CPAA Council Meeting Summary: June 9, 2016

Welcome and Introductions

The June 9th Council meeting of the Cascade Pacific Action Alliance was held at Summit Pacific Medical Center in Elma, WA. The goals of the meeting were to learn about the two Behavioral Health Organizations (BHOs) in CPAA's region, learn and discuss the Medicaid Global Waiver with the Health Care Authority (HCA), get updated on legal entity conversations, identify priorities for shared learning, and review CPAA's draft Compass document.

Shared Learning: BHO Panel Discussion

Council members were reminded that this shared learning discussion is intended to be a level setting conversation to incorporate local, regional, and state perspectives across sectors in order to have a common understanding of Behavioral Health Organizations (BHOs). The facilitator also provided five questions for the Council members and guests to consider during the panel in order to prompt discussion afterwards:

- What opportunities and/or challenges are presented?
- What else do you need to know?
- What changes, if any, need to be made to the RHIP?
- What are the policy/regulatory implications?
- What are the tangible next action steps?

Marc Bollinger, of Great Rivers BHO, and Mark Friedman, of Thurston-Mason BHO, gave an overview of what BHOs are and how they came to exist:

- BHOs provide community mental health and substance use services for clients with severe behavioral health needs. (MCOs provide services for mild to moderate cases).
- Both BHOs have been in operation since April 1st, so they are still in the early stages.
- In the Southwest region, multiple Regional Service Networks (RSNs) merged to create the BHO, while Thurston and Mason counties had just one RSN that transitioned to operating as a BHO.
- The BHOs contract with the state and have a similar structure to the MCOs for authorization, data, and audits.
- The two BHOs in the CPAA region contract with each other in order to improve access across county lines by providing shared data networks, sharing staff knowledge and expertise, and partnering with local community organizations for services.

Laurie Tebo, of Behavioral Health Resources, joined the panel after the initial overviews, in order to provide a provider perspective. The panel discussed the future of BHOs, especially after 2020, when behavioral and clinical health is supposed to be fully integrated in the state.

The group split into three smaller groups to discuss the questions introduced at the beginning of the panel. Some of the major thoughts that came out of the table top discussions included:

- Since the CPAA's counties are all so different, it is important to ensure that regional needs are met. (Watch what is happening in Oregon for reference).
- The CPAA has the benefit of being a group of like-minded people who have an avenue to share ideas and access to resources in their communities. The group needs to think about how to provide the best care in each county.
- Local partners need to come together to address needs. (For example, local organizations in Pacific County come together to address the barrier of housing.)
- MCOs should work together to fund care coordinators at the provider level.
- The group needs sample scenarios of what the system may look like for a patient in order to better understand the needs and possible solutions.
- The group needs visual depictions of how ACHs and BHOs can work together – what are the connections?
- Where does the needs assessment live? How does sharing or coordination of evaluation efforts happen? How can ACHs, BHOs, MCOs, primary care providers, and hospitals work together to improve needs assessment development?
- What is the ACH's role and what is the BHO's role in determining what happens with shared savings?
- There will be large up-front costs in the short-term; the region needs to be thinking about the long-term as well.
- How does the region think about investing in prevention?
- Balance stability and change, and be able to measure and fund innovative efforts and evaluate one strategy before starting another.
- Care coordination, regional and local alignment, and the care traffic controller concept seem to be important ways to aide in seamless behavioral health integration.
- HIPAA is a barrier and rate limiter to care. The group wonders whether policy change is needed in order to allow for better care coordination. (The intent of HIPAA was to protect patients, not to inhibit quality care.)
- The panel discussion further emphasized the critical nature of care coordination and tele-health in the region.
- The group has questions about reserves: what will they be spent out on?
- It will be important to figure out how to capture savings within the ACH from DSRIP funds.

The Council decided to defer the Shared Learning Syllabus agenda item to the Support Team and to a future Council meeting, in order to have more time for table top discussions about the BHO shared learning.

HCA Global Waiver Discussion

Marc Provence and Jon Brumbach attended the meeting to give the CPAA Council an update on global waiver negotiations and corresponding plans for ACHs. Marc's presentation included the 17 questions that the CPAA had sent to HCA in preparation for this discussion. [The questions and answers are included in a separate document, which can be found at crhn.org.] In addition to directly addressing each of the CPAA's questions, Marc also reviewed the three initiatives of the proposed global waiver, reviewed the transformation framework, discussed some examples of incentive payment milestones, went over the state's value-based purchasing framework, and gave an example of how a waiver transformation activity might look within the framework toolkit. The full presentation can be viewed at crhn.org.

Legal Entity Follow-Up

Backbone staff gave an update on the discussion about the CPAA becoming a legal entity. In May, the CHOICE Board and the CPAA Council decided on two possible options for becoming a legal entity: (1) the CPAA could be a program of CHOICE, which is already a legal entity; or (2) the CPAA could incorporate as an LLC under the umbrella of CHOICE's 501(c)(3) status.

Recently, backbone staff discussed these two options with HCA staff, Dorothy Teeter, Director, and Nathan Johnson, Chief Policy Officer, who expressed that the second option is probably workable with the right checks and balances in place. Their concern with the first option was that the CHOICE Board would be the accountable entity, and they are not representative of the entire region.

Backbone staff also requested more information from legal counsel about what the main steps, costs, and timeline for pursuing incorporation as an LLC would be. The main steps are:

1. File an application.
2. Develop an operating agreement.
3. Get approval from the CHOICE Board.
4. File a certificate of formation.
5. Execute the operating agreement.

The cost for all these steps would only be a few hundred dollars, but the CPAA will likely want to legal consultation on the operating agreement, which would add to the cost. Backbone staff recommends waiting for more concrete information about the global waiver, and being ready with Support Team recommendations in order to stand up an LLC efficiently if needed. Backbone staff will take this discussion back to the CHOICE Board in July.

Next Steps

- The Support Team will review the draft Shared Learning Syllabus and bring it back to the July Council Meeting for discussion.
- HCA staff will return for a shared learning session on Value Based Purchasing later this year.
- Backbone staff will take the legal entity discussion back to the CHOICE Board.
- The next CPAA Council Meeting will be **July 14, 2016; 1:00PM-4:00PM** at Summit Pacific Medical Center.