North Central Accountable Community of Health

Governing Board Meeting
1:00 PM–3:30 PM, August 5, 2019

Location	**Call-in Details**
Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801	Conference Dial-in Number: (408) 638-0968 or (646) 876-9923 Meeting ID: 429 968 472# Join from PC, Mac, Linux, iOS or Android: https://zoom.us/j/429968472

TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	Introductions – **Barry Kling** • Board Roll Call • Review of Agenda & Declaration of Conflicts • Public Comment		• Agenda	*1-2*
1:10 PM	Approval of Minutes – **Barry Kling**	**Motion:** • Approval of July Minutes	• Minutes	*3-6*
1:15 PM	Executive Director's Update – **Senator Parlette** • MTP Evaluation		• Executive Director's Report • MTP Evaluation one-pager	*7* *8*
1:25 PM	Treasurer's Report – **Brooklyn Holton** • 2019 Spending Projections – **John Schapman** • Accountability/reimbursement policy	**Motion:** • Approval of monthly financial report • Approval of Accountability/Reimbursement Policy	• Monthly Financial Report • 2019 Spending Projections • Board Motion Form & Draft policy	*9-12* *Separate* *13-17*
1:45 PM	Staff Updates – **NCACH Staff** • TCDI – **John** • Capacity Building – **Tanya** • WPCC – **Wendy** • Opioid – **Wendy for Christal**		• Staff updates	*18-19* *20-36* *37*
2:15 PM	Pathway's HUB Update - **Deb Miller**		• HUB Update	*Separate*
2:30 PM	CHI Update – **CHI Board Seats** • CHI Community Initiatives Application Review Conflict of Interest Policy – **Sahara Suval**	**Motion:** • CHI Community Initiatives Application Review Conflict of Interest Policy	• Board Motion Form	*38-46*
2:50 PM	Sustainability/Strategic Planning – **John Schapman** • Visioning Workgroup	**Motion:** • Approval of Visioning Workgroup	• Board Motion Form	*47-49*

North Central Accountable Community of Health

A Handy Guide to Acronyms within the Medicaid Transformation Project

ACA: Affordable Care Act

ACH: Accountable Community of Health

ACO: Accountable Care Organization

AI/AN: American Indian/Alaska Native

BAA: Business Associate Agreement

BH: Behavioral Health

BH-ASO: Behavioral Health - Administrative Service Organization

BLS: Basic Life Skills

CBO: Community-Based Organization

CCHE: Center for Community Health and Evaluation

CCMI: Centre for Collaboration Motivation and Innovation

CCS: Care Coordination Systems

CHI: Coalition for Health Improvement

CHW: Community Health Worker

CMS: Centers for Medicare and Medicaid Services

CMT: Collective Medical Technologies

COT: Chronic Opioid Therapy

CP: Change Plans

CPTS: Community Partnership for Transition Solutions

CSSA: Community Specialist Services Agency

DOH: Department of Health

DSRIP: Delivery System Reform Incentive Program

EDie: Emergency Dept. Information Exchange

EMS: Emergency Medical Services

FIMC: Fully Integrated Managed Care

FCS: Foundational Community Supports

HCA: Health Care Authority

HIT/HIE: Health Information Technology / Health Information Exchange

MAT: Medication Assisted Treatment

MCO: Managed Care Organization

MH: Mental Health

MOU: Memorandum of Understanding

MTP: Medicaid Transformation Project(s)

NCACH: North Central Accountable Community of Health

NCECC: North Central Emergency Care Council

OHSU: Oregon Health & Science University

OHWC: Okanogan Healthcare Workforce Collaborative

OTN: Opioid Treatment Network

OUD: Opioid Use Disorder

P4P: Pay for Performance

P4R: Pay for Reporting

PCS: Pathways Community Specialist

PHSKC: Public Health Seattle King County

RFP: Request for Proposals

SDOH: Social Determinants of Health

SSP/SEP: Syringe Services Program / Syringe Exchange Program

SMI: Serious Mental Illness

SUD: Substance Use Disorder

TCDI: Transitional Care and Diversion Interventions

TCM: Transitional Care Management

VBP: Value-Based Payment

WPCC: Whole Person Care Collaborative

North Central Accountable Community of Health

Governing Board Meeting
July 1st, 2019 1:00 PM – 3:30 PM

Location	Attendees
CTC **285 Technology Center Way** **Wenatchee WA 98801**	**Governing Board Members Present:** Blake Edwards, Rick Hourigan, Doug Wilson, Rosalinda Kibby, Scott Graham, David Olson, Carlene Anders, Senator Warnick, Barry Kling, Ken Sterner, Nancy Nash-Mendez, Courtney Ward, Molly Morris, Ray Eickmeyer, Daniel Angell, Brooklyn Holton, Kyle Kellum, Mike Beaver, Cathy Meuret Governing Board Members Absent: None **Public Attendance:** Deb Miller, Kelsey Gust, Jorge Rivera, Kate Haugen, Melodie White, Amelia Davis, Jerry Perez, Richard Derock, Russell Speidel **NCACH Staff:** Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Christal Eshelman, Tanya Gleason, Sahara Suval, Mariah Brown, Heather Smith, Teresa Davis – Minutes
Agenda Item	**Minutes**
• Review of Agenda & Declaration of Conflicts • Public Comment	Conflicts of Interest: None Public Comment: None
• Approval of Minutes	❖ Rosalinda Kibby moved, Senator Warnick seconded the motion to approve the May minutes as presented, motion passed
• Executive Directors Report	• Attended the Okanogan County CHI Meeting – discussion happened with all three of the hospitals on highway 97 regarding the lack of OB coverage. • Ray was acknowledged as the administrator of the year by the Greater Wenatchee EMS Council in the Lake Chelan newspaper • Attended the ED Meeting in SeaTac, met with the Health Care Authority and one representative from each of the MCO's. In the future the consultant that the ACH's have hired will be working with the consultants that HCA has hired to coordinate the agenda for these meetings to have a more productive meeting. • Will be testifying along with Alison from Better Health Together and Alicia from Pierce in front of the Joint Select Committee on July 23rd to talk about successes as well as challenges. • Michelle Price is resigning from the ACH Board due to her busy schedule and recommended Cathy Meuret as her replacement. That will be addressed next on the agenda. • David Olson noted the Ben Lindekugel's passing – 5 years ago he was one of the founders of the NCACH. He wanted to formally recognize him for his efforts in our region. Ken Sterner suggested a future award in Ben's name if the NCACH ever decides to have an award.
• Board Election	❖ David Olson moved, Ray Eickmeyer seconded the motion to approve the nomination of Cathy Meuret to fill the Education Board Seat on the NCACH Board effective 07/01/2019, motion passed. Term expiration 12/31/2019.
• Treasurers Report	• Brooklyn went over the monthly financial report for April and May since we did not have a May Board meeting. • Courtney had some concerns that we are only at 12% spent at this time of year. Brooklyn noted that we also just had $4 million in revenue come in as well. John responded that we did just make a lot of partner payments through the FE Portal that are not

	reflected on this report. He will work on projections for the rest of 2019 to give an update to the Board. Courtney asked if there was any data collection, evaluation or provider feedback surveys being done to determine if the money is being spent in the anticipated way that it was intended? Are there things or resources that we can be offering? John said he feels that we have covered that in the workgroups and we have looked at barriers and where people can use additional support and we are creating discussions through the workgroups. • Blake noted that Qualis is now called Comagine • Liz Baxter, Executive Director from North Sound ACH finally got approval from HCA that ACH's can earn interest on the money that is in the Financial Executor Portal. More information to come on that. ❖ Doug Wilson moved, Senator Warnick seconded the motion to approve the monthly financial report, motion passed.
• Pathway's Hub Update	• At all ACH HUB Meeting they continue to figure out how to get Health Homes and Pathways to work well together & looking at a training that is tailored to our state instead of the CCS standard. • Will be meeting with the WPCC Team soon to discuss a future addition of Primary Care referrals. • Having a lot of conversations outside of healthcare as well. • Not NPI eligible - HUB is just a project not a provider program so they are not eligible. • Brooklyn suggested partnering with city code enforcement officers as well. • July 10th – HUB Advisory Board will be meeting with MCO's. Will be discussing expansion. • Courtney suggested some training with the trusted messengers that some of these families already work with.
• Staff Updates	• Pathways HUB Evaluation – Christal & Caroline reported that Allen Cheadle from CCHE will be doing some structured interviews in the Moses Lake area in August. They worked with Kaylee to identify some issues around engagement and enrollment. We will be looking for some recommendations and hopefully he will help us learn as we expand our efforts into other populations. This report should be available to share with the Board by the end of September. Courtney suggested adding payers to the evaluation. Christal said that she will add them. • Pathways HUB - working with Action Health Partners to amend their MOU because we had anticipated a quicker ramp up and launch, there was more funding allocated to this project than what is actually needed. • Opioid Workgroup – Planning for second NCW Opioid Response Conference in October, this will be a distributed model conference. Just issued a round of Rapid Cycle Awards 5 applications for a total of $48,099 – Brooklyn asked for a report back (1 or 2 sentences) successes/barriers on the process. Christal will work on a report. Recovery Initiatives – scheduling Recovery Coach Training and a Train the Trainer with a cohort of about 12 people that will be trained here locally. Also updating the workgroup charter – see Board decision form and charter. Changing the meetings to quarterly and have a smaller steering committee that meets in person. Brooklyn recommended to have the workgroup chair be automatically be added to the steering committee. Courtney asked if there was concern of not having representation on the steering committee. Christal is not concerned, she is more concerned with finding people who are knowledgeable and committed to the work. ❖ *Brooklyn Holton moved, Doug Wilson seconded the motion to approve updated NCACH Regional Opioid Stakeholders Workgroup Charter with the addition that the workgroup Chair will be a part of the steering committee, motion passed.* • Workforce – Allocated $41,000 in the 2019 budget to support expansion of apprentice program. The idea was to work with

	Washington Association for Community Health to expand their program but they are unable to. We have identified a consultant, Linda Rider to do the work. With travel expenses, the contract will need an additional $7,125 in funding. David asked how this different than what people can get through the Community College? The college is involved, much of it is online, with a few in person days, through the cohort people can be spread out throughout the entire region. ❖ *Brooklyn Holton moved, Rick Hourigan seconded the motion to approve allocation of $48,125 to Workforce Development (CDP Apprenticeship development) in the 2019 NCACH Budget. With the note that the project will extend into next year and that a preference be given to people in this area. Motion passed.* Doug Wilson asked why Chelan/Douglas does not have a Syringe Exchange Program. Barry responded that he recently tried for the third time at the Board of Health meeting and it was not approved. At the last Board of Health meeting there was a discussion around homelessness and the need for the Health District to convene a group to tackle the homelessness issues. He thinks that the discussion will come up again. There are other groups that are looking to do a needle exchange in Chelan Douglas. Linda noted that there are a lot of people that are wanting to go talk to the Board of Health, but they are waiting for the right time. • WPCC – Wendy presented a compiled report of where WPCC partners are currently. Many are in the testing phase right now. Hoping to see that testing phase shrink and implementation/spread increase in the next year. • Wendy mentioned that there are 4 organizations that may now qualify for WPCC, Board would like more info before Wendy reaches out to the organizations. She will do some further research and run by the Executive Committee. • TCDI – read pages 35 & 36 of the packet and John Schapman will give a verbal update at next meeting.
• Link Transit Presentation	Richard DeRock – General Manager of Link Transit gave a presentation on Improving Public Transit for Chelan and Douglas Counties. There is a measure before the voters on August 6th.
• CHI Update	Sahara Suval presented the CHI Community Initiatives applicant materials. Applications for $25,000 or less will come back to the Board in November 2019 for approval / applications above $25,000 will come back to the Board early 2020. Currently funded partners can apply, but they must partner with a non-funded partner to apply. This has been reviewed in depth previously at the Board Retreat. An information seminar is scheduled for July 11th. ❖ Ray Eickmeyer moved, Rick Hourigan seconded the motion to approve the 2019 CHI Community Initiatives funding applicant materials for immediate use and distribution, motion approved.
• Strategic Planning	John went over the results from the Staff/Board retreats that were held on May 30 & 31, 2019. **Preliminary Board Recommendations** • Create a forum to address the Social Determinants of Health (SDOH) in the region o Determine which SDOH factors can shape the agenda of a "Coalition" • Evaluate funding strategies to achieve goals of the NCACH post Medicaid Transformation • Evaluate the Board composition to meet the new goals of the organization and adjust representation accordingly

	A draft mission statement was crafted based on this preliminary discussion. NCACH plans to partner with OHSU to further develop a mission statement with set strategies for NCACH post Medicaid Transformation. These strategies will be utilized to develop a business plan to transition NCACH from its current state of supporting the Medicaid Transformation Project to its future state focused on a vision that is developed by the region. **Recommended next Steps:** • Initiate a Financial Modeling process for the Post-MTP period with OHSU • Form a Visioning Workgroup of 8-10 individuals with representation from current and past Board members, community members, and staff. This workgroup will allow the strategic planning process to move forward efficiently to accomplish the following: o Refine future Mission Statement and strategies o Discuss preliminary Post-MTP Service Model(s) o Brainstorm value proposition, structure, and rules of the Forum/Coalition idea that came out of preliminary discussion o Solicit feedback from the Board at regular Board meetings o Solicit community input into strategic plan and allowing community partners to participate in helping shape our region's mission and vision. A timeline for this work will be developed by staff and OHSU with input from this Visioning Workgroup. The goal is to have a roadmap by early 2020 for transitioning from our MTP focused state to our future state. Discussion: Will this contract end in 2019? Yes this contract ends in 2019. There is a possibility of a new contract for 2020. Brooklyn suggested identifying in the budget sheet why the contract was increased. The CHI work and Board sustainability was not included in the original budget. ❖ Brooklyn Holton moved, Cathy Meuret seconded the motion to increase the 2019 budgeted amount for the OHSU contract by $28,000 (from $72,000 to $100,000) to support current initiatives through the end of 2019, motion passed.

North Central Accountable Community of Health

Executive Director's Report – August 2019

It is hard to believe that we only have one month left of summer as we enter August!

It is bittersweet to share that one of our Practice Facilitators, Heather Smith, has just accepted a position closer to her home near the Tri-Cities area. Her last day with NCACH was July 26th. While we are going to miss her, I am happy that this new chapter will bring her closer to family.

The nine Executive Directors of the ACHs met for our monthly meeting on July 9th. Health Information Exchange (HIE) and Health Information Technology (HIT) were the big topics of discussion, as well as the need for the State to provide their vision for the future of HIE/HIT as it relates to the Accountable Communities of Health and the Medicaid Transformation. I shared some of these challenges with Washington State's Joint Select Committee on July 23rd alongside Better Health Together (Spokane-area ACH) and Elevate Health (Pierce County ACH). Watch the session here.

On Thursday, July 25th, Sahara and I attended the executive legislative session that was organized in Okanogan County with the North Valley, Mid-Valley, and Three Rivers Hospitals. Agenda items included: financial sustainability of the hospitals; primary care access; obstetrics care; and recruitment challenges. These were followed by a round table discussion.

Plans are still underway for the annual legislative rural health care tour across the North Central Region this fall. Nearly 25 people, legislators and staff, will be coming from Olympia on September 24, and will attend a meeting in Brewster with hospitals and health care partners.

Lastly, on July 31st, I attended a meeting organized by Blue Cross Premera, who shared information about their Rural Health Investment program. I will share more updates as the program as they become available.

As always…

Charge on!

Linda Evans Parlette, Executive Director

WHAT YOU NEED TO KNOW ABOUT THE MEDICAID TRANSFORMATION EVALUATION

*The Health Care Authority is required to contract with two outside entities to evaluate the work of the Healthier Washington Medicaid Transformation. These two entities -- an **Independent Assessor (IA)** and an **Independent External Evaluator (IEE)** -- will ensure compliance with the state-federal agreements, and measure progress and outcomes of the Medicaid Transformation.*

	Independent Assessor	Independent External Evaluator
Entity	Myers and Stauffer, LC	The Center for Health Systems Effectiveness at Oregon Health & Science University
	https://myersandstauffer.com/	https://www.ohsu.edu/center-for-health-systems-effectiveness/mtp-evaluation
Responsibilities	Assess ACH performance by reviewing semi-annual reports and conducting mid-point assessment.	Assess impact of Medicaid Transformation using qualitative and quantitative research methods.
Medicaid Transformation Scope	• Initiative 1: Transformation through Accountable Communities of Health	• Initiative 1: Transformation through Accountable Communities of Health • Initiative 2: Long-term Services and Supports • Initiative 3: Foundational Community Supports
Evaluation Methods	Document review, interviews, focus groups	Document review, key informant interviews, administrative data analysis, provider organization surveys
How this may impact you	IA planning on conducting interviews with ACHs and focus groups with partnering providers. IA will seek assistance from NCACH to piggy-back on existing provider meetings.	IEE planning on administering survey to sample of primary care practices and to all hospitals (focused on VBP, HIT and workforce). Will also conduct in-depth interviews with subset of survey respondents.
Expected timeline	September 16, 2019 – October 18, 2019	Fall 2019 (exact timeline TBD)

NCACH Funding & Expense Summary Sheet

Funding Source		CDHD ACCOUNT			FINANCIAL EXECUTOR FUNDS		
		SIM/Design/Misc Funds Received	SIM/Design/Misc Funds Expended	SIM/Design/Misc Funds Remaining	NCACH Funds @ FE	FE Funds Expended	FE Funds Remaining
SIM Funding*		**$ 115,329**	**$ 115,329**	$ -			
Transformation Project Funding							
	Original Contract K2296 - Demonstration Phase 1	$ 1,000,000					
	Original Contract K2296 - Demonstration	$ 5,000,000					
	Transfer from FE Portal	$ 226,961					
	Interest Earned on Demo Funds	$ 157,145					
	Transformation Total	**$ 6,384,107**	**$ 2,111,412**	**$ 4,272,695**			
Workshop Registration Fees/Misc. Revenue*		**$ 13,720**	**$ 13,720**				
				$ -			
Financial Executor Funding							
	Project Incentive Funds				$ 13,863,063	$ 4,404,907	$ 9,458,156
	Integration Funds				$ 5,781,980	$ 58,422	$ 5,723,558
	Bonus Funds				$ 1,455,842		$ 1,455,842
	Value Based Payment (VBP) Incentives				$ 300,000		$ 300,000
	DY1 Shared Domain 1 Funds**				$ 4,350,278	$ 4,350,278	$ -
Totals		**$ 6,513,156**	**$ 2,240,461**	**$ 4,272,695**	**$ 25,751,163**	**$ 8,813,607**	**$ 16,937,556**

**A portion of funds in this category were collected when CDHD held the SIM Contract*

***Automatically paid out through FE Portal from Health Care Authority and therefore not reflected on Financial Executor budget spreadsheet*

2019 NCACH Budget: Monthly Summary

CDHD Account Expenses

Fiscal Year: Jan 1, 2019 - Dec 31, 2019

Budget Line Item	Total Budgeted	Jun-19	Totals YTD	% Expended YTD to Budget
Salary & Benefits	**$ 983,205**	$ 81,760	$ 461,095	47%
Supplies				
Office	**$ 9,420**	$ 77	$ 2,760	29%
Drugs and Medicines	**$ 15,100**		$ 9,594	64%
Furniture < $500	**$ 2,400**		$ 1,411	59%
Books, References, & Videos	**$ -**		$ -	
Software	**$ 3,000**		$ 284	9%
Computer Hardware	**$ 6,000**		$ 3,429	57%
Services				
Legal Services	**$ 8,400**		$ -	0%
Computer	**$ 16,140**		$ 4	0%
^Misc. & Contracts	**$ 27,500**		$ 5,000	18%
Mileage	**$ 81,760**	$ 2,012	$ 10,498	13%
Professional Travel and Training	**$ 16,800**	$ 25	$ 3,203	19%
^Conference - Program Meals/Lodging	**$ 38,250**	$ 2,623	$ 8,090	21%
Other (Train/Plane/Boat/Parking)	**$ 10,200**	$ 1,038	$ 4,215	41%
Advertising - Newspapers	**$ 3,800**		$ -	0%
Advertising - Other	**$ 7,900**	$ 360	$ 7,475	95%
Insurance	**$ 5,700**		$ 5,702	100%
Printing - Office	**$ 7,900**		$ 319	4%
^Printing - Copier	**$ 12,200**	$ 505	$ 5,106	42%
Dues and Memberships	**$ 3,300**		$ 2,889	88%
Subscriptions	**$ 658**	$ 54	$ 628	95%
^Other Expenditures	**$ 139,349**	$ 20,938	$ 71,062	51%
CDHD Hosting Fee 15%	**$ 212,322**	$ 16,409	$ 90,415	43%
Grand total	**$ 1,611,305**	**$ 125,800**	**$ 693,178**	43%
			% of Fiscal Year	50%

FE Portal Account Expenses

Fiscal Year: Jan 1, 2019 - Dec 31, 2019

Budget Line Item	Total Budgeted	Jun-19	Totals YTD	% Expended YTD to Budget
Operations				
^ OHSU	**$ 100,000**	$24,432	$61,102	61%
Program Evaluation (TBD)	**$ 60,000**		$0	0%
Program Evaluation (Pathways Hub)	**$ 60,000**		$0	0%
Public Health Seattle King County(Data)	**$ 24,000**		$4,215	18%
Xpio	**$ 20,000**		$350	2%
Feldsman Tucker Leifer Fidell LLP	**$ 40,000**		$7,500	19%
** Asset Mapping (TBD)*	**$ 52,800**		$0	0%
^ Workforce Development	**$ 48,125**		$0	0%
Communications and Outreach				
Training (TBD)	**$ 10,000**		$0	0%
Lead Agencies (CHIs)	**$ 150,000**	$17,068	$67,545	45%
** CHI Partner Payments*	**$ 450,000**		$0	0%
Whole Person Care Collaborative				
^ Comagine Health (Qualis Health)	**$ 215,710**	$25,132	$25,132	12%
Shift Results	**$ 53,820**	$464	$36,898	69%
CCMI - Advising	**$ 186,000**		$30,000	16%
Learning Activities	**$ 246,640**		$86,252	35%
CSI - portal & TA	**$ 75,992**		$8,650	11%
Learning Community - fixed	**$ 1,080,000**	$282,500	$540,000	50%
Learning Community - variable	**$ 2,080,000**		$70,000	3%
Pathways Hub				
Community Choice - Hub Lead Agency	**$ 1,426,612**	$92,000	$243,500	17%
Transitional Care and Diversion Intervention				
Confluence Health (TCM Trainer)	**$ 55,000**		$0	0%
Add Hospital Contractor Payment (TBD)	**$ 20,000**		$0	0%
EMS Contractor Payments(NCECC)	**$ 60,000**		$10,473	17%
TCDI Hospital Partner Funds	**$ 234,626**		$116,882	50%
EMS Partners Payments	**$ 240,000**	$16,250	$52,500	22%
Emerging Initiatives Approval (CCOW)	**$ 20,000**		$0	0%
** Other TCDI Initiatives*	**$ 370,000**		$0	0%
Opioid Project				
Rapid Cycle Applications	**$ 100,000**	$20,000	$30,000	30%
Public Awareness Contract	**$ 30,000**		$0	0%
^ School Based Prevention Contracts	**$ 60,000**		$0	0%
*^ * Other Opioid Initiatives (TBD)*	**$ 35,000**		$0	0%
Grand total	**$ 7,604,325**	**$477,846**	**$1,390,998**	**18%**
			% of Fiscal Year	50%

Total Budget	**$ 9,215,630**	**$ 603,645**	**$ 2,084,176**	**23%**

"*" asterisks - This means a line item will need to go back to the Board in 2019 for further approval prior to any funds being expended.

"^" Budget Amendment Occurred in 2019

Budget Amendments - 2019

Date	Amendment
01.07.19	Motion to approve an increase of $116,425 to the current 2019 budget amount allocated to the Qualis Health Contract to include contracting for HIT technical assistance, This will bring the total budgeted amount for the Qualis Health contract to a maximum (up to) amount of $215,710 in 2019.
03.04.19	Motion to approve $13,500 to allocate for a contracted vendor to support Executive Director coordination and support between the nine ACHs in 2019.
05.06.19	Approval of the adjusted Opioid Project Budget as presented at the Board meeting.
7.3.2019	Motion to increase the 2019 budgeted amount for the OHSU contract by $28,000 (from $72,000 to $100,000) to support current initiatives through the end of 2019.
7.3.2019	Motion to increase the 2019 budgeted amount for workforce development by $7,125 (from $41,000 to $48,125) to support current initiatives through the end of 2019.

North Central Accountable Community of Health

Board Decision Form

TOPIC: NCACH Board Member and Committee Chair Expense Reimbursement Policy
PURPOSE: Have a formal travel and reimbursement policy that can be utilized in conjunction with Board/Committee Chair reimbursement through the Chelan Douglas Health District
BOARD ACTION: ☐ Information Only ☑ Board Motion to approve/disapprove
BACKGROUND: To bring expertise in the decision making process of the Medicaid Transformation Project, NCACH relies on community leaders and subject matter experts to volunteer as Board members and workgroup chairs to lead the organization's planning and decision making groups. Each of these volunteers incur costs to either themselves or their organizations as part of their commitment to NCACH. To help offset the cost of traveling to meetings, NCACH reimburses board members and committee chairs for appropriate business related expenses. In May of 2019, NCACH and Chelan Douglas Health District (CDHD) met to discuss the current process of Board member and committee chair reimbursement. Based on those conversations it was determined that a documented process was needed to ensure that these volunteers would not be put at risk of having their reimbursement treated as income. In June, NCACH worked with Cordell Neher and Associates and Davis Arneil Law Firm to craft an expense reimbursement policy that is in alignment with an accountability plan as defined by the Internal Revenue Services (IRS). Under an "accountable plan", an organization is able to reimburse volunteers for their business-related expenses without including the expenses as compensation (e.g. subject to taxes). Although the NCACH has followed a standard process, we a requesting Board approval of the attached policy. By formal adoption this policy provides clear guidance for reimbursement to Board members and committee chairs and avoids potential misclassification (by CDHD or the IRS) as compensation.

PROPOSAL:

Motion to approve the NCACH Board and Committee Member Expense Reimbursement Policy presented to the Board.

IMPACT/OPPORTUNITY (fiscal and programmatic):

- The accountability plan will allow NCACH and CDHD to have a formal process and expense reimbursement sheet that can be utilized to track board and committee chair reimbursement. This will ensure that board members and committee chairs are not at risk of having reimbursement claimed as income.

TIMELINE:

- August 5th, 2019 – Governing Board Approves Accountability Plan and plan goes into effect.
- August – November 2019 – NCACH staff plan to evaluate whether we can include reimbursement to Medicaid Consumers into the current accountability plan or if a separate policy is required for the organization.
    - *Note:* NCACH staff discussed including reimbursement to Medicaid Consumers into the proposed accountability plan. However, NCACH staff choose to recommend the attached policy while researching the changes that would need to be made to included Medicaid Consumers to avoid delaying adoption of a formal policy for Board members and committee chairs.

Submitted Date: 08/05/2019
Staff Sponsor: John Schapman

Attachments:

1. **NCACH Board Member and Committee Chair Expense Reimbursement Policy**
2. **Board and Committee Expense Reimbursement Form**

NCACH TRAVEL EXPENSE REIMBURSEMENT POLICY

The NCACH Board Members recognize that board members and committee chairs may be required to travel or incur other expenses from time to time to conduct company business and to further the mission of this non-profit organization.

In addition to this policy, NCACH recognizes that the agreement currently in effect between NCACH and CDHD commits NCACH to comply with CDHD administrative policies including those related to reimbursement. This policy meets that standard and will continue to do so as long as the hosting agreement includes that requirement.

1. Purpose

The purpose of this policy is to ensure that (a) adequate cost controls are in place, (b) travel and other expenditures are appropriate, and (c) to provide a uniform and consistent approach for the timely reimbursement of authorized expenses incurred. It is the policy of the North Central Accountable Community of Health to reimburse only reasonable and necessary expenses actually incurred.

When incurring business expenses, the NCACH expects board members and committee chairs to:

- Exercise discretion and good business judgment with respect to those expenses.
- Be cost conscious and spend the money as carefully and judiciously as the individual would spend his or her own funds.
- Report expenses, supported by required documentation, as they were actually spent.
- Obtaining prior approval for food and lodging expenses or expenses incurred in connection with attending a convention or an outside meeting on behalf of NCACH.

2. Personal Cars

Board members and committee chairs are compensated for use of their personal cars when used for NCACH business. When individuals use their personal car for such travel, including travel to and from the airport, mileage will be reimbursed at the currently approved IRS business rate per mile.

DRAFT

3. Parking/Tolls

Parking and toll expenses, including charges for hotel parking, incurred by board members and committee chairs traveling on organization business will be reimbursed. The costs of parking tickets, fines, car washes, valet service, etc., are the responsibility of the individual and will not be reimbursed.

4. Food and Lodging

Subject to obtaining prior approval, food and lodging expenses incurred by board members and committee chairs traveling on organization business will be reimbursed.

5. Conventions and Outside Meetings

Subject to obtaining prior approval, convention and outside meeting expenses incurred by board members and committee chairs attending conventions and outside meetings on behalf of NCACH will be reimbursed.

6. Expense Report

Expenses will not be reimbursed unless the individual requesting reimbursement submits a written expense report. An expense report will be forwarded with your meeting materials and must be submitted within 60 days of the completion of travel.

7. Receipts

Receipts are required for all expenditures, excluding mileage which will be reimbursed at the IRS business rate. Expenses will not be reimbursed unless the individual requesting reimbursement submits written receipts from each vendor (not a credit card receipt or statement) showing the vendor's name, a description of the services provided (if not otherwise obvious), the date, and the total expenses including tips (if applicable).

8. Non-reimbursable Expenses

Expenses that are not reimbursable include, but are not limited to:

- Travel insurance
- First class tickets or upgrades
- Limousine travel
- Movies, liquor and bar costs
- Clothing Purchases
- Business conferences and entertainment
- Car washes
- Toiletry articles
- Expenses for spouses, friends or relatives

North Central Accountable Community of Health

BOARD & COMMITEE EXPENSE REIMBURSEMENT FORM

Name: _____

Address: _____

_____

_____

General: Board & Committee members may be reimbursed actual costs for travel, lodging or meal expenses incurred in connection with NCACH business. All lodging and meal and related costs shall be reimbursed on an actual cost basis. Please refer to the NCACH Board & Committee Reimbursement Policy for further details.

Mileage: Travel expenses may be reimbursed at the rate not to exceed the approved IRS business rate per mile.

Spouse/Partner Expenses: Board members may be personally responsible for meal expenses for their spouses/partners.

Reimbursement Form must be submitted within 60 days of the meeting with all itemized receipt(s) attached.

Meeting Name/Location & Date: _____

Expenses

Mileage: _____ miles at $.58 per mile	$_____
Transportation	$_____
Hotel Accommodations	$_____
Meals	$_____
Miscellaneous: _____	$_____
Total Reimbursement	**$ _____**

Member Signature: _____ **Date:**_____

_____

For internal use only

NCACH ACTION (circle one): **APPROVED** **DENIED** **reason:**_____

APPROVAL DATE: _____

PRINTED NAME_____ **SIGNATURE:** _____

North Central Accountable Community of Health

NCACH Project Workgroup Update

Transitional Care and Diversion Interventions Workgroup

July 2019

Key Updates:

The NCACH workgroup completed a midyear workgroup evaluation and met on July 25th to focus on Quarter 2 reporting updates, and discuss the workgroup's focus and funding strategies in 2020. Workgroup partners will spend the 2nd half of the year monitoring current project progress and developing future funding strategies. Below is brief report from each project:

Hospital Partner Update:

- Hospital partners completed Quarter 2 reporting. Key highlights include:
  - There is a need for better coordination between acute care and outpatient primary care and behavioral health providers.
  - There is a need to better connect partners with non-clinical resources
- Partners highlighted collaboration and shared learning as the biggest value to their involvement in TCDI. Quotes included the following:
  - *"I think the most important part of our involvement has been the networking with like hospitals. Working on the same type projects with small rural hospitals has helped us to not reinvent the wheel and to solidify that the TCM and diversion approaches work at other facilities."*
  - *"The greatest value that TCDI has provided our organization cannot be stated as a singular component. The meetings, assistance, grant funding, and one-on-one assistance has been invaluable."*
  - *"The shared learning provides insight into what works for others. It provides ideas and options for possible integration into our present systems. It has the potential to save time, money and resources if someone has an effective process. We appreciate the shared leaning for the benefits it has to offer."*
- TCM Billing and training webinar was completed in partnership with Confluence on July 30th.
- Collective Medical Technology activated pharmacy claims data to the EDie reports in the middle of July and is in the process of collecting feedback from partners.

Key Highlights from EMS Reports:

- The Certified Ambulance Documentation Training in May received strong reviews. NCECC is looking for additional opportunities to provide additional training in the future.
- DOH provided an overview of WEMSIS on July 9, 2019. Agencies were invited to attend with limited space. Agencies stated there is greater need for additional training opportunities on WEMSIS. NCECC will work with DOH to provide future opportunities.

- SSB 5380 is requiring EMS to report to WEMSIS either directly or through their current eMIR system. DOH has begun the implementation process for the legislation and they expect the process to extend to December 2020. There will be many of the rural agencies that will have difficulty with this from a funding standpoint. Although WEMSIS is free, many of them do not have the technology to utilize WEMSIS, and training to become proficient in the use of WEMSIS is time consuming and will have a cost to it as well.

TCDI Upcoming Meetings/Key Dates

Event	Date
TCM Billing and Coding Webinar	July 30th, 2019
TCDI Meeting	Sept 26th, 2019
TCM Process Mapping Sessions	September/October 2019

North Central Accountable Community of Health

NCACH Project Workgroup Update

Whole Person Care Collaborative
July 2019

Key Updates

Learning Activities Update

- The Motivational Interviewing Train the Trainer was offered in June and 14 individuals participated. We are building capacity in our region to offer more trainings to a broader NCACH audience.
- Continue to participate in the Team-Based Care LAN, receiving individual team technical assistance from the faculty.
- The Collective Medical Technology Webinars started this month. The WPCC staff are helping organizations decide if this platform is right for them as well as helping current utilizers optimize their use of the platform.

General Updates

- Healthcare Authority will be conducting three assessments/evaluations: VBP (survey was distributed July 1), Independent Assessment and Independent External Evaluation. The WPCC Learning Community will be asked to complete a survey or participate in a one-on-one interview or focus group.
- Practice Facilitators continue to conduct MeHAF assesses the level of integration achieved by organizations. This assessment is required by the Healthcare Authority.
- Christal Eshelman, Project Manager for the NCACH gave an update on the Opioid Project.
- Leadership Series continued.

For more information on the WPCC Meetings, please visit https://ncach.org/wpcc/ where you will find, minutes, presentation slides and the recorded meeting.

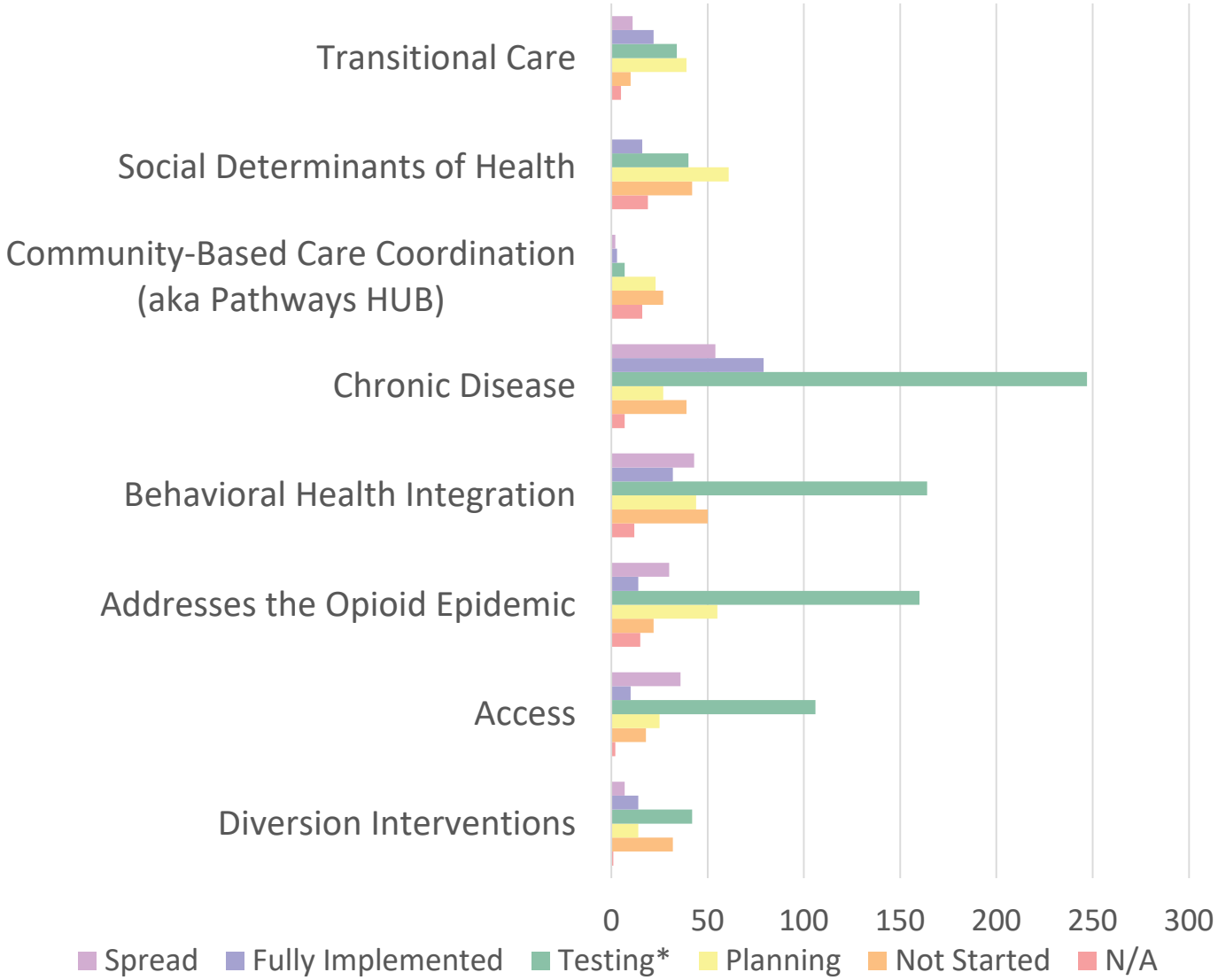
North Central Accountable Community of Health

WPCC Improvement Progress Snapshot

2019 Quarter 1

Where are we focusing our efforts?

North Central Accountable Community of Health

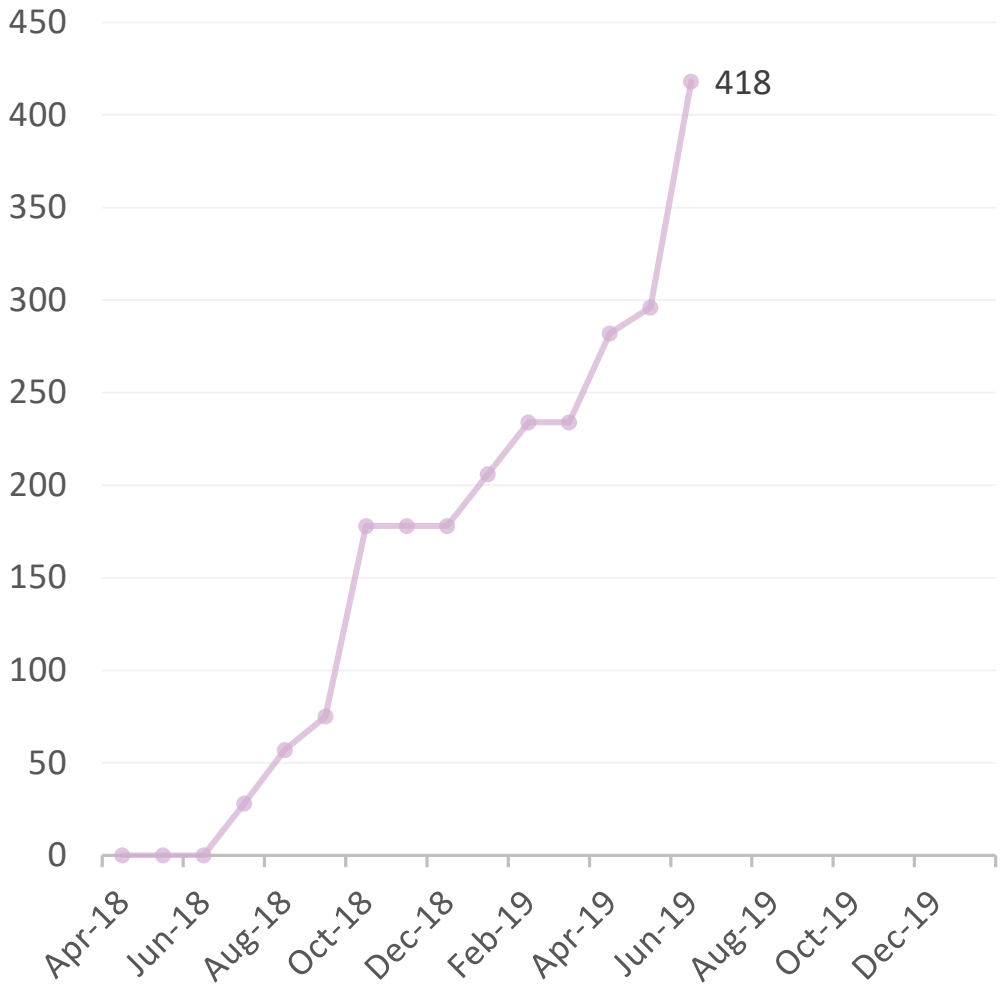


Considerable testing and implementation progress focusing on change plan areas: chronic disease, BHI, addresses the opioid epidemic, and access.

*testing combines statuses testing, limited implementation, and fully implemented but with gaps

Cumulative Reach of Learning Activities, by Number of Individuals

North Central Accountable Community of Health



- 418 individuals have attended a NCACH Learning activity
- Examples of capacity building activities:
  - Foundations of MI training
  - Quality Improvement training
  - Learning and Action Networks (Bidirectional Integration Team based care, etc.)
  - Empanelment sprint
  - Others

23 different organizations have attended NCACH sponsored capacity building activities

North Central Accountable Community of Health

- Catholic Charities
- Columbia Valley Community Health
- Mid-Valley Hospital
- Okanogan Behavioral HealthCare (OBHC)
- Coulee Medical Center
- The Center for Drug and Alcohol Treatment
- Family Health Centers
- Moses Lake Community Health Center
- Parkview Medical Group
- Columbia Basin Family Medicine
- Grant Integrated Services
- Children's Home Society of Washington
- Confluence Health
- Lake Chelan Community Hospital
- Cascade Medical Center
- Columbia Basin Health Association
- Samaritan / Samaritan Healthcare
- North Central Accountable Community of Health (NCACH)
- Washington State Department of Health
- Grant County Health District
- Colville Tribe
- Qualis
- Action Health Partner/Pathways Hub

Early Improvement Data

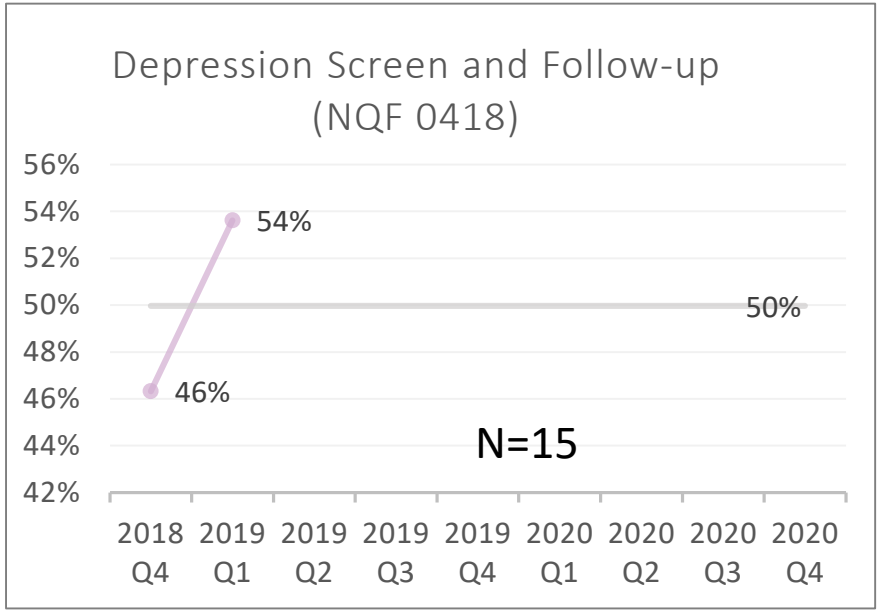
North Central Accountable Community of Health

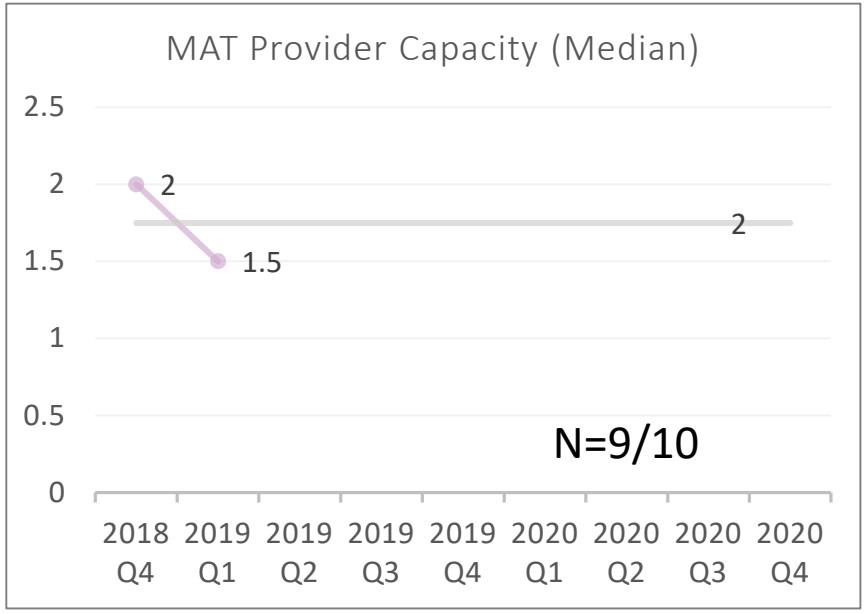
- The median number of measures organizations selected to report is 20
- Very few common measures shared across organizations
- Data presented in run charts on portal dashboard

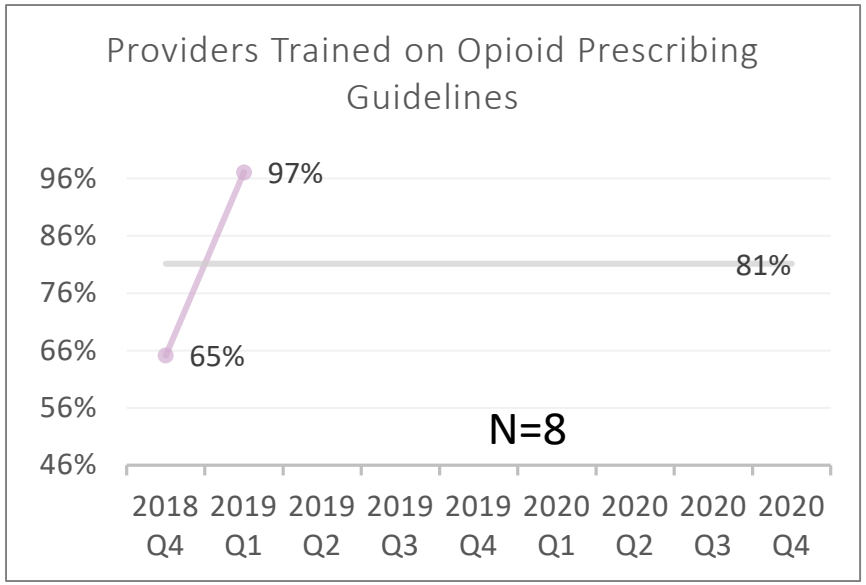
Common measures

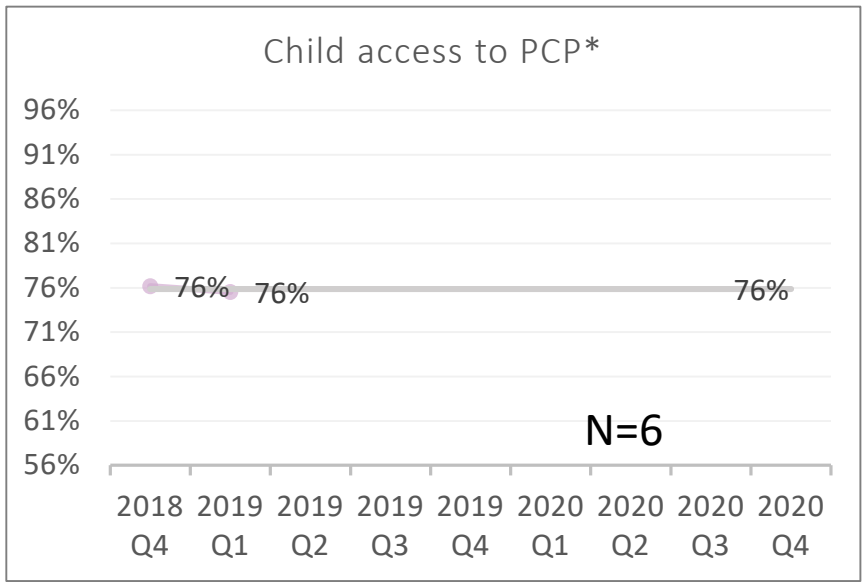
North Central Accountable Community of Health

Measure	2018 Q4 (n)	2019 Q1 (n)
Depression Screen and Follow-up	15	15
MAT Provider Capacity (Median)	9	10
Providers Trained on Opioid Prescribing Guidelines	8	8
Child access to PCP	6	6
MAT Patients (Median)	4	6
OUD Provider Capacity	2	5
3rd Next (Median)	6	4
Follow-up After ED Visit for MI: 7 day	3	4
Follow-up After Hospitalization for MI: 7 day	2	4
SDOH Screening %	0	4



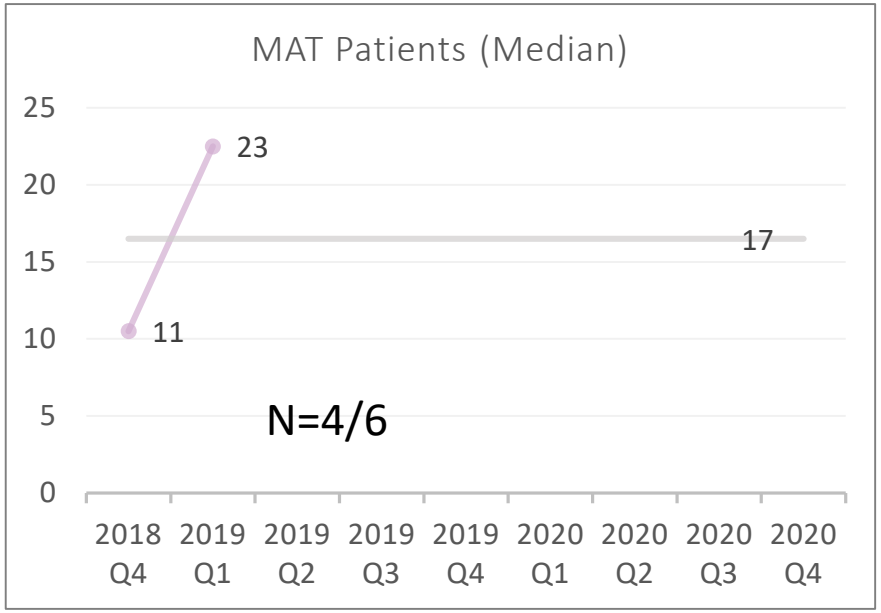


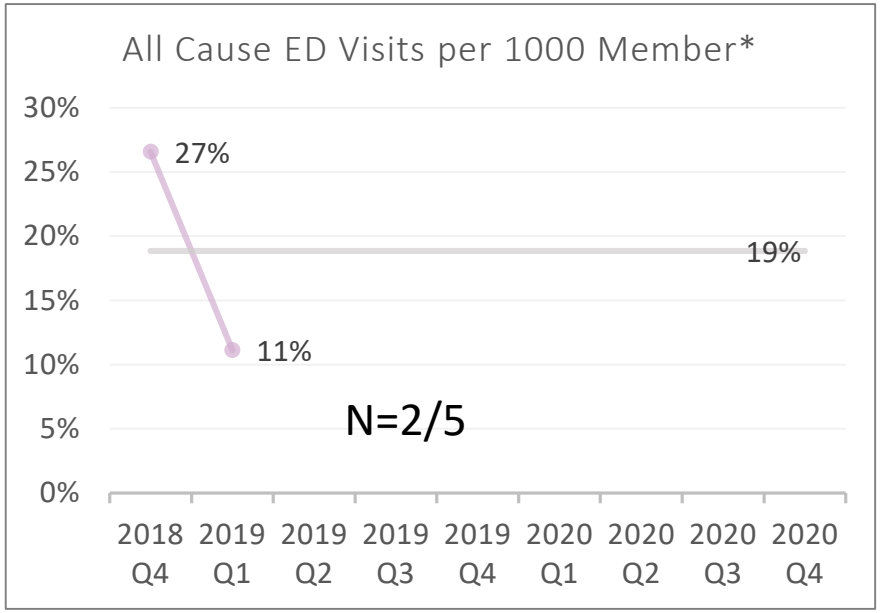


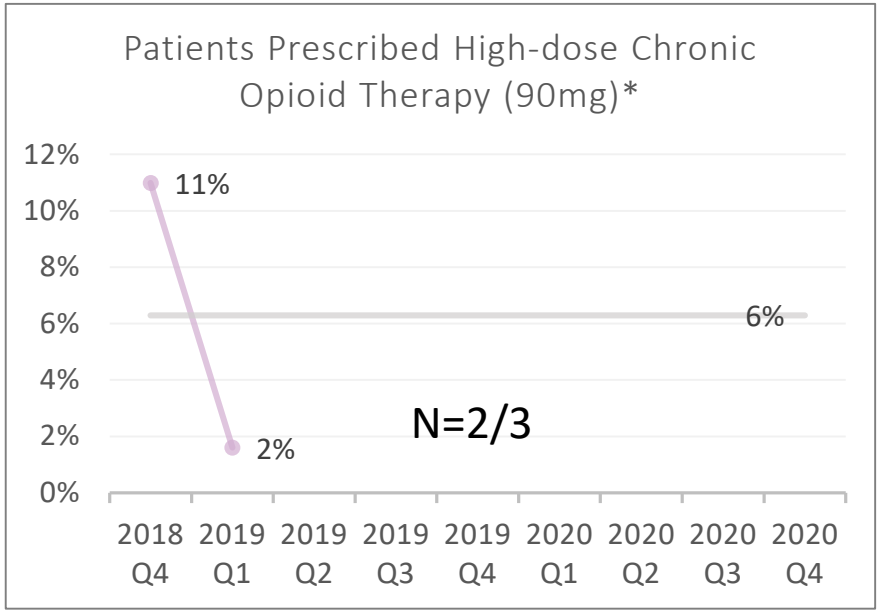


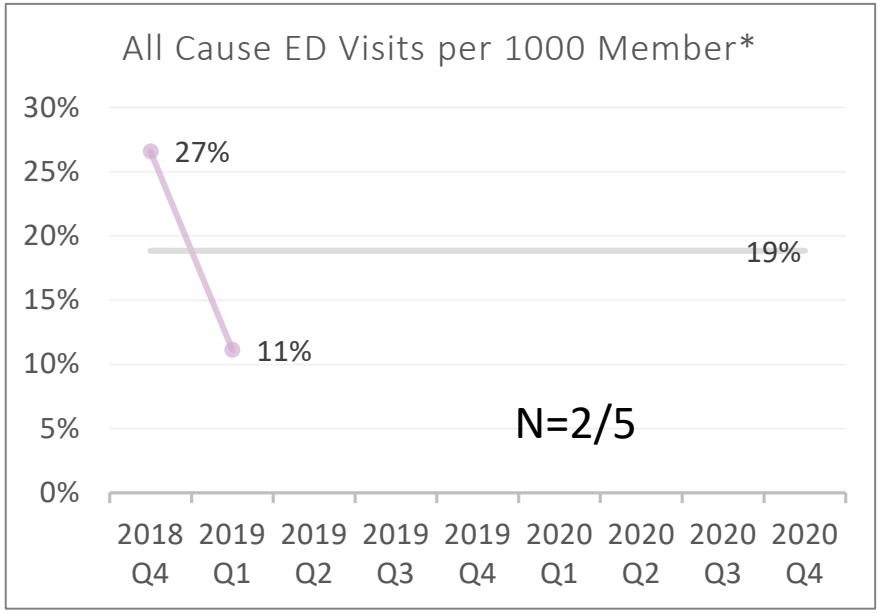
North Central Accountable Community of Health

- The purpose of improvement data is for learning and improvement
- Improvement data is understood to be imperfect; all that is needed is just enough, good enough data to drive learning and improvement
- Data over time is essential to understand variation in the system (run charts)
- There needs to be at least 10 data points to determine statistical significance of data in a run chart.









North Central Accountable Community of Health

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Key Themes

North Central Accountable Community of Health

1. Strengthened improvement processes
2. More organized teams, processes, and systems
3. Increased collaboration and sharing across and within sites
4. Better systems for gathering and processing information and data
5. Comprehensive care and services growing

1. Strengthened improvement processes

North Central Accountable Community of Health

- "Our Change Team created a Depression Story Board detailing the prevalence of depression and the role of depression and substance use disorders in suicide risk. The story board also contained a "Parking Lot" for suggestions on how to use the info gained in the PHQ 9 to facilitate referrals and how to track those referrals." *The Center for Drug and Alcohol Treatment*
- "Our team routinely meets to discuss barriers to care in our process, documentation, and patient understanding. We have developed a team where we can openly discuss hand offs, challenges, and duties we can take on to help provide the best care possible for our patients." *Parkview Medical Group*
- "Our measurement capacity ramped up this quarter. We are extrapolating data from both clinic and hospital EHRs and sorting it to create quality metrics. These metrics create a scorecard that will have all the change plan and other NCACH activity metrics on it. The scorecard will be used by change plan teams, reviewed by SLT and visible to departments much like other scorecards we have. This is currently in development." *Samaritan*

2. More organized teams, processes, and systems

North Central Accountable Community of Health

- "…revamped our Behavioral Health Department to include our Outreach/CHW staff for a more integrated and robust system. Our BH Providers and support staff are embedded in the PC clinic workflow and are available for warm hand offs for same day/next day appointments." *Family Health Centers*
- "We have implemented a standard work process to ensure that patients identified as having elevated blood pressure are connected with their primary care provider, or that they are assisted with establishing with a primary care provider if needed." *Confluence Health*
- "We have begun working on medication reconciliation in a standardized way. The way our "meds" section is so closely tied to prescribing an MA or nurse can accidentally prescribe something instead of just adding it to the meds list if it isn't done just a certain way. We have found a work around and plan to begin testing it soon. " *Moses Lake Community Health*
- "Better definition of everyone's roles within the clinic, and better understanding of the work and roles of the CHW and Care Coordinator." *Columbia Basin Family Medicine*

3. Increased collaboration and sharing across and within sites

North Central Accountable Community of Health

- "We have developed an agreement with MLCH that allows for our RN/MA to have access to their EHR to assist, monitor, and track follow up of the referrals that are made." *Grant Integrated Services*
- "OBHC is actively planning with our community partner, Family Health Centers to refer patients to their MAT providers. We have had several productive meetings and are getting ready to enter into a formal agreement with them." *Okanogan Behavioral Health Care*
- "We have recently compiled a list of patients to participate in a Patient Advisory Committee and will be gaining feedback from them starting in Q2 regarding Access, Services, Patient Satisfaction, etc. This has been something that has been in the works for years now and is finally in the implementation phase. This will give us more feedback regarding what our patients actually want and their suggestions for implementing those ideas." *Columbia Basin Health Association*

3. Increased collaboration and sharing across and within sites cont.

North Central Accountable Community of Health

- We focused on training our staff in the change plan and promoting our community collaboration with other providers. We are seeing an impact on our clinicians and peers as they feel empowered to provide more comprehensive care for our clients." *Children's Home Society of Washington*
- "We have a great relationship with the Upper Valley MEND group who offer Monday Free Clinic to patients without insurance or with inadequate insurance. Free dental care is available on the first Monday of each month. This program is longstanding in our community and very well received." *Cascade Medical Center*

4. Better systems for using data to drive care and improvement

North Central Accountable Community of Health

- "We are most proud of compiling a list identifying all of our current diabetic patients from our EMR system and using the report to develop a spreadsheet to use to track our team's progress.." *Coulee Medical Center*
- "…we're happy to finally have the data to review on request for service to intake time by office location. It's expected that this information will be helpful in determining the types of visits we can provide and where.." *Grant Integrated Services*
- "With our empanelment procedures initiated, we are now able to identify the COT patients for each team. Providers are aware of need to reduce use of opioids for pain management and to reduce the number of patients on both chronic opioid therapy and benzos." *Lake Chelan Community Hospital*
- "We have build a strong commitment on all levels of the organization to address chronic disease management and improve the quality measures associated with these diseases. We have implemented Quality Navigators that have been a tremendous help in collecting, scrubbing, and reporting data." *Columbia Valley Community Health*

4. Comprehensive care and services growing

North Central Accountable Community of Health

- "We have stratified our population of clients with psychotic illness by medical risk and are training staff in the complexity of their care. We have obtained labs (CBC, A1C, metabolic panels, and lipid panels) for all of our schizophrenic patients." *Catholic Charities*

Challenges experienced

North Central Accountable Community of Health

- Organizational culture, especially related to sharing
- Staffing, turnover, capacity
- Getting the right data (e.g., lack of HIE, accurate coding, legislative barriers)
- EMR accuracy, completeness, and transitions
- Working with other organizations
- Information sharing
- Getting changes to work well
- Change plan terminology confusing
- Billing

North Central Accountable Community of Health

NCACH Project Workgroup Update

Regional Opioid Stakeholders Workgroup

August 2019

Key Updates

- **School-based Opioid Prevention:** Three applicants were selected for funding to implement the School-based Opioid Prevention strategy. They are:
  - Grant County Health District in Grant County
  - Together For Youth in Chelan-Douglas County
  - Rachel Levi in Okanogan County

  We are in the process of signing MOUs and distributing funding. Each applicant will be awarded $20,000 for the award period August 2019 – December 2019 for the purposes of:

  - Assessing school-based opioid prevention efforts at all school districts in the area;
  - Financially and/or administratively supporting student led prevention projects; and,
  - Developing a 2020-2021 Project/Work Plan and budget that includes engagement with new school partners.
- **Recovery Initiatives:** The Recovery Coach Training Academy has been scheduled for September 30-October 3 and the Recovery Coach Training of Trainers has been scheduled for October 12-13. Both trainings will be held in Wenatchee, specific location TBD. Participants will be selected through an application process by NCACH staff and members of the Central Washington Recovery Coalition. All participants will be expected to complete both the Academy and the Training of Trainers programs and provide a minimum of one Recovery Coach Training in North Central Washington within one year of completing the training. NCACH is supporting Central Washington Recovery Coalitions annual awareness event, *Hands Across the Bridge*, on September 28th.
- **Rapid Cycle Opioid Awards:** Five applicants received funding for the July 2019- June 2020 Rapid Cycle Opioid Award period for a total of $48,099.23. All MOUs have been finalized and signed and funding is in the process of being distributed. A Mid-term report will be due December 31, 2019 which highlights key challenges and barriers and final report will be due early July 2020.

Upcoming Meetings

August 16, 2019	Regional Opioid Stakeholders Workgroup
November 15, 2019	Regional Opioid Stakeholders Workgroup

North Central Accountable Community of Health

Board Decision Form

TOPIC: *CHI Community Initiatives – Review Committee Conflict of Interest Policy*
PURPOSE: *To approve a conflict of interest policy that was developed for CHI members who join CHI Community Initiatives review bodies*
BOARD ACTION: ☐ Information Only ☑ Board Motion to approve/disapprove
BACKGROUND: In December 2018, NCACH allocated $450,000 to be invested into local and regional health initiatives across Chelan, Douglas, Grant, and Okanogan counties with the goal of advancing Whole Person Health. NCACH has tasked the Coalitions for Health Improvement to develop a community investment process to fund innovative and collaborative efforts to improve health and wellness for underserved communities across North Central Washington. This process was created by the CHI Community Initiatives Advisory Group, which is comprised of equal membership from all three Coalitions. It relies heavily on meaningful and consistent CHI involvement in the project application review process, which includes three distinct review bodies who will be responsible for scoring project applications and making recommendations to the NCACH Governing Board on funding allocations. Because this process may include upwards of 20 reviewers, NCACH staff have created a conflict of interest policy to help outline expectations, policy, and procedures on how to address any conflicts of interest that may arise during the review process.
PROPOSAL: Motion to approve the CHI Community Initiatives Conflict of Interest Policy for use during the CHI Community Initiatives project application review process.
IMPACT/OPPORTUNITY (fiscal and programmatic): Approving this conflict of interest policy would allow a more diverse group of community and Coalition members to serve as reviewers, while also creating a clear and distinct policy for reviewers and NCACH to manage potential conflicts of interest.

TIMELINE:

- August 2019: *If approved,* the document would be distributed to all volunteer reviewers for the CHI Community Initiatives Investment Process – NCACH would retain the "Acknowledgement" page of the document with signatures of all volunteer reviewers
- From then, the document would be used as needed for future review cycles

RECOMMENDATION:

NCACH staff recommend the adoption of the conflict of interest policy specific to the CHI Community Initiatives Funding for the following reasons:

1) This is the first funding distribution model of its kind, and there may be unanticipated conflicts of interest that arise that are not specifically covered under the NCACH's Governing Board Conflict of Interest policy
2) It would allow project applicants to also serve as reviewers while insulating both the reviewers and NCACH from impropriety or bias

Submitted By:	Coalitions for Health Improvement
Submitted Date:	07/24/2019
Staff Sponsor:	Sahara Suval

Application Review Process Overview and Conflict of Interest Policy

The Coalitions for Health Improvement (CHI) Community Initiatives Funding is made possible by the North Central Accountable Community of Health (NCACH) under the statewide Medicaid Transformation Project. In December 2018, NCACH allocated $450,000 to be invested into local and regional health initiatives across Chelan, Douglas, Grant, and Okanogan counties with the goal of advancing Whole Person Health.

NCACH has tasked the Coalitions for Health Improvement to develop a community investment process to fund innovative and collaborative efforts to improve health and wellness for underserved communities across North Central Washington.

This process was created by the CHI Community Initiatives Advisory Group, which is comprised of equal membership from all three Coalitions. It relies heavily on meaningful and consistent CHI involvement in the project application review process, including but not limited to: feedback on Letters of Intent (LOIs), recommendations on submitted applications, application review and scoring, and site visits to funded applicants.

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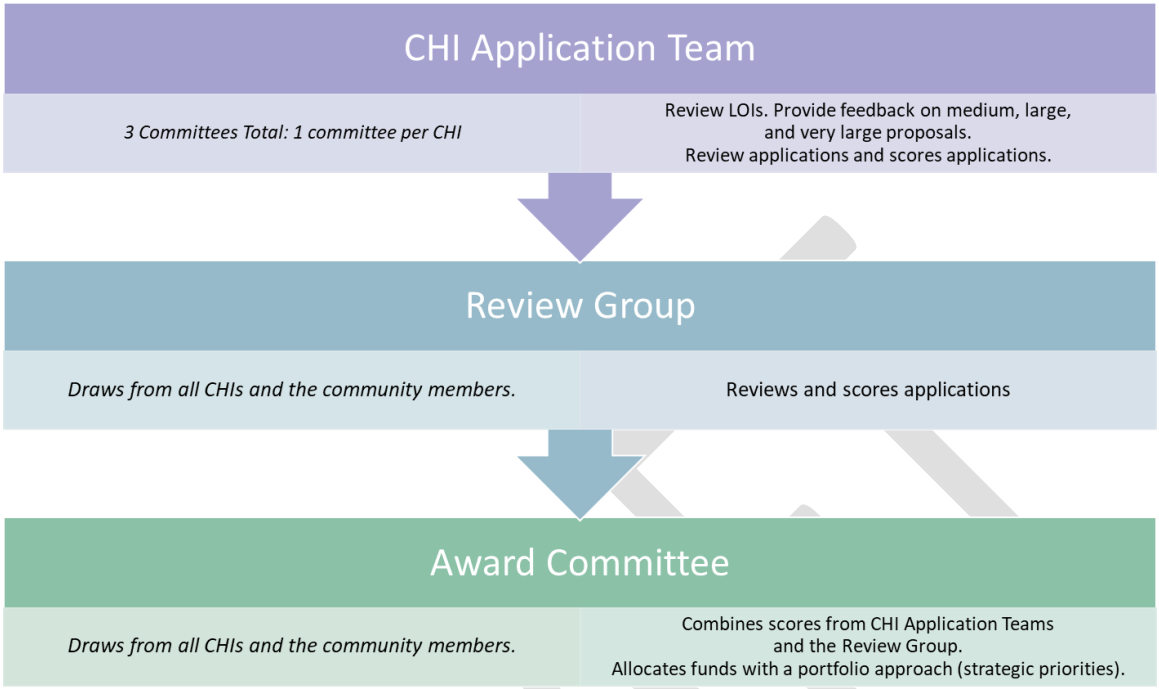
Specific Application Evaluation Sub-Groups

There are three distinct Application Evaluation sub-groups in the CHI Community Initiatives project application submission and review process:

1. CHI Application Team
2. Regional Review Group
3. Award Committee

Each sub-group will be comprised of members from all three CHIs (Chelan-Douglas counties, Grant County, and Okanogan County). The sub-groups will be responsible for providing feedback, reviewing and scoring applications, and making award recommendations to the NCACH Governing Board.



Application Evaluation sub-group descriptions and key responsibilities

1. **CHI Application Teams**
   Each CHI will have its own Application Team (three total) comprised of 4–5 members from that specific coalition.

   Responsibilities:
   - Process feedback from local Coalition members
     - Distribute submitted letters of intent to local Coalition members and request feedback using a standard form
     - Collect and consolidate feedback
     - Deliver feedback to prospective applicants prior to submission
   - Support locally-based Application Technical Assistance sessions hosted by the NCACH
   - Score project applications using a scoring rubric
   - Submit scores to the Award Committee

2. **Regional Review Group**
   The Regional Review Group will be comprised of 6–8 members from all three CHIs as well as independent external evaluators who may be provided by NCACH.

   Responsibilities:
   - Score project applications using a scoring rubric
   - Submit scores to the Award Committee

3. **Award Committee**
   The Award Committee will be comprised of 4–6 members from all three CHIs as well as independent external evaluators who may be provided by NCACH.

   Responsibilities:
   - Use scores and comments provided by the CHI Application Team and Regional Review Group to assess the range of applications
   - Allocate funding with a portfolio approach
   - Make funding recommendations to the NCACH Governing Board

Other Considerations

1. Members of a CHI Application Team or Regional Review Group may not sit on both application reviewing groups.
2. Members of the CHI Application Team or Regional Review Group may elect to sit on the Award Committee.
3. CHI Community Initiatives applicants are allowed to sit on one of the CHI Community Initiatives Application Evaluation Sub-Groups (CHI Application Team, Regional Review Group, or Award Committee) *but* must declare any conflicts of interest as they arise and recuse themselves from reviewing any application for which they cannot render unbiased judgements.

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Conflict of Interest Policy

The CHI Community Initiatives Application Evaluation sub-groups are committed to ensuring their decisions and decision-making processes are transparent, free from personal bias, and do not unfairly favor any individual, group, or organization. The purpose of this policy is to help inform CHI Community Initiatives Application Evaluation sub-group (CHI Application Teams, Regional Review Group, and/or Award Committee) members of any potential conflicts that may arise.

An actual conflict of interest occurs where an interested person's judgment could be affected because he or she has a personal interest in the outcome of a decision and is in a position to influence that decision. The conflict of interest is present when an interested person's stake in a transaction or decision is such that it reduces his/her ability to exercise impartial judgement. Members agree to manage such conflicts in order to protect the integrity of the review and award processes. This includes statements of conflict when they apply and/or recusals from certain reviews.

Examples of a conflict of interest requiring recusal include:

- An application submitted by an individual or group with whom the reviewer has a close personal relationship
    - Definition: An individual's family member or close friend stands to benefit from a decision
- An application submitted by an individual or group with whom the reviewer has a business relationship
- An application that is in direct competition with an application submitted by the reviewer or by any person/entity closely associated with the reviewer
    - Direct competition: proposing similar activities in a similar area
- Any application submitted by an individual or group with whom the reviewer, or any close associate of the reviewer, has a history of unresolved conflict
- The existence of any other sources of clear bias other than those stated above

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Policy

It is the responsibility of the North Central Accountable Community of Health, in conjunction with members of the CHI Community Initiatives Application Evaluation sub-groups, to:

- Ensure that every member understands what constitutes a conflict of interest and that they have a responsibility to declare any conflicts that arise.
- Notify the associated sub-group(s) and the CHI Community Initiatives Funding Project Manager of any conflicts, so that appropriate action(s) may be taken to ensure that the conflict does not affect the decision-making process.

Procedure

When a CHI Community Initiatives Application Evaluation sub-group member identifies that they have a potential conflict of interest the member must:

- Declare it as soon as they become an aware of it, keeping in mind that the CHI Community Initiatives Application Evaluation sub-groups wish to conduct themselves with integrity.
- Upon disclosure by the interested person, the sub-group may ask members to make a determination whether a real or potential conflict of interest exists. In all instances, such determinant shall be made before the sub-group makes a decision related to the conflict of interest.

In the interests of a non-biased, frank, and open discussion, a CHI Community Initiatives Application Evaluation sub-group member affected by a conflict of interest may be asked to recuse themselves and/or leave the room while related discussion/decision-making is taking place. If a CHI Community Initiatives Application Evaluation sub-group member is unsure if and/or what to declare regarding a conflict or potential conflict, they are advised to discuss the matter with the CHI Community Initiatives Funding Project Manager, who will assess the situation and provide guidance on the matter.

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CHI Community Initiatives Application Evaluation Sub-Group Member Conflict of Interest Acknowledgement

Conflict of Interest Policy Acknowledgement

I acknowledge by my signature on this conflict of interest policy acknowledgement that I have read, understood, and agreed to follow the guidelines and policies outlined in the CHI Community Initiatives Conflict of Interest Policy.

I understand that continued membership in the CHI Community Initiatives Application Evaluation sub-groups (including but not limited to: CHI Application Team, Regional Review Group, and the Award Committee) is contingent on following the policies and procedures outlined in the CHI Community Initiatives Conflict of Interest Policy. Not meeting the minimum requirements for membership could result in the loss of my membership status in a CHI Community Initiatives Application Evaluation sub-group and / or the forfeiture of any project applications submitted on behalf of a group or organization I am affiliated with.

Signed	Dated
Printed Name	Organization
Email	Title

DRAFT

Board Decision Form

TOPIC: *NCACH Visioning Workgroup*

PURPOSE: *To form and launch a Visioning Workgroup charged with moving NCACH's strategic planning process forward.*

BOARD ACTION:

- ☐ Information Only
- ☑ Board Motion to approve/disapprove

BACKGROUND:

With assistance and facilitation from Oregon Health Sciences University (OHSU), NCACH staff and Governing Board began discussing the future of the NCACH beyond the Medicaid Transformation Project (MTP) at a Board Retreat at the end of May. While the Board members present made some preliminary recommendations, these need to be refined into a set of recommended strategies and proposed transition plan.

The NCACH needs to develop a business plan to transition NCACH from its current state of supporting the Medicaid Transformation Project to its future state focused on a vision that is based on our region's priorities.

Board retreats only occur on a quarterly basis, and digging into strategic planning will require additional time and resources. Forming a Visioning Workgroup with representation from Board members, community members, and staff will allow the strategic planning process to move forward efficiently.

Note that other ACHs have adopted a similar structure and process to advance their sustainability planning.

PROPOSAL:

Motion to approve the formation of a Visioning Workgroup and the proposed Visioning Workgroup charter.

IMPACT/OPPORTUNITY (fiscal and programmatic):

Forming a Visioning Workgroup will have no financial impacts, though it will require additional Board and staff time and resources.

TIMELINE: The Visioning Workgroup will meet every month from September 2019 – April 2020, with the goal of presenting recommended strategies, financial model, and transition plan to the Board in the second quarter of 2020.

Submitted By:	NCACH Leadership
Submitted Date:	08/5/2019
Staff Sponsor:	John Schapman

North Central Accountable Community of Health

NCACH Visioning Workgroup

Background
On January 9th, 2017 the Washington State Health Care Authority (HCA) signed an 1115 Waiver, now known as the Medicaid Transformation Project (MTP). The goal of the MTP is to improve care, increase efficiency, reduce costs and integrate Medicaid contracting. As a five-year agreement, the state's contract with the Centers for Medicare and Medicaid Services (CMS) officially ends December 2021. Because most ACHs plan on continuing transformation work beyond the MTP, many are engaging in strategic planning and long-term sustainability.

Charge
The charge of the NCACH Visioning Workgroup is to work on the North Central Accountable Community of Health's post-MTP vision and develop a plan that outlines how the organization will need to transition to this future vision. Specifically, the workgroup will accomplish the following:

- Refine preliminary recommendations that came out of the Board Retreat discussion focused on sustainability
- Collect, synthesize, and use stakeholder and community input to help shape NCACH's future direction
- Outline options for post-MTP Service Model(s), including articulating value proposition and detailing suggested strategies, financial models, and staffing structure
- Solicit continuous feedback from the Board at regular Board meetings
- Provide recommendations to the NCACH Governing Board on a future service model and transition plan
- Propose a revised Vision and Mission Statement reflecting our future goals

This workgroup is limited in duration and is expected to meet from September 2019 – April 2020.

Composition
In order to ensure a balanced perspective and representation reflective of our diverse region, the Visioning Workgroup will include 13 members, and the collective composition of the Visioning Workgroup will meet all of the following criteria:

Member Breakdown

- 4 Current Board members (excluding Executive Committee)
- 6 Community members representing the interests of essential partners
- 3 Staff members (excluding Executive Director)

Member Representation Criteria

- Geographic representation from all NCACH's counties (Grant, Chelan, Douglas, and Okanogan)
- Economic and racial diversity representative of those most impacted by social determinants of health and disparities
- Sectors most relevant to SDOH needs and disparities in our region

In compliance with the above criteria, the Board authorizes the Executive Director to select Visioning Workgroup member representatives.

Meetings
The Visioning Workgroup is expected to meet from August 2019 – March 2020. Meetings will be held once per month, with additional meetings scheduled as necessary. Meetings will have an option to participate via teleconference for those unable to attend in person, although in-person participation is encouraged. A minimum of 75% of the Visioning Workgroup attending (via phone) will be considered a quorum.

Membership Roles and Responsibilities
The role of Visioning Workgroup members is to draw from their experience and perspective to participate in a strategic planning process and make recommendations about NCACH's sustained efforts beyond the MTP. Responsibilities include:

- Complying with NCACH's conflicts of interest policy
- Attending and actively participating in at least 75% of workgroup meetings
- Reading materials in advance of workgroup meetings
- Soliciting and providing input into the NCACH's future state
- Making recommendations with respect to mission, vision, and strategies for the Board to adopt
- Developing a plan that will help the organization transition from the goals of the Medicaid Transformation Project towards NCACH's new vision and goals.

Board members from the Visioning Workgroup will be tasked with providing updates at regular Board meetings to ensure bi-directional communication throughout the process.

Authority
The Visioning Workgroup is an advisory body to inform decision-making by the NCACH Governing Board. Activities, analysis, and recommendations developed by the workgroup will be shared with the NCACH Governing Board on a regular basis. The workgroup is expected to incorporate Board feedback in the discussions and recommendations of the workgroup. Final recommendations developed by the workgroup are subject to review and approval by the Board.

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