plan with each intervention and create tasks for ongoing scheduled communication.

**c. Please describe Applicant's proposed process for developing, monitoring the implementation of and for updating Intensive Care Coordination plans.**

Per OAR 309-019-0140, behavioral health service plans must be completed prior to the start of non-urgent care and must be recommended by licensed health care professional within ten business days of the start of services and updated at least annually for everyone receiving mental health services for one or more continuous years. YCHHS Utilization Management Program performs at minimum an annual audit of participating provider clinical records to evaluate provider adherence to clinical record requirements, including care coordination plans.

The initial care plan is developed after a comprehensive assessment is completed with the Member. The assessment informs the goals, barriers and interventions that the care manager and Member will prioritize and work through together. After each interaction with the Member, the care manager will actively update the care plan with completed interventions, new barriers or adjustments to goals and create tasks for ongoing scheduled communication.

**d. How does Applicant plan to provide cost-effective integrated Care Coordination (including all health and social support systems)?**

Care coordination for Members with behavioral health conditions is integrated into the behavioral health care provided by YCCO participating providers. Behavioral health case managers support the Member in negotiating and navigating the health care system and social services for which the Member is eligible. Participating provider behavioral health assessments include assessing health and safety concerns, housing, employment and other SDOH-HE needs. As indicated, the behavioral health case manager will refer the Member to a PCP, dental provider and other social services. In addition, per YCHHS policy, coordination with YCCO and Healthcare Providers is provided to the YCCO participating providers.



**e. What is Applicant’s policy for ensuring Applicant is operating in a way guided by person centered, Culturally Responsive and trauma informed principles?**

The YCHHS policies YCCO Member Rights and Cultural Competence are provided to YCCO participating providers. In addition, the YCHHS Utilization Management Program audits participating providers for adherence to client rights, including cultural and person-centered care. Culturally appropriate care and client rights are also included on the participating provider annual risk survey. In addition, YCHHS has a Trauma Informed Care policy and provides trauma informed care training to behavioral health providers.

To ensure a trauma informed approach, all primary care BHCs are familiar with the extensive literature regarding the dose-response relationship found between experiencing 3 or more categories of childhood adversity and numerous negative health and life outcomes. They are trained in seeking understanding regarding the history and context of the concerns presented by individuals in their care, and asking the question “what happened to you” rather than “what is wrong with you?” They work collaboratively with all individuals to empower self-management and self-advocacy skills within all contexts, including the healthcare context. They have support mechanisms in place to ensure routine outreach and attempts to re-engage individuals they support and those who qualify for “Care for Me” primary care management services. They are integrated in the lowest level of care which is often the least stigmatizing and most desirable environment for individuals to seek and receive behavioral health services. Their positioning in primary care also provides opportunity for BHCs to support the transformation of primary care into an increasingly more trauma-informed care environment.

To deliver linguistically appropriate and culturally responsive services, all primary care BHCs are supported by interpretation services. They also often have access to diverse fellow staff Members who can provide consultation and support to enhance the cultural responsiveness of services delivered. In some clinics BHCs have access to search tools with provide specific recommendations for cultural responsiveness in supporting diverse individuals.

**f. Does Applicant plan to delegate Care Coordination outside of Applicant’s organization? How does Applicant plan to enforce the Contract requirement if Care Coordination delegation is chosen?**

YCCO delegates behavioral health services to YCHHS as the risk accepting entity, which includes oversight and monitoring of care coordination for Members with special needs behavioral health conditions (mental health and substance use disorders, adults and children/youth). YCCO monitors compliance via annual quality assurance activity, including an annual risk survey. YCCO has an employee who is a member of the Behavioral Health Quality Management Committee, which reviews outcome data, grievances, member satisfaction surveys, access data, provider credentialing, etc.

**g. For Fully Dual Eligibles, describe any specific Care Coordination partnerships with your Affiliated Medicare Advantage plan for Behavioral Health issues.**

NA

**h. What is Applicant’s strategy for engaging specialized and ICC**



**populations? What is Applicant's plan for addressing engagement barriers with ICC populations?**

Providence Plan Partner's (PPP) Care Management team uses telephonic engagement strategies. When unable to contact an identified Member via the telephone, PPP uses alternative methods including sending outreach letters and coordinating with providers engaged in the Member's care plan.

PPP's Care Manager makes initial outreach via telephone and if the Member is unable to be reached a letter is sent to the Member's identified address and a next call is scheduled within 5-7 business days post the previous call. If unable to reach on the second call a third call is placed to attempt outreach.

PPP's Care Management has a diverse workforce which includes staffing with English as a second language and various cultural backgrounds to support the characteristics of the membership. Additionally, community resources are available and reviewed at least annually to ensure PHA Care Management staff are aware and understand how to engage such resources when appropriate.

YCHHS and the participating providers provide care coordination and monitor the status of Members placed in a higher level of care. Discharge planning begins at the time a Member is placed in the higher level of care to prepare for a warm hand-off when the Member is ready to transition to a lower level of care. YCHHS has QMHP Outreach Specialists and Peer Specialists/Certified Recovery Mentors available to provide outreach and facilitate Member engagement. YCHHS monitors Member to ensure a follow-up appointment is schedule within 7 days of discharge and attended by the Member. If the Member does not attend the scheduled appointment, the YCHHS Utilization Management Program will coordinate with provider staff, including the Community Outreach Team, to provide outreach via phone and/or in person as necessary. For Members that have been engaged in outpatient treatment, then fail to show for appointments and disengage from treatment, the model is for the case to be transferred to a care coordinator to provide outreach and report the outcome to the primary clinician/case manager.

YCHHS' Vulnerable Adult Program assists Members that may be struggling with behavioral health, medical or serious mobility issues that make it difficult to engage in traditional outpatient treatment. The program offers therapy, skills training, case management, care coordination, and outreach services to help overcome barriers Members may experience to receive mental health treatment.

**i. Please describe Applicant's process of notifying a Member if they are discharged from Care Coordination/ICC services. Please include additional processes in place for Members who are being discharged due to lack of engagement.**

For outpatient behavioral health services, Members are asked to provide at least 24-hour notice if unable to make a scheduled appointment. If a Member misses two sessions in a row, the provider will send a 10-day letter inquiring into whether the person is still interested in services and to please reschedule. If the provider does not receive a response from the letter, the Member's case will be closed. However, it is made clear in the letter that the case closure does not constitute a denial of service; the Member is welcome to contact the provider at any time to resume care. If there are barriers to the Member's ability to make scheduled appointments or secondary to the



individual's behavioral health condition, outreach will be provided. YCHHS has QMHP Outreach Specialists and Peer Specialists/Certified Recovery Mentors available to provide outreach and facilitate Member engagement. If a clinic is having problems engaging a Member they are encouraged to reach out to the CHW Hub. The CHW team will call the Member and try to connect. They also can set up a care plan in Pre-Manage and outreach to an emergency room if the Member is there at some point. Furthermore, the CHW team travels out to meet with Members in their home if needed to connect them back into health services. Members are not discharged from Care Coordination Services. When necessary, the care manager will work with a Member's care team to coordinate care and assist with engaging the Member back to primary care or community services.

**j. Describe Applicant's plans to ensure continuity of care for Members while in different levels of care and/or episodes of care, including those outside of Applicant's Service Area. How will Applicant coordinate with Providers across levels of care?**

As noted in 3.d. above, YCHHS policy, Coordination with YCCO and Healthcare Providers, is provided to behavioral health participating providers. The YCHHS Utilization Management Program authorizes and coordinates with the provider and monitors Member placement to a higher level of care, including those outside the service area. As part of the discharge planning, YCHHS will work with the provider to assess the appropriate level of care for the Member's transition to a lower, or higher as medically necessary, level of care. YCHHS Utilization Management will monitor lengths of stay, extend authorizations as necessary, and/or facilitate the transition of care.

Providence Plan Partners' Care Management works with Members and their care team to ensure care transitions are safe, supported and seamless as Members move between levels of care. This includes the emergency department, for which PPP utilizes Pre-Manage to monitor and deliver care, the inpatient setting which is followed and managed through the discharge planning process and oversight as well as sub-acute care such as skilled nursing facilities.

PPP Care Management is notified of Members admitted to the inpatient or sub-acute setting via seamless communication with the utilization management teams at the health plan. This includes all inpatient and sub-acute admissions inside and outside of the service area. PPP's Care Management assists the primary care provider (PCP) and other health care providers to ensure continuity of medical care. Through documentation and direct communication with providers, the Care Managers ensure pertinent reports, progress notes and treatment plans are shared. This may include facilitation of transition meetings and care conferences if needed. Ongoing meeting and follow-up with providers, Members, and Member representatives to assure that treatment plans progress as anticipated.

**k. How will Applicant manage discharge planning, knowing that good discharge planning begins from the moment a Member enters services?**

PPP's Care Transition procedure addresses all components of coordinated discharge planning and care plan. Upon notification of a care transition, outreach is made to the Member or Member representative to facilitate care planning; assess purpose of the transition; and identify care plan concerns, changes, medication reconciliation and care plan updates. The Member's PCP is



contacted, and care is coordinated with the PCP office and/or other specialists for follow up appointments, medication reconciliation, and referrals for additional services.

Throughout the care transition process, the Care Coordinator will maintain ongoing communication with Inpatient Concurrent Review (CCR) team and community partners to review appropriateness for referrals to additional providers/specialists and/or community programs. Specifically, if a Member receives a new diagnosis requiring specialty care, change in baseline functional status, or change in living situation, the Care Coordinator will communicate with the CCR team to discuss concerns and facilitate an action plan to address the concerns.

YCCO/YCHHS Utilization Management Program works with the provider organizations involved to ensure a discharge plan is in place at the time of the placement and authorize the length of stay accordingly. Discharge plan and length of stay are modified as necessary based on the Member's status and response to treatment.

**l. What steps will Applicant take to ensure Care Coordination involvement for ICC Members while they are in other systems (e.g., Hospital, subacute, criminal justice facility)?**

YCHHS Utilization Management Program authorizes length of stay and monitors Member placements in acute care and subacute care and provides or monitors provider coordination of care to ensure seamless transition of care when Member is ready to step-down to a lower level of care. YCHHS monitors Member to ensure a follow-up appointment is made and attended by the Member. YCHHS provides in-jail treatment, including medication management and substance use treatment, and jail diversion services for Members with behavioral health conditions (see A.10 above for additional information).

**m. Describe how Applicant will ensure ICC Care Coordinators will maintain the 15:1 caseload requirement.**

PPP maintains an operational dashboard to assess caseload for each care coordinator that is refreshed daily. Additionally, productivity goals are set for each care coordinator that are monitored monthly.

Caseloads for Members enrolled in behavioral health specialty care, evidence-based programs, are according to program fidelity per the following:

- Assertive Community Treatment maintains a 1:10 clinician to Member ratio
- Early Assessment and Support Alliance maintains a 1:10 clinician to Member ratio
- Wraparound services for children maintains a 1:15 clinician to Member ratio.

These evidence-based programs, provided by YCHHS, for special needs behavioral health Members, are reviewed by OHA appointed reviewers to ensure programs adhere to program fidelity requirements and meet the minimum overall fidelity per program. Results of the fidelity reviews are submitted to the CCO for oversight and monitoring.

**n. Which outcome measure tool for Care Coordination services will Applicant use? What other general ways will Applicant use to measure for Care Coordination?**

As the behavioral health Delegate, YCHHS stipulates in the YCCO behavioral health participating provider contracts that they will utilize the following screening tools:



- Patient Health Questionnaire 9 (PHQ-9) and Generalized Anxiety Disorder 7 (GAD-7), to be administered at intake, service conclusion and as clinically indicated
- Screening, brief intervention, referral to treatment (SBIRT), to be administered at intake
- Daily Living Activities 20 (DLA-20), to be administered by the 2nd or 3rd session, then at minimum every 6 months and at service conclusion.

Quality of care coordination is also evaluated by the following:

- Evidence-based program fidelity reviews;
- Monitoring grievances related to care coordination;
- Provider clinical record reviews.

**o. How will Applicant ensure that Member information is available to Primary Care Providers, specialists, Behavioral Health Providers, care managers and other appropriate parties (e.g., caregivers, Family) who need the information to ensure the Member is receiving needed services and Care Coordination?**

Yamhill CCO has a robust network of care managers across the system that consists of PH, BH and DH care/case managers as well as community health workers. Monthly multi-disciplinary team meetings take place to discuss coordination of care. The systems of care wrap around services partners also meet monthly to discuss coordination of services for the most at-risk children. Both meetings are open to family members. YCCO supports EHR adoption across the network to facilitate sharing of patient information and makes Pre-Manage available to all network partners to monitor emergency department utilization and facilitate care coordination. YCCO also funds a complex care management program that integrates mental health professionals into primary care. This program aims to engage Members with moderate to high mental health needs who also have high physical health needs for care coordination. This program also integrates the EHR systems of the MH and PH providers by providing access to both records to the complex care management teams.

**4. Severe and Persistent Mental Illness (SPMI) (recommended page limit 6 pages)**

**a. How will Applicant work with OHA, other state agencies, and other state funded or operated entities to identify areas where treatment and services for adult Members with SPMI can be improved?**

YCCO and YCHHS maintain contracts/agreements with OHA and share Members' information accordingly. Shared information assists the CCO to ensure integration and delivery of OHP services for adult Members with SPMI, and the YCCO provider network plans and delivers behavioral health services directly to the individuals.

Community-based services provided by YCHHS include crisis outreach services, walk-in crisis, crisis line, crisis respite, ACT, EASA, case management, illness management and recovery, supported employment and education, peer services, and housing options. Data is gathered regarding numbers of individuals utilizing the diverse services, availability of housing and support services, time to services, quality and race/ethnicity of recipients. Surveys are



administered to gather Members' perceptions of these services, living situation, functioning, social connectedness, legal involvement, and other aspects that inform areas for improvement.

Division-approved reviewers receive Member information and work closely with YCHHS' two ACT, EASA and IPS programs (Oregon Center of Excellence for Assertive Community Treatment [OCEACT], EASA Center for Excellence and Oregon Supported Employment Center for Excellence [OSECE], respectively) to maintain high-fidelity programs and identify areas for improvement. The process includes reviews, annual conferences, ongoing phone consultation, trainings and regular data submission.

Person-to-person meetings at the executive and provider levels are instrumental. The Oregon Centers for Excellence quarterly advisory meetings involve stakeholders from diverse systems and levels of care, promoting informed decision-making, and opportunity for providers to share qualitative information directly that can be challenging to otherwise decipher from quantitative data collected in quarterly and other reporting. YCHHS' Choice Model staff actively participate in the OHA-facilitated Long-Term Care and Exec+1 meetings to discuss policies, care coordination with the State Hospital, transitions of care and implementation of the Oregon Performance Plan. Network behavioral health providers participate in a YCHHS bi-monthly Behavioral Health Quality Management Committee to discuss system improvement based on Member and provider feedback collected via various pathways. Reciprocal information sharing across systems of care and between levels of leadership, as occurs between and within YCCO and YCHHS, promotes effective communication related to areas for improvement and further collaboration.

**b. How will Applicant provide oversight, Care Coordination, transition planning and management for Members receiving Behavioral Health services, including Mental Health Rehabilitative Services, Personal Care Services and Habilitation Services, in licensed and non-licensed home and Community-based settings, to ensure individuals who no longer need placement in such settings are transitioned to a Community placement in the most integrated Community setting appropriate for that person?**

YCCO upholds that everyone should live in the most integrated community setting that is medically appropriate for that individual. As everyone has their own unique set of needs and desires it is imperative that there be several services and types of placements available to meet the needs of those who are receiving such services. To support the unique and varied set of needs for Members served, YCHHS, who has the primary responsibility for providing specialty care and care coordination for YCCO Members with SPMI, supports access to an array of services by facilitating setup of Personal Care Services, providing community-based habilitative and rehabilitative services, and managing referrals and placement for licensed care.

YCHHS complies with policy and procedure outlined by the Oregon Health Authority for assessment and placement in state hospital or licensed levels of care. Within the YCCO service area, there are two licensed mental health Adult Foster Homes. Presently, an Enhanced Needs Care Coordinator (ENCC) works with the AFH provider and case managers to assess for initial and ongoing need at this level of care, and provide the services and supports that promote stability, Member choice, and skill training that may allow for transition to a lower level of care. Starting in January of 2019, Kepro will be conducting the initial and ongoing assessments to



authorize licensed residential level of care. YCHHS will continue to collaborate and consult with Kepro regarding care coordination and transition planning initiatives and give and receive feedback for improving Member experience and the newly developed system.

For individuals who no longer need placement in licensed settings and qualify for services, YCHHS offers 1915i Home and Community-Based Services and/or rehabilitative residential skills training and case management for Members with independent living and community integration activities to support community tenure. YCHHS also supports individuals eligible for Personal Care Assistance (PCA) by establishing services through an assessment and planning process and supporting PCA providers with background checks and paperwork submission to maintain authorization to provide the services. YCHHS also collaborates with APD and DD to coordinate community support services as applicable to Member needs and preferences.

**c. How will Applicant ensure Members with SPMI receive ICC support in finding appropriate housing and receive coordination in addressing Member's housing needs?**

YCCO/YCHHS offers community outreach and housing support through several internal programs and external agency partnerships. In addition to employing intensive case managers and care coordinators for programs serving individuals with SPMI, primary therapists, skills trainers, and peer support specialists also provide case management services and supports as needed to support individualized recovery goals and care coordination.

YCCO/YCHHS has restructured caseloads and team assignment to implement a team model that will allow multi-disciplinary teams the opportunity to staff mutual Members each day. This new model will allow community-based and clinic-based providers to rapidly identify, coordinate, and address Member care needs. As housing is identified as a primary need and priority by the individual served and their team, all providers, through their distinct roles, work to support individuals with their transitional and/or tenancy sustaining housing needs and goals.

YCCO/YCHHS works collaboratively through contractual agreements with external agencies, including Housing Authority of Yamhill County, and local peer run organizations to identify individuals with SPMI experiencing homelessness and provide support with housing needs. Agencies provide education regarding housing resources and are aware of the referral processes within each agency. YCCO also facilitates a monthly care coordination meeting comprised of various physical health, mental health, and dental network providers where Members with high cost healthcare needs are staffed to ensure best practices and resources are available to support individuals.

**d. How will Applicant assist Members with SPMI to obtain housing, Supported Housing to the extent possible, consistent with the individual's treatment goals, clinical needs, and the individual's informed choice?**

YCCO/YCHHS has a longstanding, well established, system and programs for assisting Members with SPMI obtain and maintain housing. Various YCCO network providers and community partners contribute to this system of care to provide housing opportunities, and transitional and tenancy sustaining services and supports. Member needs are routinely identified during initial, updates and annual integrated behavioral health assessments. Upon identification of a need, providers refer to YCHHS and external housing resources and supports available to the Member based on individual needs and preferences. A diverse array of housing related



services and supports are offered to Members. Although assessment and ongoing supports will vary based on Member needs and preferences, YCCO through YCHHS has the capacity to offer the following transition and tenancy sustaining housing services and supports for all Members with SPMI:

- Comprehensive assessment of health and housing needs to identify individualized supports and services that will promote success with housing attainment and long-term maintenance. Assessments will include a person-centered housing component to identify specific housing needs, preferences, resources, and barriers to overcome.
- Direct assistance with completion and submission of forms and documents to obtain Section 8, or other available housing resources.
- Direct assistance with housing inspections.
- Support with sign-up for, or accompaniment to (as needed), a ready to rent program or other programs that support housing goals.
- Development of a housing search and housing maintenance plan clearly outlining goals, objectives, and housing support crisis plan.
- Direct support with housing search to include identifying housing leads, communication and timely follow-up with landlords/owners, completing and submitting applications and paperwork, interpreting legal documents, identifying and accessing financial or other housing resources.
- Direct support with maintaining housing to include skills training for socialization and communication, financial management, household maintenance, basic activities of daily living, conflict resolution, medication and health management, community mobility, and accessing benefits or community resources. Tenancy sustaining services, as applicable, will include support and training for navigating standard tenant/landlord laws and procedures to promote housing success, community integration, and development of natural support networks.

YCCO behavioral health participating providers comply with MOTS reporting requirements to provide quarterly demographic and housing need data. YCHHS is presently engaged in numerous local and state-level housing related collaborative activities and is committed to expanding housing related partnerships. YCHHS also works with housing partners to create and identify opportunities for additional housing opportunities via established community and agency advisory board and subcommittee meetings. Additionally, YCHHS maintains the following contractual housing agreements:

- Two master lease agreements with private party for supportive and transitional housing programs.
- Memorandum of Understanding with Housing Authority of Yamhill County for Section 8 vouchers to support seven supportive/supported housing programs. An eighth supportive housing project is under development.
- Contractual agreement with Housing Authority of Yamhill County for resident management and tenant/landlord tasks associated with supportive housing programs.



- Contractual agreement with Oregon Health Authority to administer a 20-slot Rental Assistance Program awarded by the state through two RFP processes.
  - e. **How will Applicant ensure ACT services are provided for all adult Members with SPMI who are referred to and eligible for ACT services in accordance with OAR 309-019-0105 and 309-019-0225 through 309-019-0255?**

YCCO through a contract with YCHHS has two fully accredited high-fidelity ACT programs. These two programs are designed to serve individuals who are 18 years or older who are diagnosed with a serious and persistent mental illness who need intensive and ongoing supports to promote stability, community integration, and recovery. The program targets Members meeting the following criteria:

- Adult individuals who are 18 years of age or older who are diagnosed by a QMHP or LMP as having a serious and persistent mental illness as currently defined in ORS and OAR. One ACT team gives priority to those who are diagnosed with Schizophrenia, other psychotic disorders and bipolar disorder. The other ACT team gives priority to those with Cluster B traits who are seriously impaired in the ability to live in the community.
- Functional Impairment: Significant functional difficulties as demonstrated by at least one of the following: A) Substantial difficulty in performing practical daily living tasks required for functioning in the community (e.g., maintaining personal hygiene, meeting nutritional needs, obtaining medical, legal, and housing services, recognizing and avoiding common dangers or hazards to self and possessions); B) High risks for prehospitalization without intensive ACT services; C) Co-occurring substance abuse disorder with significant duration.
- Hospitalization History: Individuals who have experienced more than one psychiatric hospitalization in the 6-month period preceding referral or who have experienced at least three psychiatric hospitalizations within any 12-month period of time, or individuals who currently reside in the State Hospital or Post-Acute Intermediate Transition Program (PAITS) slot.

See “f.” below regarding capacity to serve all YCCO Members eligible for, and requiring, ACT services.

- f. **How will Applicant determine (and report) whether ACT team denials are appropriate and responsible for inappropriate denials. If denial is appropriate for that team, but Member is still eligible for ACT, how will Applicant find or create another team to serve Member?**

YCCO/YCHHS ACT teams receive referrals from several resources. The Oregon State Hospital can refer using their ACT referral form, YCHHS has created an internal referral form for individuals who are currently enrolled in other services with YCHHS, and referrals can come from community partners and family Members.

All referents will receive a comprehensive assessment that will include diagnosis and enough information that identifies medically appropriate reasons for services. All referrals to the YCCO



ACT program go to the YCHHS ACT supervisor and Yamhill County's Enhanced Need Care Coordinator (ENCC) is the current designated Single Point of Contact (SPOC).

The YCHHS ENCC is also the lead for one of the ACT teams, and in collaboration with the ACT supervisor, can make informed decisions on the appropriateness of the referral. The SPOC and ACT supervisor may also ask for additional information and/or interview the referent for further information. Determinations of the referrals are internally tracked and reported to the OHA Universal ACT Referral and Tracking Form.

YCHHS has historically built into the ACT teams the FET to maintain capacity for those who meet criteria for such services based on an estimate of the percentage of Members who may meet SPMI criteria given the population size served. There was one occasion where an individual was on a waitlist for a brief period for the enhanced ACT team. The full array of direct services, support and care coordination as medically necessary will be offered to Members who do not meet ACT eligibility. All denials of service are handled and monitored according to OAR. In addition, YCCO, YCHHS Utilization Management Program and the Behavioral Health Quality Management Committee monitor for grievances related to ACT denials.

**g. How will Applicant engage all eligible Members who decline to participate in ACT to identify and overcome barriers to the Member's participation as required by the Contract?**

YCCO/YCHHS ACT teams understand the challenges that those referred and/or are enrolled in ACT can face. Some of those challenges can make it difficult for Members to be open to and/or engage in services on a regular basis. The YCHHS ACT teams take a person-centered approach in their work with those referred and those enrolled in ACT services. The program provides individuals the dignity and respect to inform the team on services they would like to receive. The ACT teams do not require the individual to receive the full array of services available to be enrolled in services and/or require individuals to match the level of services needed for fidelity purposes.

YCCO/YCHHS ACT team members look for creative, patient, and empowering ways to connect and build rapport with those eligible for services and those receiving services. Most of the services take place in the community. Team members can meet with individuals at their home, coffee shop, go for a ride, hike, etc. Team members seek to assess client needs, wants and goals, and work with the individual receiving services on attaining such goals/needs/wants. The benefit of a team approach is that the ACT team can assess what team member(s) connect best with the individual being served to engage them in treatment. The peer support specialist on the ACT team is also available to provide outreach to engage the Member in ACT services.

**h. How will Applicant provide alternative evidence-based intensive services if Member continues to decline participation in ACT, which must include Care Coordination?**

YCCO via YCHHS and contracted providers offers a vast array of evidence-based programs. Each discipline on the ACT team (Peer Services, Case Management, and Substance Abuse Specialist, Employment Specialist, Residential supports, 1915i services, nurse supports and a prescriber) are services an individual can receive apart from being enrolled in ACT services; in



addition to number of other evidence-based programs.

The YCCO/YCHHS ACT teams, as part of the referral process, and/or in their work with those they are providing services to, are continuing to assess client strengths, challenges and needs. As part of this ongoing assessment of needs, the ACT team will assess and seek alternative services should the client refuse ACT services from the YCCO behavioral health provider network. Alternative evidence-based services available to Members include the following: Illness Management and Recovery, Supported Employment, Supported Education, Supported Housing, Peer Services, Case Management, Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), Collaborative Assessment and Management of Suicidality (CAMS), jail diversion, co-occurring treatment, and general outpatient behavioral health services. The ACT team offers Care Coordination for alternative services by connecting with supervisors and/or other treatment providers, providing the Member with information, and a referral for the alternative programs, facilitating a warm hand off when possible.

**i. How will Applicant work with Secure Residential Treatment Facilities (SRTFs) to expeditiously move a civilly committed Member with SPMI, who no longer needs placement in an SRTF, to a placement in the most integrated Community setting appropriate for that person?**

YCCO contracts with YCHHS who provides step-down support from state hospital and licensed treatment levels of care as outlined in the Choice Model contractual agreement. As with individuals who are in the State Hospital level of care, discharge planning begins as soon as the individual is admitted to the SRTF. The planning is an ongoing and ever evolving process. The YCHHS Choice Model program, in coordination with Kepro, will utilize the Member person-centered plan, have ongoing coordinated meetings/discussions with treatment team Members at the SRTF, and meet with the Member to best assess Member strengths, needs, challenges and readiness to transition. The Choice Model team will utilize this information and be responsible to seek and refer individuals to the most integrated setting as possible in collaboration with the individual. YCHHS Choice Model will be in communication and coordinate with other programs around the state from the time the individual is initially enrolled at the SRTF level of care. Depending on the discharge plan, YCHHS will be responsible for gathering and sending referral packets to lower levels of care to facilitate the transition to a lower level of care.

**j. How will Applicant work with housing providers and housing authorities to assure enough supportive and Supported Housing and housing support services are available to Members with SPMI?**

YCCO/YCHHS has a longstanding history of partnering with the Housing Authority of Yamhill County (HAYC) to support individuals with serious mental health challenges to reside in the most independent living environment possible. Beginning in the early 1980s, YCHHS and HAYC began partnering on several supportive housing projects. The model developed was HAYC would prioritize YCHHS behavioral health client referrals for specific properties and provide Section 8 for eligible individuals, while YCHHS would provide intensive community-based wrap around supports for the individuals to help them stabilize, develop skills and maintain, or move on to more permanent housing. Soon after the development of these initial supportive housing programs, HAYC prioritized Section 8 Fast Track Vouchers for YCHHS



clientele, allowing vulnerable individuals with behavioral, developmental, or other health barriers to access housing subsidies more rapidly than standard Section 8 vouchers. Given the efficacy of the partnership, YCHHS and HAYC quickly became a model for collaboration within the state prompting other counties to visit in to learn how YCHHS and the HAYC were partnering in Yamhill County. This same collaboration and level of support is now made available to YCCO Members as well.

Presently, YCHHS has a Memorandum of Understanding with HAYC for seven supportive housing programs, including: Sunnyside, Homeport, Bridges, Deskin Commons, Aspen Ridge, Baker Field, and New Reflections. YCHHS also managed 50 HAYC issued supported housing fast track vouchers across multiple divisions and is seeking to increase the fast track voucher program to 120 vouchers annually, distributed evenly monthly. In addition to the partnerships, YCHHS possesses the financial and staff resources for supporting individuals with individual housing transition services, housing and tenancy sustaining services, and housing related collaborative activities.

YCHHS employs one full time Housing Coordinator, two full time on-site Peer Housing Specialists (PHS), and six full time residential housing specialists to support individuals with obtaining and maintaining affordable permanent housing. The Housing Coordinator builds relationships with landlords and property owners throughout the YCCO service area to help facilitate knowledge of the Member's specific needs and inform how YCHHS will support Members to be successful. This in turn provides more housing resources for Members with SPMI and identifies other housing barriers that many landlords may overlook. PHS live on-site at a transitional supportive housing program and a long-term permanent supportive housing program. The PHS provides peer support in addition to transitional housing and tenancy sustaining skills training and support. YCHHS has a residential team that provides transition and tenancy sustaining skills training to Members in their homes. This empowers the Member to be independent, while ensuring safety and support.

**k. Provide details on how Applicant will ensure appropriate coverage of and service delivery for Members with SPMI in acute psychiatric care, an emergency department, and peer-directed services, in alignment with requirements in the Contract.**

YCCO will navigate services for Members with SPMI through multiple programs, community resources and treatment providers throughout YCCO service area. YCHHS maintains a Memorandum of Understanding that sets expectations and roles when a Member presents at any local emergency department. When presenting in an emergency department for psychiatric reasons, a Member with SPMI will be screened by a Qualified Mental Health Professional (QMHP). The QMHP can access treatment teams to gain valuable treatment/historical information and team recommendations for optimum placement/referral. If the Member is to remain in the emergency department pending placement, their treatment team, including peer specialists, often visit and continue to advocate and assist the Member through this process. If placed in an acute care unit, discharge arrangements are made directly with the Member's provider using a discharge coordinator and hospital liaison from the time of admit. Should the individual be committed to the acute care hospital and require long-term care, a long-term care referral will be made with continuous coordination across length of stay in acute care and long-



term care, with transition back into the community per Oregon Administrative Rules. Family and/or Member representative will be part of the process should the person with a SPMI want their involvement, and services will be individualized as clinically appropriate and evidenced based.

**5. Emergency Department (recommended page limit 2 pages)**

**a. How will Applicant establish a policy and procedure for developing a management plan for contacting and offering services to each Member who has two or more readmissions to an Emergency Department in a six-month period? The management plan must show how the Contractor plans to reduce admissions to Emergency Departments, reduce readmissions to Emergency Departments, reduce the length of time Members spend in Emergency Departments, and ensure adults with SPMI have appropriate connection to Community-based services after leaving an Emergency Department and will have a follow-up visit within three days.**

Providence Plan Partners (PPP) and Yamhill County Health and Human Services (YCHHS) Care Management staff monitor Emergency Department (ED) use in real time from 8am to 5pm Monday through Friday and YCHHS has a 24/7 mental health crisis line. Real time monitoring is augmented by a stratification process using cohorts in Pre-Manage. These cohorts include Members with three ED visits in three months, three ED visits in one month, in addition to super-utilizer cohorts. Examples of these include a behavioral health cohort and a Severe and Persistent Mental Illness (SPMI) cohort.

Once a Member has been identified through real time monitoring or cohort monitoring, the Member is triaged to an appropriate clinical level based on diagnosis and medical history. This may result in reaching out to the Member while they are in the ED. Members who require DME, follow up appointments, education on appropriate ED use, or simple clinical needs receive a call from a Clinical Support Coordinator who then coordinates their care. If complex clinical case management is needed the Member is triaged to qualified personnel including any of one these disciplines RN, SW, Medical Director.

Case Managers focus on connecting Members with providers for prompt follow up, providing education on appropriate ED use as well as their conditions, and re-direct Members to the most appropriate level of care given their medical needs. Members who require behavioral health support are connected with their county. Members with more acute behavioral health needs are connected with the team of social workers who then coordinate with psychiatric prescribers or other behavioral health professionals to optimize their care and avoid unnecessary ED use. All Care Managers are alerted immediately if their Members are in the ED, so they can conduct outreach and provide support and resources as appropriate.

YCCO's Community Health Worker (CHW) Hub reviews Member ED admissions daily. Members who have visited the ED five times within the last 12 months, or two times in the last six months, receive an outreach call from a Community Health worker the following day. The CHW team asks Members what drove the decision to visit the ED instead of going to their PCP.



The CHW also asks if the Member is aware who their primary care physician is, how to reach them after hours, or in an emergency and when the last time they had an appointment with their PCP was. The CHW confirms the Member's PCP in CIM and, if the information varies from that of the Member's, the CHW will provide them with the name of the appropriate PCP and offer to assist the Member in making an appointment with the doctor. The CHW also provides the Member with Providence Express Care Clinic location, or urgent care location information and hours or operation as a quick, comprehensive alternative to care vs. the ED, for more minor issues. Information is given to the Member that YCCO would also be able to provide transportation to the clinic for their appointment, just as to all medical appointments. If the Member presented to the ED for mental health evaluation or a mental health related incident, the Community Health Worker will contact the local Behavioral Health agency with Member's information and contact information and request follow-up contact and visit within three days. If Member declines visit, Behavioral Health will contact Member's primary care physician of record and provide them with information regarding BH contact with Member. The CHW will also ask the Member if they are aware their OHP coverage includes Dental and ask if they can give the Member a contact number for the Dental provider. Finally, the CHW will offer to conduct a home visit to meet with the Member personally to help them navigate a complex healthcare system; the location of the meeting is up to the Member's discretion. In addition, the CHW will inform the Member they can offer help in navigating them to resources/social services in the community.

The YCCO will also provide documentation in Pre-Manage; the communication system in place for community clinics, the CCO, PCPs, Specialists and local hospitals to communicate with one another that if this Member should present in ED between Monday-Friday between the hours of 8-5 PM please contact YCCO prior to patient discharge so agency can provide immediate follow-up counseling as necessary. In addition, YCHHS has a 24/7 crisis line that is utilized by the ED and other community agencies (providers, law enforcement, schools etc.). YCHHS sends qualified mental health providers to the scene to help coordinate care for the Member.

**6. Oregon State Hospital (recommended page limit 1 page)**

**a. How will Applicant coordinate with system partners as needed regarding Oregon State Hospital discharges for all adult Members with SPMI?**

YCCO will coordinate with system partners for all member Oregon State Hospital discharges per the contractual agreement through systems established within the YCHHS Choice Model Program. Presently, the Choice Model team works with community partners such as PCP, Dentists and/or other medical providers in setting up needed appointments for when the individual is discharged. They will also work with Northwest Senior and Disability Services office and Social Security to ensure that benefits such as food stamps and other entitlements are available. If the Member has been involved in the legal system, Choice Model can work with the courts, and parole and probation, to assist the individual in being in good legal standing. Participation in monthly OHA facilitated Long-term Care and Exec +1 coordination meetings promotes access to system partners and technical assistance that support timely and effective Oregon State Hospital discharges.

**b. How will Applicant coordinate care for Members receiving Behavioral**



**Health treatment while admitted to the State Hospital during discharge planning for the return to Applicant's Service Area when the Member has been deemed ready to transition?**

YCCO will coordinate Oregon State Hospital discharges via contractual agreement and systems established through the YCHHS Choice Model Program. The Choice Model team utilizes a multifaceted approach for preventing state hospitalization when possible, support Members with stabilization in a less restrictive environment and coordinate a smooth and timely discharge for adult Members with SPMI. The approach comprises the following:

1. Comprehensive assessment to identify when available resources and services support state hospital diversion.
2. Discharge and person-centered planning upon state hospital admission, and ongoing assessment of support and placement needs.
3. Routine attendance at interdisciplinary treatment team meetings for discharge coordination.
4. Hospital in-reach by clinicians and/or peers for rapport building and empowering personal choice.
5. Intensive case manager dedicated to compiling, submitting and following up on placement referrals and other service coordination needs.
6. Developing and maintaining relationships with partners and collateral individuals such as hospital staff, guardians, family members, and community partners.
7. Enrolling in Assertive Community Treatment services as eligible and appropriate to provide community-based wrap around support to promote stability in the community.
7. **Supported Employment Services (recommended page limit 1 page)**
  - a. **How will Applicant ensure access to Supported Employment Services for all adult Members eligible for these services, in accordance with OAR 309-019-0275 through 309- 019-0295?**

YCCO ensures access to supported employment services for all eligible Members through contract and coordination with YCHHS, verifying YCHHS adherence to OAR 309-019-0275 through 309-019-0295 for program continuity, and remaining informed of Members' employment and participation data to ensure satisfactory outcomes. Addressing OARs top-down:

- In alignment with OAR 309-019-0295, the CCO's provider of Individual Placement and Support (IPS) supported employment services, YCHHS, submits quarterly outcome reports to Oregon Supported Employment Center for Excellence (OSECE) through the required procedures and practices. Each quarterly report includes the individuals served, employed in competitive integrated employment, successfully graduated employed and those dually enrolled in Assertive Community Treatment program services.
- YCHHS maintains qualifications required to provide supported employment services in accordance with OAR 309-019-0280 and submits to YCCO the annual fidelity



- report by OSECE.
- As required in OAR 309-019-0285, the program annually meets the minimum score of 100 of 125. In 2018 the Supported Employment Fidelity Report score was 103, holding and successfully maintaining current certification. The program additionally has implemented an optional and successful supported education program; the 2018 Supported Education Fidelity Report score was 105 of 125. The program partners with OSECE for improving services, utilizing feedback directly from the fidelity review reports for creating annual employment and education betterment plans. OSECE is provided copies of the betterment plans and provides technical assistance and training for ongoing program development for improving supported employment and education services.
  - YCHHS' IPS services embody the evidence-based model's eight principles as outlined in OAR 309-019-0275. Integrated care is one of these principles. YCHHS embraces integrated care on a broad scale across divisions, facilitating successful fulfillment of the IPS principle of integration of IPS services with mental health (MH) treatment. Integration is supported through the assignment of a team of eight IPS specialists to two treatment teams each, with regular attendance at treatment team meetings and reception of Member referrals from mental health providers of the assigned teams. Collaboration occurs via team meetings, email, phone, and includes in-person visits between IPS specialists, MH providers, Members, and includes Member's natural supports as available. Another significant IPS principle is "zero exclusion;" every interested YCCO Member with serious mental illness is eligible for services regardless of symptoms of illness, co-occurring substance use, current treatment plans, or other concerns. The desire to work and/or attend school is the characteristic that determines a referral to IPS. Some program participants develop increased symptom stability and skill development as job and education seeking and enrollment begins.
  - At all times services reflect the elements of OAR 309-019-0275 with attention and emphasis on competitive employment as defined in OAR 309-019-0270. Toward the goal of competitive, integrated employment, specialists assist Members to obtain work alongside individuals without disabilities, at mainstream locations, making the same or higher wage/rate as other employees. Supported employment services include but are not limited to: job development, supervision and job training, on-the-job visitation, consultation with employers, job coaching, skills training and transportation.
- 8. Children's System of Care (recommended page limit 2 pages)**  
**Applicant will fully implement System of Care (SOC) for the children's system. Child-serving systems and agencies collaborating in the SOC are working together for the benefit of children and families.**
- a. What Community resources will Applicant be using or collaborating with to support a fully implemented System of Care?**

YCCO contracts with YCHHS, which has a long history of collaborative relationships between community partners and as a result able to leverage this history of relationships to build on the YCCO System of Care Governance structure. In addition, the SOC meets in strategically located



settings to ensure maximum participation at meetings, which also enhances the collaboration.

**b. Please provide detail on how Applicant will utilize the practice level work group, advisory council, and executive council.**

System of Care governance structure has created its own Vision and Mission statement to drive the focus of their work, which includes the following charter statement that clearly identifies the scope of responsibilities at each level:

Vision: “Our vision is that all children and families have the supports they need to feel empowered and hopeful for their future.”

Mission: “The children and youth of Yamhill County [YCCO service area] will experience meaningful support across all life domains via a collaborative system of care which is family driven, culturally responsive, community integrated, and empowers them to succeed with each life task while feeling hope for their family and their future as evidenced by measurable outcomes.”

1. Within Practice Level, the identified scope includes three primary areas or focus:
  - a. The first is best practice of Wraparound. SOC addresses the quality of services, which includes the quality, accessibility of supports/services, ensuring culturally specific and linguistically appropriate care, and identification of any challenges of coordination of services. In addition, Practice Level works to ensure that Wraparound is being utilized through best practice with Wraparound values. When needs are identified, Practice Level makes recommendations for quality improvement in the practice of Wraparound.
  - b. The second area Practice addresses is the identification of challenges in coordination of services. With the use of barrier tracking, Practice Level looks for themes and addresses need or concerns that emerge. Practice Level records and maintains a log of identified barriers, concerns and needs, and makes recommendations to address these challenges.
  - c. The third area addressed in Practice Level is fostering and supporting meaningful involvement of youth and family throughout all levels of the system of care governance. All decisions made on behalf of the SOC community reflect and integrate youth and family voice.

While Practice Level focuses on the best practice of implementing Wraparound, Advisory Level takes information gathered through strategic planning and creates a vision for the community of the YCCO service area. The strategic plan guides the vision for collaborative practices at the policy, finance and design levels within respective agencies. With this collaboration, any barriers identified in Practice Level that require interagency cooperation can be addressed within this forum. Advisory provides oversight for Review and Practice Levels, but also provides recommendations to Executive Council.

Executive Council provides the overarching guidance for Wraparound in the YCCO service area, supporting fidelity Wraparound, adherence to program policies, creating a vision for shared outcomes, busting barriers at the policy, finance and design level, which includes developing community resources through shared, braided or blended funding across all community



stakeholders. The Executive Level also works to ensure strategic alignment to avoid duplication of process, practices, and services across the System of Care. Executive builds collaborative relationships to identify cost savings, unmet needs and strengths within the SOC that can be reinvested to youth at home and in school to promote social, emotional, physical and spiritual health.

**c. How does Applicant plan to track submitted, resolved, and unresolved barriers to a SOC?**

To facilitate easy access for community members and/or partners, Practice Level has shared with all partner agencies the barrier submission form which they in turn have posted on their respective web pages. In addition, the Practice Level Committee also has a standing agenda item to review the barrier tracking form to ensure that barriers are followed up within a timely manner, sending barriers which have not been resolved to Advisory Council to review, and if needed, refer to Executive Council for further review. Practice Level Committee also reviews any submitted barriers for any emerging trends that may need to be presented to Advisory Council.

**d. What strategies will Applicant employ to ensure that the above governance groups are comprised of youth, families, DHS (Child Welfare, I/DD), special education, juvenile justice, Oregon Youth Authority, Behavioral Health, and youth and Family voice representation at a level of at least 51 percent?**

The System of Care Governance structure utilizes the Wraparound principal of “persistence” to ensure that all community partners are present at the SOC meetings. By identifying barriers to attendance, Practice Level has found creative solutions to enhance attendance at the meetings. Some solutions have included trainings, use of SurveyMonkey to identify dates/times that work for the majority, utilizing conference calls or “GoTo Meeting” to increase attendance. Other strategies to help with the educational partners have included using an educational consultant who works closely with all the schools and that the schools are willing to use as the voice of the education community. In addition, personalized outreach to community partners when there are specific applicable agenda items has also increased participation. Both the family and youth members are supported in their participation with Family and Youth Partners respectively. Finally, in collaboration with Oregon Family Support Network, supervised youth activities for the children of family members and stipends for both family and youth participation in the governance meetings has also increased youth/family participation.

**9. Wraparound Services (recommended page limit 4 pages)**

**Applicant is required to ensure Wraparound Services are available to all children and young adults who meet criteria.**

**a. Provide details on how Applicant plans to ensure administration of the Wraparound Fidelity Index Short Form (WFI-EZ)?**

YCCO contracts the responsibility for administering the WFI-EZ to YCHHS. The Wraparound Fidelity Index Short Form is another tool that ensures that Wraparound meets fidelity. Timelines for completion of the WFI are tracked through the YCHHS’ Electronic Medical Record (EMR), which are then monitored for compliance through routine audits. The EMR notifies the care coordinator prior to 6 months enrollment in Wrap that a WFI is due and the care coordinator



works with the Wraparound coach to coordinate the youth/family's completion of the WFI. To ensure that families/youth are receiving the WFI-EZ, families have a choice of how they would like to complete the WFI. This includes completing a paper version, access to an online version that can be completed at their convenience in their home, or by use of a tablet in a private setting at a YCHHS facility.

**b. How will Applicant communicate WFI-EZ and other applicable data to the System of Care Advisory Council?**

An identified individual at the YCHHS level will download the WFI data from WERT and present the WFI data at the SOC Advisory Level. This is cued by an ongoing agenda item on the SOC Advisory Council agenda to review all WFI data at a minimum of 2x/year. All identifying information will be redacted and the committee will monitor for patterns and make system improvement recommendations to appropriate community partners.

**c. How does Applicant plan to receive a minimum of 35 percent response rate from youth?**

Youth will be supported to complete the WFI with Youth Partners who support the youth as they complete the survey. In addition, creating ease of access for youth is important and this can be accomplished by meeting youth where they are at, which could be achieved using mobile tablets anywhere there is WIFI. All youth will also be sent a link so that they can complete the survey at their convenience. If youth would prefer a paper version of the WFI, this will be offered as well.

**d. How will Applicant's Wraparound policy address:**

**(1) How Wraparound services are implemented and monitored by Providers?**

Referrals will be coordinated through the System of Care Governance Review Committee, which will be represented by community partners, YCCO, and representation of the youth and family voice. All referrals will be tracked through the System of Care Review Committee, which will monitor referrals into Wrap, acceptance of Wrap by identified youth/family, and referral back to initial referral sources for those that decline Wrap. As patterns emerge, this will be reported to Practice Level Committee for further follow up. In addition, as youth/families transition out of Wraparound, the families will be offered an opportunity to share their experience in Wraparound. The transitioning family/youth will be supported through this process by either their Care Coordinator, Family Partner or Youth Partner. In addition, audits will occur to track fidelity of Wraparound services.

**(2) How Applicant will ensure Wraparound services are provided to Members in need, through Applicant's Providers?**

Through SOC governance structure, community partners understand the criteria for Wraparound and the referral process. Referral forms have been shared with community partners and community partners have received training on how to complete the referral with families. In addition, parents/youth can refer directly to Wraparound and be supported by Family/Youth Partners through this process.

**e. Describe Applicant's plan for serving all eligible youth in Wraparound services so that no youth is placed on a waitlist. Describe Applicant's strategy to ensure there is no waitlist for youth who meet criteria.**

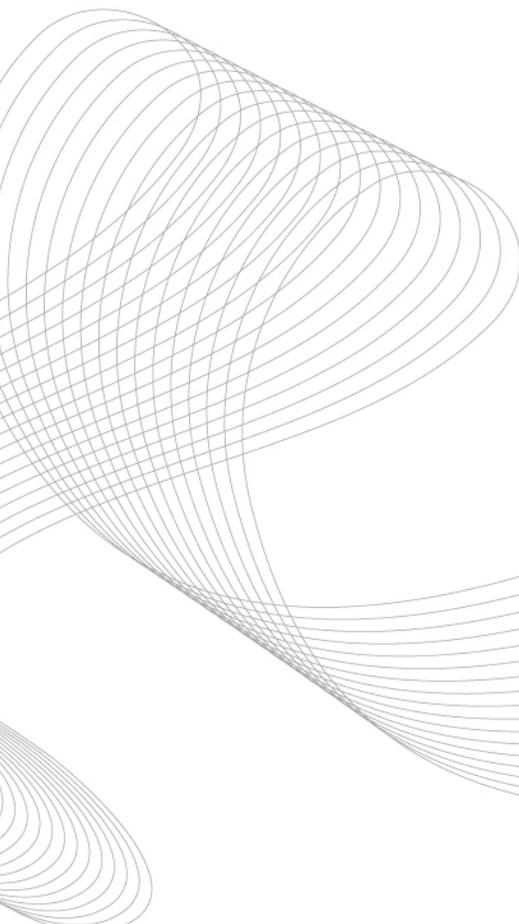
A continuum of services will be available to Members within the YCCO service area, which will



allow for services to be provided prior to needing more intensive services. The CCO will have representation at the SOC Review Committee, which will allow YCCO to monitor capacity within Wraparound. Review Committee also tracks the number of youths who are referred, who are accepted into Wraparound or decline Wraparound. Tracking of this data will indicate numbers and capacity, and if youth are being denied services, holding providers accountable. In addition, SOC governance structure will complete annually a Site Assessment of Oregon Wraparound Best Practices, which will monitor that YCCO Wrap is being implemented to fidelity. This Site Assessment will include feedback from family, youth, and service providers to accurately reflect implementation systemically. By monitoring youth who are referred to Wrap, caseload reports, and site assessments, Practice Level will be able to ensure that family/youth are not waitlisted for services. Current caseloads indicate capacity to serve youth referred within fidelity standards.

- f. Describe Applicant’s strategy to ensure that Applicant has the ability to implement Wraparound services to fidelity. This includes ensuring access to Family and youth Peer support and that designated roles are held by separate professionals as indicated (for example: Wraparound coaches and Wraparound supervisors are filled by two different individuals).**

Portland State University System of Care Institute provides technical assistance for implementation of Wraparound Best Practices for which YCCO providers are supported to attend. Accessing technical assistance on a consistent basis will ensure guidance to implement Wrap to fidelity. At the agency level, this will include group coaching opportunities facilitated by identified individuals from Youth, Family and Care Coordinator voice. In addition, each agency will support differentiation between Wraparound Coach and Wraparound Supervisor. The Site Assessment, which is completed annually, will also provide feedback regarding agency compliance with implementing Wraparound to fidelity.



Report of Independent Auditors and  
Financial Statements for

Yamhill County Care Organization, Inc.  
dba Yamhill Community  
Care Organization

December 31, 2015 and 2014

**MOSS-ADAMS** LLP

Certified Public Accountants | Business Consultants

## **CONTENTS**

---

	PAGE
REPORT OF INDEPENDENT AUDITORS	1-2
FINANCIAL STATEMENTS	
Statements of financial position	3
Statements of activities and changes in net assets	4
Statements of cash flows	5
Notes to financial statements	6-20

## REPORT OF INDEPENDENT AUDITORS

To the Board of Directors  
Yamhill County Care Organization, Inc. (dba Yamhill Community Care Organization)

### **Report on Financial Statements**

We have audited the accompanying financial statements of Yamhill County Care Organization, Inc. (dba Yamhill Community Care Organization), which comprise the statements of financial position as of December 31, 2015 and 2014, and the related statements of activities and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence obtained is sufficient and appropriate to provide a basis for our audit opinion.

## REPORT OF INDEPENDENT AUDITORS (continued)

### ***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Yamhill County Care Organization, Inc. (dba Yamhill Community Care Organization) as of December 31, 2015 and 2014, and the results of its operations and its cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Moss Adams LLP

Portland, Oregon

June 1, 2016

**YAMHILL COMMUNITY CARE ORGANIZATION**  
**STATEMENTS OF FINANCIAL POSITION**

**ASSETS**

	December 31,	
	2015	2014
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 22,528,566	\$ 16,566,824
Maternity case rate receivable	640,698	413,483
Capitation receivables	4,303,595	1,560,000
Prepaid expenses	191,630	187,027
Reinsurance receivables	1,023,865	2,429,014
Other receivables	967,933	1,514,477
	<b>29,656,287</b>	<b>22,670,825</b>
<b>PROPERTY AND EQUIPMENT, NET</b>	<b>362,771</b>	<b>335,997</b>
<b>ASSETS LIMITED AS TO USE</b>		
Cash and cash equivalents - contractual reserves	2,127,915	2,900,000
Investments - contractual reserves	1,272,575	-
	<b>3,400,490</b>	<b>2,900,000</b>
<b>Total assets</b>	<b>\$ 33,419,548</b>	<b>\$ 25,906,822</b>

**LIABILITIES AND NET ASSETS**

<b>CURRENT LIABILITIES</b>		
Accrued medical claims payable	\$ 7,257,923	\$ 6,401,909
Accounts payable and accrued expenses	1,015,357	1,288,110
Capitation payables	5,730,296	3,282,887
Deferred revenue	60,942	470,396
	<b>14,064,518</b>	<b>11,443,302</b>
<b>LONG-TERM CAPITATION PAYABLE</b>	<b>-</b>	<b>1,311,200</b>
<b>Total liabilities</b>	<b>14,064,518</b>	<b>12,754,502</b>
<b>NET ASSETS</b>		
Unrestricted	16,955,030	10,752,320
Permanently restricted	2,400,000	2,400,000
	<b>19,355,030</b>	<b>13,152,320</b>
<b>Total liabilities and net assets</b>	<b>\$ 33,419,548</b>	<b>\$ 25,906,822</b>

# YAMHILL COMMUNITY CARE ORGANIZATION

## STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

	Year Ended December 31, 2015			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>REVENUE</b>				
Premiums	\$ 115,332,612	\$ -	\$ -	\$ 115,332,612
Pay for performance incentive	5,446,562	-	-	5,446,562
Hospital reimbursement adjustment	(12,396,445)	-	-	(12,396,445)
Other income	1,441,684	-	-	1,441,684
Total operating revenues	<u>109,824,413</u>	<u>-</u>	<u>-</u>	<u>109,824,413</u>
<b>OPERATING EXPENSES</b>				
Purchased healthcare	89,498,961	-	-	89,498,961
Health administration expense	5,784,775	-	-	5,784,775
Pay for performance incentive expense	5,120,120	-	-	5,120,120
Employment services agency costs	1,321,384	-	-	1,321,384
Other administrative expenses	1,945,305	-	-	1,945,305
Total operating expenses	<u>103,670,545</u>	<u>-</u>	<u>-</u>	<u>103,670,545</u>
REVENUES OVER OPERATING EXPENSES	6,153,868	-	-	6,153,868
<b>OTHER INCOME</b>				
Investment income, net	48,842	-	-	48,842
CHANGE IN NET ASSETS	6,202,710	-	-	6,202,710
NET ASSETS, beginning of period	10,752,320	-	2,400,000	13,152,320
NET ASSETS, end of period	<u>\$ 16,955,030</u>	<u>\$ -</u>	<u>\$ 2,400,000</u>	<u>\$ 19,355,030</u>
<b>Year Ended December 31, 2014</b>				
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>REVENUE</b>				
Premiums	\$ 92,842,013	\$ -	\$ -	\$ 92,842,013
Pay for performance incentive	2,076,179	-	-	2,076,179
Hospital reimbursement adjustment	(10,840,486)	-	-	(10,840,486)
Other income	1,216,232	-	-	1,216,232
Net assets released from restrictions:				
Satisfaction of purpose restrictions	304,331	(304,331)	-	-
Total operating revenues	<u>85,598,269</u>	<u>(304,331)</u>	<u>-</u>	<u>85,293,938</u>
<b>OPERATING EXPENSES</b>				
Purchased healthcare	70,237,159	-	-	70,237,159
Health administration expense	5,093,810	-	-	5,093,810
Pay for performance incentive expense	2,062,421	-	-	2,062,421
Employment services agency costs	678,929	-	-	678,929
Other administrative expenses	1,584,960	-	-	1,584,960
Total operating expenses	<u>79,657,279</u>	<u>-</u>	<u>-</u>	<u>79,657,279</u>
REVENUES OVER (UNDER) OPERATING EXPENSES	5,940,990	(304,331)	-	5,636,659
<b>OTHER INCOME</b>				
Investment income, net	31,037	-	-	31,037
CHANGE IN NET ASSETS	5,972,027	(304,331)	-	5,667,696
NET ASSETS, beginning of period	4,780,293	304,331	2,400,000	7,484,624
NET ASSETS, end of period	<u>\$ 10,752,320</u>	<u>\$ -</u>	<u>\$ 2,400,000</u>	<u>\$ 13,152,320</u>

**YAMHILL COMMUNITY CARE ORGANIZATION**  
**STATEMENTS OF CASH FLOWS**

	Years Ended December 31,	
	2015	2014
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ 6,202,710	\$ 5,667,696
Depreciation and amortization expense	148,819	21,987
Changes in assets and liabilities:		
Maternity case rate receivable	(227,215)	402,287
Prepaid expenses	(4,603)	(110,102)
Capitation, net	(1,607,386)	3,328,993
Reinsurance receivables	1,405,149	(1,568,240)
Other receivables	546,544	(939,447)
Accrued medical claims payable	856,014	2,972,669
Accounts payable and accrued expenses	(272,753)	461,721
Deferred revenue	(409,454)	470,396
Health reimbursement accounts payable	-	54,782
Managed care organization payable	-	(11,335)
Patient centered primary care home payable	-	(3,638)
Net cash flows from operating activities	<u>6,637,825</u>	<u>10,747,769</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of contractual reserves	(500,490)	(499,999)
Purchase of property and equipment	<u>(175,593)</u>	<u>(357,984)</u>
Net cash flows used in investing activities	<u>(676,083)</u>	<u>(857,983)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	5,961,742	9,889,786
CASH AND CASH EQUIVALENTS, beginning of period	<u>16,566,824</u>	<u>6,677,038</u>
CASH AND CASH EQUIVALENTS, end of period	<u>\$ 22,528,566</u>	<u>\$ 16,566,824</u>

# **YAMHILL COMMUNITY CARE ORGANIZATION**

## **NOTES TO FINANCIAL STATEMENTS**

---

### **Note 1 – Nature of Business and Organization**

Yamhill County Care Organization, Inc. (dba Yamhill Community Care Organization) (Yamhill CCO or Organization), an Oregon non-profit public benefit corporation, was created in July 2012 as a Coordinated Care Organization (CCO) as defined in the Oregon statutes. Yamhill CCO is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 (IRC) as an integrated community-based health care plan that strives to achieve better care, better health, and lower costs for the Medicaid population primarily in Yamhill county of Oregon.

The Organization entered into a risk contract with the State of Oregon, acting by and through Oregon Health Authority (OHA), effective November 1, 2012, to provide physical and behavioral health coverage under the Oregon Health Plan (OHP) to its enrollees. Effective January 1, 2014, these services have been expanded to include dental coverage under a new OHA contract expiring on December 31, 2018. The Organization started to offer dental coverage on July 1, 2014. During 2014, OHA contract was further amended, and the Organization assumed responsibility for an additional service, non-emergent medical transportation (NEMT). This benefit was implemented on October 1, 2015.

From November 2012 through December 2014, the organization contracted with Mid-Valley Behavioral Care Network (MVBCN) to accept the risk on the behavioral health coverage. MVBCN provided, or arranged to provide, services to behavioral health enrollees assigned to Yamhill CCO. The Organization paid MVBCN behavioral health premiums earned, less a 6% administrative fee. Effective January 1, 2015, the Organization terminated its contract with MVBCN and contracted with Yamhill County Health and Human Services (YHHS) to provide, or arrange to provide, covered services to behavioral health enrollees. The Organization retained the risk for mental health inpatient services provided to adults in 2015. The Organization paid YHHS behavioral health premiums earned, less a 2.25% administrative fee.

The delivery of dental benefits is subcapitated to three Dental Risk Accepting Entities (RAE), Advantage Dental Services, Capitol Dental Care, and ODS Community Health.

The Organization contracts with an independent brokerage firm to provide, or arrange to provide, covered non-emergent transportation services to the Organization's enrollees.

The Organization is a tax exempt organization under Section 501(c)(3) of the IRC.

### **Note 2 – Summary of Significant Accounting Policies**

**Basis of accounting and presentation** – The accompanying financial statements have been prepared in accordance with Generally Accepted Accounting Principles in the United States of America (U.S. GAAP). The Organization has prepared its financial statements in accordance with Accounting Standards Codification (ASC) 958, *Not-for-Profit Entities*. The reporting period included in these financial statements include the years ended December 31, 2015 and 2014.

# YAMHILL COMMUNITY CARE ORGANIZATION

## NOTES TO FINANCIAL STATEMENTS

---

### **Note 2 – Summary of Significant Accounting Policies (continued)**

**Use of estimates** – In preparing the financial statements in conformity with U.S. GAAP, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities as of the date of the statement of financial position, and revenues and expenses for the reporting period. Actual results could differ from those estimates and assumptions.

Significant estimates in these financial statements include maternity case rate receivable, Quality Management Performance Measures incentive receivable and payable (included in capitation receivables and capitation receivables and payables, respectively), Special Needs Rate Group (SNRG) risk corridor receivable and liability (also included in capitation receivable and payables, respectively), accrued medical claims payable, accrued state medical loss ratio adjustment, depreciation on property and equipment, and premium deficiency reserve.

**Concentrations of risk** – Financial instruments, which potentially subject the Organization to concentrations of credit risk, consist of cash and cash equivalents and investments. The Organization maintains its cash and cash equivalents in accounts that, at times, may exceed federally insured limits. The Organization makes such deposits with high credit quality entities and has not incurred any losses in such accounts. Investments are primarily fixed income securities and by their nature are subject to market interest rate fluctuations. Potential concentrations of credit risk exist due to market concentrations of high quality fixed income investments which react similarly to changing economic conditions.

Yamhill CCO's members and providers are concentrated in Yamhill County and surrounding counties in Oregon.

The Organization's revenues are received almost entirely from the contract with OHA. A reduction in rates paid under this contract or a loss of the contract due to non-renewal, federal or state policy changes or decreased legislative funding could materially affect the financial position of the Organization. The current OHA contract is effective through December 31, 2018.

Yamhill CCO retains the physical health insurance risk and delegates the administration of assigned enrollees to CareOregon, Inc. (CareOregon). Yamhill CCO also retains the inpatient mental health for adults insurance risk and delegates the administration of assigned enrollees to YHHS.

**Fair value measurements** – Fair value is the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. Market participants are buyers and sellers, who are independent, knowledgeable, and willing and able to transact in the principal (or most advantageous) market for the asset or liability being measured.

Fair value is based on quoted market prices, when available, for identical or similar assets or liabilities. In the absence of quoted market prices, management determines the fair value of the Organization's assets and liabilities using valuation models or third-party pricing services, both of which rely on market-based parameters when available, such as interest rate yield curves, option volatilities, and credit spreads. The valuation techniques used are based on observable and unobservable inputs.

# YAMHILL COMMUNITY CARE ORGANIZATION

## NOTES TO FINANCIAL STATEMENTS

---

### Note 2 – Summary of Significant Accounting Policies (continued)

Observable inputs are those assumptions which market participants would use in pricing the particular asset or liability. These inputs are based on market data and are obtained from a source independent of the Organization.

Unobservable inputs are assumptions based on the Organization's own information or estimate of assumptions used by market participants in pricing the asset or liability. Unobservable inputs are based on the best and most current information available on the measurement date.

ASC 820, *Fair Value Measurements and Disclosures*, establishes a three-level valuation hierarchy for determining fair value that is based on the transparency of the inputs used in the valuation process.

The inputs used in determining fair value in each of the three levels of the hierarchy are as follows:

**Level 1** – Quoted prices (unadjusted) in active markets for identical assets or liabilities.

**Level 2** – Either: (i) quoted prices for similar assets or liabilities; (ii) observable inputs, such as interest rates or yield curves; or (iii) inputs derived principally from or corroborated by observable market data or other pricing sources with reasonable levels of transparency.

**Level 3** – Unobservable inputs.

The hierarchy gives the highest ranking to Level 1 inputs and the lowest ranking to Level 3 inputs. The level in the fair value hierarchy within which the fair value measurement in its entirety falls is determined based on the lowest level input that is significant to the overall fair value measurement.

The following methods and assumptions were used by the Organization in estimating fair values of each class of financial instruments for which it is practicable to estimate that value, in accordance with the provisions of ASC 825, *Financial Instruments*:

*Cash and cash equivalents* – The carrying amount approximates fair value because of the short maturity of these instruments.

*Accounts receivable, accounts payable, and accrued expenses* – The carrying amounts are at historical costs; their respective estimated fair values approximate carrying values due to their current nature.

*Investments* – The carrying amount approximates fair value, and amounts are based on quoted market prices or alternative pricing sources with reasonable levels of transparency.

**Cash and cash equivalents** – The Organization considers cash to be cash in the bank or on hand and available for current use. Cash equivalents are investments maturing three months or less from date of purchase.

## YAMHILL COMMUNITY CARE ORGANIZATION NOTES TO FINANCIAL STATEMENTS

---

### **Note 2 – Summary of Significant Accounting Policies (continued)**

**Cash and cash equivalents – contractual reserves** – These contractual reserves are restricted as to their use, and are maintained to meet the primary and secondary reserve requirements under the OHA contract. OHA requires the reserve funds to be held and used for the purpose of making payments to providers in the event of the Organization's insolvency. These reserves are currently invested in U.S. money market funds. As of December 31, 2015 and 2014, the contractual reserves held in cash and cash equivalents were \$2,127,915 and \$2,900,000, respectively. For the purposes of the statement of cash flows, contracted reserves are excluded from cash and cash equivalents.

**Investments – contractual reserves** – Investment contractual reserves are maintained to meet the primary and secondary reserves requirements under the OHA contract. OHA requires the reserves funds to be held and used for the purpose of making payments to providers in the event of the Organization's insolvency. These include U.S. Agency securities and certificates of deposit with future maturities ranging from six months to twelve months. As of December 31, 2015 and 2014, the contractual reserves held in investments were \$1,272,575 and \$0, respectively.

Investments are stated at fair market value based on quoted market prices as of the statement of financial position date (see Note 4). The Organization uses the specific identification method for determining the cost basis and gain or loss on its investments, and transfers between levels in the fair value hierarchy.

**Receivables** – Receivables consist primarily of amounts owed to the Organization for Quality Management Performance Measures incentive receivables, maternity case rate premiums, and reinsurance recoveries receivable. The Organization does not require collateral or other security to support the recorded receivable amounts.

**Accrued medical claims payable** – Accrued medical claims payable represents an estimate of medical costs incurred, but not yet billed and processed, through the date of the statement of financial position.

Management's evaluation of the adequacy of the accrued medical claims payable is based on a review of utilization data and pending claims, an analysis of claims paid after the statement of financial position date and an actuarial review of historical claims experience. It is at least reasonably possible that the estimated accrued medical claims payable will change in the near-term. Accrued medical claims payable as of December 31, 2014 were adjusted down \$445,704 during the year end December 31, 2015. Accrued medical claims payable as of December 31, 2013 were adjusted down \$248,333 during the year end December 31, 2014.

**Premium deficiency reserve** – On an annual basis, in accordance with ASC 450, *Contingencies*, the Organization evaluates the need to record a premium deficiency reserve (PDR) to recognize anticipated losses on contracts. A premium deficiency shall be recognized if the sum of expected claim costs and claim adjustment expenses, unamortized acquisition costs, and maintenance costs exceed related unearned premiums. The evaluations are subjected to an actuarial review and analysis. No PDR was considered necessary at December 31, 2015 or 2014.

## **YAMHILL COMMUNITY CARE ORGANIZATION**

### **NOTES TO FINANCIAL STATEMENTS**

---

#### **Note 2 – Summary of Significant Accounting Policies (continued)**

**Reinsurance** – Reinsurance premiums are reported as a cost of purchased healthcare services and reinsurance recoveries are reported as a reduction of related purchased healthcare services. (See Note 5)

**Furniture and equipment** – Furniture and equipment are stated at cost, and are depreciated or amortized using the straight-line method over the estimated useful life. Useful lives are determined by the asset type, and can range from one to three years. Significant additions and improvements that increase the estimated useful life of an asset are capitalized. Expenditures for maintenance and repairs are expensed as incurred. Furniture and equipment purchases totaling less than \$2,000 are expensed when purchased.

**Net assets** – The financial statements report net assets and changes in net assets in three classes that are based upon the existence or absence of restrictions on use that are placed by its donors, as follows:

*Unrestricted net assets* – Unrestricted net assets are resources available to support operations. The only limits on the use of unrestricted net assets are the broad limits resulting from the nature of the organization, the environment in which it operates, the purposes specified in its by-laws and articles and its application for tax-exempt status, and any limits resulting from contractual agreements with members and others that are entered into in the course of its operations.

*Temporarily restricted net assets* – Temporarily restricted net assets are resources that are restricted by a donor for use for a particular purpose or in a particular future period. Unspent contributions are classified in this class if the donor limited their use, as are the unspent appreciation of its donor-restricted funds. When a donor's restriction is satisfied, either by using the resources in the manner specified by the donor or by the passage of time, the expiration of the restriction is reported in the financial statements by reclassifying the net assets from temporarily restricted to unrestricted net assets. (See Note 6)

*Permanently restricted net assets* – Permanently restricted net assets are resources whose use by the organization is limited by donor-imposed restrictions that neither expire by being used in accordance with a donor's restriction nor by the passage of time. (See Note 6)

**Revenue recognition** – Premium payments are recognized in the period to which the healthcare services coverage relates. Maternity case rate premiums are recognized in the period that a birth occurs.

Hospital Reimbursement Adjustment (HRA) is received as part of the premium payment and is recorded in premiums revenue when received. HRA amounts received are to be paid in full to designated entities and are also recorded as a liability and adjustment to revenue upon receipt.

## YAMHILL COMMUNITY CARE ORGANIZATION NOTES TO FINANCIAL STATEMENTS

---

### **Note 2 – Summary of Significant Accounting Policies (continued)**

HRA revenue received but not paid out prior to December 31, 2015 is recorded as health reimbursement accounts payable. For the year ended December 31, 2015, the Organization had a HRA receivable of \$144,195. For the year ended December 31, 2014, the HRA payable was \$68,252.

The Patient Centered Primary Care Home (PCPCH) program ended effective September 30, 2013 and there were no remaining unpaid amounts as of December 31, 2015 and 2014. Total PCPCH revenue was \$0 and \$184,245 for the years ended December 31, 2015 and 2014, respectively, and is recorded in premiums revenue. The PCPCH revenue recognized in 2014 represented 2013 adjustments settled in 2014.

**Special Needs Rate Groups (SNRG)** – The Organization receives a specific case rate for patients who have been identified with specific high-risk medical conditions. The SNRG case rates are paid to the CCOs and then monitored against actual claims, to provide a revenue risk corridor protection for the CCOs and State as this newer rate group risk was transferred to the CCOs in 2013. The SNRG risk corridor is structured to reimburse CCOs with actual claims costs that exceed revenues, and inversely to recoup revenues exceeding actual claims costs. For the risk corridor period beginning November 2012 and ending December 2014, Yamhill reported a SNRG payable to OHA of \$1,333,000. OHA has reviewed and tentatively approved this amount. The initial settlement estimate for the 2015 risk corridor period is a receivable from OHA of \$279,000.

**CCO Minimum Medical Loss Ratio requirements for the ACA Expansion Population** – Effective July 1, 2014 the State required a minimum medical loss ratio (MMLR) of 80% on the ACA expansion population rate groups. Specifically, the Organization was required to expend at least 80% of the capitation revenue received for this population on allowable medical expenses. If less than 80% of the capitation revenue was spent on allowable medical expenses, a proportionate amount of the capitation revenue would have been refunded to OHA. The initial reporting period under the CCO contract for this requirement was 18 months: July 1, 2014 – Dec 31, 2015. The Organization estimates no premium refundable to OHA as of December 31, 2015.

**Contributions** – Contributions are recognized as revenue when received. All contributions are reported as increases in unrestricted net assets unless use of the contributed assets is specifically restricted by the donor. Amounts received that are restricted by the donor to use in future periods or for specific purposes are reported as increases in either temporarily restricted or permanently restricted net assets, consistent with the nature of the restriction. (See Note 6)

**Service Revenue** – Service revenues are derived from contracts with state and local governments and private agencies to administer health and social welfare programs in Yamhill County. Most of these contracts provide for reimbursement of qualifying expenses, and revenues are therefore earned and recognized as qualifying expenses are incurred and recognized. The other contracts specify certain objectives to be achieved, and revenue is recognized as these objectives are achieved on a percent completed basis. Service revenue is included in other income on the statement of activities and changes in net assets.

# **YAMHILL COMMUNITY CARE ORGANIZATION**

## **NOTES TO FINANCIAL STATEMENTS**

---

### **Note 2 – Summary of Significant Accounting Policies (continued)**

**Deferred revenue** – Deferred revenue consists of unearned revenue from grant agreements with private entities and state and local governments. Revenue from the majority of these agreements is recognized to match funds expended.

**Transformation Funds** – Effective December 2013, the Organization entered into a grant award contract with the OHA, for the purpose of funding health care transformational projects designed to support the Triple Aim of better health, better care, and lower costs. The award was received between March 1, 2014 and June 30, 2015, with a total funding amount of \$1,439,930. The grant was accounted for as revenue in the period the conditions were satisfied. The related program expenses were accrued as incurred. For the year ended December 31, 2015 and 2014, the Organization recognized \$980,000 and \$472,456, respectively, in revenue and expense related to this grant. As of December 31, 2015, the Organization had recognized all Transformation funds. As of December 31, 2014, the Organization had \$449,097 recorded as deferred grant revenue.

**Quality Management Performance Measures incentive revenue and expense** – In 2015 and 2014, OHA incentivized CCOs to perform against 17 metrics by setting aside 4% and 3%, respectively, of capitation premium and paying based on the percentage of metrics met. Some examples of the metrics include clinical measures and technology capabilities. Each CCO determines how to use the funds. Amounts intended for providers or other spending are recorded as pay for performance incentive payables.

As of December 31, 2015, the Organization has estimated that it will meet at least 11 of the metrics, and will receive \$4,024,595 in revenue for metrics met, of which \$3,783,119 (net of \$241,476 administrative expense) will be available for distribution. This receivable is the full revenue pool available to the Organization for the quality incentive metrics. The expected receivable and payable associated with the quality pool funds is included in capitation receivables and capitation payables at December 31, 2015.

As of December 31, 2014, the Organization met 12.7 of the 2014 quality management performance measures, including 4 challenge pool measures and received 105% of total quality pool funds of \$2,981,967 as compared to \$1,560,000 originally estimated at December 31, 2014. The additional funds received above the 2014 estimate were recorded as premium revenue for the year ended December 31, 2015.

As of December 31, 2013, the Organization met 14.8 of the 2013 quality management performance measures, including 3 challenge pool measures and received 105% of total quality pool funds of \$1,137,005, as compared to \$620,826 originally estimated at December 31, 2014. The additional funds received above the 2013 estimate were recorded as capitation revenue for the year ended December 31, 2014.

**Net investment income** – Investment income consists of interest earnings and dividends. Investment income is presented net of investment transaction, custodial and advisory fees, which are expensed as incurred. Interest represents amounts earned on cash equivalents, and are accrued when earned.

## YAMHILL COMMUNITY CARE ORGANIZATION NOTES TO FINANCIAL STATEMENTS

---

### **Note 2 – Summary of Significant Accounting Policies (continued)**

**Purchased healthcare** – Purchased healthcare consists of payments to providers and pharmacies, subcapitation to behavioral and dental RAEs. Purchased healthcare expenses are recognized in the period the services are provided. Subcapitation paid in purchased healthcare to the RAEs is intended to cover all related behavioral and dental health care costs, any administrative costs, and any net gain or losses realized by the RAEs.

**Physical health administration expense** – Physical health administration expense consists of payments to CareOregon to administer the physical health management services portion of the Management Services Agreement with the Organization (See Note 7). Physical health administration expense is recognized in the period the services are provided.

**Other operating expenses** – All other operating expenses are recorded in the period the expense is incurred. Employment services agency costs include costs associated with the CCO management services portion of the Management Services Agreement with CareOregon. Leased employee costs represent the cost of employees leased from CareOregon and other related member organizations. See Note 7 for more information on related parties.

**Revenues over operating expenses** – The performance indicator of revenues over operating expenses is the excess of total operating revenues over operating expenses.

**Income taxes** – The Organization is exempt from income taxes under Section 501(c)(3) of the IRC. Accordingly, no provision for income taxes is included in the financial statements. The Organization had no unrecognized tax benefits which would require an adjustment to the beginning balance of net assets and had no unrecognized tax benefits at December 31, 2015 or 2014. The Organization is subject to examinations by federal taxing authorities for three years from the filing of a tax return. Contributions to the Organization are tax-deductible to donors under Section 170 of the IRC.

**Reclassifications** – Certain amounts were reclassified in the prior years for consistency and comparison with the current year presentation.

**New Accounting Pronouncements** – In April 2013, the FASB issued Accounting Standards Update (ASU) No. 2013-06, Not-for-Profit Entities (Topic 958) Services Received from Personnel of an Affiliate (a consensus of the FASB Emerging Issues Task Force). ASU 2013-06 provides guidance to not-for-profit entities that receive services from personnel of an affiliate company, including shared services, for which they are not charged at least the approximate amount of the direct personnel costs. The recipient entity is required to recognize the services rendered at an amount equal to the cost incurred by the affiliate for the personnel providing the services. If recognizing the value at cost would result in a significant overstatement or understatement of the actual value of the services received, then fair value of the service rendered may be used. Presentation of these transactions should be similar to the presentation of other such expenses or assets and should not be presented as a contra-expense or contra-asset. Disclosures of these transactions are required in accordance with Topic 850, Related Party Disclosures.

## **YAMHILL COMMUNITY CARE ORGANIZATION**

### **NOTES TO FINANCIAL STATEMENTS**

---

#### **Note 2 – Summary of Significant Accounting Policies (continued)**

Not-for-Profit, Business-Oriented Health Care Entities is also updated to add references pointing back to these changes to Topic 958. The new standard is to be applied prospectively for fiscal years beginning after June 15, 2014. This standard was effective for the Organization's 2015 financial statements. The adoption of this standard did not have a material impact on the Organization's financial statements.

In May 2014, the FASB issued ASU No. 2014-09, Revenue from Contracts with Customers (Topic 606). ASU 2014-09 makes comprehensive changes to previous revenue recognition guidance and to revenue disclosures. This standard will be effective for the Organization's 2017 financial statements.

Management is evaluating the impact this standard will have on the Organization's financial statements.

**Subsequent events** – Subsequent events are events or transactions that occur after the statement of financial position date, but before financial statements are available to be issued. The Organization recognizes in the financial statements the effect of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of financial position, including the estimates inherent in the process of preparing the financial statements. The Organization's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of financial position, but arose after the statement of financial position date and before financial statements are available to be issued (see Note 13).

The Organization has evaluated subsequent events through June 1, 2016, which is the date the financial statements were available to be issued.

#### **Note 3 – Assets Limited As To Use**

Contractual Reserves as of December 31, 2015 and 2014 consist of U.S. money market funds, certificates of deposit and U.S. Agency securities. These funds are restricted as to their use, and are held to satisfy required primary and secondary reserves requirements under the OHA contract. As of December 31, 2015 and 2014, the total contractual reserves held were \$3,400,490 and \$2,900,000, respectively.

**YAMHILL COMMUNITY CARE ORGANIZATION**  
**NOTES TO FINANCIAL STATEMENTS**

**Note 4 – Fair Value of Investments**

The table below shows the Organization’s investments as of December 31, 2015 and 2014 measured at fair value on a recurring basis, and indicates the fair value hierarchy of the valuation techniques utilized by the Organization to determine such fair value. Assets and liabilities are considered to be “fair value on a recurring basis” if fair value is regularly measured.

	Fair Value Measurements at December 31, 2015			
	Total Fair Value	Level One	Level Two	Level Three
Money market funds	\$ 2,127,915	\$ 2,127,915	\$ -	\$ -
Certificates of deposit	747,675	-	747,675	-
Government				
U.S. Agency Securities	524,900	524,900	-	-
	\$ 3,400,490	\$ 2,652,815	\$ 747,675	\$ -
	Fair Value Measurements at December 31, 2014			
	Total Fair Value	Level One	Level Two	Level Three
Money market funds	\$ 2,900,000	\$ 2,900,000	\$ -	\$ -

While estimates of fair value are based on management’s judgment of the most appropriate factors, there can be no assurance that, had the Organization disposed of such items at December 31, 2015 and 2014, the estimated fair values would necessarily have been achieved at that date. Since market values may differ depending on various circumstances, the estimated fair values as of December 31, 2015, should not necessarily be considered to apply at subsequent dates.

As of December 31, 2015 and 2014, there were no investments that were in a continuous loss position for twelve months or longer. In accordance with the Organization’s impairment policy, there are no other-than-temporary impairment losses recorded during the years ended December 31, 2015 and 2014.

**Note 5 – Reinsurance**

In the normal course of business, the Organization seeks to limit its exposure to a loss on any single member, and to recover a portion of benefits paid by ceding reinsurance risks under excess coverage agreements. Reinsurance agreements do not relieve the Organization from its obligation to pay providers.

## **YAMHILL COMMUNITY CARE ORGANIZATION**

### **NOTES TO FINANCIAL STATEMENTS**

---

#### **Note 5 – Reinsurance (continued)**

Amounts recoverable from reinsurance contracts are estimated in a manner consistent with the claim limits and conditions associated with the reinsurance policy. Reinsurance premiums and recoveries are reported as components of purchased healthcare expenses. In addition, the Organization is required to obtain certain reinsurance coverage as a contractor of OHA.

The reinsurer for Yamhill CCO assumed 90% of the combined risk for hospital and physician services in excess of \$150,000 in 2015 and in excess of \$100,000 in 2014. Aggregate coverage per single member was \$4,000,000 for combined services in 2015 and 2014.

Total reinsurance premiums incurred were \$1,478,745 and \$1,861,606, and net reinsurance recoveries earned were \$1,156,906 and \$2,429,014 during the years ended December 31, 2015 and 2014, respectively. Net reinsurance premiums incurred and net reinsurance recoveries earned were reported in the purchased healthcare expense line.

#### **Note 6 – Restricted Net Assets**

Restricted net assets consisted of \$2,400,000 of permanently restricted funds as of December 31, 2015 and 2014. During 2012, CareOregon contributed permanently restricted net assets of \$2,400,000 to be used by Yamhill CCO solely as primary and secondary restricted reserves in accordance with the OHA Contract. These net assets are held in the reserves account for the purposes of making payments to providers in the event of the Organization's insolvency. The contribution is required to be returned to CareOregon upon the occurrence of certain events defined in the Grant Service Agreement entered into between CareOregon and the Organization.

#### **Note 7 – Related Party Transactions**

**Board of Directors** – The Organization's Board of Directors includes representatives from the following entities that maintain contractual agreements or have other transactions with the Organization: CareOregon, Inc., Head Start of Yamhill County, Lutheran Community Services, McMinnville Imaging Associates, McMinnville Physicians Organization, Mid-Valley Behavioral Care Network, Physicians Medical Center, Providence Medical Group, Providence Newberg Medical Center, Virginia Garcia Memorial Health Center, Willamette Valley Medical Center, and Yamhill County Health & Human Services.

The contractual agreements include medical services, incentive arrangements, a behavioral health subcapitation agreement, a management services agreement, and contributions.

**Service Contracts** – During 2014, the Organization received contributions from Yamhill County Health & Human Services of \$117,775 under a service contract. This revenue is included in other income on the statement of activities and changes in net assets.

**YAMHILL COMMUNITY CARE ORGANIZATION**  
**NOTES TO FINANCIAL STATEMENTS**

---

**Note 7 – Related Party Transactions (continued)**

**Purchased Healthcare** – Purchased healthcare payments to providers who are related entities totaled \$38,094,532 and \$33,464,488 for the years ended December 31, 2015 and December 31, 2014, respectively.

**CareOregon Management Services Agreement** – The Organization contracts with CareOregon to provide certain services, including the following: CCO management services, which consists of financial services, reporting, delegation oversight, legal, enrollment, marketing, and communications; physical health management services, which is comprised of claims payment, provider network, medical management, customer service, general executive and staff support, marketing and communications, and regulatory affairs services. The initial term was effective through December 31, 2014 and automatically renewed for additional successive one year terms through December 31, 2017, with some terms renegotiated upon renewal, until either party provides a 120-day prior written notice of non-renewal.

The fee to CareOregon for physical health management services totaled \$5,784,775 and \$5,093,810 for the years ended December 31, 2015 and 2014, respectively. The fee paid to CareOregon for CCO management services totaled \$265,181 and \$477,345 for the years ended December 31, 2015 and 2014, respectively.

**CareOregon Leased Employees** – Beginning in 2014, the Organization leases all of its employees through CareOregon. Leased employee costs were \$1,056,202 and \$201,584 in 2015 and 2014, respectively.

Total amounts receivable from CareOregon as of December 31, 2015 and 2014 were \$423,717 and \$1,157,375, respectively. Total amounts payable to CareOregon as of December 31, 2015 and 2014 were \$654,277 and \$709,830, respectively.

**Note 8 – Tax Status**

The Organization is exempt from federal income taxes under the provisions of Section 501(c)(3) of the IRC. Accordingly, no income tax provision has been recognized for the years ended December 31, 2015 and December 31, 2014.

**Note 9 – Restricted Reserve and Net Worth Requirements**

Under the OHA contract, the Organization is required to meet financial solvency requirements on a quarterly basis. Financial solvency is demonstrated by two key measures; the restricted reserve requirement and the net worth requirement. The restricted reserve requirement has the Organization establish a Restricted Reserve Account and maintain adequate funds in the account to meet OHA's primary and secondary restricted reserve requirements.

# YAMHILL COMMUNITY CARE ORGANIZATION

## NOTES TO FINANCIAL STATEMENTS

---

### Note 9 – Restricted Reserve and Net Worth Requirements (continued)

The restricted reserve requirement is approximately half a month's average medical costs and includes \$250,000 for the primary restricted reserve, and all amounts in excess of \$250,000 as the secondary restricted reserve. The net worth requirement is approximately 5% of annualized medical costs. As of December 31, 2015, the Organization has met the restricted reserve and net worth requirements per the OHA contract.

### Note 10 – Commitments

*Leases.* In 2014, the Organization signed three non-cancellable lease agreements for office space with the same party. The duration of the first lease is 36 months, ending June 2017. The duration of the second lease is 33 months, ending June 2017. The duration of the third lease is 25 months, ending June 2017. Each lease permits the lessor to raise the monthly payment amount based on the annual inflation increase. The Organization may purchase the three properties at the end of the lease term for their fair-market value. Total rent expense under these agreements was \$98,580 and \$15,740 for the years ended December 31, 2015 and 2014, respectively.

Future minimum lease payments under these non-cancellable lease agreements are as follows:

Years ending December 31:	2016	\$	107,604
	2017		<u>53,802</u>
		\$	<u><u>161,406</u></u>

*Behavioral Health Fixed Fees.* In 2015, the Organization signed a non-cancellable amendment to the agreement with its behavioral health RAE YHHS. This amendment extended the agreement until December 2017, as well as providing for a monthly fixed rate in addition to normal capitation-based payments. The Organization must pay these fixed monthly fees regardless of its membership enrolled with YHHS.

Future fixed fees to YHHS are as follows:

Years ending December 31:	2016	\$	866,548
	2017		<u>887,345</u>
		\$	<u><u>1,753,893</u></u>

**YAMHILL COMMUNITY CARE ORGANIZATION**  
**NOTES TO FINANCIAL STATEMENTS**

---

**Note 11 – Property and Equipment**

Fixed assets consisted of the following at December 31:

	<u>2015</u>	<u>2014</u>
Furniture and fixtures	\$ 159,641	\$ 67,691
Office and computer equipment	70,283	55,495
Leasehold improvements	303,654	180,063
Work-in-process	<u>-</u>	<u>54,736</u>
	533,578	357,985
Less accumulated depreciation and amortization	<u>(170,807)</u>	<u>(21,988)</u>
	<u><u>\$ 362,771</u></u>	<u><u>\$ 335,997</u></u>

Total depreciation and amortization expense for 2015 and 2014 was \$148,819 and \$21,987, respectively.

**Note 12 – Changes in Accrued Medical Claims Payable**

Accrued medical claims expense includes both reported and unreported medical claims. Unpaid claims incurred but not reported represent an estimate of claims incurred for or on behalf of the Organization's members that had not been reported to the Organization as of the statement of financial position date. Unpaid claims are based on a number of factors including hospital admission data and prior claims experience, as well as claims processing patterns; adjustments, if necessary, are made to medical expense in the period when the actual claims costs are ultimately determined.

Accrued medical claims payable also includes an estimate for claims adjustment expense for unpaid claims incurred but not reported. Claims adjustment expense represents costs incurred related to the claim settlement process such as costs to record, process, and adjust claims. These expenses are calculated using a percentage of current medical costs, based on historical cost experience.

**YAMHILL COMMUNITY CARE ORGANIZATION**  
**NOTES TO FINANCIAL STATEMENTS**

---

**Note 12 – Changes in Accrued Medical Claims Payable (continued)**

For the years ended December 31, 2015 and 2014, activity in accrued medical claims payable was as follows:

	<u>2015</u>	<u>2014</u>
Balances at January 1	\$ 6,401,909	\$ 3,429,240
Incurred related to:		
Current year	54,207,479	45,067,108
Prior year	<u>(445,704)</u>	<u>(248,333)</u>
Total incurred	53,761,775	44,818,775
Paid related to:		
Current year	(48,287,388)	(39,538,841)
Prior year	<u>(4,618,373)</u>	<u>(2,307,265)</u>
Total paid	<u>(52,905,761)</u>	<u>(41,846,106)</u>
Balances at December 31	<u>\$ 7,257,923</u>	<u>\$ 6,401,909</u>

Amounts incurred related to prior years vary from previously estimated liabilities as the claims are ultimately adjudicated and paid. Liabilities are reviewed and revised as information regarding actual claims payments becomes known. Positive (negative) amounts reported for incurred related prior years result from claims being adjudicated and paid for amounts more (less) than originally estimated.

**Note 13 – Subsequent Events**

Effective January 1, 2016, the Organization no longer assumed mental health inpatient adults risk and delegated to YHHS to provide or arrange to provide mental health inpatient services to adults. The Organization will pay YHHS behavioral health premiums earned, less a 2.25% administrative fee.



Request for Application  
RFA OHA-4690-19-CCO 2.0

**Attachment 12 - Cost and Financial Questionnaire**



## Attachment 12 - Cost and Financial Questionnaire

The information requested in this questionnaire should be provided in narrative form, answering specific questions in each section and providing enough information for the OHA to evaluate the response.

**Page limits for this Cost and Financial Questionnaire is 20 pages. Items that are excluded from the page limit will be noted in that requirement.**

### A. Evaluate CCO performance to inform CCO-specific profit margin beginning in CY 2022

**OHA will implement a provision of its current waiver that requires the state to vary the profit load in CCO capitation rates based on an evaluation of CCO performance. The goal of the policy is to encourage CCOs to provide financial incentives for CCOs to improve the delivery of benefits to CCO Members. This includes more efficient use of Medical Services, increased delivery of high-value services, and an increased use of Health-Related Services when appropriate. The ability to increase the profit load for high-performing CCOs is designed to alleviate concerns that CCO investments that reduce costs and use of Medical Services will lead to capitation rate reductions that threaten CCO ability to maintain access to Health-Related Services and other programs that improve value and efficiency.**

#### 1. Does Applicant have internal measures of clinical value and efficiency that will inform delivery of services to Members? If so, please describe.

YCCO tracks and informs clinics of the progress of numerous Health Plan Quality Metrics Committee (HPQMC) measures on a frequent basis and shares updates with the Quality and Clinical Advisory Panel each quarter. These internal measures of clinical value will continue. Additionally, new Utilization Management (UM) focused dashboards will allow YCCO to improve focus on driving toward more affordable delivery of care. YCCO continues to develop quarterly dashboards to evaluate expenses by global categories of services including inpatient, outpatient, and ED visits while also investigating the expenses of specific cases such as opioid addiction and the associated costs of care. YCCO is in the process of exploring investments to reduce IV drug use infections in the community which could save hundreds of thousands of dollars by avoiding many costly ED visits and infections.

#### 2. What tools does the Applicant plan to deploy to identify areas of opportunity to eliminate Waste and inefficiency, improve quality and outcomes, and lower costs?

YCCO's formalization of a Utilization Management Committee (UMC) will focus on monthly and quarterly monitoring historical procedure utilization to ensure that care is delivered efficiently with the proper pre-authorization requirements to ensure the highest quality of care is delivered at affordable price points. Examples include evaluation of outlier procedure code utilization and evaluation of primary care new visit and follow-up visit coding. YCCO has developed a data warehouse that houses all YCCO Member claims. YCCO will continue to monitor and evaluate coding practices to identify outlier situations to ensure that providers are not adding waste into the system by completing potentially unnecessary procedures.



**3. Does the Applicant have a strategy to use Health-Related Services to reduce avoidable health care services utilization and cost? If so, please describe.**

YCCO has made several investments toward Innovation and Care Transformation since inception. YCCO funds three full-time local Community Health Worker(s) (CHWs) who serve as care navigators of YCCO's highest risk Members. CHWs monitor all hospital emergency visit activity and work to ensure that Members have a Primary Care Provider, transportation to appointments, and a plan to improve their health.

A significant area of YCCO's investments in HRS and SDOH-HE will originate from YCCO's Community Wellness Fund which will invest in Yamhill County wellness. This fund utilizes YCCO, partner, county, and grant monies to support upstream prevention programs designed to promote population health and reduce avoidable health care services. Programs like the school-based Good Behavior Game have been shown to improve behavioral issues in the short term and suicidality, substance use, and behavioral health challenges later in life, which will impact health care services and costs community-wide. Additionally, YCCO's local Early Learning Hub (ELH) is a major supporter of SDOH-HE within Yamhill County, leading the way in early childhood prevention programs and trauma-reduction through programs and partner funding.

YCCO has strong local partnerships with Health-Related Services including Project ABLE and SNACK. Project ABLE supports those struggling with mental health and co-occurring issues along the road to recovery. Through one-on-one peer support and wellness classes, hundreds of YCCO Members receive consistent support that embraces human dignity, recognizes the capacity for individuals to recover, and promotes life-long empowerment. The Student Nutrition and Activity Clinic for Kids (SNACK) program is a collaboration of community and child health professionals who train Linfield College interns to provide nutrition education, physical activity coaching, and mentoring in goal setting to youth ages 6 - 18 in Yamhill County. SNACK provides family-centered nutrition education, peer-based cooking classes and fitness sessions, and community wide health events.

Several of YCCO's strategic partners including Dental, Behavioral Health, and local hospitals have contributed 1% of their 2019 funding from YCCO toward YCCO's Community Wellness Fund, which will support evidence-based community prevention programs. YCCO also supports numerous activities with Health-Related Services investments to ensure that Members have housing, utility bills paid, and other proper resources necessary to improve their health during difficult periods.

**4. What is the Applicant's strategy for spending on Health-Related Services to create efficiency and improved quality in service delivery?**

YCCO plans to invest 1% to 2% of premium annually to improve the overall health of Members by cost shifting investments to more appropriate, lower cost solutions whenever possible. General HRS funding decisions are made in alignment with YCCO's HRS policies and procedures. HRS funds must be used for things or activities that will promote Members' health. Requests can be driven by physician recommendation, individual or caregiver request, or determination of a Community Health Worker. The process for making funding decisions involves reviewing the request to ensure other resources cannot meet the request, necessity for this resource in improving health, and evidence of commitment to goal. The use of HRS funds is indicated for situations where care would be improved, like ensuring a Member



can stay out of the ED to stabilize a housing situation or living situation. Long-term plans and supports are required for using funds. Use of funds is documented by CHWs. The funds are used for unique situations that would improve life situations and reduce either immediate costs or reduce likelihood of higher medical costs later. The team follows up with the client to ensure funds are used appropriately.

Because individual HRS funding decisions need to be made very quickly, decisions for HRS are made internally. Flex fund policy currently requires approval from the CEO and review by the Medical Director. The CHW Hub provides a monthly report to the Board of Directors, which is then included in an Executive Brief. This brief is posted publicly on the YCCO website. The Community Advisory Council also receives the Executive Brief and can ask questions. The Community Advisory Council is also the body that reviews any denied HRS fund requests that are appealed and can make the final decision. After the decision is made, the provider and Member receive a written notice of the decision.

In addition, YCCO has established a Community Prevention and Wellness Fund (CPWF) to invest in HRS and SDOH-HE initiatives. The Community Prevention and Wellness Committee (CPW) consists of YCCO Board members, community members, business community representatives and non-profit leaders. The CPW is designing a 3-5-year plan for investments in evidence-based HRS and SDOH-HE initiatives that impact long term population health. The plan will have a central vision for these investments over a five-year period with recommendations on certain evidence-based initiatives.

**5. What process and analysis will the Applicant use to evaluate investments in Health-Related Services and initiatives to address the Social Determinants of Health & Health Equity (SDOH-HE) in order to improve the health of Members?**

The CPW will release RFPs to local communities for submission of proposals that would align with the Community Prevention and Wellness Plan but be specific to the needs of the individual community. All types of community organizations are encouraged to submit proposals such as local non-profits, school districts, Head Start, etc. RFPs will be reviewed and scored with final recommendations on investments made to the YCCO Board of Directors, which will make the final approval. The YCCO RFP process is standardized, and includes an open RFP from any applicable agencies, published on the YCCO website and available through a variety of media. Review committees for HRS and initiatives to address SDOH-HE will include at least one community member at large or a member of the Community Advisory Council to ensure community voice is present. Investments will be monitored according to a robust evaluation criteria, including specific time-bound baselines, outcome measures, and targets. Currently, existing programs like Good Behavior Game are evaluated on a series of measures, including behavior referrals, observation data, and school staff surveys. YCCO works closely with its partners to establish clear, realistic methods of evaluating funded programs, and will continue to maintain and improve these mechanisms.



## **B. Qualified Directed Payments to Providers**

**Beginning in 2020, OHA will develop a program of qualified directed payments (QDP) for the repayment of most provider taxes paid by Hospitals in Oregon. The specific parameters and methodology of the QDPs for fiscal year 2020 will be determined following completion of the 2019-21 Legislatively Adopted Budget and will rely on input from a variety of stakeholders. OHA will promulgate administrative rules to include a Quality and Access pool for Hospitals reimbursed by Medicare based on diagnostic-related groups (aka, DRG Hospitals).**

### **1. Does Applicant currently measure, track, or evaluate quality or value of Hospital services provided to its enrollees? If so, please describe.**

YCCO has historically evaluated the expense of services and the frequency of emergency visits, inpatient expenses, outpatient expenses, readmission rates, etc.

YCCO through contracting partnerships with local hospitals is developing joint quality measures that will help improve the evaluation of value and quality of Hospital services. YCCO will have value-based payment agreements with both Type B hospitals in Yamhill County by 2020. These agreements will LAN 3B or higher with upside and downside risk with measurable quality goals. YCCO is currently developing Utilization Management metric dashboards to improve measurement of quality and value through databanks and analysis that will strengthen metric options and reduce costs in the system.

## **C. Quality Pool Operation and Reporting**

**OHA will adjust the funding mechanism of the quality incentive pool from a bonus to a withhold of a portion of CCO capitation rates. This allows CCO expenditures of Quality Pool funds to be considered in capitation rate development and be included in the Medical Loss Ratio (MLR) requirements that apply to the CCOs. This change is intended to motivate CCOs to make timely investments in their communities and the providers and partners that enable their achievement of metrics associated with the incentive program. Including CCO spending of incentive pool earnings in capitation rate development increases the transparency of the program while retaining significant flexibility for CCOs in how they utilize their Global Budget.**

### **1. Does the Applicant plan to distribute Quality Pool earnings to any public health partners or non-clinical providers, such as SDOH-HE partners or other Health-Related Services Providers? If so, please specify the types of organizations and providers that will be considered.**

YCCO will continue make significant investments from the Quality Pool toward SDOH-HE partners. Approximately 25% of YCCO's quality pool dollars go to support BH providers, Peer support programs, housing initiatives, addiction services, child abuse prevention programs, and local non-profits.



- 2. How much of the Quality Pool earnings does the Applicant plan on distributing to clinical Providers, versus non-clinical providers? Please discuss the approach as it relates to SDOH-HE partners, public health partners, or other Health-Related Services Providers.**

YCCO has historically invested 10% of Quality Pool earnings to non-clinical provider Community programs including SDOH-HE partners and other Health-Related Services Providers. With these dollars, YCCO supports local non-profits, Peer Mentoring Programs, housing initiatives, child abuse prevention programs, and investments in Early Childhood Initiatives such as the PAX Good Behavior Game. PAX is a Social-Emotional Behavioral Modification intervention that YCCO has funded in Kindergarten through 6th grade classrooms in six of the seven school districts in Yamhill County. YCCO expects to implement PAX in the seventh school district by fall of 2019.

- 3. How much of the Quality Pool earnings does the Applicant plan on investing outside its own organization? On what would Applicant make such investments?**

YCCO traditionally invests 80% to 92% of Quality Pool earnings outside of YCCO. Traditional investments include clinical providers and non-clinical providers, such as SDOH-HE partners and other Health-Related Services Providers.

- 4. How will the Applicant decide and govern its spending of the Quality Pool earnings?**

YCCO's Board of Directors governs Quality Pool spending. Primary Care, Behavioral Health, and Dental Provider investments along with SDOH-HE and supporting community programs are the highest priority. YCCO pays Quality Pool earnings to providers based on a tiered system that rewards providers for outcomes. Those providers who meet metrics get more dollars. At least 10% of the Quality Pool dollars comes off the top of the earnings to be reinvested in HRS community benefit and SDOH-HE initiatives and are invested over time based on timing of program implementation.

- 5. When will Applicant invest its Quality Pool earnings, compared with when these earnings are received?**

YCCO usually invests Quality Pool earnings three to four months after receipt from OHA. Providers are paid in August/September. At least 10% of the Quality Pool dollars comes off the top of the earnings to be reinvested in HRS community benefit and SDOH-HE initiatives and are invested over time based on timing of program implementation.

- 6. Does the Applicant have sufficient cash resources to be able to manage a withhold of a portion of its Capitation Payments?**

YCCO has sufficient cash reserves to be able to manage a withhold of a portion of its Capitation Payments provided that the withhold and potential Risk Based Capital requirements are reasonable.

**D. Transparency in Pharmacy Benefit Management Contracts**

**OHA seeks to address increasing pharmacy costs by increasing the transparency of**



**CCO relationships with Pharmacy Benefit Managers (PBMs) and requiring no-spread contracts between CCOs and PBMs. CCOs will be required to ensure they are receiving competitive pricing from their PBMs by obtaining 3<sup>rd</sup> party market checks audits.**

**1. Please describe the PBM arrangements Applicant will use for its CCO Members.**

Yamhill Community Care (YCCO) contracts with Providence Plan Partners (PPP). PPP provides pharmacy benefit administrative services directly through its direct contracted arrangements with pharmacies to form the CCO Pharmacy Network. In addition, PPP contracts with a rebate aggregator to secure supplemental rebate contracts for drugs on the plan's formulary. Services, inclusive of prior authorization, pharmacy claims processing, editing, and payment are also done by PPP directly. Finally, PPP operates a member, pharmacy, and provider customer service center to receive phone calls regarding OHA benefits administered through the CCO. Hours of operation are 8AM-6PM M-F, with a pharmacist and technician on call and available to support the immediate needs of Members as needed 24/7.

**2. Does Applicant currently have a “no-spread” arrangement with its PBM? If not, please describe the steps the Applicant will take to ensure its contracts are compliant with these requirements and the intended timing of these changes. If changes cannot be made by January 1, 2020, please explain why and what interim steps Applicant will take to increase PBM transparency in CY 2020. (In order for an extension in the timeline to be considered, Applicant must show it is contractually obligated to use non-compliant PBM and shall provide OHA a copy of PBM agreement as justification along with a plan to ensure compliance with transparency requirements at the earliest date possible)**

Yamhill Community Care Organization (YCCO) contracts with Providence Plan Partners (PPP). PPP currently has a “no-spread” arrangement; spread pricing is not applied to any reimbursement for pharmacy claims.

**3. Does the Applicant obtain 3rd party market checks or audits of its PBM arrangement to ensure competitive pricing? If not, does the Applicant have a plan to receive this analysis? If so, how often are these analyses performed, what is done with this third party data and what terms inside of your PBM contract allow this analysis to have power for the CCO to ensure its pharmacy contract remains competitive?**

YCCO entered into an agreement with Providence Plan Partners in 2019 to manage the Pharmacy Benefit. PBM services will be monitored for utilization and cost at least quarterly through YCCO's internal utilization management committee. YCCO is developing policies and procedures that will outline YCCO's PBM oversight protocols with the intent of hiring a third party to audit and market check PBM costs at least every two years. YCCO's contract with PHTech/Providence Plan Partners has provisions for a 90 day no cause termination by either party.



**4. Does the Applicant plan to use the Oregon Prescription Drug Program to meet the PBM transparency requirements?**

No. YCCO will continue to contract with Providence Plan Partners (PPP) PBM.

**E. Alignment Preferred Drug Lists (PDLs) and Prior Authorization Criteria**

**OHA seeks to address increasing pharmacy costs by increasing the alignment of CCO preferred drug lists (PDLs) with the PDL used by OHA for the fee-for-service program with a particular focus on high- cost drugs and on alignment strategies that reduce overall program costs and/or improve the pharmacy benefit for OHP Members. OHA will work in conjunction with Successful Applicants to establish initial PDL alignment criteria and will take additional steps to modify alignment criteria over time. As part of this requirement, CCOs will be expected to make public and accessible their PDLs as well as the coverage and Prior Authorization criteria for all pharmaceutical products.**

**1. Does Applicant currently publish its PDL? If not, please describe the steps the Applicant will take to ensure its PDL is publicly accessible concurrent or in advance of the Year 1 Effective Date for prescribers, patients, dispensing pharmacies, and OHA.**

Yamhill Community Care Organization (YCCO) contracts with Providence Plan Partners (PPP). PPP publishes the formularies, inclusive of prior authorization, step therapy, and quantity limits at the beginning of each month, located here: <https://yamhillcco.org/for-providers/formulary-drug-list-and-updates/>. Prior Authorization criteria for use by both Providers and Members can be found within the formulary list link on this site.

The formulary website is an interactive drug search tool. Inputting a drug name into the search box results in the formulary status of the requested drug. If the searched drug also has an associated prior authorization and the user moves their cursor over the “PA” icon, instructions to “Click for details” appears. If a user clicks the “PA” icon, the associated prior authorization criteria appears in a separate pop-up box.

If a Member or Provider calls YCCO and requests a copy of the formulary or prior authorization criteria, a copy will be mailed to the requested address. When deemed necessary, PPP will publish additional information to prescribers and pharmacists in communication tools necessary to assure practitioners have up-to-date information available to support the care they provide Medicaid beneficiaries.

**2. Does Applicant currently publish its pharmacy coverage and Prior Authorization criteria concurrently with or in advance of changes made? If not, please describe the steps the Applicant will take to ensure its pharmacy coverage and PA criteria are both publicly accessible for prescribers, patients, dispensing pharmacies, and OHA and updated in a timely manner.**

Yes



- 3. To what extent is Applicant’s PDL aligned with OHA’s fee-for-service PDL? Please explain whether and how supplemental rebates or other financial incentives drive differences in the Applicant’s PDL as compared to the fee-for-services PDL**

YCCO contracts with Providence Plan Partners Pharmacy Benefit Management program (PBM) It is YCCO’s intent to work with Providence PBM and OHA to align with OHA’s fee-for-service PDL. PPP contracts with a rebate aggregator to secure supplemental rebate contracts for drugs on the plan’s formulary.

- 4. Does the Applicant plan to fully align its PDL with the fee-for-service PDL? If not, please describe exceptions.**

YCCO contracts with Providence Plan Partners Pharmacy Benefit Management program and intends to work with Providence PBM to align with the states fee-for-service PDL.

**F. Financial Reporting Tools and Requirements**

**OHA will enhance financial reporting and solvency evaluation tools by moving to the financial reporting standards used by the National Association of Insurance Commissioners (NAIC) and the associated Risk Based Capital (RBC) tool to evaluate carrier solvency, along with supplemental schedules as requested by OHA (identified in Exhibit L of the Contract). CCOs will file required NAIC reports using Statutory Accounting Principles (SAP). A financial hardship exemption will be available for Year 1 for CCOs with a demonstrated financial hardship related to converting to SAP and filing reports through NAIC. Additional reporting through the Exhibit L Financial Reporting Template will be required. OHA will promulgate administrative rules describing regulatory interventions based on RBC level.**

- 1. Does Applicant or any Affiliate of Applicant currently report on NAIC health insurance forms? If so, please describe the reporting company or companies and its relationship with Applicant.**

No.

- 2. Does the Applicant currently participate and file financial statements with the NAIC?**

No. However, members of YCCO staff have experience filing financial statements with the NAIC.

- 3. Has Applicant prepared a financial statement which includes a RBC calculation? If so, please submit.**

No.

- 4. Does the Applicant currently have experience reporting in SAP either directly or through any Affiliate of Applicant?**

YCCO team members have experience reporting in SAP.

- 5. Does the Applicant seek an exemption from SAP and NAIC reporting for**



**2020? If yes, please explain in detail (a) the financial hardship related to converting to SAP for the filing, and (b) Applicant’s plan to be ready to use SAP in 2021.**

YCCO does not seek an exemption from SAP and NAIC reporting for 2020, YCCO would prefer OHA to consolidate or eliminate existing OHA quarterly and annual reporting requirements to ensure that financial reporting is efficient and not duplicative.

- 6. Please submit pro forma financial statements of Applicant’s financial condition for three years starting in 2020, using Enrollment, rates and cost projections that presume Applicant is awarded a Contract under this RFA. If OHA expects there may be more than two CCOs in Applicant’s Service Area, OHA may require Applicant to submit additional pro forma financials based on the expected number of CCOs. OHA will evaluate Applicant’s pro forma financials to assure that they provide a realistic plan of solvency. See the RFA Pro Forma Reference Document and UCAA Supplemental Financial Analysis workbook template for a complete description of the requirements and deliverables. The pro forma workbook templates and required supporting documents are excluded from the page limit.**

#### **Required Documentation**

- Completed Pro Forma Workbook Templates (NAIC Form 13H) See RFA4690-YCCO-Att12 Form 13H Min.xlsx, RFA4690-YCCO-Att12 Form 13H Best Estimate.xlsx, RFA4690-YCCO-Att12 Form 13H Max.xlsx
- Completed NAIC Biographical Affidavit (NAIC Form 11)
- Completed UCAA Supplemental Financial Analysis Workbook Template See RFA4690-YCCO-Att12 Financial Analysis Workbook Template.xlsx
- Three years of Audited Financial Reports See RFA4690-YCCO-Att12 2015 Financials.pdf, RFA4690-YCCO-Att12 2016 Financials.pdf, RFA4690-YCCO-Att12 2017 Financials.pdf

#### **G. Accountability to Oregon’s Sustainable Growth Targets**

**OHA seeks to improve the connection between CCO Contracts and the sustainable growth targets established in Oregon’s Medicaid waiver and the legislatively enacted budget.**

- 1. What strategies will the Applicant employ to achieve a sustainable expenditure growth year over year?**

YCCO aims to form strategic partnerships which advance YCCO’s contractual agreements to more desirable categories of the LAN framework. YCCO is currently in discussions with local hospitals to introduce quality metrics at the 2C qualifying level and eventually risk sharing at the 3B level. YCCO will also aim to negotiate additional quality metrics with population specific sub-capitation partners to ensure that improved health outcomes are achieved at lower costs. Major strategies will be to negotiate value-based payment methodologies with 70% of YCCO’s contracted network by 2024 including hospital contracts, primary care, maternity, specialty care



as well as investments in peer support programs, integrated complex care management initiatives in primary care and mental health clinics.

Investments in evidence based upstream prevention and wellness programs that have long term impact on population health will be an essential strategy in YCCO's plan to achieve sustainable expenditure growth. YCCO also intends to make significant investments in Health-Related Services Community Benefit and SDOH-HE initiatives that impact long term population health such as the PAX Good Behavior Game. This initiative has nearly 30 years of evidence that children who are taught with this strategy have higher 3<sup>rd</sup> grade reading levels, are more likely to graduate high school, and have fewer adverse health outcomes as adults. YCCO has established a Community Prevention and Wellness Fund to make such investments. YCCO has averaged approximately \$250,000 annually over the last three years in Early Learning and prevention programs such as Pax GBG, which is shown to create long-term community-level return on investment.

**2. How will the CCO allocate and monitor expenditures across all categories of services?**

YCCO's physical health administrator partnership with Performance Health Technologies (PH Tech) provides YCCO with opportunities to access procedural data closer to real time which will allow YCCO to more clearly identify the operational flow of expenses by category. YCCO's UM Committee will evaluate operational expenses on a monthly basis across all categories of services. YCCO manages the global budget holistically based on utilization, YCCO's Member Benefit Ratio (MBR), the MBRs of network partners and delegates, and the need for system investments. YCCO does not follow the OHA methodology for attributing premium revenue to the different areas of service (PH, BH, Dental etc.). For instance, YCCO recognizes that behavioral health benefits are traditionally underfunded and that system investments in behavioral health services are needed to reach benefit parity. Since 2015, YCCO has funded the BH benefit at approximately \$1.4 million more each year than the OHA methodology. BH is funded at LAN level 4 based on a blended PMPM. In addition, in fiscal years 2017 and 2018 YCCO funded the dental benefit less than the OHA methodology. Essentially, physical health and dental health dollars have been used to invest in the behavioral benefit. YCCO and YCCO's BH partner, Yamhill County Health and Human Services, has successfully built an integrated system that coordinates care across the service areas. YCCO evaluates the system through required reporting that demonstrates what programs are being funded, how much is being spent on these programs, how many Members are engaged, and the utilization rates for BH and SUD services. In addition, YCCO's UM team monitors encounter data that is submitted by YCHHS to PHTech to understand what services are being provided and how that compares year over year. YCCO requires that YCHHS report MLR data to ensure that dollars are being spent on services, to ensure efficiency and that any annual margins are reasonable.

**3. What strategies will the Applicant utilize related to Value-Based Payment arrangements to achieve a sustainable expenditure growth?**

YCCO will ideally achieve shared downside risk agreements which quarantines YCCO's risk to ensure that growth does not exceed target levels. YCCO will socialize the LAN framework with the Finance Committee and Board of Directors to familiarize strategic partners with the Value



Based Payment framework. YCCO will expand upon existing 2B and 2C VBP arrangements with APM clinics to consider potential 3B downside risk sharing when appropriate. YCCO is in continuous discussions with local Type B hospitals to achieve 3B downside risk corridors for 2020. YCCO will aim to create multi-year shared risk agreements as well. Major strategies will be to negotiate value-based payment methodologies with 70% of YCCO's contracted network by 2024 including hospital contracts, primary care, maternity, specialty care as well as investments in peer support programs, integrated complex care management initiatives in primary care and mental health clinics. Investments in evidence based upstream prevention and wellness programs that have long term impact on population health will be an essential strategy in YCCO's plan to achieve sustainable expenditure growth.

**4. What strategies will the Applicant utilize to contain costs, while ensuring quality care is provided to Members?**

YCCO will leverage strong APM agreements with escalating Tiers to ensure primary care partners are rewarded for engaging YCCO Members while ensuring that quality metrics are achieved to improve Member outcomes. YCCO will focus on introducing quality goals to augment existing population specific sub-capitation agreements to elevate classification of behavioral health from 4N to 4A in 2020-2021 while maintaining 4A with YCCO's dental sub-capitation, and 2C or higher with PCPCH APM clinics. These respective partnerships represent approximately 25% of YCCO health care spend.

YCCO will enhance analytical support to elevate APM clinics from 2C to potentially 3B over the next five years by providing enhanced Member risk/cost analytical tools to partners to increase willingness to take on risk. YCCO aims to form 2C and 3B level agreements with local hospitals which would represent approximately 45% of YCCO's health care spend by 2022.

YCCO will aim to introduce quality pharmacy targets and Specialty Care targets while maintaining the above arrangements by 2024 to exceed the 70% 2C or higher target with at least 25% 3B or greater comprising of APM clinics, local hospitals, and specific population sub-capitations. The estimated VBP spreadsheet included outlines YCCO's goal to partner across the physical health spectrum to elevate VBP levels within the LAN network. APM clinics have been cooperative with 2B Pay for Reporting arrangements and 2C bonuses for Quality performance. YCCO has consistently maintained sub-capitation partnerships with 4A 4N characteristics for Behavioral Health and Dental. Ideally these level 4 arrangements will evolve to include more focused quality/outcome related measures. The LAN categories the CCO will focus on for their payment arrangements (e.g. mostly pay for performance, shared savings and shared risk payments, etc.)

YCCO's goal is to achieve 3B classification with as many partners as possible because shared downside risk creates more predictability with YCCO's annual expenditures when mutually agreed upon stop-losses exist. YCCO is currently in discussions with local Type B hospitals to achieve 2C or better payment agreements.

**5. Has the Applicant achieved per-Member expenditure growth target of 3.4% per year in the past? Please specify time periods.**

No.

**H. Potential Establishment of Program-wide Reinsurance Program in Future Years**



**OHA seeks to establish a statewide reinsurance program to better control costs related to high-cost medical conditions, treatments, and patients.**

**1. What type of reinsurance policy does the Applicant plan on holding for 2020? Please include the specifics. (e.g. attachment points, coinsurance, etc.)**

YCCO intends to retain a similar reinsurance policy for 2020 as YCCO has bound for 2019. The current policy includes a \$225,000 deductible, \$4,000,000 reinsurance maximum, 90% co-insurance, and higher retention for four YCCO Members with chronic conditions.

**2. What is the Applicant's reasoning for selecting the reinsurance policy described above?**

The current policy's premiums balance fairly with YCCO's historical reinsurance claims. In fact, YCCO negotiated a 20%+ decrease for 2019 premiums compared to 2018. The reinsurer has access to a broad transplant and catastrophic care network.

**3. What aspects of its reinsurance policy are the most important to the Applicant?**

The most important aspects of the reinsurance policy are supporting and improving Member access to care and financial stewardship that reduces YCCO's exposure with an affordable deductible and premium.

**4. Does existing or previous reinsurance contract allow specific conditions or patients to be excluded, exempted, or lasered out from being covered?**

Yes. Conditions are evaluated. Four members have been lasered with higher deductibles for 2019.

**5. Is Applicant able to leave or modify existing reinsurance arrangements at any time or is Applicant committed to existing arrangements for a set period of time? If so, for how long is Applicant committed to existing arrangements? Are there early cancellation penalties?**

YCCO has a one year reinsurance policy and can modify or leave the arrangements at any time with out cancellation penalties.

**I. CCO Solvency Standards and OHA Tools to Regulate and Mitigate Insolvency Risk  
OHA seeks to ensure continued financial viability of the CCO program as a whole so as to ensure OHP Members are protected from potential access barriers that could come with a CCO insolvency event. In addition, OHA may implement new solvency regulation tools that are similar to those utilized by DCBS in its regulation of commercial carriers that would allow OHA to prevent or meliorate insolvency events.**

**1. Please describe Applicant's past sources of capital.**

YCCO received a gift of \$3,500,000 from CareOregon at formation to meet restricted reserve requirements. YCCO has also retained earnings from favorable financial years.



**2. Please describe Applicant’s possible future sources of capital.**

YCCO expects to receive OHP premium revenue through a contract with OHA to provide OHP benefits and applicable administrative expenses for Yamhill County and surrounding areas for the contract period of 2020-2024. YCCO has established a Community Wellness Fund to invest in Social Determinants of Health and evidence based upstream prevention and wellness initiatives that have long term impact on population health and cost. Several strategic partners have made commitments in 2019 and 2020 to contribute 1% of gross payments from YCCO into the YCCO wellness fund. One partner has made a five-year commitment to contribute 1% of sub-capitation payments back to YCCO’s wellness fund. \$1.7 million has been raised for this fund as of the writing of this application. YCCO expects to continue receiving ongoing contributions to this fund with the goal of creating a sustainable and perpetual Community Wellness Fund.

**3. What strategies will the Applicant use to ensure solvency thresholds are maintained?**

YCCO has \$4.5 million in restricted reserves and \$11.7 million in unrestricted reserves with total net assets of \$20 million. YCCO has managed the OHP benefit in alignment with the triple aim, investing every dollar earned back into the community while being financially responsible and building sensible reserves to ensure financial sustainability. YCCO revisited its Risk Based Capital (RBC) policy in 2018. YCCO aims to achieve a 91% or better MLR to ensure resources are available. YCCO’s goal is to structure partner agreements with 3B or better downside risk sharing characteristics to reduce future plan risk. Due to the greater volatility of a Health plan with less than 25,000 physical health Members compared to a health plan with over 100,000 Members, YCCO’s Board of Directors established an RBC policy target of 450% above a 200% target to ensure that YCCO can responsibly manage financial downswings driven by large outlier claim periods.

**4. Does Applicant have a parent company, Affiliate, or capital partner from which Applicant may expect additional capital in the event Applicant becomes undercapitalized? If so, please describe.**

No.

**J. Encounter Data Validation Study**

**1. Please describe Applicant’s capacity to perform regular Provider audits and claims review to ensure the timeliness, correctness, and accuracy of Encounter Data.**

YCCO’s Physical Health Administration partnership with Performance Health Technology (PH Tech) and Providence Plan Partners (PPP) provides YCCO with the ability to ensure Encounter Data is accurate. Additionally, YCCO has a robust, internal utilization management committee that evaluates monthly and quarterly reports on utilization and cost.

**2. Does Applicant currently perform any activities to validate Claims data at the chart level that the claims data accurately reflects the services provided? If yes, please describe those activities.**

YCCO currently performs encounter data validation for specific quality performance measures; fraud, waste, and abuse inquiries; and random sample validation audits. These validation



activities include defining the sample, the review criteria, documentation tools and retrospective chart review.

**K. Cost and Finance Reference Documents**

- Exhibit L Financial Reporting
- Exhibit L Financial Reporting Supplemental SE
- 2020 Minimum Medical Loss Ratio Rebate Calculation Report Instructions
- 2020 Minimum Medical Loss Ratio Template

**L. Exhibits to this Attachment 11**

- Oregon CY20 Procurement Rate Methodology
- CCO 2.0 Procurement Rate Methodology Appendix I
- RFA Pro Forma Reference Document
- UCAA Supplemental Financial Analysis
- CCO RFA Enrollment Forecast



Request for Application  
RFA OHA-4690-19-CCO 2.0

**Attachment 13 - Attestations**



### Attachment 13 - Attestations

Applicant Name: Yamhill County Care Organization

Authorizing Signature: 

Printed Name: Seamus McCarthy

**A. General Questions Attestations (Attachment 6)**

**1. Contract**

- a. Is Applicant willing to enter into a Contract for 2020 in the form of Appendix B?  
 Yes     No

If "no" please provide explanation:

- b. Is Applicant willing to satisfy Readiness Review standards by September 30, 2019?  
 Yes     No

If "no" please provide explanation: \_\_\_\_\_

**2. Subcontracts**

- a. Is Applicant willing to hold written agreements with Subcontractors that clearly describe the scope of work?  
 Yes     No

If "no" please provide explanation: \_\_\_\_\_

- b. Is Applicant willing to provide to OHA an inventory of all work described in this Contract that is delegated or subcontracted and identify the entity performing the work?  
 Yes     No

If "no" please provide explanation: \_\_\_\_\_

- c. Is Applicant willing to provide to OHA unredacted copies of written agreements with Subcontractors?  
 Yes     No

If "no" please provide explanation: \_\_\_\_\_

**3. Third Party Liability and Personal Injury Lien**

a. Is Applicant willing to identify and require its Subcontractors and Providers to identify and promptly report the presence of a Member’s Third Party Liability?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

b. Is Applicant willing to document all efforts to pursue financial recoveries from third party insurers?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

c. Is Applicant willing to report and require its Subcontractors to report all financial recoveries from third party insurers?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

d. Is Applicant willing to provide and require its Affiliated entities and Subcontractors to provide to OHA all information related to TPL eligibility to assist in the pursuit of financial recovery?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

**4. Oversight and Governance**

a. Is Applicant willing to provide its organizational structure, identifying any relationships with subsidiaries and entities with an ownership or Control stake?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

**B. Provider Participation and Operations Attestations (Attachment 7)**

**1. General Questions**

- a.** Will Applicant have an individual accountable for each of the operational functions described below?
- Contract administration
  - Outcomes and evaluation
  - Performance measurement
  - Health management and Care Coordination activities
  - System coordination and shared accountability between DHS Medicaid-funded LTC system and CCO
  - Behavioral Health (mental health and addictions) coordination and system management
  - Communications management to Providers and Members
  - Provider relations and network management, including credentialing
  - Health information technology and medical records
  - Privacy officer
  - Compliance officer
  - Quality Performance Improvement
  - Leadership contact for single point of accountability for the development and implementation of the Health Equity Plan
  - Traditional Health Workers Liaison

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- b.** Will Applicant participate in the Learning Collaboratives required by ORS 442.210?
- Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- c.** Will Applicant collect, maintain and analyze race, ethnicity, and preferred spoken and written languages data for all Members on an ongoing basis in accordance with standards jointly established by OHA and DHS in order to identify and track the elimination of health inequities?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- d.** Will Applicant (i) authorize the provision of a drug requested by the Primary Care Physician (PCP) or Referral Provider, if the approved prescriber certifies medical necessity for the drug such as: the formulary’s equivalent has been ineffective in the treatment or the formulary’s drug causes or is reasonably expected to cause adverse or harmful reactions to the Member and (ii) reimburse Providers for dispensing a 72-hour supply of a drug that requires Prior Authorization?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- e.** Will Applicant comply with all applicable Provider requirements of Medicaid law under 42 CFR Part 438, including Provider certification requirements, anti-discrimination requirements, Provider participation and consultation requirements, the prohibition on interference with Provider advice, limits on Provider indemnification, rules governing payments to Providers, and limits on physician incentive plans?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- f.** Will Applicant ensure that all Provider, facility, and supplier contracts or agreements contain the required contract provisions that are described in the Contract?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- g.** Will Applicant have executed Provider, facility, and supplier contracts in place to demonstrate adequate access and availability of Covered Services throughout the requested Service Area?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- h.** Will Applicant have all Provider contracts or agreements available to OHA in unredacted form?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- i.** Will Applicant’s contracts for administrative and management services contain the OHA required Contract provisions?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- j.** Will Applicant establish, maintain, and monitor the performance of a comprehensive network of Providers to ensure sufficient access to Medicaid Covered Services, including comprehensive behavioral and oral health services, as well as supplemental services offered by the CCO in accordance with written policies, procedures, and standards for participation established by the CCO? Participation status will be revalidated at appropriate intervals as required by OHA regulations and guidelines.

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- k.** Will Applicant have executed written agreements with Providers (first tier, downstream, or related entity instruments) structured in compliance with OHA regulations and guidelines?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- l.** Will Applicant have executed written agreements with Local Mental Health Authorities throughout its Service Area, structured in compliance with OHA regulations and guidelines?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- m.** Will Applicant develop a comprehensive Behavioral Health plan in collaboration with the Local Mental Health Authority and other Community partners?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- n.** Will Applicant coordinate and collaborate on the development of the Community health improvement plan (CHP) under ORS 414.627 with the Local Mental Health Authority’s comprehensive local plan for the delivery of mental health services (ORS 430.630)?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- o.** Will Applicant, through its contracted Participating Provider Network, along with other specialists outside the network, Community resources or social services within the CCO’s Service Area, provide ongoing primary care, Behavioral Health care, oral health care, and specialty care as needed and will guarantee the continuity of care and the integration of services as described below?
- Prompt, convenient, and appropriate access to Covered Services by Members 24 hours a day, 7 days a week;
  - The coordination of the individual care needs of Members in accordance with policies and procedures as established by the Applicant;
  - Member involvement in decisions regarding treatment, proper education on treatment options, and the coordination of follow-up care;
  - Effectively addressing and overcoming barriers to Member compliance with prescribed treatments and regimens; and
  - Addressing diverse patient populations in a linguistically diverse and culturally competent manner.

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- p.** Will Applicant establish policies, procedures, and standards that:
- Ensure and facilitate the availability, convenient, and timely access to all Medicaid Covered Services as well as any supplemental services offered by the CCO;
  - Ensure access to medically necessary care and the development of medically necessary individualized care plans for Members;
  - Promptly and efficiently coordinate and facilitate access to clinical information by all Providers involved in delivering the individualized care plan of the Member while following Timely Access to Services standards;
  - Communicate and enforce compliance by Providers with medical necessity determinations; and
  - Do not discriminate against Medicaid Members, including providing services to individuals with disabilities in the most integrated Community setting appropriate to the needs of those individuals.

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**q.** Will Applicant have verified that contracted Providers included in the CCO Facility Table are Medicaid certified and the Applicant certifies that it will only contract with Medicaid certified Providers in the future?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**r.** Will Applicant provide all services covered by Medicaid and comply with OHA coverage determinations?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**s.** Will Applicant have an Medicare plan to serve Fully Dual Eligibles either through contractual arrangement or owned by Applicant or Applicant parent company to create integrated Medicare-Medicaid opportunities during the contract period? [Plan can be a Dual Special Needs Plan or MA plan that offers low premiums and integrated Part D medications options].

Yes  No

If “no” please provide explanation:

**t.** Will Applicant, Applicant staff and its Affiliated companies, subsidiaries or Subcontractors (first tier, downstream, and related entities), and Subcontractor staff be bound by 2 CFR 376 and attest that they are not excluded by the Department of Health and Human Services Office of the Inspector General or by the General Services Administration? Please note that this attestation includes any member of the board of directors, key management or executive staff or major stockholder of the Applicant and its Affiliated companies, subsidiaries or Subcontractors (first tier, downstream, and related entities).

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**u.** Is it true that neither the state nor federal government has brought any past or pending investigations, legal actions, administrative actions, or matters subject to arbitration involving the Applicant (and Applicant’s parent corporation, subsidiaries, or entities with an ownership stake, if applicable) or its Subcontractors, including key management or executive staff, or major shareholders over the past three years on matters relating to payments from governmental entities, both federal and state, for healthcare and/or prescription drug services?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**2. Network Adequacy**

a. Is Applicant willing to monitor and evaluate the adequacy of its Provider Network?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

b. Is Applicant willing to remedy any deficiencies in its Provider Network within a specified timeframe when deficiencies are identified?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

c. Is Applicant willing to report on its Provider Network in a format and frequency specified by OHA?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

d. Is Applicant willing to collect data to validate that its Members are able to access care within time and distance requirements?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

e. Is Applicant willing to collect data to validate that its Members are able to make appointments within the required timeframes?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

f. Is Applicant willing to collect data to validate that its Members are able to access care within the required timeframes?

Yes  No

g. Is Applicant willing to arrange for Covered Services to be provided by Non-Participating Providers if the services are not timely available within Applicant’s Provider Network?

Yes  No

**3. Fraud, Waste and Abuse Compliance**

a. Is Applicant willing to designate a Compliance Officer to oversee activities related to the prevention and detection of Fraud, Waste and Abuse?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

- b. Is Applicant willing to send two representatives, including the Applicant’s designated Compliance Officer and another member of the senior executive team to attend a mandatory Compliance Conference on May 30, 2019?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**C. Value-Based Payment (VBP) Attestations (Attachment 8)**

- 1. Have you reviewed the VBP Policy Requirements set forth in the VBP Questionnaire?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- 2. Have you reviewed the VBP reference documents linked to the VBP Questionnaire?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- 3. Can you implement and report on VBP as defined by VBP Questionnaire and the Health Care Payment Learning and Action Network’s (LAN’s) “Alternative Payment Model Framework White Paper Refreshed 2017” (<https://hcp-lan.org/apm-refresh-white-paper/>) and the OHA Value-Based Payment Roadmap Categorization Guidance for Coordinated Care Organizations?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- 4. Will you begin CCO 2.0 – January 2020 – with at least 20% of your projected annual payments to your Providers under contracts that include a Value-Based Payment component as defined by the Health Care Payment Learning and Action Network’s (LAN’s) “Alternative Payment Model Framework White Paper Refreshed 2017” (<https://hcp-lan.org/apm-refresh-white-paper/>), Pay for Performance category 2C or higher and the OHA Value-Based Payment Roadmap Categorization Guidance for Coordinated Care Organizations?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- 5. Do you permit OHA to publish your VBP data such as the actual VBP percent of spending that is LAN category 2C or higher and spending that is LAN category 3B or higher, as well as data pertaining to your care delivery areas, Patient-Centered Primary Care Home (PCPCH) payments, and other information about VBPs required by this RFA? (OHA does not intend to publish specific payments amounts from an Applicant to a specific provider.)

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- 6. Do you agree to develop mitigation plans for adverse effects VBPs may have on health inequities, health disparities, or any adverse health-related outcomes for any specific population (including racial, ethnic and culturally-based communities; LGBTQ people; persons with disabilities; people with limited English proficiency; and immigrants or refugees and Members with complex health care needs, as well as populations at the intersections of these groups) and to report on these plans to OHA annually?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- 7. Do you agree to the requirements for VBP targets, care delivery areas and PCPCH clinics for years 2020 through 2024, as set forth in the VBP Questionnaire?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- 8. Do you agree to the requirements for VBP data reporting for years 2020 through 2024, as set forth in the VBP Questionnaire?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- 9. Should OHA contract with one or more other CCOs serving Members in the same geographical area, will you participate in OHA-facilitated discussions to select performance measures to be incorporated into each CCO’s VBP Provider contracts for common Provider types and specialties?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- 10. If, after the discussion described in the previous question, OHA informs you of the Provider types and specialties for which the performance measures apply, will you incorporate all selected measures into applicable Provider contracts?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

**D. Health Information Technology (HIT) Attestations (Attachment 9)**

**1. HIT Roadmap**

- a. Does Applicant agree to participate in an interview/demonstration and deliver a HIT Roadmap with any refinements/adjustments agreed to with OHA during Readiness Review, for OHA approval?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**b.** Does Applicant agree to provide an annual HIT Roadmap update for OHA approval to include status/progress on CCO-identified milestones, and any adjustments to the HIT Roadmap; as well as participate in an annual interview with OHA?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**2. HIT Partnership**

**a.** Does Applicant agree to participate in the HIT Commons beginning 2020, including agreeing to do all of the following:

- Maintaining an active, signed HIT Commons MOU and adhering to its terms,
- Paying annual HIT Commons assessments, and
- Serving, if elected, on the HIT Commons Governance Board or one of its committees?

Yes     No

If “no” please provide explanation:

**b.** Does Applicant agree to participate in OHA’s HIT Advisory Group, (HITAG), at least once annually?

Yes     No

If “no” please provide explanation:

**3. Support for EHR Adoption**

**a.** Will Applicant support EHR adoption for its contracted physical health Providers?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**b.** Will Applicant support EHR adoption for its contracted Behavioral Health

Providers? Yes No

If “no” please provide explanation: \_\_\_\_\_

**c.** Will Applicant support EHR adoption for its contracted oral health

Providers? Yes No

If “no” please provide explanation: \_\_\_\_\_

- d. During Year 1, will Applicant report on the baseline of EHR adoption among its contracted physical health Providers, set Improvement Targets, and provide supporting detail about its implementation approach?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- e. During Year 1, will Applicant report on the baseline of EHR adoption among its contracted Behavioral Health Providers, set Improvement Targets, and provide supporting detail about its implementation approach?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- f. During Year 1, will Applicant report on the baseline of EHR adoption among its contracted oral health Providers, set Improvement Targets, and provide supporting detail about its implementation approach?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- g. Will Applicant report to the state annually on which EHR(s) each of its contracted physical health Providers is using, by means of definitions and data sources agreed upon during Readiness Review? Will reports include product and vendor name, version, and, if applicable, certification year the ONC Certification (CHPL) number for Certified EHR Technology? See <https://chpl.healthit.gov/> and <https://www.healthit.gov/topic/certification-ehrs/2015-edition> for more information about Certified EHR Technology.

Yes     No

If “no” please provide explanation: Provided there is cooperation from providers and that the reporting requirements are reasonable.

- h. Will Applicant report to the state annually on which EHR(s) each of its contracted Behavioral Health Providers are using, by means of definitions and data sources agreed upon during Readiness Review? Will reports include product and vendor name, version, and, if applicable, certification year the ONC Certification (CHPL) number for Certified EHR Technology? See <https://chpl.healthit.gov/> and <https://www.healthit.gov/topic/certification-ehrs/2015-edition> for more information about Certified EHR Technology.

Yes     No

If “no” please provide explanation: Provided there is cooperation from providers and that the reporting requirements are reasonable.

- i. Will Applicant report to the state annually on which EHR(s) each of its contracted oral health Providers is using, by means of definitions and data sources agreed upon during Readiness Review? Will reports include product and vendor name, version, and, if applicable, certification year the ONC Certification (CHPL) number for Certified EHR Technology? See <https://chpl.healthit.gov/> and <https://www.healthit.gov/topic/certification-ehrs/2015-edition> for more information about Certified EHR Technology.

Yes     No

If “no” please provide explanation: Provided there is cooperation from providers and that the reporting requirements are reasonable.

**4. Support for HIE**

- a. Will Applicant ensure access to timely Hospital event notifications for its contracted physical health Providers? If there are costs associated with ensuring access to timely Hospital event notifications for contracted Providers, will the Applicant be responsible for those costs?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- b. Will Applicant ensure access to timely Hospital event notifications for its contracted Behavioral Health Providers? If there are costs associated with ensuring access to timely Hospital event notifications for contracted Providers, will the Applicant will be responsible for those costs?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- c. Will Applicant ensure access to timely Hospital event notifications for its contracted oral health Providers? If there are costs associated with ensuring access to timely Hospital event notifications for contracted Providers, will the Applicant will be responsible for those costs.

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- d. Will Applicant use Hospital event notifications within the CCO, for example to support Care Coordination and/or population health efforts?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- e.** Will Applicant support access to health information exchange that enables sharing patient information for Care Coordination for its contracted physical health Providers?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_

---
- f.** Will Applicant support access to health information exchange that enables sharing patient information for Care Coordination for its contracted Behavioral Health Providers?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_

---
- g.** Will Applicant support access to health information exchange that enables sharing patient information for Care Coordination for its contracted oral health Providers?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_

---
- h.** During Year 1, will Applicant report on the baseline of HIE access and use among its contracted physical health Providers (inclusive of Hospital event notifications and HIE for Care Coordination), set Improvement Targets, and provide supporting detail about its implementation approach?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_

---
- i.** During Year 1, will Applicant report on the baseline of HIE access and use among its contracted Behavioral Health Providers (inclusive of Hospital event notifications and HIE for Care Coordination), set Improvement Targets, and provide supporting detail about its implementation approach?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_

---
- j.** During Year 1, will Applicant report on the baseline of HIE access and use among its contracted oral health Providers (inclusive of Hospital event notifications and HIE for Care Coordination), set Improvement Targets, and provide supporting detail about its implementation approach?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_

---

**k.** Will Applicant report to the state annually on which HIE tool(s) each of its contracted physical health Providers is using, using definitions and data sources agreed upon during Readiness Review?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**l.** Will Applicant report to the state annually on which HIE tool(s) each of its contracted Behavioral Health Providers is using, using definitions and data sources agreed upon during Readiness Review?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

**m.** Will Applicant report to the state annually on which HIE tool(s) each of its contracted oral health Providers is using, using definitions and data sources agreed upon during Readiness Review?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

**5. Health IT for VBP and Population Management.**

**a.** For the initial VBP arrangements, will Applicant have by the start of Year 1 the HIT needed to administer the arrangements (as described in its supporting detail)?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

**b.** For the planned VBP arrangements for Years 2 through 5, does Applicant have a roadmap to obtain the HIT needed to administer the arrangements (as described in its supporting detail)?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

**c.** By the start of Year 1, will the Applicant provide contracted Providers with VBP arrangements with timely (e.g., at least quarterly) information on measures used in the VBP arrangement(s) applicable to the Providers?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

- d.** By the start of Year 1, will the Applicant provide contracted Providers with VBP arrangements with accurate and consistent information on patient attribution?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_
- e.** By the start of Year 1, will the Applicant identify for contracted Providers with VBP arrangements specific patients who need intervention through the year, so they can take action before the year end?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_
- f.** By the start of Year 1, will the Applicant have the capability to risk stratify and identify and report upon Member characteristics, including but not limited to past diagnoses and services, that can inform the targeting of interventions to improve outcomes?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_
- g.** By the start of each subsequent year for Years 2 through 5, will the Applicant CCO provide risk stratification and Member characteristics to your contracted Providers with VBP arrangements for the population(s) included in the arrangement(s) in place for each year?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

**E. Social Determinants of Health and Health Equity (SDOH-HE) Attestations (Attachment 10)**

**1. Social Determinants of Health and Health Equity Spending, Priorities, and Partnership**

- a.** Is Applicant willing to direct a portion of its annual net income or reserves, as required by Oregon State Statute and defined by OHA in rule, to addressing health disparities and SDOH-HE?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_
- b.** Is Applicant willing to enter into written agreements with SDOH-HE partners that describe the following: any relationship or financial interest that may exist between the SDOH-HE partner and the CCO, how funds will be distributed, the scope of work including the domain of SDOH-HE addressed and the targeted population, whether CCO will refer Members to the SDOH-HE partner, the geographic area to be covered, how outcomes will be evaluated and measured, and how the CCO will collect and report data

related to outcomes?

Yes  No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

c. When identifying priorities for required SDOH-HE spending, is Applicant willing to designate, define and document a role for the CAC in directing, tracking and reviewing spending?

Yes  No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

d. Is Applicant willing to align its SDOH-HE spending priorities with the priorities identified in the Community Health Improvement Plan and its Transformation and Quality Strategy, and to include at least one statewide priority (e.g. housing-related services and supports, including Supported Housing) in addition to its Community priorities?

Yes  No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

**2. Health-related Services**

a. Is Applicant willing to align HRS Community benefit initiatives with Community priorities from the CCO’s Community Health Improvement Plan?

Yes  No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

b. Is Applicant willing to align HRS Community benefit initiatives with a designated statewide priority should OHA require it?

Yes  No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

c. Is Applicant willing to designate, define and document a role for the CAC when determining how Health-Related Services Community benefit initiatives decisions are made?

Yes  No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

**3. Community Advisory Council membership and role**

a. Is the Applicant willing to provide to OHA an organizational chart that includes the Community Advisory Council, and notes relationships between entities, including the CAC and the Board, how information flows between the bodies, the CAC and Board

connection to various committees, and CAC representation on the board?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**4. Health Equity Assessment and Health Equity Plan**

**a.** Is Applicant willing to develop and implement a Health Equity Plan according to OHA guidance, which includes a plan to provide cultural responsiveness and implicit bias education and training across the Applicant’s organization and Provider Network? See Sample Contract and Cultural Responsiveness Training Plan Guidance Document.

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**b.** Is Applicant willing to include in its Health Equity Plan at least one initiative using HIT to support patient engagement?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**c.** Is Applicant willing to adopt potential health equity plan changes, including requirements, focus areas and components, based on OHA plan review feedback and, when applicable, based on guidance provided by the Oregon Health Policy Board’s Health Equity Committee?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**d.** Is Applicant willing to designate a single point of accountability within the organization, who has budgetary decision-making authority and health equity expertise, for the development and implementation of the Health Equity Plan?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**e.** Is Applicant willing to faithfully execute the finalized Health Equity Plan?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**f.** Is Applicant willing to a) ask vendors for cultural and linguistic accessibility when discussing bringing on new HIT tools for patient engagement and b) when possible, seek out HIT tools for patient engagement that are culturally and linguistically accessible?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**5. Traditional Health Workers (THW) Utilization and Integration**

**a.** Is Applicant willing to develop and fully implement a Traditional Health Workers Integration and Utilization Plan?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**b.** Is Applicant willing to work in collaboration with the THW Commission to implement the Commission’s best practices for THW integration and utilization?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**c.** Is Applicant willing to fully implement the best practices developed in collaboration with the THW Commission?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**d.** Is Applicant willing to develop and implement a payment strategy for THWs that is informed by the recommendations from the Payment Model Committee of the THW Commission?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**e.** Is Applicant willing to designate an individual within the organization as a THW Liaison as of the Effective Date of the Contract?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**f.** Is Applicant willing to engage THWs during the development of the CHA and CHP?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**g.** For services that are not captured on encounter claims, is Applicant willing to track and document Member interactions with THWs?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**6. Community Health Assessment and Community Health Improvement Plan**

- a. Is Applicant willing to partner with local public health authorities, non-profit Hospitals, any CCO that shares a portion of its Service Area, and any Tribes that are developing a CHA/CHP to develop shared CHA and CHP priorities?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- b. Is Applicant willing to align CHP priorities with at least two State Health Improvement Plan (SHIP) priorities and implement statewide SHIP strategies based on local need?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- c. Is Applicant willing to submit its Community Health Assessment and Community Health Improvement Plan to OHA?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- d. Is Applicant willing to develop and fully implement a community engagement plan?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**F. Behavioral Health Attestations (Attachment 11)**

**1. Behavioral Health Benefit**

- a. Will Applicant report performance measures and implement Evidence-Based outcome measures, as developed by the OHA Metrics and Scoring Committee, and as specified in the Contract?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- b. Will Applicant work collaboratively with OHA and its partners to implement all of the requirements in Exhibit M of the Contract?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

c. Will Applicant be fully responsible for the Behavioral Health benefit for Members beginning in CY 2020?

Yes  No

If “no” please provide explanation: YCCO takes full responsibility for the BH benefit and contracts with Yamhill County HHS as a BH RAE.

d. Will Applicant manage the Global Budget (as defined in ORS 414.025) in a fully integrated manner? Fully integrated manner means that Applicant will not sub-capitate any Provider or entity for Behavioral Health services separately from physical health services nor will Applicant enter into any Value-Based Payment arrangements under which Behavioral Health spending is tracked separately from physical health services.

Yes  No

If “no” please provide explanation: YCCO will continue to contract with Yamhill County HHS in 2020 and will move toward a fully integrated program.

e. Will Applicant report on the information and data specified in the Performance Expectations section as specified in the Contract and submit an annual report to OAH for review and approval?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

f. Will Applicant have sufficient resources, including technological, financial, Provider and workforce, to integrate the Behavioral Health benefit with oral and physical health care benefits?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

g. Will Applicant ensure the provision of cost-effective, comprehensive, person-centered, Culturally Responsive, and integrated Community-based Behavioral Health services for Members?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**h.** Will Applicant provide oversight, Care Coordination, transition planning and management of the Behavioral Health needs of Members to ensure Culturally Responsive and linguistically appropriate Behavioral Health services are provided in a way that Members are served in a most natural and integrated environment possible and that minimizes the use of institutional care?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**i.** Will Applicant follow Intensive Care Coordination standards as identified in OAR 410-141-3160/70?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**j.** Will Applicant ensure Members have access to Referral and screening at multiple health system or health care entry points?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**k.** Will Applicant use a standardized Assessment tool, to adapt the intensity and frequency of Behavioral Health services to the Behavioral Health needs of the Member?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**l.** Will Applicant work collaboratively to improve services for adult Members with SPMI as a priority population? Will Applicant make significant commitments and undertake significant efforts to continue to improve treatment and services so that adults with SPMI can live and prosper in integrated Community settings?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**m.** Will Applicant ensure Members have timely access to all services under the Behavioral Health benefit in accordance with access to service standards as developed in Appendix C, the Administrative Rules Concept Document, under OHPB #17?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**n.** Will Applicant have an adequate Provider Network to ensure Members have timely access to Behavioral Health services and effective treatment in accordance with the Delivery System and Provider Capacity section of the Contract?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

- o.** Will Applicant establish written policies and procedures for Prior Authorizations, in compliance with the Mental Health Parity and Addiction Equity Act of 2008, and be responsible for any inquiries or concerns and not delegate responsibility to Providers?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- p.** Will Applicant establish written policies and procedures for the Behavioral Health benefit and provide the written policies and procedures to OHA by the beginning of CY 2020?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- q.** Will Applicant require mental health and substance use disorder programs be licensed or certified by OHA to enter the Provider Network?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- r.** Will Applicant require Providers to screen Members for adequacy of supports for the Family in the home (e.g., housing adequacy, nutrition/food, diaper needs, transportation needs, safety needs and home visiting)?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- s.** Will Applicant ensure Applicant’s staff and Providers are trained in recovery principles, motivational interviewing, integration, and Foundations of Trauma Informed Care (<https://traumainformedoregon.org/tic-intro-training-modules/>)?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- t.** Will Applicant ensure Providers are trained in Trauma Informed approaches and provide regular periodic oversight and technical assistance to Providers?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**u.** Will Applicant require Providers, in developing Individual Service and Support Plans for Members, to assess for Adverse Childhood Experiences (ACEs) and trauma in a Culturally Responsive and Trauma Informed framework and approach?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**v.** Will Applicant ensure Behavioral Health services are Culturally Responsive and Trauma Informed?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**w.** Will Applicant assume responsibility for the entire Behavioral Health residential benefit by the beginning of CY 2022?

Yes  No

If “no” please provide explanation: Provided that the benefit is clearly defined and funded adequately.

**x.** Will Applicant include OHA approved Behavioral Health homes (BHHs) in Applicant’s network as the BHHs qualify in Applicant’s Region?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**y.** Will Applicant assist Behavioral Health organizations within the delivery system to establish BHHs?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**z.** Will Applicant utilize BHHs in their network for Members to the greatest extent possible?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**aa.** Will Applicant provide a full psychological evaluation and child psychiatric consultation for children being referred to the highest levels of care (day treatment, subacute or PRTS)?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**2. MOU with Community Mental Health Program (CMHP)**

- a. Will Applicant enter into a written memorandum of understanding (MOU) with the local Community Mental Health Program (CMHP) in Applicant’s Region by beginning of CY 2020, in accordance with ORS 414.153?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- b. Will Applicant develop a comprehensive Behavioral Health plan for Applicant’s Region in collaboration with the Local Mental Health Authority and other Community partners (e.g., education/schools, Hospitals, corrections, police, first responders, Child Welfare, DHS, public health, Peers, families, housing authorities, housing Providers, courts)?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- c. Will Applicant coordinate and collaborate on the development of the Community health improvement plan (CHP) under ORS 414.627 with the local Community Mental Health Program (CMHP) for the delivery of mental health services under ORS 430.630

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**3. Provisions of Covered Services – Behavioral Health**

- a. Will Applicant provide services as necessary to achieve compliance with the mental health parity requirements of 42 CFR§ 438, subpart K and ensure that any quantitative treatment limitations (QTLs), or non-quantitative treatment limitations (NQTLs) placed on Medically Necessary Covered Services are no more restrictive than those applied to fee-for-service medically necessary covered benefits, as described in 42 CFR 438.210(a)(5)(i)?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- b. Will Applicant assume accountability for Members that are civilly committed and are referred to and enter Oregon State Hospital; be financially responsible for the services for Members on waitlist for Oregon State Hospital after the second year of the Contract, with timeline to be determined by OHA; and be financially responsible for services for Members admitted to Oregon State Hospital after the second year of the Contract, with timeline to be determined by OHA?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- c. Will Applicant reimburse for covered Behavioral Health services rendered in a primary care setting by a qualified Behavioral Health Provider, and reimburse for covered physical health services in Behavioral Health care settings, by a qualified medical Provider?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- d. Will Applicant ensure Members receive services from Non-Participating Providers for Behavioral Health services if those services are not available from Participating Providers or if a Member is not able to access services within the timely access to care standards? Will Applicant remain responsible for coordinating Behavioral Health services with Non-Participating Providers and reimbursing for services?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- e. Will Applicant ensure continuity of care throughout episodes of care and provide Intensive Care Coordination and general Care Coordination as specified in the Contract?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**4. Covered Services Component – Behavioral Health**

- a. Will Applicant establish written policies and procedures for an emergency response system, including post-stabilization care services and Urgent Services for all Members on a 24-hour, 7-day-a-week basis consistent with OAR 410-141-3140 and 42 CFR 438.114? Will the emergency response system provide an immediate, initial or limited duration response for emergency situations or potential Behavioral Health emergency situations that may include Behavioral Health conditions?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- b. Will Applicant ensure access to Mobile Crisis Services for all Members in accordance with OAR 309-019-0105, OAR 309-019-0150, 309-019-0242, and 309-019-0300 to 309-019-0320 to promote stabilization in a Community setting rather than arrest, presentation to an Emergency Department, or admission to an Acute psychiatric care facility?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

c. Will Applicant establish written policies and procedures for a Quality Improvement plan for the emergency response system?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

d. Will Applicant collaboratively work with OHA and CMHPs to develop and implement plans to better meet the needs of Members in Community integrated settings and to reduce recidivism to Emergency Departments for Behavioral Health reasons?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

e. Will Applicant work with Hospitals to provide data on Emergency Department (ED) utilization for Behavioral Health reasons and length of time in the ED? Will Applicant develop remediation plans with EDs with significant numbers of ED stays longer than 23 hours?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

f. Will Applicant establish a policy and procedure for developing a management plan for contacting and offering services to each Member who has two or more readmissions to an ED in a six-month period?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

g. Will Applicant make a reasonable effort to provide Covered Services on a voluntary basis and consistent with current Declaration for Mental Health Treatment as provided at: <http://www.oregon.gov/oha/amh/forms/declaration.pdf> in lieu of involuntary treatment?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

h. Will Applicant establish written policies and procedures describing the appropriate use of Emergency Psychiatric Holds consistent with ORS 426 and alternatives to involuntary psychiatric care when a less restrictive voluntary service will not meet the Medically Appropriate needs of the Member and the behavior of the Member meets legal standards for the use of an Emergency Psychiatric Hold?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

- i. Will Applicant assure that any involuntary treatment provided under the Contract is provided in accordance with administrative rule and statute, and coordinate with the CMHP Director in assuring that all statutory requirements are met? Will Applicant also work with the CMHP Director in assigning a civilly committed Member to any placement and participate in circuit court hearings related to planned placements, if applicable?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

- j. If Applicant identifies a Member, over age 18 with no significant nursing care needs due to a general medical condition, Acute medical condition or physical disorder, is appropriate for Long Term Psychiatric Care (State Facility level of care), will Applicant request a LTTPC determination from the OHA LTTPC reviewer?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

- k. If Applicant identifies a Member, age 18 to age 64, with no significant nursing care needs due to a general medical condition, Acute medical condition or physical disorder of an enduring nature, is appropriate for LTTPC, will Applicant request a LTTPC determination from the applicable HSD Adult Mental Health Services Unit, as described in Procedure for LTTPC Determinations for Members 18 to 64, available on the Contract Reports Web Site?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

- l. If Applicant identifies a Member, age 65 and over, or age 18 to age 64 with significant nursing care needs due to a general medical condition, Acute medical condition or physical disorder of an enduring nature, is appropriate for LTTPC, will Applicant request a LTTPC determination from the State hospital-NTS, Outreach and Consultation Service (OCS) Team as described in Procedure for LTTPC Determinations for Member Requiring Neuropsychiatric Treatment, available on the Contract Reports Web Site?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

- m. For the Member age 18 and over, will Applicant work with the Member to assure timely discharge and transition from LTTPC to the most appropriate, independent and integrated Community-based setting possible consistent with Member choice?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

- n. Will Applicant authorize and reimburse Care Coordination services, in particular for Members who receive ICC, that are sufficient in amount, duration or scope to reasonably be expected to achieve the purpose for which the services are provided to Members receiving care through licensed Community treatment programs? Will Applicant authorize and reimburse for ICC services, in accordance with standards identified in OAR 410-141-3160-70?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- o. Will Applicant ensure that any involuntary treatment provided under the Contract is provided in accordance with administrative rule and statute and coordinate with the CMHP Director in assuring that all statutory requirements are met? Will Applicant work with the CMHP Director in assigning a civilly committed Member to any placement and participate in circuit court hearings related to planned placements, if applicable?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- p. Will Applicant provide Acute Inpatient Hospital Psychiatric Care for Members who do not meet the criteria for LTPC?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- q. Will Applicant ensure that all Members discharged from Acute Care Psychiatric Hospitals are provided a Warm Handoff to a Community case manager, Peer Bridger, or other Community provider prior to discharge, and that all such Warm Handoffs are documented?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- r. Will Applicant ensure that all Members discharged from Acute Care Psychiatric Hospitals have linkages to timely, appropriate behavioral and primary health care in the Community prior to discharge and that all such linkages are documented, in accordance with OAR provisions 309-032-0850 through 309-032-0870?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

- s. Will Applicant ensure all adult Members receive a follow-up visit with a Community Behavioral Health Provider within seven (7) days of their discharge from an Acute Care Psychiatric Hospital?

Yes     No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

t. Will Applicant reduce readmissions of adult Members with SPMI to Acute Care Psychiatric Hospitals?

Yes  No

If “no” please provide explanation: YCCO will work with BH providers and partners with a goal of reducing readmissions for adults with SPMI.

u. Will Applicant coordinate with system Community partners to ensure Members who are homeless and who have had two or more readmissions to an Acute Care Psychiatric Hospital in a six-month period are connected to a housing agency or mental health agency to ensure these Members are linked to housing in an integrated Community setting, Supported Housing to the extent possible, consistent with the individual’s treatment goals, clinical needs and the individual’s informed choice?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

v. Will Applicant ensure coordination and appropriate Referral to Intensive Care Coordination to ensure that Member’s rights are met and there is post-discharge support? If Member is connected to ICC coordinator, will Applicant ensure coordination with this person as directed in OAR 410-141-3160-3170?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

w. Will Applicant work with OHA and the CMHPs to ensure that Members who are discharged from Acute Care Psychiatric Hospitals are discharged to housing that meets the individuals’ immediate need for housing and work with Acute Care Psychiatric Hospitals in the development of each individual’s housing assessment?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

x. Will Applicant establish a policy and procedure for developing a management plan for contacting and offering services to each Member who has two (2) or more readmissions to an Acute Care Psychiatric Hospital in a six-month period?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

y. Will Applicant work with OHA, other state agencies, and other state funded or operated entities to identify areas where treatment and services for adult Members with SPMI can be improved?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**z.** Will Applicant coordinate services for each adult Member with SPMI who needs assistance with Covered or Non-covered Services?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**aa.** Will Applicant provide oversight, Care Coordination, transition planning and management for Members receiving Behavioral Health services, including Mental Health Rehabilitative Services and Personal Care Services, in licensed and non-licensed home and Community-based settings, ensuring that individuals who no longer need placement in such settings are transitioned to a Community placement in the most integrated Community setting appropriate for that person?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**bb.** Will Applicant provide Utilization Review and utilization management, for Members receiving Behavioral Health Services, including Mental Health Rehabilitative Services and Personal Care Services, in licensed and non-licensed home and Community-based settings, ensuring that individuals who no longer need placement in such setting transition to the most integrated Community setting, Supported Housing to the extent possible, consistent with the individual’s treatment goals, clinical needs, and the individual’s informed choice?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**cc.** Will Applicant encourage utilization of Peer-Delivered Services (PDS) and ensure that Members are informed of their benefit to access and receive PDS from a Peer Support Specialist, Peer Wellness Specialist, Family Support Specialist, or Youth Support Specialist as applicable to the Member’s diagnosis and needs?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**dd.** Will Applicant ensure that Members with SPMI receive Intensive Care Coordination (ICC) support in finding appropriate housing and receive coordination in addressing Member’s housing needs?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**ee.** Will Applicant ensure Members with SPMI are assessed to determine eligibility for ACT?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**ff.** Will Applicant ensure ACT services are provided for all adult Members with SPMI who are referred to and eligible for ACT services in accordance with OAR 309-019-0105 and 309-019-0225 through 309-019-0255?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**gg.** Will Applicant ensure additional ACT capacity is created to serve adult Members with SPMI as services are needed?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**hh.** Will Applicant, when ten (10) or more of Applicant’s adult Members with SPMI in Applicant’s Service Area are on a waitlist to receive ACT for more than thirty (30) days, without limiting other Applicant solutions, create additional capacity by either increasing existing ACT team capacity to a size that is still consistent with Fidelity standards or by adding additional ACT teams?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

If Applicant lacks qualified Providers to provide ACT services, will Applicant consult with OHA and develop a plan to develop additional qualified Providers? Will lack of capacity not be a reason to allow individuals who are determined to be eligible for ACT to remain on the waitlist? Will no individual on a waitlist for ACT services be without such services for more than 30 days?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**ii.** Will Applicant ensure all denials of ACT services for all adult Members with SPMI are: based on established, evidence-based medical necessity criteria; reviewed, recorded and compiled in a manner that allows denials to be accurately reported out as appropriate or inappropriate; and follow the Notice of Adverse Benefit Determination process for all denials as described in the Contract?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**jj.** Will Applicant be responsible for finding or creating a team to serve Members who have appropriately received a denial for a particular ACT team but who meet ACT eligibility standards?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**kk.** Will Applicant be responsible for engaging with all eligible Members who decline to participate in ACT in an attempt to identify and overcome barriers to the Member’s participation?

Yes  No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

**ll.** Will Applicant require that a Provider or care coordinator meets with the Member to discuss ACT services and provide information to support the Member in making an informed decision regarding participation? Will this include a description of ACT services and how to access them, an explanation of the role of the ACT team and how supports can be individualized based on the Member’s self-identified needs, and ways that ACT can enhance a Member’s care and support independent Community living?

Yes  No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

**mm.** Will Applicant provide alternative evidence-based intensive services if Member continues to decline participation in ACT, which must include coordination with an ICC?

Yes  No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

**nn.** Will Applicant report the number of individuals referred to ACT, number of individuals admitted to ACT programs, number of denials for the ACT benefit, number of denials to ACT programs, and number of individuals on waitlist by month?

Yes  No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

**oo.** Will Applicant ensure a Member discharged from OSH who is appropriate for ACT shall receive ACT or an evidence-based alternative?

Yes  No

If “no” please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

**pp.** Will Applicant document efforts to provide ACT to individuals who initially refuse ACT services, and document all efforts to accommodate their concerns?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**qq.** Will Applicant offer alternative evidence-based intensive services for individuals discharged from OSH who refuse ACT services?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**rr.** Will Applicant ensure a Member discharged from OSH who is determined not to meet the level of care for ACT shall be discharged with services appropriate to meet their needs?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**ss.** Will Applicant coordinate with system partners as needed regarding Oregon State Hospital discharges for all adult Members with SPMI in accordance with OAR 309-091-0000 through 0050?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**tt.** Will Applicant ensure access to Supported Employment Services for all adult Members eligible for these services, in accordance with OAR 309-019-0275 through 309-019-0295? (“Supported Employment Services” means the same as “Individual Placement and Support (IPS) Supported Employment Services” as defined in OAR 309-019-0225.)

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**uu.** Will Applicant work with local law enforcement and jail staff to develop strategies to reduce contacts between Members and law enforcement due to Behavioral Health reasons, including reduction in arrests, jail admissions, lengths of stay in jails and recidivism?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**vv.** Will Applicant work with SRTFs to expeditiously move civilly committed adult Members with SPMI who no longer need placement in an SRTF to a Community placement in the most integrated setting, Supported Housing to the extent possible, consistent with the individual’s treatment goals, clinical needs, and the individual’s informed choice?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**ww.** Will Applicant provide Substance Use Disorder (SUD) services to Members, which include outpatient, intensive outpatient, medication assisted treatment including Opiate Substitution Services, residential and detoxification treatment services consistent with OAR Chapter 309, Divisions 18, 19 and 22, and OAR Chapter 415 Divisions 20, and 50?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**xx.** Will Applicant comply with Substance Use Disorder (SUD) waiver program designed to improve access to high quality, clinically appropriate treatment for opioid use disorder and other SUDs, upon approval by Centers for Medicare and Medicaid Services (CMS)?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**yy.** Will Applicant inform all Members using Culturally Responsive and linguistically appropriate means that Substance Use Disorder outpatient, intensive outpatient, residential, detoxification and medication assisted treatment services, including opiate substitution treatment, are Covered Services consistent with OAR 410-141-3300?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**zz.** Will Applicant participate with OHA in a review of OHA provided data about the impact of these criteria on service quality, cost, outcome, and access?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**5. Children and Youth**

**a.** Will Applicant develop and implement cost-effective comprehensive, person-centered, individualized, and integrated Community-based Child and Youth Behavioral Health services for Members, using System of Care (SOC) principles?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**b.** Will Applicant utilize evidence-based Behavioral Health interventions for the needs of children 0-5, and their caregivers, with indications of Adverse Childhood Experiences (ACEs) and high complexity?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

- c. Will Applicant provide Intensive Care Coordination (ICC) that is Family and youth- driven, strengths based and Culturally Responsive and linguistically appropriate and abide by ICC standards as set forth in Appendix C, Administrative Rules Concept under OHPB #24 and in accordance with the ICC section in the Contract? Will Applicant abide by ICC standards as forth in Appendix C, Administrative Rules Concept, under OHPB #24, and in accordance with the ICC section in the Contract?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- d. Will Applicant provide services to children, young adults and families of sufficient frequency, duration, location, and type that are convenient to the youth and Family? Will Services alleviate crisis while allowing for the development of natural supports, skill development, normative activities and therapeutic resolution to Behavioral Health disorders and environmental conditions that may impact the remediation of a Behavioral Health disorder?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- e. Will Applicant adopt policies and guidelines for admission into Psychiatric Residential Treatment Services (PRTS), Psychiatric Day Treatment Services (PDTS) and/or Intensive Outpatient Services and Supports?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- f. Will Applicant ensure the availability of service, supports or alternatives 24 hours a day / 7 days a week to remediate a Behavioral Health crisis in a non-emergency department setting?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- g. Will Applicant encourage utilization of Peer-Delivered Services (PDS) and ensure that Members are informed of their benefit to access and receive PDS from a Peer Support Specialist, Peer Wellness Specialist, Family Support Specialist, or Youth Support Specialist as applicable to the Member’s diagnosis and needs?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**h.** If Applicant identifies a Member is appropriate for LTPC Referral, will Applicant request a LTPC determination from the applicable HSD Child and Adolescent Mental Health Specialist, as described in Procedure for LTPC Determinations for Members 17 and Under, available on the Contract Reports Web Site?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**i.** Will Applicant arrange for the provision of non-health related services, supports and activities that can be expected to improve a Behavioral Health condition?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**j.** Will Applicant coordinate admissions to and discharges from Acute Inpatient Hospital Psychiatric Care and Sub-Acute Care for Members 17 and under, including Members in the care and custody of DHS Child Welfare or OYA? For a Member 17 and under, placed by DHS Child Welfare through a Voluntary Placement Agreement (CF 0499), will Applicant also coordinate with such Member’s parent or legal guardian?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**k.** Will Applicant ensure a CANS Oregon is administered to a Member who is a child or youth and the data is entered into OHA approved data system according to the eligibility and timeline criteria in the Contract?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**l.** Will Applicant have funding and resources to implement, to fidelity, Wraparound Services?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**m.** Will Applicant enroll all eligible youth in Wraparound and place no youth on a waitlist?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

n. Will Applicant screen all eligible youth with a Wraparound Review Committee in accordance with Wraparound Services as described in the OHA System of Care Wraparound Initiative (SOCWI) guidance document found at the link below and in Wraparound Service OARs? <http://www.oregon.gov/oha/hsd/amh/pages/index.aspx>.

Yes  No

If “no” please provide explanation: \_\_\_\_\_

o. Will Applicant establish and maintain a functional System of Care in its Service Area in accordance with the Best Practice Guide located at <https://www.pdx.edu/ccf/best-practice-guide> including a Practice Level Workgroup, Advisory Committee and Executive Council with a goal of youth and Family voice representation to be 51 percent?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

p. Will Applicant have a functional SOC governance structure by the beginning of CY 2020 that consists of a practice level work group, advisory council, and executive council?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

q. By end of CY 2020, will Applicant have written Charters and new Member handbooks for Practice Level Work group, Advisory Council and Executive Council?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**G. Cost and Financial Attestations (Attachment 12)**

**1. Rates**

Does Applicant accept the CY 2020 Rate Methodology appended to Attachment 12?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**2. Evaluate CCO performance to inform CCO-specific profit margin**

a. Does Applicant agree to performance and efficiency evaluation being used to set profit margins in CCO capitation rates?

Yes  No

If “no” please provide explanation: \_\_\_\_\_

- b. Does Applicant agree to accept the CCO 2.0 capitation rate methodology as described in the Oregon CY20 Procurement Rate Methodology document and also accept the performance evaluation methodology and its use in setting CCO-specific profit margins?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

- c. Does Applicant agree to report additional data as needed to inform the performance evaluation process, including data on utilization of Health-Related Services?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

- d. Is Applicant willing to have OHA use efficiency analysis to support managed care efficiency adjustments that may result in adjustments to the base data used in capitation rate development to further incentivize reductions in Waste in the system?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

**3. Qualified Directed Payments to Providers**

- a. Is Applicant willing to make OHA-directed payments to certain Hospitals within five Business Days after receipt of a monthly report prepared and distributed by OHA?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

- b. Is Applicant willing to report to OHA promptly if it determines payments to Hospitals will be significantly delayed?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

- c. Is Applicant willing to exclude the portion of OHA-directed payments for provider tax repayment when negotiating alternative or Value-Based Payment reimbursement arrangements?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

\_\_\_\_\_

- d. Is Applicant willing to provide input and feedback to OHA on the selection of measures of quality and value for OHA-directed payments to Providers?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**4. Quality Pool Operations and Reporting**

- a. Does Applicant agree to having a portion of capitation withheld from monthly Capitation Payment and awarded to the Applicant based on performance on metrics based on the Quality Incentive Pool program?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- b. Does Applicant agree to report to OHA separately on expenditures incurred based on Quality Pool revenue earned?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- c. Does Applicant agree to report on the methodology it uses to distribute Quality Pool earnings to Providers, including SDOH-HE partners and public health partners?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- d. Does Applicant have a plan to evaluate contributions made by SDOH-HE and public health partners toward the achievement of Quality Pool metrics?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**5. Transparency in Pharmacy Benefit Management Contracts**

- a. Will Applicant select and contract with the Oregon Prescription Drug Program to provide Pharmacy Benefit Management services? If yes, please skip to section 5. If not, please answer parts b-f of this question.

Yes     No

If “no” please provide explanation: YCCO is contracted with Providence PBM.

- b. Will Applicant use a pharmacy benefit manager that will provide pharmacy cost passthrough at 100% and pass back 100% of rebates received to Applicant?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- c. Will Applicant separately report to OHA any and all administrative fees paid to its PBM?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- d. Will Applicant require reporting from PBM that provides paid amounts for pharmacy costs at a claim level?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- e. Will Applicant obtain market check and audits of their PBMs by a third party on an annual basis, and share the results of the market check with the OHA?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- f. Will Applicant require its PBM to remain competitive with enforceable contract terms and conditions driven by the findings of the annual market check and report auditing?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**6. Alignment Preferred Drug Lists (PDLs) and Prior Authorization Criteria**

- a. Will Applicant partner with OHA on the goal of increasing the alignment of CCO preferred drug lists (PDL) with the Fee-For-Service PDL set every year by OHA?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- b. Will Applicant align its PDL in any and all categories of drugs as recommended by the P&T committee and as required by OHA?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- c. Will Applicant post online in a publicly accessible manner the Applicant’s specific PDL with coverage and Prior Authorization criteria in a format designated by OHA and update the posting concurrently or before any changes to the PDL or coverage/PA criteria become effective?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**7. Financial Reporting Tools and Requirements**

- a. Is Applicant willing to partake of all financial, legal and technological requirements of the National Association of Insurance Commissioners (NAIC) in whatever capacity necessary to file its financial information with OHA under NAIC standards?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- b. Will Applicant report its required financial information to OHA on the NAIC’s Health Quarterly and Annual Statement blank (“Orange Blank”) through the NAIC website as described in this RFA, under NAIC standards and instructions?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- c. Will Applicant report its financial information to OHA using Statutory Accounting Principles (SAP), subject to possible exemption from SAP for 2020 as described in this RFA?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- d. Will Applicant file the financial reports described in this RFA, including Contract Exhibit L and supplemental schedules with the instructions referenced in this RFA?

Yes     No

If “no” please provide explanation: OHA should take care to avoid duplicative financial reporting.

- e. Is Applicant willing to resubmit its pro forma financial statements for three years starting in 2020, modified to reflect the Enrollment expected assuming other CCOs that may operate in Applicant’s Service Area?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- f.** Does Applicant commit to preparing and filing a Risk Based Capital (RBC) report each year based on NAIC requirements and instructions?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_
- g.** Is Applicant willing to submit quarterly financial reports including a quarterly estimation of RBC levels to ensure financial protections are in place during the year?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_
- h.** Is Applicant willing to have its RBC threshold evaluated quarterly using a proxy calculation?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_
- i.** If Applicant’s estimated RBC falls below the minimum required percentage based on the quarterly estimation, is Applicant willing to submit a year-to-date financial filing and full RBC evaluation?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_

**8. Accountability to Oregon’s Sustainable Growth Targets**

- a.** Does Applicant commit to achieving a sustainable growth in expenditures each calendar year (normalized by membership) that matches or is below the Oregon 1115 Medicaid demonstration project waiver growth target of 3.4%?  
 Yes    No  
If “no” please provide explanation: YCCO is committed to achieving the targeted growth trend and will deploy a multi-year strategy to achieve.
- b.** Does Applicant similarly commit to making a good faith effort towards achievement of future modifications to the growth target in the waiver?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_
- c.** Does Applicant agree that OHA may publicly report on CCO performance relative to the sustainable growth rate targets (normalized for differences in membership)?  
 Yes    No  
If “no” please provide explanation: \_\_\_\_\_

- d. Does Applicant agree that OHA may institute a Corrective Action Plan, that may include financial penalties, if a CCO does not achieve the expenditure growth targets based on the current 1115 Medicaid waiver?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**9. Potential Establishment of Program-wide Reinsurance Program in Future Years**

- a. Will Applicant participate in any program-wide reinsurance program that is established in years after 2020 consistent with statutory and regulatory provisions that are enacted?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- b. Will Applicant use private reinsurance contracts on only an annual basis so as to ensure ability to participate in state-run program if one is launched at the start of a calendar year?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- c. Does Applicant agree that implementation of program-wide reinsurance program will reduce capitation rates in years implemented as a result of claims being paid through reinsurance instead of with capitation funds?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**10. CCO Solvency Standards and OHA Tools to Regulate and Mitigate Insolvency Risk**

- a. Is Applicant willing to have its financial solvency risk measured by Risk Based Capital (RBC) starting in 2021?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- b. Is Applicant willing to achieve a calculated RBC threshold of 200% by end of Q3 of 2021 and thereafter to maintain a minimum RBC threshold of 200%?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- c. Is Applicant willing to report to OHA promptly if it determines that its calculated RBC value is or is expected to be below 200%?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- d. Is Applicant willing to report to OHA promptly if it determines that its actual financial performance departs materially from the pro forma financial statements submitted with this Application?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- e. Will Applicant maintain the required restricted reserve account per Contract?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**11. Encounter Data Validation Study**

- a. Is Applicant willing to perform regular chart reviews and audits of its encounter claims to ensure the Encounter Data accurately reflects the services provided?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

- b. Is Applicant willing to engage in activities to improve the quality and accuracy of Encounter Data submissions?

Yes     No

If “no” please provide explanation: \_\_\_\_\_

**H. Member Transition Plan (Attachment 16)**

- 1. Is Applicant willing to faithfully execute its Member Transition Plan as described in Attachment 16?

Yes     No

If “no” please provide explanation: \_\_\_\_\_



Request for Application  
RFA OHA-4690-19-CCO 2.0

**Attachment 14 - Assurances**



### Attachment 14 - Assurances

Applicant Name: Yamhill County Care Organization DBA Yamhill Community Care

Authorizing Signature: 

Printed Name: Seamus McCarthy, PhD, President and Chief Executive Officer

**1. Emergency and Urgent Care Services. Will Applicant have written policies and procedures, and oversight and monitoring systems to ensure that emergency and urgent services are available for all Members on a 24-hour, 7-days-a-week basis? Will Applicant communicate these policies and procedures to Providers, regularly monitor Providers' compliance and take any Corrective Action necessary to ensure Provider compliance? (See 42 CFR 438.114 and OAR 410-141-3140).**

Yes  No

If "no" please provide explanation: \_\_\_\_\_

**2. Continuity of Care. Will Applicant implement written policies and procedures that ensure a system for the coordination of care and the arrangement, tracking and documentation of all Referrals and Prior Authorizations to other Providers? Will Applicant follow Intensive Care Coordination (ICC)/ENCC standards and Care Coordination standards, including transition meetings, as directed in OAR 410-141-3170? Will Applicant communicate these policies and procedures to Providers, regularly monitor Providers' compliance and take any Corrective Action necessary to ensure Provider compliance? [See 42 CFR 438.208 and OAR 410-141-3160].**

Yes  No

If "no" please provide explanation: \_\_\_\_\_

**3. Will Applicant implement written policies and procedures that ensure maintenance of a record keeping system that includes maintaining the privacy and security of records as required by the Health Insurance Portability and Accountability Act (HIPAA), 42 USC § 1320-d et seq., and the federal regulations implementing the Act, and complete Clinical Records that document the care received by Members from the Applicant's Primary Care and Referral Providers? Will Applicants communicate these policies and procedures to Participating Providers, regularly monitor Participating Providers' compliance with these policies and procedures and take any Corrective Action necessary to ensure Participating Provider compliance? Will Applicants document all monitoring and Corrective Action activities? Will such policies and procedures will ensure that records are secured, safeguarded and stored in accordance with applicable Law? [See 45 CFR Parts 160 - 164, 42 CFR 438.242, ORS 414.679 and OAR 410-141-3180].**

Yes  No

If "no" please provide explanation: \_\_\_\_\_



4. Will Applicant have an ongoing quality performance improvement program for the services it furnishes to its Members? Will the program include an internal Quality Improvement program based on written policies, standards and procedures that are designed to achieve through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and non-clinical care areas and that are expected to have a favorable effect on health outcomes and Member satisfaction? The improvement program will track outcomes by race, ethnicity and language. The Applicant will communicate these policies and procedures to Providers, regularly monitor Providers’ compliance and take any Corrective Action necessary to ensure Provider compliance. [See OAR 410-141-0200].

Yes  No

If “no” please provide explanation: \_\_\_\_\_

5. Will Applicant make Coordinated Care Services accessible to enrolled Members? Will Applicant not discriminate between Members and non-Members as it relates to benefits to which they are both entitled including reassessment or additional screening as needed to identify exceptional needs in accordance with OAR 410-141-3160 through 410-141-3170? Will Applicant communicate these policies and procedures to Providers, regularly monitor Providers’ compliance and take any Corrective Action necessary to ensure Provider compliance? [See 42 CFR 438.206 to 438.210; and OAR 410-141-3220]

Yes  No

If “no” please provide explanation: \_\_\_\_\_

6. Will Applicant have written procedures approved in writing by OHA for accepting, processing, and responding to all complaints and Appeals from Members or their Representatives that are consistent with Exhibit I of the Appendix B “Sample Contract”? Will Applicant communicate these policies and procedures to Providers, regularly monitor Providers’ compliance and take any Corrective Action necessary to ensure provider compliance? [See 42 CFR 438.228, 438.400 – 438.424].

Yes  No

If “no” please provide explanation: \_\_\_\_\_

7. Will Applicant develop and distribute OHA-approved informational materials to Potential Members that meet the language and alternative format requirements of Potential Members? Will Applicant communicate these policies and procedures to Providers, regularly monitor Providers’ compliance and take any Corrective Action necessary to ensure Provider compliance? [See 42 CFR 438.10; OAR 410-141-3280].

Yes  No



If “no” please explain: \_\_\_\_\_

**8. Will Applicant have an on-going process of Member education and information sharing that includes appropriate orientation to the Applicant provided in the Member handbook or via health education, about the availability of intensive Care Coordination Care Coordination for Members who are aged, blind and/or disabled, or are part of a prioritized population, and appropriate use of emergency facilities and urgent care? Will Applicant will communicate these policies and procedures to Providers, regularly monitor Providers’ compliance and take any Corrective Action necessary to ensure Provider compliance? [See 42 CFR 438.10; and OAR 410-141-3300].**

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**9. Will Applicant have written policies and procedures to ensure Members are treated with the same dignity and respect as other patients who receive services from the Applicant that are consistent with Appendix B, Core Contract? Will Applicant communicate these policies and procedures to Providers, regularly monitor Providers’ compliance and take any Corrective Action necessary to ensure Provider compliance? [See 42 CFR 438.100, ORS 414.635 and OAR 410-141-3320].**

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**10. Will Applicant provide Intensive Care Coordination (otherwise known as Exceptional Needs Care Coordination or ENCC) to Members who are Aged, Blind or Disabled; Members with high health needs or multiple chronic conditions; Members receiving Medicaid-funded long-term care or long-term services and supports or receiving Home and Community-Based Services (HCBS) under the state’s 1915(i), 1915(j), or 1915(k) State Plan Amendments or the 1915(c) HCBS waivers, or Behavioral Health priority populations in accordance with OAR 410-141-3170? Will Applicant ensure that Prioritized Populations, who sometimes have difficulty with engagement, are fully informed of the benefits of Care Coordination? Will Applicant ensure that their organization will be Trauma Informed by January 1, 2020? Will Applicant utilize evidence-based outcome measures? Will Applicant ensure that Members who meet criteria for ENCC receive contact and service delivery as required in OAR 410- 141-3170? Will Applicant communicate these policies and procedures to Providers, regularly monitor Providers’ compliance and take any Corrective Action necessary to ensure Provider compliance? [See 42 CFR 438.208].**

Yes  No

If “no” please provide explanation: \_\_\_\_\_



**11. Will Applicant maintain an efficient and accurate billing and payment process based on written policies, standards, and procedures that are in accordance with accepted professional standards, OHP Administrative Rules and OHA Provider Guides? Will Applicant and its Providers or Subcontractors will not hold Members responsible for debt incurred by the Applicant or by Providers if the entity becomes insolvent? Will Applicant have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to Providers, regularly monitor Providers’ compliance and take any Corrective Action necessary to ensure Provider compliance? [See 42 CFR 447.46].**

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**12. Will Applicant participate as a trading partner of the OHA in order to timely and accurately conduct electronic transactions in accordance with the HIPAA electronic transactions and security standards? Has Applicant executed necessary trading partner agreements and conducted business-to-business testing that are in accordance with accepted professional standards, OHP Administrative Rules and OHA Provider Guides? Will Applicant have monitoring systems in operation and review the operations of these systems on a regular basis? Will Applicant communicate these policies and procedures to Providers, regularly monitor Providers’ compliance and take any Corrective Action necessary to ensure Provider compliance? [See 45 CFR Part 162; OAR 943-120-0100 to 943-120-0200].**

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**13. Will Applicant maintain an efficient and accurate system for capturing Encounter Data, timely reporting the Encounter Data to OHA, and regularly validating the accuracy, truthfulness and completeness of that Encounter Data based on written policies, standards, and procedures that are in accordance with accepted professional standards, CCO and OHP Administrative Rules and OHA Provider Guides? Will Applicant have monitoring systems in operation and review the operations of these systems on a regular basis? Will Applicant communicate these policies and procedures to Providers, regularly monitor Providers’ compliance and take any Corrective Action necessary to ensure Provider compliance? [See 42 CFR 438.242; and the Contract].**

Yes  No

If “no” please provide explanation: \_\_\_\_\_

**14. Will Applicant maintain an efficient and accurate process that can be used to validate Member Enrollment and Disenrollment based on written policies,**



**standards, and procedures that are in accordance with accepted professional standards, OHP Administrative Rules and OHA Provider Guides? Will Applicant have monitoring systems in operation and review the operations of these systems on a regular basis? Will Applicant communicate these policies and procedures to Providers, regularly monitor Providers' compliance and take any Corrective Action necessary to ensure Provider compliance? [See 42 CFR 438.242 and 438.604; and Contract].**

Yes  No

If "no" please provide explanation: \_\_\_\_\_

## **15. Assurances of Compliance with Medicaid Regulations**

### **a. Medicaid Assurance #1 – 42 CFR § 438.206 Availability of services.**

- YCCO and delegates maintain and monitor a provider network supported by written agreements and has enough capacity and expertise to provide adequate, timely and medically appropriate access to covered Medicaid services to members of all ages including members who are fully dual eligible. These services include out of network, timely access and cultural considerations.

### **b. Medicaid Assurance #2 – 42 CFR § 438.207 Assurances of adequate capacity and services.**

- YCCO and delegates maintain and monitor a provider network supported by written agreements and has enough capacity and expertise to provide adequate, timely and medically appropriate access to covered Medicaid services to members of all ages including members who are fully dual eligible. These services include out of network, timely access and cultural considerations.

### **c. Medicaid Assurance #3 – 42 CFR § 438.208 Coordination and continuity of care.**

- All members shall have an ongoing source of primary care and coordination of healthcare services appropriate to his or her needs and a practitioner or entity formally designated as primarily responsible for coordinating the health care services furnished to the member. Care coordination is provided through formal referral systems, provider consultation including alternative care, coordinated services for members transitioning between levels of care, needs assessment, and support from Traditional Healthcare Workers/Certified Healthcare Workers as appropriate.

### **d. Medicaid Assurance #4 – 42 CFR § 438.210 Coverage and authorization of services.**

- YCCO and delegates have policies and mechanisms in place to ensure consistent application of review criteria for authorization decisions and review decisions are made by a healthcare professional with appropriate clinical expertise in treating the member's condition and taking into consideration the clinical guidelines, will notify the member in writing



of any decision to deny the request or to authorize in an amount, duration or scope that is less than requested.

Authorization or denial of services are based on authorization requests and are processed as expeditiously as the member's health condition requires meeting all required timelines for standard and expedited requests. Notifications to the requesting provider and Member of any adverse actions are done within the required timeline.

**e. Medicaid Assurance #5 – 42 CFR § 438.214 Provider selection.**

- YCCO maintains established guidelines for all aspects of the provider credentialing process including the delegation of any of the credentialing process activities, provider selection, and retention. YCCO and delegates will ensure that all practitioners/providers have the legal authority and appropriate training, certification, license and experience to provide care to members prior to participation with the coordinated care organization and that the process will be followed for all licensures and by any entities that perform the process on YCCO's request or behalf. Procedures ensure credential verification, SAM and OIG LEIE screening, review of seclusion and restraint,
- provider rights, enrollee rights to clinical records, record keeping practices, written notice of adverse action and credentialing/recredentialing decisions.

**f. Medicaid Assurance #6 – 42 CFR § 438.224 Confidentiality.**

- YCCO ensures medical records and other health and enrollment information that identifies a member is used and disclosed in accordance with privacy requirements and following YCCO policy and procedures for access, release, amending and disclosure of protected health information.

**g. Medicaid Assurance #7 – 42 CFR § 438.228 Grievance and Appeal systems.**

- YCCO has policies for operating the grievance and appeal systems. These policies describe member and provider rights, notifications of actions that initiates the grievance and appeal systems, and procedures including required timelines by which the grievance or appeal will be processed and resolved. These policies also describe monitoring the system and any quality improvement activities to address adverse trends.

**h. Medicaid Assurance #8 – 42 CFR § 438.230 Sub contractual relationships and delegation.**

- YCCO through assessment may choose to delegate core plan functions (administrative or healthcare services) to another entity based on agreement between the two entities. Final adjudication of appeals, certification of claims, and delegation oversight (assurance that the delegated functions are being performed appropriately) are functions that cannot be delegated, and these functions are the sole responsibility of YCCO.



- YCCO has three levels of delegation: pre-delegation, ongoing delegation, and de-delegation. Pre-delegation includes assessment of the organization that has been chosen through the procurement process. Ongoing delegation includes oversight and monitoring of the delegated entities. The third level is de-delegation which is the discontinuation of the delegation contract through corrective action or non-renewal.
- i. Medicaid Assurance #9 – 42 CFR § 438.236 Practice guidelines.**
- YCCO ensures the use of clinical practice guidelines in the treatment planning and care of members to optimize patient outcomes. Clinical practice guidelines are essentially intended to prevent errors, enhance resource utilization, advance research utilization, reduce variation, encourage practitioner accountability, facilitate continuity of care across systems for patients and providers, and bolster patient and provider satisfaction.
- j. Medicaid Assurance #10 – 42 CFR § 438.242 Health information systems.**
- Through delegation agreements, YCCO maintains a health information system that collects, analyzes and reports plan related health information. This information is integrated in a data warehouse and used for analytic purposes and to ensure system performance. Through local and subcontractors, the health information system is secure and comprised of the capabilities to collect member and provider data; ensure accurate, consistent and timeliness of all reporting; report to the State, CMS upon request and for internal monitoring by the local governance structure.



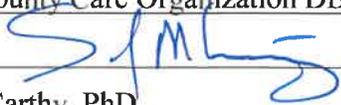
Request for Application  
RFA OHA-4690-19-CCO 2.0

**Attachment 15 - Representations**



### Attachment 15 - Representations

Applicant Name: Yamhill County Care Organization DBA Yamhill Community Care

Authorizing Signature: 

Printed Name: Seamus McCarthy, PhD

**1. Will Applicant have an administrative or management contract with a contractor to manage/handle all staffing needs with regards to the operation of all or a portion of the CCO program?**

Yes     No

Explanation: Yamhill Community Care currently contracts with CareOregon for staffing/HR services. Yamhill Community Care is in the process of identifying a new HR partner. Contract will be in place 01/01/2020.

**2. Will Applicant have an administrative or management contract with a contractor to perform all or a portion of the systems or information technology to operate the CCO program for Applicant?**

Yes     No

Explanation: Yamhill Community Care contracts with LightPoint and PHTech for certain IT functions.

**3. Will Applicant have an administrative or management contract with a contractor to perform all or a portion of the claim’s administration, processing and/or adjudication functions?**

Yes     No

Explanation: Yamhill Community Care contracts with PHTech for claims processing and adjudication.

**4. Will Applicant have an administrative or management contract with a contractor to perform all or a portion of the Enrollment, Disenrollment and membership functions?**

Yes     No



Explanation: Yamhill Community Care contracts with PHTech for enrollment, disenrollment and membership functions.

5. **Will Applicant have an administrative or management contract with a contractor to perform all or a portion of the credentialing functions?**

Yes  No

Explanation: Yamhill Community Care contracts with PHTech and Providence Plan Partners for credentialing services.

6. **Will Applicant have an administrative or management contract with a contractor to perform all or a portion of the utilization operations management?**

Yes  No

Explanation: Yamhill Community Care has a robust internal utilization management process and also contracts with PHTech/Providence Plan Partners for Utilization Management functions.

7. **Will Applicant have an administrative or management contract with a contractor to perform all or a portion of the Quality Improvement operations?**

Yes  No

Explanation: Quality improvement operations are done internally.

8. **Will Applicant have an administrative or management contract with a contractor to perform all or a portion of its call center operations?**

Yes  No

Explanation: Yamhill Community Care contracts with PHTech for call center operations.

9. **Will Applicant have an administrative or management contract with a contractor to delegate all or a portion of the financial services?**

Yes  No

Explanation: Most of Yamhill Community Care financial services are done internally. Yamhill Community Care contracts with PHTech for 820 services and claims payment.



**10. Will Applicant have an administrative or management contract with a contractor to delegate all or a portion of other services that are not listed?**

Yes  No

Explanation: Yamhill Community Care has an administrative services agreement with First Transit for NEMT services.

**11. Will Applicant have contracts with related entities, contractors and Subcontractors to perform, implement or operate any aspect of the CCO operations for the CCO Contract, other than as disclosed in response to representation 1- 10above?**

Yes  No

Explanation: \_\_\_\_\_

**12. Other than VBP arrangements with Providers, will Applicant sub-capitate any portion of its Capitation Payments to a risk-accepting entity (RAE) or to another health plan of any kind?**

Yes  No

Explanation: Yamhill Community Care sub capitates Capital Dental for dental services and Yamhill County Health Human Services for Behavior Health and substance use disorder services.

**13. Does Applicant have a 2019 CCO contract? Is Applicant a risk-accepting entity or Affiliate of a 2019 CCO? Does Applicant a management services agreement with a 2019 CCO? Is Applicant under common management with a 2019 CCO?**

Yes  No

Explanation: Yamhill Community Care has a 2019 CCO contract and Yamhill Community Care takes risk for Physical Health and NEMT.



Request for Application  
RFA OHA-4690-19-CCO 2.0

**Attachment 16 - Member Transition Plan**



**Attachment 16 - MEMBER TRANSITION PLAN**

**Coordination between Transferring CCOs**

YCCO intends to work with all CCOs for transferring and receiving Members as part of this transition. This coordination includes formal agreements for data sharing, provider matching, ensuring continuity of care, provision of care and case management support, and communication and outreach to both Members and Providers related to the change.

When a Member transfer is identified, multiple departments are involved in the transfer planning process. For single or a low volume of transfers direct coordination via phone is the primary method for coordination. Case Managers and the Member Engagement Supervisor work to secure Disclosure Authorization, Release of Information, data sharing, and Business Associate Agreements as appropriate to allow the flow of information and coordination between CCOs and other service providers. These agreements are necessary to send/receive relevant information and to ensure appropriate coordination of care. Once agreements are in place, coordination meetings will be scheduled between data/analytic staff and care management staff from the respective CCOs. These meetings will include a discussion of data integrity and availability as well as Member details as appropriate. Priority populations are identified through claims and enrollment in various care coordination programs and by a variety of factors including rate group; recent utilization of intensive services (end stage renal disease, prenatal or postpartum care, transplant services, radiation, or chemotherapy services); current inpatient and recent discharges from inpatient and Oregon State Hospital care; and through current care management cases loads. These populations will be identified and considered to need more intensive supports through the transition to ensure continuity and prevent any adverse outcome due to the transition.

**Data Sharing and Usage**

Data Sharing and Usage	
YCCO Transferring Members	YCCO Receiving Members
<p>To facilitate appropriate transfer and receipt of Members, the following Member data is provided to support Member transitions:</p> <ul style="list-style-type: none"> <li>• existing prior authorization for services</li> <li>• provider assignment history and preference</li> <li>• history of care management support</li> <li>• past utilization specific to Member's transfer needs (i.e. substance use disorder treatment, dialysis, home health, transplant, hospitalizations).</li> </ul>	<p>To facilitate appropriate transfer and receipt of Members, the following Member data is requested to support Member transitions:</p> <ul style="list-style-type: none"> <li>• existing prior authorization for services</li> <li>• provider assignment history and preference</li> <li>• history of care management support</li> <li>• past utilization specific to Member's transfer needs (i.e. substance use disorder treatment, dialysis, home health, transplant, hospitalizations).</li> </ul>



<p>With data sharing agreements in place, these data are typically shared in Excel spreadsheet format and sent secure via email or through secure file transfer port (sFTP). Data analyst support the collection and transfer of the data and care management and Community Health Workers utilize the data to ensure appropriate coordination of care.</p>	<p>With data sharing agreements in place, these data combined with other plan data (i.e. enrollment files, demographic data) are loaded into the data warehouse and core system of record to integrate as historic data and will be used to honor existing provider relationships, authorizations and treatment plans for a defined period of time.</p>
---	---

**Provider Matching**

<p style="text-align: center;"><b>Provider Matching</b></p>	
<p style="text-align: center;">YCCO Transferring Members</p>	<p style="text-align: center;">YCCO Receiving Members</p>
<p>Ensuring continuity of care through the transition of Members is of utmost importance.</p> <ul style="list-style-type: none"> <li>• Primary Care, Behavioral, and Dental providers will be reported to the receiving CCO through panel assignment reports.</li> <li>• Specialty providers the Member is seeing are based on prior authorization reports. These reports can be shared in Excel spreadsheet format and be sent secure via email or through secure file transfer port (sFTP).</li> </ul>	<p>Ensuring continuity of care through the transition of Members is of utmost importance. When receiving Members, it is YCCO’s goal to maintain continuity of care. When possible, YCCO will explore contracting with physical, behavioral, and oral health providers not currently in the network. If the provider chooses not to contract, the CCO will negotiate terms by which care can continue for a duration of time necessary to stabilize care (see continuity of care below). If barriers, geographic or others, prevent the provider from joining the network and continuing care, the CCO provides care coordination support to identify a new provider that meets the care needs of the Member and facilitates a warm hand-off through care coordination to the new provider. For specific circumstances where transitioning a Member to a new provider is not in the Member’s best interest, YCCO will work to establish a single case agreement to meet that Member’s need.</p>



**Continuity of Care**

Care coordination and warm hand-off support is offered for Members transferring and received. To ensure care continuity, the following elements are addressed as part of any transition for Members.

Continuity of Care	
YCCO Transferring Members	YCCO Receiving Members
<ul style="list-style-type: none"> <li>• Data analytics: For transferring Members, reports defined above (prior authorizations, provider assignment, care management, and utilization history) will be produced and shared with receiving CCOs.</li> <li>• General customer service and care management are available for questions from receiving CCOs, providers and Members to facilitate the warm hand-off.</li> <li>• As described above, all efforts will be made to maintain the continuity of the provider-patient relationship through the transition. These efforts include the provision of information necessary to the receiving CCO case management staff to support a warm hand-off to new providers if necessary.</li> <li>• The CCO will share all necessary data to support the receiving CCO’s awareness and ability to honor existing treatment plans, referrals, and approved prior authorizations. This is done through case manager consultation and data sharing.</li> <li>• YCCO will continue coverage and discharge planning supports for those Members who are in hospital and institutional care and continue through</li> </ul>	<ul style="list-style-type: none"> <li>• Data analytics: For Member reports received, these data will be analyzed and routed to the appropriate support systems to facilitate an integrated record and necessary support services are offered.</li> <li>• Member engagement and care management staff support the coordination of services including honoring prior authorizations, referrals to specialist, facilitating provider selections and assignment, and educating Members on their benefits and how to access them. For example, how to access non-emergent medical transportation, language services, and traditional health worker support programs.</li> <li>• As described above, all efforts will be made to maintain the continuity of the provider-patient relationship through the transition. These efforts include outreach and an offer to contract as a PAR provider or through single case agreement (SCA). If this is not possible, YCCO case management will support a warm hand-off to a new provider.</li> <li>• The CCO will honor existing prior authorizations for services and existing treatment plans up to 90 days</li> </ul>



<p>the discharge process or until fully transitioned.</p>	<p>for physical health, pharmacy, and dental and 180 days for behavioral health services to ensure continuity of care.</p> <ul style="list-style-type: none"> <li>• YCCO will analyze prior authorization, recent utilization data, and care management case records received to identify high risk and medically necessary services to be prioritized for case management to ensure access to care for all medically necessary services are available without barrier or delay.</li> <li>• Intensive Case Management or Exceptional Needs Care Coordination will be offered to both providers and Members to request support and a case manager will be assigned to manage the transition and ensure care continuity.</li> </ul>
---	---

### Member Outreach and Communication

- YCCO Transferring Members:
  - No Member communications are planned for transitioning Members. Customer Service is advised to redirect Members to their CCO coverage for support.
- Receiving New Members: All new Members receive communication upon coming onto the plan
  - Welcome Packet that contains a Welcome Letter, Member Handbook and Member ID card. These materials describe the array of benefits offered by YCCO, the Member’s rights and responsibilities, how to find a provider and access services, important numbers and how to get help if needed. In the case of a large volume of Members transferring onto YCCO, a specialized Welcome Letter is drafted providing specific information relevant to the change.
  - A health risk assessment (HRA) is also sent within the first 90 days of coming onto the plan with a follow-up reminder to encourage return of a completed assessment. This assessment helps to identify and understand the needs of the individual and supports that can be offered.
  - Invitation for case management support is sent to specific Members with high-needs that are identified during the transition; these cases receive one-on-one support either



through an assigned ENCC or CHW. This case management support is tracked and documented within a core system and helps navigate Members, coordinate appointments, and ensure appropriate providers are available through outreach, contracting as needed to meet the needs of the Members. These supports can be done in a number of ways including 1:1 case management, through multidisciplinary teams (MDT), and coordination with care team providers.

### **Provider Outreach and Communication**

- **Transitioning Members:** When alerted that a significant number of Members assigned to a provider is transitioning from YCCO coverage, a courtesy message is given to providers to update their system. This messaging is also part of the claims system to notify providers of a denial because the Member is not eligible under the YCCO plan. No other provider communications are planned.
- **New Members:** Providers will be notified through multiple ways of new Members. Depending on existing capacity of the network, taking into consideration geography, specialty, language access, and others, providers may be asked to evaluate their existing stated capacity and take on new Members with a specific focus of maintaining provider continuity.
- **Direct outreach and communication to providers** will be key in the transition and warm-handoff of new Members to support the processing of prior authorizations, treatment plans, specialist referrals and working with case managers to ensure care continuity.

YCCO customer service staff will support providers in answering questions about coverage and other programs and services available. This is also where complaints and barriers are received and documented to ensure monitoring of the transition and provides resources to resolve issues identified. Providers also receive communication FAQs, forms, policies and contacts listed on the YCCO website, and through the Clinical Integration Manager (CIM) provider portal to support Providers in navigating the transition.



Oregon Health Authority  
Attention: RFA OHA-4690 Review Committee  
635 Capitol St., NE, Room 350  
Salem, OR 97301-1097

April 19, 2019

RE: RFA OHA 4690-YCCO-CCO 2.0

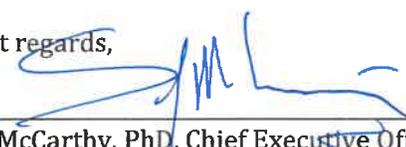
Dear RFA OHA-4690 Review Committee,

Yamhill Community Care (YCCO) is proud to submit this application for RFA OHA-4690-19-CCO 2.0. In 2011, when the Oregon Legislature was planning for the Coordinated Care Model, leaders in Yamhill County came together and decided that the CCO serving Yamhill Community Members should be a locally owned, grass roots, non-profit 501(c)3. The Yamhill Community worked in partnership around a common vision and over the last 5 years we have built a successful, coordinated and integrated network to serve OHP members.

- Yamhill CCO has built a business model in line with the original intent of CCOs to be locally owned and governed. We have managed the benefit in alignment with the triple aim investing every dollar earned back into the community while being financially responsible building sensible reserves to ensure financial sustainability.
- Integration and coordination of services together with clinical innovation has improved patient health outcomes and enabled Yamhill CCO to excel in meeting the state incentive metrics qualifying for 100% metrics payout and the challenge pool every year.
- YCCO has developed alternative payment methodologies across the network as well as value-based payment (VBP) contracts to contain costs and reward providers for good outcomes. By 2020, more than 35% of YCCO's provider payments will qualify as VBP and the YCCO board of directors has established a task force of local providers and community members to design a community-based roadmap to 70% VBP by 2024.
- Yamhill CCO is a model of excellence in the integration of behavioral health services in primary care and we support one of the most successful integrations of primary care and dental services into local mental health clinics.
- Yamhill CCO is also the Yamhill Early Learning HUB. Aligning the Early Learning strategic plan with Yamhill CCO's strategic plan and the triple aim has made possible significant investments in social determinants of health (SDOH).
- YCCO has established a Community Prevention and Wellness Fund and is building a 3-5-year plan of investments in evidence-based initiatives that address social determinants across the life span that will have long term impact on population health in Yamhill County.

The Yamhill Community is excited about CCO 2.0 and partnering with OHA to bring the Coordinated Care Model to the next level. We are ready for that challenge!

Sincerest regards,



---

Seamus McCarthy, PhD, Chief Executive Officer



## Yamhill Community Care Full County Coverage Exception Requests

YCCO's service level is all of Yamhill County and portions of Marion, Polk, Washington, Clackamas and Tillamook Counties. The portions of these counties are associated with contiguous zip codes that are shared with Yamhill County and are aligned with patient utilization patterns. The original round of CCO contracts established service areas based on zip codes rather than county lines which is one of the reasons YCCO's service area shares zip codes with neighboring counties. Solid utilization pathways for Members in these zip codes have been developed and disruption of continuity of care for Members would happen if YCCO did not apply for the same service area. Retaining these contiguous zip codes in the YCCO service area is critical for continuity of care and coordination of services.

Serving less than the full contiguous counties will allow the Applicant to achieve the transformational goals of CCO 2.0 (as described in this RFA) more effectively than county-wide coverage in the following areas:

- Community engagement, governance, and accountability;
- Behavioral Health integration and access;
- Social Determinants of Health and Health Equity;
- Value-Based Payments and cost containment; Financial viability;

YCCO's proposed service area is the same service area YCCO has served since 2012. In rural communities, Members often travel across county lines to receive services. The Members in these contiguous zip codes who choose YCCO as their coordinated care organization do so because some or all of the services they receive are in Yamhill County. The vast majority of YCCO providers: primary care, dental care, behavioral health care, hospital and specialty practices are in Yamhill County. These providers are well represented on YCCO governance committees. Community members from across the full-service area including in contiguous zip codes participate on the Board of Directors and/or on one of the YCCO committees such as the Community Advisory Council, Early Learning Council, Quality and Clinical Advisory Panel, or Community Prevention and Wellness Committee. YCCO has a history of engaging with community members across its current service area through early learning services, trauma informed care trainings, Member 101 classes, parenting education classes. The 2018-9 CHA and CHIP work has determined needs and priorities for the full-service area when possible, not just Yamhill County.

YCCO's major behavioral health partner, Yamhill County Health and Human Services (YCHHS) has mental health and addiction treatment centers in Newberg and McMinnville and is well integrated across the service area including having mental health providers embedded in schools in all of the school districts in Yamhill County. YCHHS partners with YCCO in making social determinant investments that impact every part of the service area investing in programs like peer support, supportive housing, needle exchange programs, the PAX Good Behavior



Game (a social-emotional behavioral modification intervention for K through sixth grade), employment services, and clinical innovations including integrating BH and MH in primary care clinics as well as integrating PH and DH in the two mental health clinics.

The vast majority of YCCO providers: primary care, dental care, behavioral health care, hospital and specialty practices are in Yamhill County. YCCO has a solid relationship with these providers and has established value-based agreements with 36% of the provider network including primary care quality payments, primary care APM payments, and payments for dental and hospital quality metrics.

Serving less than the full additional counties provides greater benefit to OHP Members, providers, and the community. YCCO is only applying for portions of neighboring counties due to shared zip codes with those counties; YCCO’s service area is well established with an engaged provider network. This service area aligns with Member utilization patterns. The application for this service area is not designed to minimize financial risk, does not create adverse selection and is not an effort to red-line high risk areas. Maintaining YCCO’s current service area is critical for continuity of care.

**Service Area Table**

<b>County (List each desired County separately)</b>	<b>Maximum Number of Members-Capacity Level</b>
Clackamas	100
Marion	100
Polk	2,300
Washington	2,075
Yamhill	24,403

To: Oregon Health Authority  
Attn: RFA OHA 4690-19-CCO review committee  
Address: 635 Capitol Street, NE., Room 350  
Salem, Oregon 97301  
From: Capitol Dental Care, Inc.  
RE: Yamhill Community Care

CCO 2.0 RFA Review Committee,

Capitol Dental Care, Inc (“Capitol”) has partnered with YCCO to provide dental benefits to OHP members in Yamhill County since 2014. In 2017, YCCO issued a request for proposals for a single dental care organization (DCO) to serve YCCO members. Capitol was chosen as YCCO’s single DCO and has enjoyed working with YCCO to successfully engage OHP members in dental health care.

YCCO has a proven track record as a coordinated care organization building a coordinated and integrated network for physical, behavioral and dental health services. YCCO and Capitol are leaders in integrating dental services into primary care and local mental health clinics as well as placing dental hygienists in local schools. In addition, YCCO has led in areas such as integrating behavioral health services into primary care, integrating primary care into mental health clinics, supporting investments in social determinants of health and peer led services as well as employing community health workers to assist members in navigating the health care delivery system.

Capitol Dental Care supports YCCO’s application for another five-year contract to provide OHP benefits in Yamhill County and looks forward to the continued partnership.

Sincerely,



Mark Shalvarjian  
President



CareOregon®

April 10, 2019

315 SW Fifth Ave  
Portland, OR 97204  
503-416-4100 or 800-224-4840  
(TTY/TDD 711)  
[careoregon.org](http://careoregon.org)

Oregon Health Authority  
RFA OHA-4690-19-CCO 2.0 Review Committee  
635 Capitol Street, NE., Room 350  
Salem, Oregon 97301

From: CareOregon

RE: Yamhill Community Care

CCO 2.0 RFA Review Committee,

CareOregon (CO) has a long-standing relationship with Yamhill Community Care (YCCO). CO supported YCCO with health plan and administrative operations from 2012 through 2018. During this time CO and YCCO worked together to provide OHP benefits to approximately 25,000 OHP members in Yamhill County and surrounding areas.

YCCO has a proven track record as a coordinated care organization building a coordinated and integrated network for physical, behavioral and dental health services. YCCO has led in areas such as integrating behavioral health services into primary care, integrating primary care into mental health clinics, supporting investments in social determinants of health and peer led services as well as employing community health workers to assist members in navigating the health care delivery system.

CareOregon fully supports YCCO's application for another five-year contract to provide OHP benefits in Yamhill County.

Sincerely,



Erin Fair Taylor, MPH, JD  
Chief Legal Officer



April 17, 2019

To: Oregon Health Authority  
Attn: RFA OHA 4690-19-CCO review committee  
Address: 635 Capitol Street, NE., Room 350  
Salem, Oregon 97301

From: ODS Community Dental

RE: Yamhill Community Care (YCCO)

CCO 2.0 RFA Review Committee,

ODS Community Dental partnered with YCCO to provide dental services to OHP members in Yamhill County from 2014 through 2017.

In our experience with YCCO we can attest to the fact that YCCO is community oriented and extremely committed to the over well-being of their members. They demonstrated this over the duration of our contract through their well-organized community events and collative planning meetings with all service type providers. They also scheduled recurring dental meetings where all dental plans were present allowing for a collaborative and integrated approach to oral healthcare. We admired YCCO's support of the Oregon Oral Health Coalition and acknowledge they were one of the first CCOs to participate in a local coalition.

ODS Community Dental supports YCCO's application for another five-year contract to provide OHP benefits in Yamhill County.

Sincerely,

A handwritten signature in black ink that reads "Teri Barichello". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Teri Barichello  
Vice President, Chief Dental Officer



## HEALTH AND HUMAN SERVICES DEPARTMENT

---

ADMINISTRATION – ADULT – COMMUNITY SUPPORT SERVICES  
ENHANCED RESIDENTIAL OUTREACH – FAMILY & YOUTH  
PUBLIC HEALTH – VETERANS & DISABILITY SERVICES  
627 NE Evans Street • McMinnville, OR 97128  
Phone (503) 434-7523 • Fax (503) 434-9846  
TTY (800) 735-2900 • [www.hhs.co.yamhill.or.us](http://www.hhs.co.yamhill.or.us)

April 17, 2019

To: Oregon Health Authority  
Attn: RFA OHA 4690-19-CCO 2.0 review committee  
Address: 635 Capitol Street, NE., Room 350  
Salem, Oregon 97301

From: Yamhill County Health and Human Services

RE: Yamhill Community Care

CCO 2.0 RFA Review Committee,

Yamhill County Health and Human Services (YCHHS) has a long-standing relationship with Yamhill Community Care (YCCO). YCHHS played a key role in the forming of YCCO, along with a diverse group of community stakeholders, and has been the Behavioral Health Risk Accepting Entity for YCCO since 2015. Additionally, our collaboration includes several projects that connect with our local public health functions.

YCCO has a proven track record as a coordinated care organization. YCCO has led in areas such as integrating behavioral health services into primary care, integrating primary care into mental health clinics, and supporting investments in social determinants of health, as well as employing community health workers to assist members in navigating the health care delivery system.

YCHHS has partnered with YCCO on numerous innovative programs and activities such as the Maternal Medical Home model of care, Community Health Assessment and Improvement Plan, and the Integrated Complex Care Management Program. At the heart of our collaboration is the vision to build wraparound models of care that are person-centered. For example, we opened a 16 unit supportive housing apartment complex for medically fragile members with high behavioral health needs in 2018 with onsite peer support and we are experiencing some great results.

YCHHS fully supports YCCO's application for another five-year contract to provide Oregon Health Plan member benefits in Yamhill County and looks forward to the continued partnership.

Sincerely,

Silas Halloran-Steiner  
Director, Yamhill County Health and Human Services Department  
Phone: (503) 434-7523  
Fax: (503) 434-9846  
627 NE Evans  
McMinnville, OR 97128