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May 27, 2010

Julie Sharp  
Centers for Medicare and Medicaid Services  
7500 Security Blvd., Mailstop S2-01-16  
Baltimore, MD 21244

Via email

Dear Ms. Sharp: Julie -

Attached you will find Missouri's response to the May 24, 2010 questions from the Centers for Medicare and Medicaid Services regarding the Missouri Gateway to Better Health Section 1115 demonstration proposal. Please do not hesitate to contact this office if further clarification is needed.

Thank you for your assistance.

Sincerely,



Ian McCaslin, M.D., M.P.H.  
Director

IM:kp

Attachment

cc: James G. Scott (via email)

**Missouri Responses to Centers for Medicare and Medicaid Services  
May 24, 2010 Follow-Up Questions Regarding  
Missouri Section 1115 Demonstration Proposal**

**1) Administrative expenses of the St. Louis Regional Health Commission (SLRHC)**

To better evaluate your proposal, please provide additional specificity regarding the SLRHC administrative expenses that the State is seeking to include in this Demonstration.

For example, the State estimated that salaries and benefits totaled \$368,380 in 2008. Please provide more specificity as to the number of FTEs, including job descriptions, responsibilities and duties, and how these staff members carry out Demonstration related activities. Do any of the FTEs work on any activities *not* related to the Demonstration? If so, please share the percent of time that each FTE works on Demonstration-*related* activities and how these costs are being allocated across various programs, services, and administrative expenses.

For each of the line items below, please provide additional specificity and explain how each line item relates to Demonstration activities. Please submit a brief narrative for each line item included.

For the professional services, please provide more specificity. Please provide a break-out of the costs for each item included in the proposed budget— such as consultants, contractors, interns, and legal staff. Please explain how each of the identified professional services and the related administrative expenses contribute to meeting the goals of the proposed Demonstration.

EXPENSES	
<b>Salaries and benefits (Unrestricted)</b>	\$ 358,380
<b>Administration (Unrestricted)</b>	
Supplies	17,644
Duplicating	3,058
Telephone (incl. long distance & cellular)	4,065
Postage/Fed Ex	2,891
Rent	53,234
Depreciation	1,611
Meetings/Travel	30,397
Insurance (D & O, Liability, Work Comp)	5,947
Subscriptions/Dues	10,183
Website Development & Hosting	3,525
Printing & Outreach Activities	41,176
<b>Total Administration</b>	<b>\$ 173,731</b>
<b>Professional Services (Unrestricted)</b>	
Consultants/Contractors/Interns	\$ 105,214
Legal	
Bookkeeping & Administration	33,000
<b>Total Professional Services &amp; Dev</b>	<b>\$ 138,214</b>
<b>Total Expenses</b>	<b>\$ 670,325</b>

**Response:**

Staffing

In October 2003, the SLRHC submitted a Strategic Plan for Improving the Health Care Safety Net in St. Louis ("the Strategic Plan") to the Centers for Medicare and Medicaid Services (CMS) and the State of Missouri under the terms of the previous MC+ Demonstration. Since the approval of the Strategic Plan, the SLRHC has been organized to implement this plan in the St. Louis region. As reported in a detailed "Report Card" section of its 2007 Report to the Community (available at [www.stlrhc.org](http://www.stlrhc.org)), the SLRHC and its partners have implemented a substantial portion of this Strategic Plan, including, but not limited to:

- The formation of the St. Louis Integrated Health Network (IHN);
- The affiliation of ConnectCare primary care centers with Federally Qualified Health Centers (FQHCs);
- The implementation of numerous cross-organizational process improvement projects that have increased access and reduced wait times;
- The improvement of community mental health services for the uninsured through integration of mental health and physical health services;
- The implementation of cultural competency training across the St. Louis safety net;
- The initiation of a community-wide health literacy campaign that led to the creation of a multi-million investment in health literacy by the Missouri Foundation for Health;
- The implementation of an electronic health information exchange between health centers and emergency departments.

As part of this Strategic Plan, the SLRHC was also charged to collect data from over 20 different health care organizations each year; compile this data; and make reports available to the community ([www.stlrhc.org](http://www.stlrhc.org)). The SLRHC staff also analyzes data from partners receiving funds from the "St. Louis Safety Net Funding Pool," and assists the Commission in making an annual recommendation concerning the allocation of these funds. The SLRHC's Director of Strategic Planning spends 100% of her time on this effort.

To complete this work, the SLRHC staff also spends a great deal of time listening to patients, health care leadership, elected officials, non-profit leaders, business CEOs, and other concerned community members regarding how to improve health care in the region. These efforts include managing the SLRHC Advisory Boards, hosting community forums, engaging the media, and presenting at various organizational meetings in St. Louis. The SLRHC's Director of Community Relations spends 100% of her time on this effort.

Each of these projects and initiatives listed above were a core component of the Strategic Plan submitted to CMS, and all of these efforts have been initiated and led by SLRHC staff. All SLRHC staff members spend 100% of their efforts to implement the Strategic Plan, which was the major deliverable of the previous Demonstration. It is anticipated that 100% of SLRHC staff time in the future will be allocated to creating the Transition Plan (to move to a coverage model) due to CMS by the end of 2011, the continued oversight of the "St. Louis Safety Net Funding Pool" that supports this plan, continued implementation of the Strategic Plan, and the implementation of the Transition Plan once approved by CMS.

The core budget of \$358,380 reported in 2008 supported staffing (salaries and benefits), as follows: one Chief Executive Officer, one Director of Strategic Planning, one Director of Community Engagement, and one support staff (total of four FTEs) with salary and related benefits. Job descriptions for the CEO, Director of Strategic Planning, and Director of Community Engagement are attached (Attachment 1). The SLRHC completes salary benchmarking for its staff. In 2008, this analysis showed that the SLRHC CEO was paid under the 50% percentile compared to similar health organizations, community-based organizations, and health foundations in the St. Louis region, and that Director-level positions were likewise under average salary for similar positions in St. Louis. Benefits included in the \$358,380 line item include health insurance; AD&D insurance; long term disability; and a 2% contribution to a simple IRA plan.

To complete components of the Strategic Plan, other than reporting/funds management and community engagement, the SLRHC from time to time secures funds from additional sources to support staff over and above the "core staff" reported above. For example, currently, the SLRHC has a Director for the Behavioral Health Initiative that is supported by a grant from the Missouri Department of Mental Health. At all times all efforts of the SLRHC are spent implementing the Strategic Plan, regardless of the funding source.

#### Administration

The entire work of the SLRHC is dedicated to the implementation of the Strategic Plan submitted to CMS and the SLRHC's unique role in coordinating the "St. Louis Safety Net Funding Pool" that directly supports this Strategic Plan. Therefore, each of the line items below directly supports Demonstration activities, and no funds are utilized to support any other activity other than the implementation of this Plan. As requested, a brief narrative for each line item is included, as follows:

Supplies -- Supplies include basic office supplies (e.g. paper, ink cartridges for printers, Post-It flip charts, pens), as well as computer equipment that is not expensive enough to capitalize. In 2008, the SLRHC replaced four personal computers that had expired.

Duplicating -- The SLRHC hosts dozens of meetings annually, with often dozens in attendance at each meeting. Copies of materials are provided to meeting attendees. The duplicating costs are for hand-outs provided at these meetings. In 2008, the SLRHC also ordered additional letterhead, envelopes, and business cards, which were allocated to this line item.

Telephone -- Basic telephone expenses are included in this line item.

Postage/Fed Ex -- Annually, the SLRHC sends its reports to a mailing list of over 500 individuals, including elected officials, health foundation staff, business leaders, hospitals, community health centers, and interested members of the community. Postage for these mailings is included in this line item.

In addition, the SLRHC delivers printed copies of monthly board materials to its Commissioners, per its by-laws, and these distribution costs are included in this line item. Materials to other Advisory Boards or various Workgroups of the Commission are delivered electronically.

Rent -- The SLRHC currently rents approximately 3,500 square feet of office space at 1113 Mississippi, St. Louis, MO, 63101. Parking is included in these rent costs.

Depreciation -- In 2007, the SLRHC purchased a server and related software, which was capitalized and is being depreciated (straight-line) over five years.

Meetings/Travel -- The SLRHC hosts numerous community forums and meetings in the SLRHC community. These events are typically hosted in gymnasiums, basements of churches, boys/girls clubs, etc. At times, event venues charge room rental. Also included in this expense are refreshments and materials needed (e.g. posters) for these events. The SLRHC does not pay individuals for attendance at these sessions.

In addition, SLRHC staff from time to time travels to Jefferson City to coordinate with State officials and Washington, DC to coordinate with Federal partners. These expenses are monitored independently by SLRHC board members. The SLRHC staff does not typically attend annual professional development conferences due to limited budget. Less than 20% of the total line item was spent on travel in 2008.

Insurance -- The SLRHC maintains Directors and Officer's insurance, business liability insurance, and a general umbrella policy. The price of each of these policies is competitively assessed annually.

Subscriptions/Dues -- Due to the critical role the St. Louis Integrated Health Network (IHN) has in partnering with the SLRHC to implement the Strategic Plan, the SLRHC pays \$10,000 in annual dues to be a non-voting member of the IHN. The Missouri Primary Care Association is also a non-voting member of the IHN. Regular voting membership dues for the IHN are \$25,000 per year.

Web Development/Hosting -- Included in this line item are expenses for monthly server maintenance, website hosting, spam filtering, IT related repairs, and website upgrades.

Printing/Outreach -- The SLRHC's annual report costs approximately \$21,000 in printing costs. An additional \$16,000 was spent in 2008 for professional management of community-based focus groups concerning safety net care provided by community health centers in St. Louis (reports at [www.stlrhc.org](http://www.stlrhc.org)). The remainder was minor expenses related to attendance at various outreach activities in partnership with other organizations in St. Louis.

Professional Services -- The SLRHC keeps its staff contingent intentionally small to increase flexibility and maintain maximum cost effectiveness. In 2008, the SLRHC spent approximately \$26,000 on consulting services to assist with epidemiological services regarding health outcome data collection, assessment, and reporting; and the remainder on consulting services from Washtenaw, Michigan and local mental health expertise to manage the transformation of community mental health services in St. Louis. Although an important component of the Strategic Plan approved by CMS, these expenses were funded by outside sources (Missouri Foundation for Health/Department of Mental Health), separate from the \$300,000 allocated to the SLRHC from the "St. Louis Safety Net Pool."

Historically, the SLRHC has not incurred legal expenses. Bookkeeping expenses pay an accounting firm for bookkeeping; budget management; financial statement management; completion of all State and Federal reporting requirements; maintenance of a strict organizational fiscal control system; and other CFO-related services (e.g. management/bidding of insurance policies, grants management/application).

The State believes it is important to note that SLRHC administrative expenses account for only 1% of the overall amount requested under the proposed Demonstration, and that the SLRHC raises a majority of

its funding from other sources to complete the important work of locally coordinating and implementing the Strategic Plan for the State and CMS.

## **2) Pilot Program**

In both our questions sent on March 15, 2010, and April 19, 2010, we asked for additional details regarding the proposed pilot program. This information is critical to our ability to fully evaluate the State's proposal. Please explain *in detail* how the proposed pilot plan would bridge to full coverage by January 1, 2014, when we expect many persons in the pilot program would be eligible under the Medicaid State plan or through another coverage option.

The State indicated in its responses that it would submit a project management work plan within three months of the Demonstration approval; however, details regarding the following aspects of the pilot plan are needed to fully evaluate the State's proposal:

- Target population (such as by FPL)
- Benefit package
- Delivery system
- Reimbursement

A copy of the question we posed on April 19, 2010, appears below for your reference.

**Pilot Program:** Please provide additional information on the pilot program. It is not clear what would be proposed under the pilot program. Is the State considering moving to a claims-based system of reimbursement? What types of services/ activities is the State proposing to receive Federal matching funds for under this pilot program? Would the State please share whether the enactment of health care reform has affected the State's proposal and/or plans for the pilot program?

**Response:** We realize that we have not provided details regarding the pilot program. That reflects a deliberate decision based on past experience with the St. Louis model, the shifting landscape in which we are operating, and the fact that the process in St. Louis must be consistent with the State's overall plan for preparing for the many changes that will occur in 2014. We believe that the shared goals of the SLRHC, the State, and CMS in preserving and improving access to care and preparing for 2014 is best achieved not by dictating the parameters of the pilot program but by working closely hand-in-hand with the St. Louis stakeholders to jointly develop a plan with full community support.

As was stated in our application, the purpose of the proposed 1115 waiver is to preserve and strengthen primary and specialty care for uninsured residents of St. Louis City and St. Louis County until continued access to health care is available through a more comprehensive model of coverage. While the purpose remains the same, the background against we are operating has changed considerably in just a few short weeks. As you know, this proposed waiver was submitted to CMS in February 2010, at a time when passage of health care reform was very uncertain; the question regarding the pilot program was posed on April 19, 2010, less than three weeks after final passage of the Patient Protection and Affordable Act (PPACA) and the amendments to it made by the Health Care and Education Affordability Reconciliation Act. With the enactment of the legislation, the need for a "pilot program" that was initially envisioned has developed into the need for a transition plan to ensure that the SLRHC providers

and their clients are prepared for the transition to the “more comprehensive model of coverage” that will occur through PPACA.

The challenges of the transition plan are several-fold: (1) continue to provide and improve primary and specialty care for uninsured members of the St. Louis community before Medicaid/Exchange coverage becomes available in 2014 so that they are healthier when they transition to Medicaid; (2) ensure the vitality of core providers in inner St. Louis so that when coverage becomes available in 2014, the newly insured have accessible providers in their communities; (3) plan for as smooth a transition as possible for both beneficiaries and providers once coverage becomes available; and (4) coordinate the efforts in St. Louis with the State’s broader efforts to prepare for 2014.

The waiver proposes an 18-month period for development of the pilot program/transition plan in order to building on the past successes of the “St. Louis Model” in building and maintaining the health care delivery system for the uninsured in the region. Since its inception, that model has been premised on a “bottoms up approach” that solicits input from stakeholders and builds consensus as to the steps to be taken. A hallmark of the effort has been the involvement of the provider and uninsured communities in planning and building the delivery model which has improved and enhanced health care delivery. SLRHC and the State are committed to continuing that approach with respect to the pilot program/transition plan. At this early stage, while we are still trying to digest the implications of the 2000-plus pages of the new legislation for the State generally, it would not be consistent with the “St. Louis model” to give details as to what the beneficiaries and providers need in order to make a smooth and seamless transition to more comprehensive coverage beginning in 2014.

SLRHC is committed to submitting a detailed workplan within three months of the waiver’s approval. It has assured the State that immediately upon waiver approval it will pull together a team to develop a work plan to ensure that a transition plan is fully developed by the end of 2011. The team will consist of community members, advocates, state and local government officials, representatives of community health centers, physicians, and other providers. The workplan will be prescriptive and describe the discreet work tasks and collection of information to achieve a robust transition plan. The key components of the work plan for the transition will be the areas you identify. Among the questions that the stakeholders will have to address in the workplan as part of transition plan are the following:

- Target population -- The target population are the uninsured clients being served by the SLRHC affiliated partners. How can SLRHC providers identify those who will be eligible for Medicaid in 2014? How can SLRHC providers assist in identifying and educating the population that will not be Medicaid eligible but will be eligible for subsidies through employers or the Exchange? How can SLRHC and the State work together to ensure a seamless transition to Medicaid and/or Exchange coverage for these beneficiaries? Would it help or complicate the transition to give the target population a “coverage card” for the covered ambulatory benefits prior to 2014? What percentage of the target population is likely to remain uninsured even after 2014?
- Benefit package -- The benefit package is the current package of primary and specialty care offered through the SLRHC providers, augmented by a more robust array of mental health services, and a continued commitment to developing medical homes. If the beneficiary and provider stakeholders believe that a “coverage card” would be a helpful transition, what benefits should be included? Does it make sense to continue the current voucher program or are there better ways to try to coordinate the primary and specialty care provided through the

SLRHC affiliates and any necessary inpatient or outpatient care? What benefits are likely to be available, or not available, with the transition to Medicaid/Exchange coverage in 2014?

- Delivery system -- The SLRHC partners will need to be prepared to operate as part of health plans (Medicaid MCO or Exchange plans) beginning in 2014. What changes do they need to make to their administration and operations to ensure that they will be successful partners to health plans? What are the interim steps that the State and SLRHC can require to ensure that they are ready to make that transition in the next few years? What steps can the beneficiaries and providers make to ensure that the "medical homes" remain intact during the transition to Medicaid/Exchange coverage?
- Reimbursement -- The SLRHC partners must be prepared to operate in a claims-based reimbursement system beginning in 2014. Should the transition include a "pilot" period to help the providers identify the costs of providing services and gain experience with what it means to be reimbursed on a claims basis for all, and not just some, of their patients? If not, what other steps can be taken to ensure that the SLRHC partners are ready and able to function in the new environment?

The SLRHC has been a vital ingredient in building and delivering a program designed to meet the needs of the uninsured in the region. Their leadership and track record will serve the planning effort well and will result in a transition to coverage which will meet the needs of the community and further the State's efforts in meeting the objectives of health care reform. Moreover, it gives the State and CMS a unique opportunity to learn and leverage the experiences of the proposed demonstration to inform implementation efforts nationally.

ST. LOUIS REGIONAL HEALTH COMMISSION

**Position Description**

**Position Title:** Chief Executive Officer

**Position Purpose:**

Serves as the organization’s Chief Executive Officer and is responsible for the day-to-day activities of the St. Louis Regional Health Commission. The Chief Executive Officer is responsible for development and implementation of financial strategies to support the operations of the Commission as well as the community health care safety net. Serves as an effective advocate and as a liaison between the members of the commission, health care providers, the local community as well as federal, state, and local political and community leaders. Serves as an information source for the media and community related to issues on the provision and financing of indigent health care.

**Competencies:**

Incorporates basic competencies into all aspects of the position, including:

- *Organizational commitment:* aligns own behavior with the needs and priorities of the organization.
- *Leadership:* Exudes confidence in serving as a champion in the formation and implementation of the commission’s objectives.
- *Service orientation:* has a genuine desire to help others, especially those in need. Derives satisfaction from serving others. Understands people’s needs and overcomes obstacles in serving them.
- *Attitude toward change:* adapts to and works effectively with a variety of situations, individuals and groups.
- *Personal effectiveness:* takes initiative to do more than is required in a job. Expresses self-confidence in stating opinions and when called upon to make decisions.
- *Achievement motivation:* sets challenging objectives and works to continually improve personal performance.
- *Learning orientation:* values and seeks opportunities to learn. Collects and uses information relevant to work-based problems.

- *Interpersonal and team performance:* builds and maintains positive relationships with people on the job. Listens effectively to understand others.
- *Respect for differences:* recognizes and appreciates differences in style, approach and background.
- *Quality focus:* minimizes errors and maintains high quality by checking or monitoring data and work, and be developing and maintaining systems for organizing work and information. Actively explores ways to improve quality of output.
- *Problem-solving effectiveness:* uses data and analytical thinking to identify problems and develop solutions.
- *Task accomplishment:* acts resourcefully to ensure that work is accomplished within specified time and quality parameters. Is able to focus effectively on more than one task or project at a time.
- *Proven track record and requisite skill set:* has a demonstrated track record and/or possesses the requisite skill set required to accomplish the goals and objectives set forth by the Commission. The skills and expertise required include: health care financing, financial strategies, an understanding of the delivery of local health care, and an understanding of government, regulations, policy and programs.

**Primary Responsibilities:**

- Supports the Chairman, Executive Committee and members of the commission in developing the goals and objectives of the commission.
- Responsible for the implementation of the goals and objectives set forth and adopted by the commission.
- Manages the day-to-day operations of the commission.
- Maintains effective and appropriate dialogue with federal, state, and local governmental leaders, community leaders, and health care providers to facilitate the implementation of the goals and objectives set forth by the Commission.
- Develops and implements reports of internal program performance as well as provides timely and relevant reports to the commission and community regarding the status of the goals and objectives established by the commission.
- Ensures community input and feedback is obtained and made available to the members of the commission and advisory boards.
- Assumes responsibility to handle all media requests for information and interviews and is responsible to facilitate timely and appropriate responses to those requests.

- In conjunction with the members of the commission, the Chief Executive Officer will select and direct the work of consultants whose services are necessary to meet the goals and objectives set forth by the commission.
- Develops and maintains an objective, reliable and consistent database of information on indigent health conditions that is accessible and available to the community.
- Serves as a community information resource in raising awareness of issues related to the provision and financing of indigent health care in the community.

**Reporting Relationships:**

The Chief Executive Officer reports to the Chairman of the Board of Directors of the St. Louis Regional Health Commission. The Administrative Assistant and all other future commission staff report directly to the Chief Executive Officer.

**Budgetary/Fiscal Responsibilities:**

Under the direction of the Treasurer and in conjunction with the Fiscal Agent, the Chief Executive Officer is responsible and accountable for the commission's overall financial operation. The Chief Executive Officer is responsible for managing expenses within an approved budget and assisting in raising necessary operating capital to assure long-term organizational viability. Assures compliance with all reporting and financial requirements set forth by the funders of the commission.

**Hours:**

The Chief Executive Officer is a full-time position and will generally be required to work during normal business hours, Monday through Friday. The incumbent will be required to attend meetings or perform duties that include early morning, evening and weekend hours.

**Qualifications:**

- A minimum of five years health administration, health policy, or public health executive experience.
- A Master's degree in Business Administration, Health Administration or Public Health is preferred.
- Computer skills to include word processing, spreadsheet and graphic capabilities.
- Strong analytical, interpersonal, communication and organization skills.
- Ability to work without close supervision and in a self-directed manner.
- Knowledge of regional market dynamics is preferred.

# ST. LOUIS REGIONAL HEALTH COMMISSION

## Position Description

**Position Title:** Director, Strategic Planning

**Position Purpose:**

Reporting to the Chief Executive Officer and working directly with the Workgroups of the Commission, the Director of Strategic Planning is responsible for activities to develop and then implement a strategic plan for the medically underserved in St. Louis City and St. Louis County region. Serves as the primary resource for the Commission's Access to Care/Care Coordination, Community Health, and Measurement Workgroups. Serves as an information source for the community related to issues on the provision and financing of safety net health care.

**Competencies:**

Incorporates basic competencies into all aspects of the position, including:

- *Organizational commitment:* aligns own behavior with the needs and priorities of the organization.
- *Leadership:* Exudes confidence in serving as a champion in the formation and implementation of the Commission's objectives.
- *Service orientation:* has a genuine desire to help others, especially those in need. Derives satisfaction from serving others. Understands people's needs and overcomes obstacles in serving them.
- *Attitude toward change:* adapts to and works effectively with a variety of situations, individuals and groups.
- *Personal effectiveness:* takes initiative to do more than is required in a job. Expresses self-confidence in stating opinions and when called upon to make decisions.
- *Achievement motivation:* sets challenging objectives and works to continually improve personal performance.
- *Learning orientation:* values and seeks opportunities to learn. Collects and uses information relevant to work-based problems.
- *Interpersonal and team performance:* builds and maintains positive relationships with people on the job. Listens effectively to understand others.

- *Respect for differences*: recognizes and appreciates differences in style, approach and background.
- *Quality focus*: minimizes errors and maintains high quality by checking or monitoring data and work, and by developing and maintaining systems for organizing work and information. Actively explores ways to improve quality of output.
- *Problem-solving effectiveness*: uses data and analytical thinking to identify problems and develop solutions.
- *Task accomplishment*: acts resourcefully to ensure that work is accomplished within specified time and quality parameters. Is able to focus effectively on more than one task or project at a time.
- *Proven track record and requisite skill set*: has a demonstrated track record and/or possesses the requisite skill set required to accomplish the goals and objectives set forth by the Commission. The skills and expertise required include: an understanding of the delivery of local health care, and an understanding of government, regulations, policy and programs.

#### **Primary Responsibilities:**

- Supports the CEO, Executive Committee and members of the Commission in developing the goals and objectives of the Commission.
- Responsible for the implementation of the goals and objectives set forth and adopted by the Commission.
- Manages the day-to-day operations of the Commission's workgroups.
- Maintains effective and appropriate dialogue with federal, state, and local governmental leaders, community leaders, and health care providers to facilitate the implementation of the goals and objectives set forth by the Commission, as directed by the CEO.
- Provides timely and relevant reports to the Commission and community regarding the status of the goals and objectives established by the Commission.
- Ensures community input and feedback is obtained and made available to the members of the Commission and Advisory Boards.
- In conjunction with the Chief Executive Officer, will direct the work of consultants whose services are necessary to meet the goals and objectives set forth by the Commission.
- Assists in developing and maintaining an objective, reliable and consistent database of information on health and health care for the medically underserved that is accessible and available to the community.

- Serves as a community information resource in raising awareness of issues related to the provision and financing of safety net health care in the community.

**Reporting Relationships:**

The Director of Strategic Planning reports to the Chief Executive Officer of the RHC.

**Budgetary/Fiscal Responsibilities:**

At the direction of the CEO, responsible for managing expenses within an approved budget and assisting in raising necessary operating capital to assure long-term organizational viability.

**Hours:**

The Director of Health Planning role is a full-time position and will generally be required to work during normal business hours, Monday through Friday. The incumbent will be required to attend meetings or perform duties that include early morning, evening and weekend hours.

**Qualifications:**

- Proven experience in creating strategic plans in the public sector.
- Strong analytical, interpersonal, communication and organization skills.
- Proven experience in facilitating Executive-level committees to reach consensus.
- Ability to work without close supervision and in a self-directed manner.
- Computer skills to include Internet, word processing, and spreadsheet capabilities.
- Knowledge of regional market dynamics is preferred.

## ST. LOUIS REGIONAL HEALTH COMMISSION

### Position Description

**Position Title:** Director, Community Relations

**Position Purpose:**

Reporting to the CEO and working with the Advisory Boards of the Commission, the Director of Community Relations will serve as the primary resource for the Commission's outreach and communication efforts to neighborhoods, residents, and the general public.

**Competencies:**

Incorporates basic competencies into all aspects of the position, including:

- *Organizational commitment:* aligns own behavior with the needs and priorities of the organization.
- *Leadership:* Exudes confidence in serving as a champion in the formation and implementation of the commission's objectives.
- *Service orientation:* has a genuine desire to help others, especially those in need. Derives satisfaction from serving others. Understands people's needs and overcomes obstacles in serving them.
- *Attitude toward change:* adapts to and works effectively with a variety of situations, individuals and groups.
- *Personal effectiveness:* takes initiative to do more than is required in a job. Expresses self-confidence in stating opinions and when called upon to make decisions.
- *Achievement motivation:* sets challenging objectives and works to continually improve personal performance.
- *Learning orientation:* values and seeks opportunities to learn. Collects and uses information relevant to work-based problems.
- *Interpersonal and team performance:* builds and maintains positive relationships with people on the job. Listens effectively to understand others.
- *Respect for differences:* recognizes and appreciates differences in style, approach and backgrounds.

- *Quality focus:* minimizes errors and maintains high quality by checking or monitoring data and work, and by developing and maintaining systems for organizing work and information. Actively explores ways to improve quality of output.
- *Problem-solving effectiveness:* uses data and analytical thinking to identify problems and develop solutions.
- *Task accomplishment:* acts resourcefully to ensure that work is accomplished within specified time and quality parameters. Is able to focus effectively on more than one task or project at a time.
- *Proven track record and requisite skill set:* has a demonstrated track record and/or possesses the requisite skill set required to accomplish the goals and objectives set forth by the Commission. The skills and expertise required include: health care financing, financial strategies, an understanding of the delivery of local health care, and an understanding of government, regulations, policy and programs.

**Primary Responsibilities:**

- Supports the CEO in developing the goals and objectives of the commission.
- Manages the day-to-day operations of ensuring that community input and feedback is obtained and made available to the members of the commission and advisory boards.
- Serves as the primary staff resource for the work of the Community Advisory Board and Provider Services Advisory Board of the Commission, and any other Advisory Boards as established from time to time by the Commission to seek input. In this role, manages the day-to-day operations of the Advisory Board process, including, but not limited to: recruitment and membership management, face-to-face communications to receive feedback, staffing Advisory Board Chairs in development of meeting agendas.
- Manages the day-to-day operations of the production and distribution of communication from the Commission, including, but not limited to: reports to the community, web-site content management, and discussions with community/neighborhood groups.
- Maintains effective and appropriate dialogue with community leaders, health care providers, and consumers of the health care system to facilitate the implementation of the goals and objectives set forth by the Commission, as directed by the CEO.
- Provides timely and relevant reports to the commission and community regarding the status of the goals and objectives established by the commission
- In conjunction with the CEO, will direct the work of consultants whose services are necessary to meet the goals and objectives set forth by the commission.

- Assists in developing and maintaining an objective, reliable and consistent database of information on the St. Louis health care system and health conditions that is accessible and available to the community.
- Serves as a community information resource in raising awareness of issues related to the provision and financing of health care in the community.

**Reporting Relationships:**

The Director of Community Relations reports to the Chief Executive Officer of the St. Louis Regional Health Commission.

**Budgetary/Fiscal Responsibilities:**

At the direction of the CEO, responsible for managing expenses within an approved budget and assisting in raising necessary operating capital to assure long-term organizational viability. Assures compliance with all reporting and financial requirements set forth by the funders of the commission.

**Hours:**

The Director role is a full-time position and will generally be required to work during normal business hours, Monday through Friday. The incumbent will be required to attend meetings or perform duties that include early morning, evening and weekend hours.

**Qualifications:**

- A minimum of five years experience in community organizing and/or public relations/communication activities is required.
- A Master's degree in Business Administration, Public Health, Health Administration, Public Administration, or related field is preferred.
- Proven experience in creating and implementing community engagement and communication/public relations plans in the public health/health care sector. Prior experience with neighborhood development activities in the St. Louis region is strongly preferred.
- Strong analytical, interpersonal, communication and organization skills.
- Proven experience in facilitating Executive-level committees to reach consensus.
- Ability to work without close supervision and in a self-directed manner.
- Computer skills to include word processing, spreadsheet and graphic capabilities.
- Knowledge of the St. Louis community both the sum and all its distinct parts is essential.



JEREMIAH W. (JAY) NIXON, GOVERNOR • RONALD J. LEVY, DIRECTOR

MO HEALTHNET DIVISION

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May 27, 2010

Julie Sharp  
Centers for Medicare and Medicaid Services  
7500 Security Blvd., Mailstop S2-01-16  
Baltimore, MD 21244

Via email

Dear Ms. Sharp:

Attached you will find Missouri's response to the May 24, 2010 questions from the Centers for Medicare and Medicaid Services regarding the Missouri Gateway to Better Health Section 1115 demonstration proposal. Please do not hesitate to contact this office if further clarification is needed.

Thank you for your assistance.

Sincerely,

*original signed by*

Ian McCaslin, M.D., M.P.H.  
Director

IM:kp

Attachment

cc: James G. Scott (via email)

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## **Missouri Responses to Centers for Medicare and Medicaid Services May 24, 2010 Follow-Up Questions Regarding Missouri Section 1115 Demonstration Proposal**

### **1) Administrative expenses of the St. Louis Regional Health Commission (SLRHC)**

To better evaluate your proposal, please provide additional specificity regarding the SLRHC administrative expenses that the State is seeking to include in this Demonstration.

For example, the State estimated that salaries and benefits totaled \$368,380 in 2008. Please provide more specificity as to the number of FTEs, including job descriptions, responsibilities and duties, and how these staff members carry out Demonstration related activities. Do any of the FTEs work on any activities *not* related to the Demonstration? If so, please share the percent of time that each FTE works on Demonstration-*related* activities and how these costs are being allocated across various programs, services, and administrative expenses.

For each of the line items below, please provide additional specificity and explain how each line item relates to Demonstration activities. Please submit a brief narrative for each line item included.

For the professional services, please provide more specificity. Please provide a break-out of the costs for each item included in the proposed budget— such as consultants, contractors, interns, and legal staff. Please explain how each of the identified professional services and the related administrative expenses contribute to meeting the goals of the proposed Demonstration.

<b>EXPENSES</b>			
<b>Salaries and benefits (Unrestricted)</b>		<b>\$</b>	<b>358,380</b>
<b>Administration (Unrestricted)</b>			
Supplies			17,644
Duplicating			3,058
Telephone (incl. long distance & cellular)			4,065
Postage/Fed Ex			2,891
Rent			53,234
Depreciation			1,611
Meetings/Travel			30,397
Insurance (D & O, Liability, Work Comp)			5,947
Subscriptions/Dues			10,183
Website Development & Hosting			3,525
Printing & Outreach Activities			41,176
<b>Total Administration</b>		<b>\$</b>	<b>173,731</b>
<b>Professional Services (Unrestricted)</b>			
Consultants/Contractors/Interns		<b>\$</b>	<b>105,214</b>
Legal			
Bookkeeping & Administration			33,000
<b>Total Professional Services &amp; Dev</b>		<b>\$</b>	<b>138,214</b>
<b>Total Expenses</b>		<b>\$</b>	<b>670,325</b>

**Response:**

Staffing

In October 2003, the SLRHC submitted a Strategic Plan for Improving the Health Care Safety Net in St. Louis ("the Strategic Plan") to the Centers for Medicare and Medicaid Services (CMS) and the State of Missouri under the terms of the previous MC+ Demonstration. Since the approval of the Strategic Plan, the SLRHC has been organized to implement this plan in the St. Louis region. As reported in a detailed "Report Card" section of its 2007 Report to the Community (available at [www.stlrhc.org](http://www.stlrhc.org)), the SLRHC and its partners have implemented a substantial portion of this Strategic Plan, including, but not limited to:

- The formation of the St. Louis Integrated Health Network (IHN);
- The affiliation of ConnectCare primary care centers with Federally Qualified Health Centers (FQHCs);
- The implementation of numerous cross-organizational process improvement projects that have increased access and reduced wait times;
- The improvement of community mental health services for the uninsured through integration of mental health and physical health services;
- The implementation of cultural competency training across the St. Louis safety net;
- The initiation of a community-wide health literacy campaign that led to the creation of a multi-million investment in health literacy by the Missouri Foundation for Health;
- The implementation of an electronic health information exchange between health centers and emergency departments.

As part of this Strategic Plan, the SLRHC was also charged to collect data from over 20 different health care organizations each year; compile this data; and make reports available to the community ([www.stlrhc.org](http://www.stlrhc.org)). The SLRHC staff also analyzes data from partners receiving funds from the “St. Louis Safety Net Funding Pool,” and assists the Commission in making an annual recommendation concerning the allocation of these funds. The SLRHC’s Director of Strategic Planning spends 100% of her time on this effort.

To complete this work, the SLRHC staff also spends a great deal of time listening to patients, health care leadership, elected officials, non-profit leaders, business CEOs, and other concerned community members regarding how to improve health care in the region. These efforts include managing the SLRHC Advisory Boards, hosting community forums, engaging the media, and presenting at various organizational meetings in St. Louis. The SLRHC’s Director of Community Relations spends 100% of her time on this effort.

Each of these projects and initiatives listed above were a core component of the Strategic Plan submitted to CMS, and all of these efforts have been initiated and led by SLRHC staff. All SLRHC staff members spend 100% of their efforts to implement the Strategic Plan, which was the major deliverable of the previous Demonstration. It is anticipated that 100% of SLRHC staff time in the future will be allocated to creating the Transition Plan (to move to a coverage model) due to CMS by the end of 2011, the continued oversight of the “St. Louis Safety Net Funding Pool” that supports this plan, continued implementation of the Strategic Plan, and the implementation of the Transition Plan once approved by CMS.

The core budget of \$358,380 reported in 2008 supported staffing (salaries and benefits), as follows: one Chief Executive Officer, one Director of Strategic Planning, one Director of Community Engagement, and one support staff (total of four FTEs) with salary and related benefits. Job descriptions for the CEO, Director of Strategic Planning, and Director of Community Engagement are attached (Attachment 1). The SLRHC completes salary benchmarking for its staff. In 2008, this analysis showed that the SLRHC CEO was paid under the 50% percentile compared to similar health organizations, community-based organizations, and health foundations in the St. Louis region, and that Director-level positions were likewise under average salary for similar positions in St. Louis. Benefits included in the \$358,380 line item include health insurance; AD&D insurance; long term disability; and a 2% contribution to a simple IRA plan.

To complete components of the Strategic Plan, other than reporting/funds management and community engagement, the SLRHC from time to time secures funds from additional sources to support staff over and above the “core staff” reported above. For example, currently, the SLRHC has a Director for the Behavioral Health Initiative that is supported by a grant from the Missouri Department of Mental Health. At all times all efforts of the SLRHC are spent implementing the Strategic Plan, regardless of the funding source.

### Administration

The entire work of the SLRHC is dedicated to the implementation of the Strategic Plan submitted to CMS and the SLRHC’s unique role in coordinating the “St. Louis Safety Net Funding Pool” that directly supports this Strategic Plan. Therefore, each of the line items below directly supports Demonstration activities, and no funds are utilized to support any other activity other than the implementation of this Plan. As requested, a brief narrative for each line item is included, as follows:

Supplies -- Supplies include basic office supplies (e.g. paper, ink cartridges for printers, Post-It flip charts, pens), as well as computer equipment that is not expensive enough to capitalize. In 2008, the SLRHC replaced four personal computers that had expired.

Duplicating -- The SLRHC hosts dozens of meetings annually, with often dozens in attendance at each meeting. Copies of materials are provided to meeting attendees. The duplicating costs are for hand-outs provided at these meetings. In 2008, the SLRHC also ordered additional letterhead, envelopes, and business cards, which were allocated to this line item.

Telephone -- Basic telephone expenses are included in this line item.

Postage/Fed Ex -- Annually, the SLRHC sends its reports to a mailing list of over 500 individuals, including elected officials, health foundation staff, business leaders, hospitals, community health centers, and interested members of the community. Postage for these mailings is included in this line item.

In addition, the SLRHC delivers printed copies of monthly board materials to its Commissioners, per its by-laws, and these distribution costs are included in this line item. Materials to other Advisory Boards or various Workgroups of the Commission are delivered electronically.

Rent -- The SLRHC currently rents approximately 3,500 square feet of office space at 1113 Mississippi, St. Louis, MO, 63101. Parking is included in these rent costs.

Depreciation -- In 2007, the SLRHC purchased a server and related software, which was capitalized and is being depreciated (straight-line) over five years.

Meetings/Travel -- The SLRHC hosts numerous community forums and meetings in the SLRHC community. These events are typically hosted in gymnasiums, basements of churches, boys/girls clubs, etc. At times, event venues charge room rental. Also included in this expense are refreshments and materials needed (e.g. posters) for these events. The SLRHC does not pay individuals for attendance at these sessions.

In addition, SLRHC staff from time to time travels to Jefferson City to coordinate with State officials and Washington, DC to coordinate with Federal partners. These expenses are monitored independently by SLRHC board members. The SLRHC staff does not typically attend annual professional development conferences due to limited budget. Less than 20% of the total line item was spent on travel in 2008.

Insurance -- The SLRHC maintains Directors and Officer's insurance, business liability insurance, and a general umbrella policy. The price of each of these policies is competitively assessed annually.

Subscriptions/Dues -- Due to the critical role the St. Louis Integrated Health Network (IHN) has in partnering with the SLRHC to implement the Strategic Plan, the SLRHC pays \$10,000 in annual dues to be a non-voting member of the IHN. The Missouri Primary Care Association is also a non-voting member of the IHN. Regular voting membership dues for the IHN are \$25,000 per year.

Web Development/Hosting -- Included in this line item are expenses for monthly server maintenance, website hosting, spam filtering, IT related repairs, and website upgrades.

Printing/Outreach -- The SLRHC's annual report costs approximately \$21,000 in printing costs. An additional \$16,000 was spent in 2008 for professional management of community-based focus groups concerning safety net care provided by community health centers in St. Louis (reports at [www.stlrhc.org](http://www.stlrhc.org)). The remainder was minor expenses related to attendance at various outreach activities in partnership with other organizations in St. Louis.

Professional Services -- The SLRHC keeps its staff contingent intentionally small to increase flexibility and maintain maximum cost effectiveness. In 2008, the SLRHC spent approximately \$26,000 on consulting services to assist with epidemiological services regarding health outcome data collection, assessment, and reporting; and the remainder on consulting services from Washtenaw, Michigan and local mental health expertise to manage the transformation of community mental health services in St. Louis. Although an important component of the Strategic Plan approved by CMS, these expenses were funded by outside sources (Missouri Foundation for Health/Department of Mental Health), separate from the \$300,000 allocated to the SLRHC from the "St. Louis Safety Net Pool."

Historically, the SLRHC has not incurred legal expenses. Bookkeeping expenses pay an accounting firm for bookkeeping; budget management; financial statement management; completion of all State and Federal reporting requirements; maintenance of a strict organizational fiscal control system; and other CFO-related services (e.g. management/bidding of insurance policies, grants management/application).

The State believes it is important to note that SLRHC administrative expenses account for only 1% of the overall amount requested under the proposed Demonstration, and that the SLRHC raises a majority of its funding from other sources to complete the important work of locally coordinating and implementing the Strategic Plan for the State and CMS.

## 2) Pilot Program

In both our questions sent on March 15, 2010, and April 19, 2010, we asked for additional details regarding the proposed pilot program. This information is critical to our ability to fully evaluate the State's proposal. Please explain *in detail* how the proposed pilot plan would bridge to full coverage by January 1, 2014, when we expect many persons in the pilot program would be eligible under the Medicaid State plan or through another coverage option.

The State indicated in its responses that it would submit a project management work plan within three months of the Demonstration approval; however, details regarding the following aspects of the pilot plan are needed to fully evaluate the State's proposal:

- Target population (such as by FPL)
- Benefit package
- Delivery system
- Reimbursement

A copy of the question we posed on April 19, 2010, appears below for your reference.

**Pilot Program:** Please provide additional information on the pilot program. It is not clear what would be proposed under the pilot program. Is the State considering moving to a claims-based system of

reimbursement? What types of services/ activities is the State proposing to receive Federal matching funds for under this pilot program? Would the State please share whether the enactment of health care reform has affected the State's proposal and/or plans for the pilot program?

**Response:** We realize that we have not provided details regarding the pilot program. That reflects a deliberate decision based on past experience with the St. Louis model, the shifting landscape in which we are operating, and the fact that the process in St. Louis must be consistent with the State's overall plan for preparing for the many changes that will occur in 2014. We believe that the shared goals of the SLRHC, the State, and CMS in preserving and improving access to care and preparing for 2014 is best achieved not by dictating the parameters of the pilot program but by working closely hand-in-hand with the St. Louis stakeholders to jointly develop a plan with full community support.

As was stated in our application, the purpose of the proposed 1115 waiver is to preserve and strengthen primary and specialty care for uninsured residents of St. Louis City and St. Louis County until continued access to health care is available through a more comprehensive model of coverage. While the purpose remains the same, the background against we are operating has changed considerably in just a few short weeks. As you know, this proposed waiver was submitted to CMS in February 2010, at a time when passage of health care reform was very uncertain; the question regarding the pilot program was posed on April 19, 2010, less than three weeks after final passage of the Patient Protection and Affordable Act (PPACA) and the amendments to it made by the Health Care and Education Affordability Reconciliation Act. With the enactment of the legislation, the need for a "pilot program" that was initially envisioned has developed into the need for a transition plan to ensure that the SLRHC providers and their clients are prepared for the transition to the "more comprehensive model of coverage" that will occur through PPACA.

The challenges of the transition plan are several-fold: (1) continue to provide and improve primary and specialty care for uninsured members of the St. Louis community before Medicaid/Exchange coverage becomes available in 2014 so that they are healthier when they transition to Medicaid; (2) ensure the vitality of core providers in inner St. Louis so that when coverage becomes available in 2014, the newly insured have accessible providers in their communities; (3) plan for as smooth a transition as possible for both beneficiaries and providers once coverage becomes available; and (4) coordinate the efforts in St. Louis with the State's broader efforts to prepare for 2014.

The waiver proposes an 18-month period for development of the pilot program/transition plan in order to building on the past successes of the "St. Louis Model" in building and maintaining the health care delivery system for the uninsured in the region. Since its inception, that model has been premised on a "bottoms up approach" that solicits input from stakeholders and builds consensus as to the steps to be taken. A hallmark of the effort has been the involvement of the provider and uninsured communities in planning and building the delivery model which has improved and enhanced health care delivery. SLRHC and the State are committed to continuing that approach with respect to the pilot program/transition plan. At this early stage, while we are still trying to digest the implications of the 2000-plus pages of the new legislation for the State generally, it would not be consistent with the "St. Louis model" to give details as to what the beneficiaries and providers need in order to make a smooth and seamless transition to more comprehensive coverage beginning in 2014.

SLRHC is committed to submitting a detailed workplan within three months of the waiver's approval. It has assured the State that immediately upon waiver approval it will pull together a team to develop a

work plan to ensure that a transition plan is fully developed by the end of 2011. The team will consist of community members, advocates, state and local government officials, representatives of community health centers, physicians, and other providers. The workplan will be prescriptive and describe the discreet work tasks and collection of information to achieve a robust transition plan. The key components of the work plan for the transition will be the areas you identify. Among the questions that the stakeholders will have to address in the workplan as part of transition plan are the following:

- Target population -- The target population are the uninsured clients being served by the SLRHC affiliated partners. How can SLRHC providers identify those who will be eligible for Medicaid in 2014? How can SLRHC providers assist in identifying and educating the population that will not be Medicaid eligible but will be eligible for subsidies through employers or the Exchange? How can SLRHC and the State work together to ensure a seamless transition to Medicaid and/or Exchange coverage for these beneficiaries? Would it help or complicate the transition to give the target population a “coverage card” for the covered ambulatory benefits prior to 2014? What percentage of the target population is likely to remain uninsured even after 2014?
- Benefit package -- The benefit package is the current package of primary and specialty care offered through the SLRHC providers, augmented by a more robust array of mental health services, and a continued commitment to developing medical homes. If the beneficiary and provider stakeholders believe that a “coverage card” would be a helpful transition, what benefits should be included? Does it make sense to continue the current voucher program or are there better ways to try to coordinate the primary and specialty care provided through the SLRHC affiliates and any necessary inpatient or outpatient care? What benefits are likely to be available, or not available, with the transition to Medicaid/Exchange coverage in 2014?
- Delivery system -- The SLRHC partners will need to be prepared to operate as part of health plans (Medicaid MCO or Exchange plans) beginning in 2014. What changes do they need to make to their administration and operations to ensure that they will be successful partners to health plans? What are the interim steps that the State and SLRHC can require to ensure that they are ready to make that transition in the next few years? What steps can the beneficiaries and providers make to ensure that the “medical homes” remain intact during the transition to Medicaid/Exchange coverage?
- Reimbursement -- The SLRHC partners must be prepared to operate in a claims-based reimbursement system beginning in 2014. Should the transition include a “pilot” period to help the providers identify the costs of providing services and gain experience with what it means to be reimbursed on a claims basis for all, and not just some, of their patients? If not, what other steps can be taken to ensure that the SLRHC partners are ready and able to function in the new environment?

The SLRHC has been a vital ingredient in building and delivering a program designed to meet the needs of the uninsured in the region. Their leadership and track record will serve the planning effort well and will result in a transition to coverage which will meet the needs of the community and further the State’s efforts in meeting the objectives of health care reform. Moreover, it gives the State and CMS a unique opportunity to learn and leverage the experiences of the proposed demonstration to inform implementation efforts nationally.

ST. LOUIS REGIONAL HEALTH COMMISSION

**Position Description**

**Position Title:** Chief Executive Officer

**Position Purpose:**

Serves as the organization’s Chief Executive Officer and is responsible for the day-to-day activities of the St. Louis Regional Health Commission. The Chief Executive Officer is responsible for development and implementation of financial strategies to support the operations of the Commission as well as the community health care safety net. Serves as an effective advocate and as a liaison between the members of the commission, health care providers, the local community as well as federal, state, and local political and community leaders. Serves as an information source for the media and community related to issues on the provision and financing of indigent health care.

**Competencies:**

Incorporates basic competencies into all aspects of the position, including:

- *Organizational commitment:* aligns own behavior with the needs and priorities of the organization.
- *Leadership:* Exudes confidence in serving as a champion in the formation and implementation of the commission’s objectives.
- *Service orientation:* has a genuine desire to help others, especially those in need. Derives satisfaction from serving others. Understands people’s needs and overcomes obstacles in serving them.
- *Attitude toward change:* adapts to and works effectively with a variety of situations, individuals and groups.
- *Personal effectiveness:* takes initiative to do more than is required in a job. Expresses self-confidence in stating opinions and when called upon to make decisions.
- *Achievement motivation:* sets challenging objectives and works to continually improve personal performance.
- *Learning orientation:* values and seeks opportunities to learn. Collects and uses information relevant to work-based problems.

- *Interpersonal and team performance:* builds and maintains positive relationships with people on the job. Listens effectively to understand others.
- *Respect for differences:* recognizes and appreciates differences in style, approach and background.
- *Quality focus:* minimizes errors and maintains high quality by checking or monitoring data and work, and by developing and maintaining systems for organizing work and information. Actively explores ways to improve quality of output.
- *Problem-solving effectiveness:* uses data and analytical thinking to identify problems and develop solutions.
- *Task accomplishment:* acts resourcefully to ensure that work is accomplished within specified time and quality parameters. Is able to focus effectively on more than one task or project at a time.
- *Proven track record and requisite skill set:* has a demonstrated track record and/or possesses the requisite skill set required to accomplish the goals and objectives set forth by the Commission. The skills and expertise required include: health care financing, financial strategies, an understanding of the delivery of local health care, and an understanding of government, regulations, policy and programs.

### **Primary Responsibilities:**

- Supports the Chairman, Executive Committee and members of the commission in developing the goals and objectives of the commission.
- Responsible for the implementation of the goals and objectives set forth and adopted by the commission.
- Manages the day-to-day operations of the commission.
- Maintains effective and appropriate dialogue with federal, state, and local governmental leaders, community leaders, and health care providers to facilitate the implementation of the goals and objectives set forth by the Commission.
- Develops and implements reports of internal program performance as well as provides timely and relevant reports to the commission and community regarding the status of the goals and objectives established by the commission.
- Ensures community input and feedback is obtained and made available to the members of the commission and advisory boards.
- Assumes responsibility to handle all media requests for information and interviews and is responsible to facilitate timely and appropriate responses to those requests.

- In conjunction with the members of the commission, the Chief Executive Officer will select and direct the work of consultants whose services are necessary to meet the goals and objectives set forth by the commission.
- Develops and maintains an objective, reliable and consistent database of information on indigent health conditions that is accessible and available to the community.
- Serves as a community information resource in raising awareness of issues related to the provision and financing of indigent health care in the community.

### **Reporting Relationships:**

The Chief Executive Officer reports to the Chairman of the Board of Directors of the St. Louis Regional Health Commission. The Administrative Assistant and all other future commission staff report directly the Chief Executive Officer.

### **Budgetary/Fiscal Responsibilities:**

Under the direction of the Treasurer and in conjunction with the Fiscal Agent, the Chief Executive Officer is responsible and accountable for the commission's overall financial operation. The Chief Executive Officer is responsible for managing expenses within an approved budget and assisting in raising necessary operating capital to assure long-term organizational viability. Assures compliance with all reporting and financial requirements set forth by the funders of the commission.

### **Hours:**

The Chief Executive Officer is a full-time position and will generally be required to work during normal business hours, Monday through Friday. The incumbent will be required to attend meetings or perform duties that include early morning, evening and weekend hours.

### **Qualifications:**

- A minimum of five years health administration, health policy, or public health executive experience.
- A Master's degree in Business Administration, Health Administration or Public Health is preferred.
- Computer skills to include word processing, spreadsheet and graphic capabilities.
- Strong analytical, interpersonal, communication and organization skills.
- Ability to work without close supervision and in a self-directed manner.
- Knowledge of regional market dynamics is preferred.

## ST. LOUIS REGIONAL HEALTH COMMISSION

### Position Description

**Position Title:** Director, Strategic Planning

**Position Purpose:**

Reporting to the Chief Executive Officer and working directly with the Workgroups of the Commission, the Director of Strategic Planning is responsible for activities to develop and then implement a strategic plan for the medically underserved in St. Louis City and St. Louis County region. Serves as the primary resource for the Commission's Access to Care/Care Coordination, Community Health, and Measurement Workgroups. Serves as an information source for the community related to issues on the provision and financing of safety net health care.

**Competencies:**

Incorporates basic competencies into all aspects of the position, including:

- *Organizational commitment:* aligns own behavior with the needs and priorities of the organization.
- *Leadership:* Exudes confidence in serving as a champion in the formation and implementation of the Commission's objectives.
- *Service orientation:* has a genuine desire to help others, especially those in need. Derives satisfaction from serving others. Understands people's needs and overcomes obstacles in serving them.
- *Attitude toward change:* adapts to and works effectively with a variety of situations, individuals and groups.
- *Personal effectiveness:* takes initiative to do more than is required in a job. Expresses self-confidence in stating opinions and when called upon to make decisions.
- *Achievement motivation:* sets challenging objectives and works to continually improve personal performance.
- *Learning orientation:* values and seeks opportunities to learn. Collects and uses information relevant to work-based problems.
- *Interpersonal and team performance:* builds and maintains positive relationships with people on the job. Listens effectively to understand others.

- *Respect for differences:* recognizes and appreciates differences in style, approach and background.
- *Quality focus:* minimizes errors and maintains high quality by checking or monitoring data and work, and by developing and maintaining systems for organizing work and information. Actively explores ways to improve quality of output.
- *Problem-solving effectiveness:* uses data and analytical thinking to identify problems and develop solutions.
- *Task accomplishment:* acts resourcefully to ensure that work is accomplished within specified time and quality parameters. Is able to focus effectively on more than one task or project at a time.
- *Proven track record and requisite skill set:* has a demonstrated track record and/or possesses the requisite skill set required to accomplish the goals and objectives set forth by the Commission. The skills and expertise required include: an understanding of the delivery of local health care, and an understanding of government, regulations, policy and programs.

#### **Primary Responsibilities:**

- Supports the CEO, Executive Committee and members of the Commission in developing the goals and objectives of the Commission.
- Responsible for the implementation of the goals and objectives set forth and adopted by the Commission.
- Manages the day-to-day operations of the Commission's workgroups.
- Maintains effective and appropriate dialogue with federal, state, and local governmental leaders, community leaders, and health care providers to facilitate the implementation of the goals and objectives set forth by the Commission, as directed by the CEO.
- Provides timely and relevant reports to the Commission and community regarding the status of the goals and objectives established by the Commission.
- Ensures community input and feedback is obtained and made available to the members of the Commission and Advisory Boards.
- In conjunction with the Chief Executive Officer, will direct the work of consultants whose services are necessary to meet the goals and objectives set forth by the Commission.
- Assists in developing and maintaining an objective, reliable and consistent database of information on health and health care for the medically underserved that is accessible and available to the community.

- Serves as a community information resource in raising awareness of issues related to the provision and financing of safety net health care in the community.

**Reporting Relationships:**

The Director of Strategic Planning reports to the Chief Executive Officer of the RHC.

**Budgetary/Fiscal Responsibilities:**

At the direction of the CEO, responsible for managing expenses within an approved budget and assisting in raising necessary operating capital to assure long-term organizational viability.

**Hours:**

The Director of Health Planning role is a full-time position and will generally be required to work during normal business hours, Monday through Friday. The incumbent will be required to attend meetings or perform duties that include early morning, evening and weekend hours.

**Qualifications:**

- Proven experience in creating strategic plans in the public sector.
- Strong analytical, interpersonal, communication and organization skills.
- Proven experience in facilitating Executive-level committees to reach consensus.
- Ability to work without close supervision and in a self-directed manner.
- Computer skills to include Internet, word processing, and spreadsheet capabilities.
- Knowledge of regional market dynamics is preferred.

## ST. LOUIS REGIONAL HEALTH COMMISSION

### Position Description

**Position Title:** Director, Community Relations

**Position Purpose:**

Reporting to the CEO and working with the Advisory Boards of the Commission, the Director of Community Relations will serve as the primary resource for the Commission's outreach and communication efforts to neighborhoods, residents, and the general public.

**Competencies:**

Incorporates basic competencies into all aspects of the position, including:

- *Organizational commitment:* aligns own behavior with the needs and priorities of the organization.
- *Leadership:* Exudes confidence in serving as a champion in the formation and implementation of the commission's objectives.
- *Service orientation:* has a genuine desire to help others, especially those in need. Derives satisfaction from serving others. Understands people's needs and overcomes obstacles in serving them.
- *Attitude toward change:* adapts to and works effectively with a variety of situations, individuals and groups.
- *Personal effectiveness:* takes initiative to do more than is required in a job. Expresses self-confidence in stating opinions and when called upon to make decisions.
- *Achievement motivation:* sets challenging objectives and works to continually improve personal performance.
- *Learning orientation:* values and seeks opportunities to learn. Collects and uses information relevant to work-based problems.
- *Interpersonal and team performance:* builds and maintains positive relationships with people on the job. Listens effectively to understand others.
- *Respect for differences:* recognizes and appreciates differences in style, approach and backgrounds.

- *Quality focus:* minimizes errors and maintains high quality by checking or monitoring data and work, and by developing and maintaining systems for organizing work and information. Actively explores ways to improve quality of output.
- *Problem-solving effectiveness:* uses data and analytical thinking to identify problems and develop solutions.
- *Task accomplishment:* acts resourcefully to ensure that work is accomplished within specified time and quality parameters. Is able to focus effectively on more than one task or project at a time.
- *Proven track record and requisite skill set:* has a demonstrated track record and/or possesses the requisite skill set required to accomplish the goals and objectives set forth by the Commission. The skills and expertise required include: health care financing, financial strategies, an understanding of the delivery of local health care, and an understanding of government, regulations, policy and programs.

### **Primary Responsibilities:**

- Supports the CEO in developing the goals and objectives of the commission.
- Manages the day-to-day operations of ensuring that community input and feedback is obtained and made available to the members of the commission and advisory boards.
- Serves as the primary staff resource for the work of the Community Advisory Board and Provider Services Advisory Board of the Commission, and any other Advisory Boards as established from time to time by the Commission to seek input. In this role, manages the day-to-day operations of the Advisory Board process, including, but not limited to: recruitment and membership management, face-to-face communications to receive feedback, staffing Advisory Board Chairs in development of meeting agendas.
- Manages the day-to-day operations of the production and distribution of communication from the Commission, including, but not limited to: reports to the community, web-site content management, and discussions with community/neighborhood groups.
- Maintains effective and appropriate dialogue with community leaders, health care providers, and consumers of the health care system to facilitate the implementation of the goals and objectives set forth by the Commission, as directed by the CEO.
- Provides timely and relevant reports to the commission and community regarding the status of the goals and objectives established by the commission
- In conjunction with the CEO, will direct the work of consultants whose services are necessary to meet the goals and objectives set forth by the commission.

- Assists in developing and maintaining an objective, reliable and consistent database of information on the St. Louis health care system and health conditions that is accessible and available to the community.
- Serves as a community information resource in raising awareness of issues related to the provision and financing of health care in the community.

**Reporting Relationships:**

The Director of Community Relations reports to the Chief Executive Officer of the St. Louis Regional Health Commission.

**Budgetary/Fiscal Responsibilities:**

At the direction of the CEO, responsible for managing expenses within an approved budget and assisting in raising necessary operating capital to assure long-term organizational viability. Assures compliance with all reporting and financial requirements set forth by the funders of the commission.

**Hours:**

The Director role is a full-time position and will generally be required to work during normal business hours, Monday through Friday. The incumbent will be required to attend meetings or perform duties that include early morning, evening and weekend hours.

**Qualifications:**

- A minimum of five years experience in community organizing and/or public relations/communication activities is required.
- A Master’s degree in Business Administration, Public Health, Health Administration, Public Administration, or related field is preferred.
- Proven experience in creating and implementing community engagement and communication/public relations plans in the public health/health care sector. Prior experience with neighborhood development activities in the St. Louis region is strongly preferred.
- Strong analytical, interpersonal, communication and organization skills.
- Proven experience in facilitating Executive-level committees to reach consensus.
- Ability to work without close supervision and in a self-directed manner.
- Computer skills to include word processing, spreadsheet and graphic capabilities.
- Knowledge of the St. Louis community both the sum and all its distinct parts is essential.