

# MEETING MINUTES

## HIT GRANT MEETINGS

**DATE:** JANUARY 8, 2014  
**TIME:** 09:00-10:00  
**LOCATION:** CONFERENCE CALL  
**PHONE:** 1-877-455-0244 (PASSCODE: 2072786573#)  
**CHAIRS:** DAWN R. GALLAGHER AND LORIE SMITH  
**ATTENDEES:** DAVID LAWLOR, DARLENE MACKINNON, NANANDA COL, KIM MOHAN, ANDREA KREBS, MARGARET GRADIE, MISSY BOUTOT, JAMES MURPHY-DEAN, EVELYN PRESTON, SUSAN CORBETT, NICOLE O'BRIEN AND JANE DUBOIS (FOR HEATHER PELLETIER)

### MEETING OBJECTIVES AND AGENDA:

1. HCF/SNF PILOT, DLT AND CC OVERVIEW
2. HCF PROJECT TIMELINE
3. CONSORTIUM ORG. CHART, NAME, PROJECT ROLES AND COMMUNICATION PLAN
4. HEALTHCARE CONNECT FUND
5. LETTER OF AGENCY
6. WRITTEN AGREEMENT
7. USAC F460

### RISKS / MITIGATION STRATEGIES

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Overall Meeting Objectives: Focus on grant adventures. To advance the HIT Grant proposals, engage rural Healthcare Provider (HCP) sites and to initiate, plan, manage and close grant initiated projects.

The purpose is to establish a Grant/Project Consortium in Maine with active members that share rural connectivity opportunities, challenges, interests, knowledge, status, updates, and next steps by raising awareness, issues/risks and developing mitigation strategies to move initiatives forward to improve healthcare outcomes.

Meetings are to be held on a regular, bi-weekly basis via conference call. Face-to-face meeting forums will be held adhoc.

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### TOPICS OF DISCUSSION

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- **Attendance**
- **December 11, 2013 minutes** - reviewed and the 'Ambassador' term was defined as someone who would raise initial awareness on initiatives that the consortium members were pursuing.
- **Documents: Agenda, Narrative, Timeline, Consortium Org. Chart and Communication Plan**

Discussions were initiated by Dawn Gallagher who shared that the reason that the focus of today's meeting being on the HCF initiative was due to a short timeline to submit RFP/RFS on this opportunity.

Lorie Smith provided an overview of the following documents:

- **Narrative** document shared. The narrative document provided a high-level overview and status updates on the following initiatives which were discussed:
  - a. USAC, Healthcare Connect Funding Opportunity – currently engaged initiative
  - b. USAC SNF Pilot program – no further USAC information available on this initiative
  - c. USDA DLT and CC intuitive overview provided – no engagement, focus is currently on USAC HCF

Lorie Smith provided an overview of the HCF Opportunity and defined it as a potential for eligible HCPs' public or non-profit sites and facilities to engage in a consortium approach membership and receive 65% reduced broadband services. Duplicate funding requests for identical broadband services from USAC, HCF may not be requested if members are also participants in another consortium. HCF is a multi-funding year initiative. Applicant financial contributions i.e. 35% of broadband services and applicant first steps described. Eligible applicant types were listed in the Narrative shared and discussed.

David Lawlor raised the point that *Community Mental Health Centers* as a bit of a generic term and wondered if other groups with disabilities that receive healthcare may qualify too i.e. residential services. <sup>1</sup>**Action:** Lorie to follow up with USAC contacts, inquire and provide feedback.

Margaret Gradie asked the question of whether Dental Health Providers were eligible. <sup>2</sup>**Action:** Lorie to follow up with USAC contacts, inquire and provide feedback.

- **Timeline** document was reviewed and noted that it consisted of Phase I and Phase II of the HCF Project only.
  - a. **Phase I** – Pre-application phase. Eligibility and Registration Form 460 completed online at [www.usac.org](http://www.usac.org).
  - b. **Phase II** - Application phase. Request for Service and Submit F461, RFP/RFS, etc.  
**28 day waiting period** then begins competitive bidding with weighted scoring criteria.
  - c. **Phase III** – Fund Request phase. Funding years run July 1 – June 30; F462 must be submitted no later than June 30 and cannot be submitted before receiving a USAC Funding Commitment Letter (FCL)
  - d. **Phase IV**– Invoice and Distribution phase i.e. Post Commitment Steps. Once broadband services are being provided and invoices/bills are being submitted by vendors to HCPs and HCPs have paid their 35% to vendors Form 463 may be submitted to USAC for remaining 65%.
- **Consortium Org. Chart** - The Consortium Lead, Project Coordinator, Grant Coordinator and Technical Resource were identified as well as 'Ambassadors' on the Consortium Org. Chart. The role and purpose of the Ambassadors' role was raised by David Lawlor and explained on pages 4-5 as part of a Communication Team to raise initial awareness about the HCF Project, for the purpose of on-boarding of HCPs, engagement and identification of First Steps i.e. Letter of Agency (LOA), Written Agreement and USAC Eligibility & Registration Form 460 (an online form at [www.usac.org](http://www.usac.org) )  
<sup>3</sup>**Action:** Ambassadors to utilize documents reviewed (to be provided) to raise initial awareness with other HCPs.

The Ambassador roles were reviewed and either confirmed/removed or require follow up for confirmation:

1. David Lawlor and Darlene MacKinnon (post meeting identification), Maine Association for Community Service Providers-confirmed
2. Katie Sendze, HIN Behavioral Health (SIMS Grant) - removed
3. Ronald Deprez, Nicole O'Brien and/or Nanda Col, University of New England and other Maine healthcare educational sites-confirmed

4. Evelyn Preston and/or Lisa Harvey-McPherson, Eastern Maine Healthcare System-confirmed
5. Susan Corbett, Harrington Family Healthcare with sub-sites-confirmed
6. Julie Shackley, Androscoggin Home Care & Hospice, the Home Care & Hospice Alliance of Maine-requires follow up
7. Kim Mohan and/or Margaret Gradie, MCD Public Health and Northeast Telehealth Resource Center-confirmed
8. Holly Harmon and/or Rick Erb, MHCA Nursing Homes/Long-Term Care-requires follow up

Discussions arose around the recruitment of additional Ambassadors for FQHC and RHC contacts. Chris Muffett's name MEPCA name was brought forward. <sup>4</sup>Action: Dawn to follow up with Chris. Other discussions were around identification of the current vacant DHHS Behavioral Health Services Ambassador role and Kitty Purington's name was brought forward. <sup>5</sup>Action: Dawn to follow up with Kitty. <sup>6</sup>Action: Lorie to update the Consortium Org Chart as needed when information becomes is available.

- **Communication Plan**

Points of interest reviewed in the HCF Communication Plan were bi-weekly communication at the HIT Grant Meetings, Issue Management and Risk Management, current risks and issues and appropriate corrective measures and the Communication Team.

- **Discussion – Onboarding Process / Phase I**

- a. **Letter of Agency (LOA)** was explained as a USAC requirement for Consortium to work on behalf of HCPs and discussed. <sup>7</sup>Action: Lorie to post on the [www.maine.gov/hit](http://www.maine.gov/hit) website
- b. **HICKRC Legal and Financial Form** is a written agreement that HCPs will sign and be responsible to pay 35% undiscounted rate to their broadband carrier. <sup>8</sup>Action: Lorie to post on the [www.maine.gov/hit](http://www.maine.gov/hit) website
- c. By completing the USAC Form 460 online; HCPs will receive an eligibility determination from USAC within 30 days of filing. <sup>9</sup>Action: instructions on how to file Form 460 will be posted on [www.maine.gov/hit](http://www.maine.gov/hit) website. The document is called, **Form 460 Explained**.
- d. **Survey** discussion occurred regarding collecting Baseline Measurements for the HCF opportunity. James Murphy-Dean shared on this initiative that he is leading. If an HCP has not previously completed a survey contact information for [James.Murphy-Dean@maine.gov](mailto:James.Murphy-Dean@maine.gov) will be provided in the HCF Summary.

- **Closing Comments:**

Several members commented that whole process was a bit complex and could there be simplified, bulleted summary with a clear value proposition developed for the purpose of forwarding onto others colleagues, HCPs, sharing, etc. <sup>10</sup>Action: Lorie to provide a new, HCF Summary document, LOA, Written Agreement, Form 460 Explained and Survey contact information prior to end of day to all members as well as post documents on the [www.maine.gov/hit](http://www.maine.gov/hit) website.

Meeting Adjourned at 10:03 a.m.

## NEXT ACTION STEPS - BY WHOM

1. Lorie to f/u with USAC on eligibility of Dental Providers and residential services – Lorie<sup>1,2</sup>
2. Ambassadors utilize documents reviewed and to be provided to raise awareness of HCF with other HCPs – Ambassadors<sup>3</sup> \* Note-anyone attending these meeting may raise awareness about HCF to other interested HCPs.
3. Dawn to follow up with Chris Muffett at MEPCA and Kitty Purington at DHHS BH – Dawn<sup>4,5</sup>
4. Update of Consortium Org. Chart – Lorie<sup>6</sup>
5. LOA, Written Agreement, Form 460 Explained, Survey Contact information to be provided to group by end of day and posted on [www.maine.gov/hit](http://www.maine.gov/hit) – Lorie<sup>7,8,9</sup>
6. A simplified, bulleted HCF Summary with a clear value proposition to be provided to group and posted on [www.maine.gov/hit](http://www.maine.gov/hit) – Lorie<sup>10</sup>

## **RISK MANAGEMENT**

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- Risk Factors: risks were reviewed that are documented in the HCF Communication Plan, but no new risks identified today
- Mitigation Strategies: n/a