



**Greater Columbia Accountable Community of Health**

*Collaboration • Innovation • Engagement*

**Board of Director Meeting Minutes**

Thursday, February 15, 2018 | 12:00 pm – 2:30 pm

Columbia Basin College (CBC), Library 102 (L102), 2600 N 20<sup>th</sup> Ave, Pasco, WA 99301

**ATTENDANCE**

<b>Board Members:</b>	Caitlin Safford, John Sinclair, Carrie Greene, Darlene Darnell, Sandra Suarez, Rhonda Hauff, Ronni Batchelor, Ruben Alvarado, Madelyn Carlson, Brian Gibbons, Jim Aberle
<b>Guests (* denotes they called in):</b>	Corrie Blythe, Courtney Ward, Sierra Foster, Larry Thompson, Jorge Rivera, Shawnie Haas, Elissa Southward, Bertha Lopez, Kat Latet, Samantha Frederick*
<b>Staff/Contractors:</b>	Carol Moser, Kylee Spence, Wes Luckey, Aisling Fernandez, Patrick Jones
<b>Special Thanks:</b>	Thank you, Columbia Basin College, for use of the facility. Thank you, CG Public House & Catering, for catering.
<b>Welcome &amp; Introductions:</b>	<ul style="list-style-type: none"> <li>Rhonda Hauff facilitated the meeting.</li> <li>Quorum was met with a total of 11 members present for voting (11 in person, 0 on the phone).</li> </ul>

**MINUTES & REPORTS**

**Action Items**

<b>Consent Calendar (Board):</b>	<ul style="list-style-type: none"> <li>January 18, 2017 Board Minutes</li> <li>Updates to Harassment Policy</li> </ul>	<ul style="list-style-type: none"> <li>Motion by John to approve the Consent Calendar as presented. Seconded by Sandra, Motion passed.</li> </ul>
<b>Overview of Practice Transformation (Sam Werdel):</b>	<ul style="list-style-type: none"> <li>Sam did not present today.</li> <li>Wes gave a short overview of the presentations during the Leadership Council. Barbara Mead (Contractor to and former employee of Lourdes) presented first, followed by a co-presentation by Dell Anderson (TCCH) &amp; Veronica Guitierrez (TCCH), followed by a presentation by Sam Werdel (formerly worked for Qualis health and future GCACH employee). A good discussion followed the presentations with Patrick facilitating questions and receiving feedback from audience. Carol liked Barbara's</li> </ul>	

	comment that behavioral health care will become the norm. Ronni thought the presentations were well-received and the information presented was right on target.	
<b>Directors' Report &amp; Updates (Carol, Wes, Kylee):</b>	<ul style="list-style-type: none"> <li>• Carol reviewed the Directors' report which included a summary of the 2018 Implementation Work Plan for Medicaid Transformation, the GCACH Project Plan Independent Assessment Results (GCACH received a score of 100%!), a summary of the Dental Health Aide Therapy Program and updates about office remodeling and redecorating. Sandra commented that GCACH started out with higher Project Plan scores than some other ACHs after the first submittal. Carol announced two new staff who have been hired and will join soon: Sam Werdel as the new Bi-Directional Program Manager and Rubén Peralta and the new Director of Community Engagement. The Community Engagement position was very competitive.</li> <li>• Wes reported on the Request for Proposal (RFP) for IT Care Coordination. New Health Information Technology (HIT) can work in an efficient and relatively cost-efficient way to address the goals of care coordination. GCACH is initiating an RFP process to contract with a healthcare IT consultant to do a pilot with a small population. The goal of the pilot is to do a Transformation project-related use case such as integration between behavioral health providers and primary care using a secure and HIPAA-compliant cloud-based platform. The deadline for submitting the RFP is February 20, 2018.</li> <li>• Kylee reported that Memorandums of Understanding (MOUs) have been returned by all Local Health Improvement Networks (LHINs). MOUs for partner provider's engagement funding are currently a work in progress.</li> <li>• There was a discussion about the first orientation for new Board members, held with two of our newest Board members, Ronni Batchelor (Consumer Sector Representative) and Ruben Alvarado (Local Government Representative) on February 12<sup>th</sup>.</li> <li>• GCACH was contacted by Upstream USA, a national nonprofit organization that supports the full range of contraceptive methods, including Long-Acting Reversible Contraceptives (LARCs). Carol, Wes and Carla Prock (Facilitator for the Maternal &amp; Child Health Project Team) met with them to discuss a collaboration around training and education tied to an Intentional Pregnancy Planning initiative.</li> </ul>	
<b>Communications Framework Overview (Megan, Madelyn):</b>	<ul style="list-style-type: none"> <li>• Megan presented the Communications Plan which is a high-level framework based on the previous Communications Plan. The plan addresses when and how certain activities of Greater Columbia ACH will be communicated and the appropriate internal and external audiences. Madelyn is the new chair of the communications committee. Feedback on the framework is welcome.</li> <li>• Madelyn- thinking of sending a doodle poll to find a good time for the meetings, help to reengage people. Perhaps meet just once a month unless there are specific projects.</li> </ul>	
<b>ACTION ITEMS</b>		
<b>YTD and January Financial Reports (Kylee):</b>	<ul style="list-style-type: none"> <li>• Kylee Spence reviewed the Balance Sheet, the Budget vs. Actuals 2018, and the January 2018 Statement of Activity. These financials had been previously reviewed by the Finance Committee.</li> <li>• There was a brief discussion about the B&amp;O tax. <ul style="list-style-type: none"> <li>○ As discussed in the January 2018 Board Minutes: The Department of Revenue (DOR) responded to GCACH's Ruling Request on January 10 with the following, "Provided your organization meets the definition of a health or social welfare organization under the revised code of Washington (RCW) 82.04.431, income received from federal, state, or local entities for the purpose of providing or supporting health or social welfare services is eligible for a deduction under RCW 82.04.4297." We believe the ruling is favorable and precludes GCACH from paying B&amp;O tax.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Motion by John to approve the balance sheet. Seconded by Brian. Motion passed.</li> </ul>

<p><b>Financial Policies (Kylee):</b></p>	<ul style="list-style-type: none"> <li>• Kylee led a discussion around the draft Financial Policies document, which she adapted from the financial policies of Community Action Connections (CAC).</li> <li>• Kylee kept the “collection process” content for the future in case GCACH needs to receive reimbursements.</li> <li>• Nationally, the procurement process has received a lot of scrutiny. Suggestion to make sure that we’re following those federal limits for small purchases. Kyle responded that the Finance Committee talked about this and Kylee will be taking steps to follow of the procurement process requirements.</li> <li>• There was a question about Dual Control for writing checks. A recommendation was made to make sure that greater than 2 people have the authority to sign checks so that checks can be written and business can be done if someone is unavailable. Board members should have this authority. Recommendation for an Internal Control Policy.</li> <li>• Suggestion that the Financial Policies document says that a deposit will be made within two days <i>business</i> days rather than within two days.</li> <li>• Recommendation from the Board to have the Financial Policies reviewed by an auditor.</li> <li>• Kylee addressed the topic of fundraising activities allowed by contributions to the LHINs. GCACH staff posed a question to the Board about whether or not the LHINs should be able to use contract money (\$30,000 for each LHIN) to write grants and the Board discussed this topic. The Board recommended that GCACH should consider being consistent with all contracts going forward, when choosing between two sets of guidelines, to go with the stricter guidelines and in this case to go with the stricter Federal guidelines. The Board also based the decision (see motion) on the fact that the Waiver money that the LHINs receive should be spent within the scope of the MOU.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion by Madelyn to deny LHINs utilizing funding for the grant writing process if it is not clearly within the scope of work of the LHINs’ MOU and rely on staff to review grant opportunities. Brian seconded. John &amp; Caitlin abstained. Motion passed.</li> </ul>
<p><b>Approval of funding mechanism for Medicaid Transformation IGT Strategy (Carol):</b></p>	<ul style="list-style-type: none"> <li>• Last month Savannah Parker presented to the Board on Intergovernmental Transfers (IGT). The Board was presented with a document with details about the IGT Strategy and a Proposed Recommendation for action. This information was brought back to the Board to decide if this ACH would go in with the other ACHs as part of the strategy. The amount of earnable DSRIP revenue produced by the IGT Strategy depends on how many ACHs agree to participate. UW Medical and the Association of WA Public Hospital Districts (AWPHD) are the two funding sources. In the future there could be shared ACH investments using IGT investment funds. The menu of Domain I options is currently under development between the IGT contributors and the ACHs.</li> <li>• PROPOSED RECOMMENDATION: <ul style="list-style-type: none"> <li>○ “The GCACH Board of Directors approves the funding mechanism for the Medicaid Transformation IGT strategy developed by the Washington State Health Care Authority in agreement with the Center for Medicaid Services as part of the State’s Medicaid 1115 Waiver and Transformation project.”</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Motion by John to follow the proposed recommendation for the IGT decision. Seconded by Sandra. Motion passed.</li> </ul>
<p><b>Employee Handbook Updates (Kylee, Carol):</b></p>	<ul style="list-style-type: none"> <li>• There was a discussion about Health Benefits for GCACH employees in order for GCACH to stay competitive in the current market to attract the best potential candidates and remain equitable and support to the mission.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion by John to follow the proposed recommendation for</li> </ul>

	<ul style="list-style-type: none"> <li>○ Kylee presented a financial analysis on cost differences on 3 health benefits options for staff.</li> <li>○ GCACH would like to offer GCACH employees two options: 100% employer paid medical coverage or an HSA account.</li> <li>○ Staff asked the Board to talk about an amount for the HSA account.</li> <li>○ Kaiser is the insurance provider for GCACH employees.</li> <li>○ GCACH STAFF'S PROPOSED RECOMMENDATION: <ul style="list-style-type: none"> <li>▪ "Increase employee coverage to 100% employer paid and remain 0% employer paid coverage for dependents with dependent coverage available to employee at 100% cost to employee. In addition, to those who have healthcare coverage through other means, a flat rate monetary amount will be provided not to exceed the cost of 100% coverage through GCACH, into a Health Savings Account (HSA). This option would save the organization money and be more equitable than purchasing unnecessary 100% coverage for all employees when other can have coverage elsewhere at a cheaper cost. This also provides all employees a beneficial healthcare coverage without penalizing the employee or employer."</li> </ul> </li> <li>● The Board approved the 401k policy when they approved the handbook in June 2017, however further research revealed that a 401k policy is very expensive and out of reach for GCACH to provide to staff. Might be better for GCACH to offer an IRA policy to staff. Kylee has a meeting next week to learn more details about offering an IRA. Some Board members suggested considering a 403b for nonprofits option for staff instead. Some Board members suggested working with Mutual of America or with Mass Mutual.</li> </ul>	<p>health benefits immediately and to task staff to obtain more information on HSAs for the Board. Madelyn seconded. Ronni &amp; Caitlin abstained. Motion passed.</p>
<p><b>Sign Bylaws &amp; Conflict of Interest Policy:</b></p>	<ul style="list-style-type: none"> <li>● Staff passed out copies of the updated Bylaws and Conflict of Interest Policy for Director's signatures.</li> </ul>	
<p><i>NEW BUSINESS</i></p>		
<p><b>Strategic Planning Work Group Nominations &amp; 2018 Work Plan (Carol, Wes):</b></p>	<ul style="list-style-type: none"> <li>● The Strategic Planning Workgroup (SPW) Charter was presented to the Board.</li> <li>● A document with Strategic Planning Workgroup Nominations was also in the Board packet and includes individuals identified to join the SPW. The SPW includes Dyad Leadership, Subject Matter Experts (SMEs), Board Members and Project Team Facilitators. Another important aspect of the composition of the SPW is including providers who care for the largest number of Medicaid beneficiaries in the GCACH region.</li> <li>● Caitlin said that in the future, the MCO sector should be asked for recommendations for a workgroup like this.</li> </ul>	<ul style="list-style-type: none"> <li>● Motion by John to follow the proposed recommendation for individuals on the Strategic Planning Workgroup. Sandra seconded. Caitlin abstained. Motion passed.</li> </ul>
<p><b>Kittitas Co Health MOU (added to the agenda by Rhonda):</b></p>	<ul style="list-style-type: none"> <li>● The Kittitas County Health Network contacted Rhonda to see if GCACH would be interested in contracting with them to administrate DSRIP dollars. Rhonda talked with Carol and Martin ahead of time and shared their collective option. Brian agreed during the meeting. Consensus from the Finance Committee was that GCACH has developed its own process for decisions and allocation of</li> </ul>	<ul style="list-style-type: none"> <li>● Motion by Madelyn to deny the request from Kittitas County</li> </ul>

	<p>funds and contracting with others would give up our fiduciary control. Unanimously, the Finance Committee recommended not to give up the responsibility for contracting projects to the Kittitas County Health Network or to other LHINs.</p>	<p>Health Network to contract with GCACH to administrate waiver dollars. Seconded by Ronni. Motion passed.</p>
<p><b>Meeting Locations for GCACH Board:</b></p>	<ul style="list-style-type: none"> <li>• John asked if the March Board meeting could be moved from the 15<sup>th</sup> to the 22<sup>nd</sup>.</li> <li>• Staff will move the Board meeting to March 22<sup>nd</sup> and will move the meeting to TCCH if the Board room is available.</li> <li>• There was general consensus that the Tri-Cities Community Health space was better for the Board meetings.</li> </ul>	
<p><b>Closing Discussion &amp; Adjournment</b></p>	<ul style="list-style-type: none"> <li>• No one has been identified for an audit.</li> <li>• Meeting was adjourned at 2:30 p.m. Minutes taken by Aisling Fernandez</li> </ul>	<ul style="list-style-type: none"> <li>• Motion by Sandra to adjourn the Board meeting. John seconded. Motion Passed.</li> </ul>
<p><b>FUTURE MEETINGS</b></p>		
<p><b>Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!</b>  The regular Board meetings will be (from 12-2:30 p.m. at CBC, room 102) on the following dates:</p> <ul style="list-style-type: none"> <li>• <b>Thursday, March 22, 2018. NOW THE THIRD THURSDAY OF MARCH. MOVED TO CAC BOARD ROOM.</b></li> <li>• Thursday, April 19, 2018</li> <li>• Thursday, May 17, 2018</li> <li>• Thursday, June 21, 2018</li> <li>• Thursday, July 19, 2018</li> </ul>		