

SWACH Board of Trustees Meeting Minutes

April 28, 2022
 9:00 am - 11:00 am
 Meeting held via Zoom

We bring partners together to create equitable, sustainable systems change that reduces cost and improves whole-person wellness for all.

Members Present: Dawn Tolotti (President), Robb Kimmes (Vice-President), Kevin Witte (Treasurer), Andy Tucker (Secretary), Susan Stearns, Sarah Brewer, Andrea Pruet, Karyn Kameroff, Matania Osborn, Dr. Adriana Linares, Quinton Harold, Tamara Cissell

Staff Present: Eric McNair Scott, Nichole Peppers, Janet Sanchez, Ryan Carrillo, Drew House, Brandi Williams

Guests: Sydney Doherty, Michael Arnis, Intrustment Northwest, Cat Dole, Lynn Jensen, Kiersten Ware

Members Absent: Worku Negussie

Minutes Formatted by: Janet Sanchez

TOPIC	DISCUSSION (HIGHLIGHTS)	MOTION / ACTION
Call to Order <ul style="list-style-type: none"> - Land Acknowledgement - Consent to Agenda - Minute Approval (February 2022 Minutes) - New BOT member Introductions 	This meeting was called to order by Dawn Tolotti at 9:06 am. <ul style="list-style-type: none"> - SWACH’s Land Acknowledgement read by Dawn Tolotti - No discussion on consenting agenda - February 2022 minutes were approved. - Introduction of new Board of Trustees member Tamara Cissell Director of Skamania County Community Health. SWACH Board of Trustees members also introduced themselves and gave a brief introduction of their organizations. 	Kevin Witte moved; Andy Tucker seconded motion to approve the minutes from the February 2022 Board of Trustees meeting; motion passed unanimously
HealthCare Authority Presentation: Second Waiver	Michael Arnis; Policy Director for the HealthCare Authority, presented on the Medicaid Transformation Project Renewal. The end date for the Medicaid Transformation Project (MTP) is set till the end of 2022 - completing six full years working with ACHs and others within the community to transform care. Currently preparing a renewal requesting an additional five years.	



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<p>HealthCare Authority Presentation: Second Waiver (Cont.)</p>	<p>Overall goal is to continue transformation with the system and determine if measures need to remain the same with programs and policies or if the next step needs to be made to propose additional transformations and improvements within the Medicaid system.</p> <p><u>Medicaid</u></p> <p>Federal HealthCare program administered by each state. Apple Health; Washington State’s Medicaid program, provides healthcare coverage. State must apply for Section 1115 Medicaid Demonstration Wavier to suggest additional transformations.</p> <p><u>Renewal</u></p> <p>Current MTP Waiver ends Dec. 31,2022. If approved, MTP renewal will begin January 1, 2023, to December 31,2027.</p> <ul style="list-style-type: none">• 2021: development of concepts, engagement with key partners• Early 2022: continued partner, Tribal, and community engagement; continued refinement of concepts• May 12 - June 13, 2022: formal public comment processes and Tribal Consultation• July 15, 2022: submit application to Centers for Medicare & Medicaid Services (CMS) <p><u>Aims</u></p> <ul style="list-style-type: none">• Ensure equitable access to whole person care, empowering people to achieve their optimal health and wellbeing in the setting of their choice.• Build healthier, equitable communities, with communities.• Pay for integrated health and equitable, value-based care.	



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<p>HealthCare Authority Presentation: Second Waiver (Cont.)</p>	<p><u>Goals</u></p> <ul style="list-style-type: none">• Expanding coverage and access to care, ensuring people can get the care they need.• Advancing whole-person primary, preventive, and home- and community-based care.• Accelerating care delivery and payment innovation focused on health-related social needs. <p>HealthCare Authority is requesting a very honest appraisal over the application during the Public Comment period. The Application is a very large document due to needing to meet all of CMS' expectations.</p> <p><u>Goals for MTP Renewal</u></p> <ol style="list-style-type: none">1) Expanding coverage and access to care, ensuring people can get the care they need.2) Advancing whole-person primary, preventive, and home- and community-based care.3) Accelerating care delivery and payment innovation focused on health-related social needs. <p><u>Goal One - Expanding coverage and access to care, ensuring people can get the care they need</u></p> <p>Continuous Apple Health enrollment for children up to age six. Would allow children with family incomes below 215% of the Federal Poverty Level (FPL) to stay enrolled in Medicaid till age six.</p> <p>Bettering services for re-entry coverage and services after incarceration. Objective is to restore Medicaid coverage 30 days prior to release from either jail or other correctional facility ensuring access to critical care once released.</p>	



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<p>HealthCare Authority Presentation: Second Waiver (Cont.)</p>	<p><u>Goal One - Expanding coverage and access to care, ensuring people can get the care they need (Cont.)</u></p> <p>Expanding Apple Health coverage for people after a pregnancy ends. Providing Medicaid coverage for 12 additional months with low barriers (regardless of citizen status).</p> <ul style="list-style-type: none">• Supports for people receiving treatment in designated settings for a mental health or substance use disorder (SUD) <p>Would allow Washington State to use Federal money for SUD and mental health treatment services in facilities that are institutions for mental disease (IMDs). Currently Federal money can not be used for individuals between 21-65 years of age who are admitted to an IMD.</p> <p><u>Goal Two - Advancing whole-person primary, preventive, and home- and community-based care</u></p> <p>Continuation of Long-Term Services and Supports (LTSS)</p> <ul style="list-style-type: none">• Support Washington’s aging population and family caregivers• Medicaid Alternative Care (MAC) and Tailored Supports of Older Adults (TSOA) will continue without change <p>New supports for LTSS</p> <ul style="list-style-type: none">• Allow state to compensate legal guardians for individuals transitioning out of facilities• Allow presumptive eligibility for Medicaid LTSS benefits• Enable coordinated personal care services• Provide Rental subsidies	



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<p>HealthCare Authority Presentation: Second Waiver (Cont.)</p>	<p><u>Goal Two - Advancing whole-person primary, preventive, and home- and community-based care (Cont.)</u></p> <p>Continued progress toward integrated physical and behavioral health</p> <ul style="list-style-type: none">• Standardized clinical integration assessment and technical assistance for providers• Will allow providers to better plan and understand progress on integration and identify improvements. <p><u>Goal Three - accelerating care delivery and payment innovation focused on health-related social needs</u></p> <p>Challenged my CMS to come up with additional ways of performing support within the community.</p> <p><u>Foundational Community Supports (FCS)</u></p> <p>Helps people get and keep safe housing and stable employment</p> <ul style="list-style-type: none">• Provides supportive housing and supported employment services to Medicaid beneficiaries who have complex care needs.• Does not pay for housing or wages• Under renewal, FCS would pay for one-time transitional cost (application fees / basic home goods)• Renewal would expend eligibility for those exiting incarceration and 16 or older <p><u>HCA, Accountable Communities of Health (ACHs), managed care organizations (MCOs), Tribes, and other partners</u></p> <p>Goal is to take on new projects that will help build health supports beyond clinical care. Projects under these organizations will be called "Taking Action for Healthier Communities" (TAHC).</p> <p>Focus would be made on Health Equity funding to be able to reach all community members. Have ACHs work together to reach those community members and create both Community Hubs and Tribal Hubs.</p>	



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<p>HealthCare Authority Presentation: Second Waiver (Cont.)</p>	<p><u>HCA, Accountable Communities of Health (ACHs), managed care organizations (MCOs), Tribes, and other partners</u></p> <p>ACHs will manage funding to address health equity and social determinants of Health (SDOH). The investments will be designed to support community-wide initiatives and needs. Details are still being developed.</p> <p>The renewal would allow for the state to pay for the following Health-related services (HRS), that can be paid under managed care 'in-lieu of services' (ILOS) rules.</p> <ul style="list-style-type: none">- Alternative clinical care programs, which have proven to be medically appropriate- Would formalize and expand the list of available ILOS to allow more access- Could allow for support in other health-related needs like housing, nutrition, and transportation <p><u>Community Hub</u></p> <p>Helps people get social needs met in the community. Each ACH will oversee a regional Community Hub to deliver community-based care coordination across the state, including support statewide Tribal Community Hubs. Overall goal is to improve coordination between Indian Health Care providers (IHCPs) and other community organizations. Should be noted that Community Hubs do not replicate clinical care coordination and will focus on connecting people with community-based (non-medical) resources.</p> <p><u>Functions within the Hub</u></p> <ul style="list-style-type: none">• Identify and engage patients who are likely to have multiple health and social needs.• Screen patients for SDOH needs and determine the appropriate organizations with the resources and knowledge to address their specific needs.• Establish and ensure network of community organizations to help with capacity to delivery health-related services and ILOS community services.	



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HealthCare Authority Presentation: Second Waiver (Cont.)	<p><u>Functions within the Hub (Cont.)</u></p> <ul style="list-style-type: none">• Connect patients with these community organizations that can help address social needs within the community care coordination system.• High-touch approach (community health workers (CHWs) and peers build and maintain relationship, warm hand-offs to services)• Develop a comprehensive community care plan• Coordinate the coordinators/ caseworkers (when available)• Community organization network provider payment: ACHs and Hubs ensure there's a network of non-traditional providers (not managed care network providers) and ensure outcome-based payment or other community-based organization (CBO) support and incentive for network.• Follow-up to ensure patients are connected and facilitate completion of the interventions or activities. Work closely with managed care coordination, primary care referrals, or discharge/transition planning, etc.• Track outcomes of patients receiving community-based services.• Ensure accountability for the ACH and Hubs through contract, external review, value-based payment approaches, etc.	
Communication Update – Public Comment Period	<p>Ryan Carrillo, SWACH Communication Manager went over the Public Comment Period. Outlining the steps that the ACH can take during this period to inform the public.</p> <p><u>Medicaid Transformation Project Renewal timeline</u></p> <ul style="list-style-type: none">• Washington State is pursuing a five-year renewal of the Section 1115 Medicaid demonstration waiver, called the Medicaid Transformation Project (MTP).• If approved, the new waiver would take effect on January 1, 2023, and last until December 31, 2027.• The Health Care Authority (HCA) is responsible for submitting the renewal application. SWACH (and similar agencies) has an opportunity to help shape what the application includes before it is submitted.• Public comment period opens on May 12 and runs through June 13, 2022 (originally scheduled for April 18 – May 18).• Application will be submitted by July 15, 2022.	



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<p>Communication Update – Public Comment Period (Cont.)</p>	<p><u>What is the Public Comment Period?</u></p> <p>Set of goals that have been created by HCA for the next waiver. The public comment period allows agencies, organizations, and community members to provide feedback on the proposed direction. The approach is to highlight things that we’re excited about and note any things that may be missing. We also want to highlight things we’re currently doing well and make sure they are reflective in the next waiver. HCA is also accepting board feedback.</p> <p>Number of ways to participate and provide feedback via:</p> <ul style="list-style-type: none">- HCA survey- Webinars- Mailing or emailing feedback to HCA- Or by sharing feedback with their local ACHs who will forward that information to HCA <p><u>SWACH’S Role</u></p> <ul style="list-style-type: none">• We want to ensure that our region is well-represented in the next waiver.• Active participation (and high engagement) in the public comment period gives us the opportunity to voice regional needs or concerns to be considered for the renewal.• We want to show strong support for this work and the HCA.• Remove barriers for people to participate. <p><u>Communications Plan</u></p> <p>Broking into two phases for this process – Items being done now as early preparation and the items that will go into effect once the public comment period is open. There is a landing page on SWACH’s website that provides a snapshot of the renewal process and once open a list of ways people can participate, SWACH templates people can use to communicate their feedback, a letter writing campaign, link to the HCA website.</p> <p>Communicating with our stakeholders will be essential for a successful campaign.</p>	



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Communication Update - Public Comment Period (Cont.)	<p><u>Communications Plan Layout/Timeline</u></p> <ul style="list-style-type: none">• Landing page built with overview information• Weekly stories starting May 12 that highlight the importance of MTP locally<ul style="list-style-type: none">• Shared via email, SWACH newsfeed, social media, etc.• Press release shared with local media at the start of MTP public comment period• Video explaining how and why people can participate• Flyer for partners to distribute (listing relevant programs)• Encourage people to send feedback to SWACH directly - communications@southwestach.org• On May 16th have a press release to local media to help rise awareness and weekly stories to share on social media and email	
HealthConnect Update	<p>Eric McNair Scott; SWACH's Director of Community & Clinical Linkages, and Brandi Williams; SWACH's HealthConnect Coordinator presented on the HealthConnect Hub and Community-Based Care Coordinator work. HealthConnect Hub is supporting community members, the community and clinical partners through multiple strategies, programs, and initiatives.</p> <p>Last fall the SWACH board approved moving forward with a model to support HealthConnect partner sustainability. At the time, SWACH had twelve partner agencies integrated and using the HealthConnect Hub. Many of our partner agencies are trained and providing multiple community-based care coordination programs. 10 of the HealthConnect partner agencies were trained and providing the HealthConnect Pathways program.</p> <p>All 10 agencies chose to contract and continue partnership to provide Pathways for the next two years. 9 of the 10 requested and were approved to have more community-based workers trained and providing the HealthConnect Pathways program. HealthConnect has 80 community-based workers who are partners and supported by HealthConnect as part of the community-based care coordination network.</p>	



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<p>HealthConnect Update (Cont.)</p>	<p><u>HealthConnect RFP (Request for Proposal)</u></p> <p>Provided a opportunity for additional community and clinical agencies to partner with Pathways. Applications were received from five agencies and applications were reviewed and scored by a subcommittee of the HealthConnect Advisory Council.</p> <p><u>Applicants</u></p> <ul style="list-style-type: none">• Child and Adolescent Clinic• Bridgeview Resource Center• Next Door• Columbia River Mental Health• Free Clinic of SW Washington. <p><u>Behavioral health and community-based care coordination</u></p> <p>COVID made a bad behavioral health situation much worse. The cycle of quarantining and isolation, while crucial in preventing the spread of the virus, has profoundly impacted individuals' mental health and substance use across the country. Dramatic rise in overdose-related deaths over the past year, which highlights the role the pandemic has played in an already alarming health crisis. Goal is to strength HealthConnect's work to support people with behavioral health challenges by strengthening community partnerships. Working with schools will be the first step in creating a doorway to connect with families and support this whole person approach.</p> <p>Brandi Williams leads efforts to support and develop the community-based workforce and is also HealthConnect's lead for strengthening the connection and partnership with schools. Brandi is currently working with five schools serving low-income neighborhoods and participates in meetings with Partnership Coordinator for Vancouver Public Schools to help develop referral pathways into HealthConnect from schools. Brandi is also building relationships with resource coordinators and is SWACH's go-to person for these schools.</p>	



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<p>HealthConnect Update (Cont.)</p>	<p>Another SWACH staff member involved in Behavioral Health efforts is Nicole Hamberger, who also helps facilitate the HealthConnect Community Cohort which is a monthly three-hour meeting bringing CBWs (Community-Based Workers) from across the region together for trainings and shared learning. Nicole also facilitates the Clark County opioid taskforce and participates in the Opioid Treatment Network efforts in Clark and Klickitat counties. Her role is to ensure that behavioral health information, initiatives and resources are centered through HealthConnect's integrated services.</p> <p>HealthConnect has a number of Behavioral Health partner agencies and during the RFP period were able to gain additional partnerships.</p> <ul style="list-style-type: none">• SeaMar• Skamania County Community Health• Columbia River Mental Health• Lifeline Connections <p><u>HealthConnect Advisory Council</u></p> <p>HealthConnect Advisory Council is a regional council made up of 12 members with diverse geographic, agency, sector and community representation. Sashila Mistiuk, led the work. Dr. Linares represented SWACH's Board of Trustees. Their role is to guide and support improvement of the HealthConnect Hub and determine the focus around the framework used for Institute for Health Care Improvement. The Advisory Council went through a process to determine and decide which of HealthConnect's five major strategies would be prioritized to focus the council's improvement efforts.</p> <p>The next HealthConnect Advisory Council meeting will continue to follow the framework from the Institute for Healthcare Improvement and meeting number two will focus on the question of: How do we know if we are making an improvement? The council will look at data and what HealthConnect is measuring and then consider what else HealthConnect could or should be measuring for improvements.</p>	



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Finance Update	<p>Drew House; SWACH's Interim Director of Finance gave an update on SWACH's financial progress.</p> <p><u>Financial Progress</u></p> <ul style="list-style-type: none">• Hard close through December 2021, audit ready.• December and previous months (Oct/Nov/Dec) required more clean-up than expected• Preliminary through Feb, awaiting corrections for Outcome Based partner portal payments, where payments were not processed for Jan/Feb• Error in Portal Payment software for Health Connect WA by CCS resulted in partner non-payment and unrecorded expense for Jan/Feb.• Bookkeeper has gained considerable familiarity with SWACH undocumented nuances over last few months <p>On April 3rd staff salary adjustments based on the Salary survey had been made.</p> <p>Next steps are Audit Preparation - Preliminary work pending, Field work informally scheduled for May 2022.</p> <ul style="list-style-type: none">• Planned Budget Refresh, June 2022 - Evaluate and reforecast remainder of 2022• Reforecast of HRSA Federal Grant was slower than expected due to program start date and partners understanding of invoices and addressing information that is missing. Plan is to apply for a no cost extension. <p><u>Finance Software Improvement</u></p> <ul style="list-style-type: none">○ Planned procurement of Drillpoint (MIP ancillary software)<ul style="list-style-type: none">▪ Improve Financial Statement production without manual intervention▪ Adds "drill down" ability to identify transactional details. Not a current feature of MIP <p><u>Hiring Update</u></p> <ul style="list-style-type: none">• Preliminary phone screens of Finance Director, Bookkeeper phone screens will be completed this week.	



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Finance Update (Cont.)	<p><u>Financial Statement Update</u></p> <p>Revenue is well over budget due to incentive and grant income. SWACH's annual budget has doubled; however, expenses are slightly over due to more activities especially the CareConnect program related to housing and utilities support.</p> <p>SWACH's financial state is great with a strong overall balance.</p>	
Executive Director Update - Department of Health: Health Equity Zones	<p>Nichole Peppers updated the board that the Sami-Annual Report (SAR) 8 has passed. SWACH received full points for their submission and beginning in 2022, the HCA will no longer require the SAR template. Going forward each ACH will submit a shorter narrative-based report along with an updated Partner Roaster twice a year. The Independent Assessor will continue to review and allocate points based on new report format.</p> <p>SWACH 20201 Inaugural Annual Report Released</p> <ul style="list-style-type: none">• Paper copy mailed to Partners, Board and Committee members• Digital copy shared in the April newsletter and website• Continues to strengthen strategic storytelling and sharing• Big 'Thank You' to Ryan for all his work and effort in creating the Annual Report. <p>SWACH Staff Updates</p> <ul style="list-style-type: none">• Second interview for the Director of Finance will be an in-person panel interview. Three strong candidates will be moving forward.• Director of Equity and Collaborative Impact job was a position held by Kim Lepin, who left the agency in February. Job description has been reviewed with an equity lens with SWACH staff. <p><u>DOH Health Equity Zones Community Council</u></p> <ul style="list-style-type: none">• The purpose of the Community Council is to engage in dialogue to:<ul style="list-style-type: none">• Collectively select 2-3 geographical zones• Support a broad community engagement process• Create a workplan for health equity zone selection criteria including milestones and key outcomes within a DOH program framework	



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Executive Director Update - Department of Health: Health Equity Zones (Cont.)	<p><u>DOH Health Equity Zones Community Council (Cont.)</u></p> <ul style="list-style-type: none">• Once zones are selected, establish Community Collaboratives within each zone, to identify priority health equity issues for funding and support• Final report from Council due to Senate by December 2023• Appointed by ACH Executive Collaborative as the ACH representative• Designed under Senate Bill 5052	
Public Comments	<ul style="list-style-type: none">• There were no questions or comments from the public.	
Adjourn	Dawn Tolotti adjourned the public meeting and announced the Board would reconvene in Executive Session .	