North Sound Interlocal Leadership Structure
Decision Briefing Paper

Summary:

- A tentative legislative compromise has been reached calling for the creation of an “Interlocal Leadership Structure” jointly administered by the “County Authorities”, the Health Care Authority [HCA], and the five Apple Health Managed Care Organizations [MCOs].
- This Leadership Structure would be chaired by the counties.
- The North Sound BHO Director has already reached out to and/or met with HCA, the five MCOs, and the Executive Director of the North Sound Accountable Community of Health [NSACH] to begin the planning process for establishing the Leadership Structure for the North Sound region.

Decisions:

The first three decisions to make are:

1. Should the North Sound Region elect to become a “mid-adopter”?
2. If the North Sound elects to become a mid-adopter, which option should it choose:
   a. Have integrated managed care plans assume all funding and functions for Medicaid covered behavioral health services by January 2019; or
   b. Have certain functions subcontracted for one year to the county administered BHO as agreed to by the Interlocal Leadership Structure and permitted under the state’s contracts with MCOs.
3. Should the North Sound Counties continue to administer Crisis and Non-Medicaid Services or advise the state that the state should independently procure these services with a separate entity in 2020 and beyond?

Interlocal Leadership Structure

The overall interlocal leadership structure will be composed of the core group of entities identified in the proposed legislative language plus a broader group of stakeholders including the Accountable Community of Health, Tribal Authorities, and Behavioral Health Agencies.

a) Core Group
   - Chair: BHO Director
   - HCA Representative(s)
   - Counties – One Representative from each county
   - MCOs – One Representative from each MCO
   - North Sound Accountable Community of Health (NSACH) Executive Director and one representative from Board of Directors
b) Expanded Stakeholder Group

In addition to the Core Group listed above, the Interlocal Leadership Structure will actively engage, consult with, and incorporate input from the following key stakeholder groups:

- **North Sound Accountable Community of Health (NSACH)**
  
  In addition to being represented on the Leadership Structure “Core Group”, the NSACH will also be involved in providing input to the county authorities regarding mid-adopter status and will be directly involved in the design of the Fully Integrated Managed Care model through its workgroups and Program Council.

- **Tribal Authorities**
  
  The Interlocal Leadership Structure will also establish a consultation process with the 8 Tribal Authorities in the North Sound region regarding the mid-adopter decision and future design of fully integrated managed care.

- **BHO contracted Behavioral Health Agencies**
  
  Multiple listening sessions will be held with the BHO’s contracted Behavioral Health Agencies, similar to what took place in the design of the BHO system. BHAs will be encouraged to provide input into the vision and structure for integrated care in the North Sound region.

**Key Decisions to Address:** [see attached for more details]

a) **Phase One - Mid Adopter Decision: May 2017-September 2017**

- Should the North Sound become a mid-adopter? [County Authorities]
- If mid-adopter is recommended, should the BHO become a Behavioral Health Administrative Services Organization” (BH-ASO) during the 2019 transition period and administer Crisis and other Non-Medicaid services? [County Authorities]

b) **Phase Two: Mid-Adopter System Vision and Design: May 2017 – 2018 MCO Selection**

- What is the vision for the ideal system of integrated care in which persons are at the center of care delivery, including persons with complex conditions?
- If the BHO will be transitioning to a BH-ASO managing Crisis and Non-Medicaid services, what other functions should the selected MCOs consider contracting with the BH-ASO to provide during the transition period [within the parameters of the state contacts]?

c) **Phase Three: Mid-Adopter Implementation Planning – 2018 MCO Selection – January 2019**

- What should be the ongoing Interlocal Leadership Structure post implementation?
- Should the BH-ASO continue beyond 2019 providing Crisis and Non-Medicaid Services [County Authorities]?
- What services are the selected MCOs willing to contract with the BH-ASO to provide.
d) Non-Mid-Adopter: May 2017-January 2020

- What should be the ongoing Interlocal Leadership Structure post implementation?
- Should the BHO become a BH-ASO and administer Crisis and other Non-Medicaid services? [County Authorities]?
- What is the vision for the ideal system of integrated care in which persons are at the center of care delivery, including persons with complex conditions?
- If the BHO will be transitioning to a BH-ASO managing Crisis and Non-Medicaid services, what other functions should the selected MCOs consider contracting with the BH-ASO to provide that are allowed by the state’s contract with MCOs during the transition period?
- What services are the selected MCOs willing to contract with the BH-ASO to provide?

Issues for Discussion:

1. Should the BHO officially convene the Interlocal Leadership Structure with the proposed composition?
2. Should the North Sound actively pursue a decision-making process with regards to becoming a mid-adopter?
3. If so, should we attempt to brief all 5 County Councils/Commissions in September or seek to submit one letter on behalf of the North Sound Region to be ratified after the fact by each of the counties individually in order to meet the September 15 deadline?
Interlocal Leadership Structure – Detailed List of Planning Issues to Address

a) Phase One- Mid Adopter Decision: May 2017-September 2017
   • Recommendation regarding becoming a mid-adopter status [County Authorities]
   • If mid-adopter is recommended, should the BHO become a Behavioral Health Administrative Services Organization” (BH-ASO) during the 2019 transition period and administer Crisis and other Non-Medicaid services? [County Authorities]
   • Recommendation regarding the nature of county authority engagement during implementation.

b) Phase Two: Mid-Adopter System Vision and Design: May 2017 – 2018 MCO Selection
   • Develop a vision for the ideal system of integrated care in which persons are at the center of care delivery, including persons with complex conditions (in collaboration with the NSACH “Bi-Directional Integration” Workgroup)
   • If the BHO will be transitioning to a BH-ASO managing Crisis and Non-Medicaid services, what other functions should the selected MCOs consider contracting with the BH-ASO to provide during the transition period [within the parameters of the state contacts]?
   • Recommendations for key success and “early warning” indicators
   • Recommendations for a system to monitor success and early warning indicators

C) Phase Three: Mid-Adopter Implementation Planning – 2018 MCO Selection – January 2019
   • What should be the ongoing Interlocal Leadership Structure post implementation, e.g., frequency of meetings, composition, relationship with the MCOs and NSACH and HCA, etc.?
   • Should the BHO become a BH-ASO and administer Crisis and other Non-Medicaid services? [County Authorities] after 2019?
   • What services are the selected MCOs willing to contract with the BH-ASO to provide?
   • Review of network adequacy [in collaboration with HCA and NSACH]
   • Provide readiness and technical assistance (in conjunction with NSACH and any integration incentive funds) to providers.
   • Recommendations for a regional coordination process for capital infrastructure investments, local capacity building, and other community investments.
   • Finalize recommendations for success and “early warning” indicators.
   • Finalize recommendations for a system to monitor success and early warning indicators.

d) Non- Mid-Adopter: May 2017-January 2020
   • Tasks from Phase 2 and 3 above.