Greater Columbia Accountable Community of Health

Board of Directors

Thursday, October 20th, 2016
12:00PM to 2:30PM
Regular meeting
Greater Columbia Behavioral Health
101 N. Edison Street, Kennewick, WA 99336

Minutes

Participants	In Person: Brian Gibbons, Madelyn Carlson, Les Stahlnecker, Ed Thornbrugh, Ken Roughton, Lori Brown, Andrea Tull, Eddie Miles There was not presence of a quorum because there were 9 or more directors present.	
Backbone Support Present	Carol Moser, Executive Director Aisling Fernandez, Communications Coordinator	
Guests	Bill Hinkle, Hinkle and Associates, LLC John Raymond, Hopesource Kittitas County Lena Nachand, HCA Caitlin Safford, Amerigroup	
Special Thanks	• Thank you to Greater Columbia Behavioral Health for providing the facility and support that allows us to hold these meetings.	
TOPIC	NOTES	ACTIONS
Welcome & Introductions	• Brian Gibbons facilitated the meeting. There were introductions around the room (name and organization).	
Minutes	• There was no quorum.	
Washington State Hospital Association: ACH Advisory Group Presentation (Eddie Miles)	• Eddie gave his presentation to the group to get feedback before he presents it to the Washington State Hospital Association (WSHA). • There was discussion about what an "independent assessor" means (slide 5). It's someone who gets the criteria from the HCA and from CMS and provides an external checkpoint. • There was a recommendation for the GCACH to get Directors & Officer's liability insurance. • Lena said that staff, space, and other administrative functions can be developed through planning money from the waiver. • There was a discussion about getting guidance to procure contracts correctly. Carol talked about CFR200, which lists the requirements for contracting with the Federal government. "Medicaid-	

	like programs" (slide 6) are Delivery System Reform Incentive Payments (DSRIPs), which are about bending the cost-curve. This money will be saved. No current programs will be cut to fund this.
	• In slide 10, Eddie recommends that GCACH focuses on the process for receiving, deciding on and supporting submissions for the Waiver. He recommends that we develop infrastructure for long-term measurement and monitoring. Slide 11 has a visual of the three basic steps of the process.
	  • Lori: Some programs could do more if they had more money. If there are already programs out in the communities, you don't want to duplicate what is out there. Does the Waiver allow us to build upon poorly funded projects? Eddie says that the existing program can submit their project and go through the process we will develop for submissions.
	  • Lena talked about scaling and coordination of projects. If there are successful projects in two different communities in our region, let's acknowledge what is working well and be attuned to the local environment that makes it successful. Documenting the differences and why programs work better in some areas than in other is important. This assessment will be the inventory plus additional information.
	• Slide 13 shows the Transformation Toolkit Example, a slide from Marc Provence's presentation, which Eddie described as a business model. We could use this slide as a template for how we receive proposals/applications and how we can underwrite thoughts and discussions.
	• Caitlin and Carol recommended looking at NY State's Delivery System Reform Incentive Payment Program (DSRIP) Toolkit as a model for our work.
	• Caitlin mentioned that GCACH has the 2nd highest Medicaid population in the State. Allocation of waiver funds will be based on how we design our projects and will also incorporate membership into the equation to some extent.	

Director's Report (Carol)	• Carol reviewed the items in the Director's report and mentioned that the Director's Report is meant to be a tool. The Director's Report highlights the exciting news that the Medicaid Waiver was approved on October 3rd! ACHs are Initiative 1 (delivery system transformation) of the three Initiatives of Medicaid transformation. Within Initiative 1, and there are 3 domains within Initiative 1: Health Systems Capacity Building, Care Delivery Redesign, and Population health. These domains are designed to take us from the current system to a new type of system (see the	

	chart on page 1). Payments will be received after reaching milestones (early on process measures and later outcomes). • On page 4 of the Director's Report, there is a Gantt chart with the final steps and a tentative timeline to wrap up the Regional Health Improvement Plan (RHIP). • Carol emphasized that we need community outreach for our projects for the RHIP to get a real sense of what is important to the community. We're going to have to vet the submitted projects and we need the community members' opinions. • Ken asked if there is a requirement for projects to be county based? Carol replied- as we mature projects, we could have a regional approach. Each project could cover multiple priorities. The design of our projects is going to drive our staffing model. Les replied- we should focus on what the communities need and then work with those around the table to do that as effectively as possible. It's possible that some services won't go through the ESD anymore, but rather through a joint service if that's what is better for the community. • Lori recommended having an operational plan. • Carol and Aisling talked about some of the backbone's space and IT issue. Ken said that the WebEx through GCBH will become available for our meetings again. • Les talked about the ACH being a part of the efforts to reform health care and make healthy changes. Working with the waiver is one immediate opportunity, but ACHs are designed for health care reform not for the waiver. The ACH should still be here even when the waiver goes away. • Caitlin mentioned that every ACH is currently struggling with developing infrastructure. • Lori said that for an organization to function well, it must have its basic needs met such as a location, staffing, policies and procedures, someone to develop processes to make the ideas happen (the ideas that the huge Leadership Council comes up with).	
Board Nominations Discussion	• There was a discussion about the changes to the Board and the next Board election. During the Leadership Council meeting earlier in the day, Rebecca Sutherland, Alex Howard, Delphine Bailey, Wes Luckey, Meghan Debolt and Liz Whitaker volunteered to be on the Nominating Committee. • Carol talked about the process in the Bylaws for rotation of the Board members. The first group of directors serve for one year and after that there is a lottery. Martin (not present) asked Carol to ask the Board members if they are interested in continuing to be on the Board. Martha Lanman	

	has asked to step off the Board. Carrie Green has not been able to make enough meetings to stay on the Board. • Ken Roughton suggested that the Board of Directors stay on for one more year before rotating to keep the momentum and knowledge during this critical time. • Madelyn reviewed the Bylaws and said that Board members can serve up to 3 consecutive terms, so half of the Board could serve for 5 years and the other half of the Board could serve for 6 years. • Brian made a recommendation to the Nominating Committee that the changes to the Board be put out for 1 year. • Carol said that the Nominating Committee will reach out to each Board member to see if they want to stay or open their chair up. • Caitlin said that the MCOs will still rotate yearly.	
Contracts Policy (Policy # 2016-004) Discussion	• Carol reported that during the site visit with Janet Cornell, HW Medicaid Assistance Program Specialist, that Janet emphasized the importance of having a really good contracts policy. Absent having any policies from the Board, Carol created a Contracts Policy. • This policy is in draft form and outlines a procedure for GCACH contracts and agreements that exceed $5,000. • Lori and Brian agreed to send Carol copies of their contracting policies for comparison. Brian mentioned that the draft contracts policy looks pretty good. • Carol said that Janet wanted to see suspension and debarment language added to our current policy.	
IRS Form 1023 Review	• Carol has nearly completed the form 1023 for the Internal Revenue Service (IRS) that is the Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code. Carol received guidance from Larry Thompson, and Jefferson Coulter, Sr. Attorney for NW Justice Project which are included in the Board packet with the 1023 form. Carol asked the Board to decide whether the GCACH organization will be a public charity, which would allow us to receive donations without taxes. There's also a lot of language around fundraising tied to the public charity status. o Ed advised that GCACH does not become a public charity at this time. We may want to testify. He would like to understand the limitations more and would like a qualified professional to guide us on this.	

	○ Lena said that the HCA has purposefully not provided legal counsel to avoid conflicts. ○ Brian suggested that we revisit this question on the 1023 form next month (in November). • Carol said that we have an agreement with the BFCHA until the end of the year. We can purchase D&O (Directors and Officers) insurance for about $1000.	
2016 & 2017 Meeting Discussion	• Plan on the next meeting for the Board on November 17th (regular time, place and schedule). There may be a Board retreat in January. • Ed asked about the status of the Coordinated Care agreement. Carol said that she doesn't have the budget from them yet, and offered to share the current agreement with him.	
Adjournment	Meeting was adjourned at 2:30PM. Minutes taken by Aisling.	
Remaining 2016 Meetings	November 17th, 12-2:30PM. Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!	