

# GREATER COLUMBIA BEHAVIORAL HEALTH, LLC. BH-ASO

## Executive Committee Meeting – **MINUTES**

OCTOBER 1, 2020 – 9:00 A.M.

GCBH OFFICE, 101 N. EDISON – KENNEWICK, WASHINGTON

CHAIRMAN: CHARLES AMEREIN

ATTENDANCE: CHARLES AMEREIN; CHRIS SUEBERT; CICILY ZONES; CINDY ADAMS; CODY NESBITT; DIANE HALO; DIMITA WARREN; GREG TOMPKINS;  
JENNIFER DANIEL; JIM BELL; JODY DALY; JOEL CHAVEZ; KAREN RICHARDSON; KYLE SULLIVAN; MIKE BERNEY; BOB JOHNSON; BOB KOCH; RON ANDERSON;  
SINDI SAUNDERS; CAROL MOSER; SHEREL WEBB

#	Item/Folder	TYPE	Description	Discussion Leader	ACTION
1.	Call to Order		Commissioner Amerein called the meeting to order at 9:00 a.m.	Charles Amerein	
2.	Introductions		Sherel called roll.	Charles Amerein	
3.	Agenda Change		None.	Charles Amerein	
4.	Previous Executive Committee Minutes	ACTION	Approve September 3, 2020 Executive Committee Minutes.	Charles Amerein	Bob Johnson moved to approve the September 3, 2020 minutes as presented; Ron Anderson seconded; motion passed.
5.	Warrants/ Vouchers	ACTION	1. <b>ASO – September 30, 2020 – Warrants and Vouchers:</b> The September 30, 2020 warrants and vouchers in the amount of \$1,738,197.78 were distributed via email prior to the meeting.	Charles Amerein	Chris Seubert moved to approve the September 30, 2020 Warrants and Vouchers in the amount of \$1,738,197.78; Mike Berney seconded; motion passed.
6.	ASO Updates		<b>Fiscal &amp; Administrative Updates – Karen Richardson</b> 1. <b>IT Update:</b> Karen reported the IT department continues work on some issues before going live in the interest of making the transition as easy as possible for the providers.  2. <b>Financials:</b> Karen reviewed the September 2020 Balance Sheets and cumulative R&E with the most up-to-date fiscal information in lieu of separate August and September information. There were no questions or comments.		

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			<p><b>3. CJTA Additional Funding:</b> Karen explained the answer she received from HCA when she submitted Yakima's proposal for CJTA additional funding, which HCA rejected. She learned those funds have to be used for direct services for expansion or creation of therapeutic court. In that light, Karen felt the best action would be for the CJTA additional funds to continue being distributed directly to the actual service provider through the normal funding formula. After discussion, the consensus was to proceed with Karen's suggestion.</p> <p><b>4. HCA/MCO/ASO Updates:</b> Karen referenced the committee's previous directive to not pay the inpatient and E&amp;T outstanding liabilities without the necessary clean data to match the billings. She explained we have officially passed being in business for 365 days which triggers the submission deadline after which the HCA will not accept any data. Karen asked for direction from the committee regarding whether or not to pay or write that liability off as unbillable due to no data received in a timely manner. Sindi Saunders clarified that these hospitalizations were authorized by the ASO and recommended action such as a letter from the Executive Committee in support of the decision. Bob Johnson asked for a legal opinion from Jim Bell regarding the liability. Jim noted that contractually providers would not be entitled, but that litigation is always possible.</p> <p><b>Clinical, QM, Compliance &amp; State Meetings Update – Sindi Saunders</b></p> <p><b>5. GCBH COVID-19 Updates:</b> Sindi reported our crisis system is proving really strong and stable. There have been a variety of responses depending upon the unique needs of their area.</p> <p><b>6. Crisis Reports:</b> Sindi noted crisis calls and encounters increased in June and July but have come back down in August. The increase in ITAs was expected and, of course, leads to an increase in ITA court costs.</p> <p><b>7. State Updates:</b> Sindi reported the ASO is finishing the Disaster Recovery audit with MCOs and that we will have our HCA audit next week. We will be required to pay our B&amp;O tax back. Staff has been in the process of reviewing</p>		<p>Ron Anderson moved to have the additional CJTA funds continue to go directly to the actual service provider through the normal funding formula; Greg Tompkins seconded; Mike Berney abstained; motion passed.</p> <p>Bob Johnson moved to direct the Finance department not pay for Inpatient/E&amp;T/Secure Detox ITA'd billings that have exceeded the 365 day submission deadline requirement by HCA for supporting data, due to the ASO's inability to process claims with HCA that are over 365 days from the date of service; Greg Tompkins seconded; Jodi Daly abstained. Motion passed.</p>

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			the new redline version of contracts in order to get comments back to HCA.  <b>8. Compliance Issues:</b> No compliance or critical incident issues have been identified.		
7.	Legal Updates		Jim noted no legal issues or updates at this time.	Jim Bell	
8.	Committee Reports/ Information	ACTION	<p><b>1. Clinical Crisis Providers Committee</b> (Dimita Warren) September 17, 2020. Dimita reported that the providers received a crisis audit tool to be done as a desk audit. Sindi reported the HCA is curious about the length of calls, but since most providers don't have that capacity, the ASO will gather information from ProtoCall. Calls to the Ombuds office have been increasing across the board. Adherence to DCR protocols needs to be documented.</p> <p><b>2. QMOC Committee</b> (Sindi Saunders) September 21, 2020. The QMOC committee is discussing what all the HCA wants the ASO to monitor and how best to do so without burdening the providers. One of the new things to monitor is long term bed diversion and how to cooperate with MCOs to divert them. Monitoring the DCRs is on the audit tool, which the ASO is considering sufficient unless otherwise notified. HCA wants monitoring of LRAs and we are two steps removed from them with little resource to monitor. ASOs are also being asked to monitor high utilizers, and in order to do so a definition needs to be agreed on. We are also being asked to send Notices Of Adverse Benefits Determination (NOABD) to consumers for every possible situation including wrong numbers. This is very disruptive and confusing for the consumer, who doesn't even realize anything was being requested on their behalf. Care coordination from MCOs was discussed, noting almost zero contact to date.</p> <p><b>3. Funding &amp; Fiscal Operations Committee, FFOC</b> (Steve Ghilglione) September 24, 2020. Karen Richardson reported in Steve's absence that the bulk of the meeting was to discuss the preliminary CY2021 budget in hopes of presenting a more final budget in October and take it to the Executive Committee by November or December before it is due in January. It is very preliminary at this point and may be affected by the upcoming HCA audit.</p> <p><b>4. BHAB:</b> (Sherel Webb) September 29, 2020. Sherel reported the BHAB Committee was scheduled to meet on</p>	Committee Chairs	Bob Koch moved to approve the policies listed with the

#	Item/Folder	TYPE	Description	Discussion Leader	<b>ACTION</b>
			<p>September 29, 2020. Only one member joined the Zoom call, so the meeting was canceled. The primary purpose of the meeting was review of policies and subsequent recommendation to the Executive Committee. An email requesting members vote with a response via email was sent. Three responses (a quorum of members present) answered to recommend the following policies be approved by the Executive Committee:</p> <ul style="list-style-type: none"> <li>• <b>AD109- Provider Network Selection and Retention- Update from last month.</b></li> <li>• <b>CL323- Crisis Services- New Policy</b></li> <li>• <b>CL327- Care Coordination- New Policy</b></li> <li>• <b>CL344- Involuntary Treatment Service</b></li> <li>• <b>CL347- Level of Care Authorization</b></li> <li>• <b>CL348- Practice Guidelines.</b></li> </ul> <p>*In the attachments, the PDF version is the Policy we are replacing with the attached Word version.</p> <p>Sindi Saunders noted a sentence was added identifying telehealth availability as an service option in addition to face-to-face services to policies CL323 and CL344. This was not a substantial change and no other changes were made to any of the policies, but it was done after BHAB viewed the policies.</p>		addition of telehealth as an option to policies CL323 and CL344 as recommended by the Behavioral Health Advisory Board (BHAB); Mike Berney seconded; motion passed.
9.	<b>Public Comments</b>		Diane Halo from ACH thanked Cody Nesbitt for his presentation at their recent Leadership Council. Joel Chavez of CHPW referenced the discussion regarding identifying high utilizers noting CHPW does reach out directly to high utilizer consumers, but acknowledged they could do a better job of reaching out to providers and are working on that.	Charles Amerein	
10.	<b>Other Business</b>		None.	Charles Amerein	
11.	<b>Executive Session</b>		None needed.		
12.	<b>Adjournment</b>		The meeting was adjourned at 10:02	Charles Amerein	