



Western New York Regional Planning Consortium

Welcome to the first board meeting of 2018!





What are we going to do today?



- Introductions & Approval of Minutes
- Updates from Field Offices (including data from OMH)
- Report from the Children & Families Subcommittee
- Reports from ad hoc work groups
- Discussion of WNY issues & concerns including decision on what to submit for the next state co-chairs meeting and formation of any new work groups
- New Business
- Questions from the audience



Introductions/Approval of Minutes



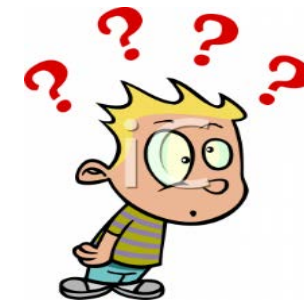
- Introduction of Board Members, Key Partners, State Officials
- Introduction of Gallery
- Introduction of Donna DeWan – Project Director for the Regional Planning Consortiums
- Approval of Minutes



Updates from WNY Field Offices

- OCFS – Dana Brown
- OASAS – Jerry Puma
- OMH – Chris Doherty Smith
- OMH Data – Chris Marcello





HARP/Health Home/HCBS Data

Western RPC Board Meeting

February 15, 2018

Adapted from Data Presentation by Joe Simko, Central NY Field Office

HARP Enrollment with Capitation Paid as of Jan. 08, 2018

Row Labels	Count of Recip. By Region	Percentage by RPC Region
NYC	58,650	55.7%
ROS	46,005	43.7%
Capital	3,714	3.5%
Central	6,049	5.7%
Finger Lakes	9,120	8.7%
Long Island	6,341	6.0%
Mid-Hudson	6,512	6.2%
Mohawk Valley	1,257	1.2%
North Country	1,467	1.4%
Southern Tier	2,120	2.0%
Tug-Hill	1,497	1.4%
Western	<u>7,928</u>	<u>7.5%</u>
(blank)	730	0.7%
Grand Total	105,385	100.0%

17% of Rest of State

Plan Alias	HARP Eligible	% HARP Enrolled/HARP Eligible	% HH Enrolled/HARP Enrolled	% HCBS Assessed/HH Enrolled	% HCBS Eligible/Assessed	% LOSD Req./ HCBS Eligible	% HCBS Auth Revd / HCBS Eligible	% HCBS Claim Paid / HCB: Eligible
Plan 1	2,332	59%	42%	47%	80%	30%	8%	14%
Plan 11	4,386	61%	29%	36%	93%	53%	39%	13%
Plan 13	10,145	68%	35%	48%	89%	47%	18%	7%
Plan 15	2,796	64%	36%	44%	90%	55%	19%	8%
Plan 16	7,449	60%	38%	50%	88%	33%	9%	6%
Plan 17	2,030	75%	32%	47%	91%	106%	16%	11%
Plan 18	2,327	72%	48%	45%	94%	48%	11%	3%
Plan 2	402	53%	30%	45%	79%	35%	17%	
Plan 4	2,128	65%	35%	60%	85%	24%	7%	5%
Plan 5	32,228	56%	36%	46%	88%	49%	15%	11%
Plan 6	2,617	57%	43%	56%	88%	9%	12%	8%
Plan 8	7,116	52%	34%	49%	87%	35%	13%	8%
Grand Total	75,956	59%	36%	47%	88%	45%	15%	9%

75,956

59%

36%

47%

88%

45%

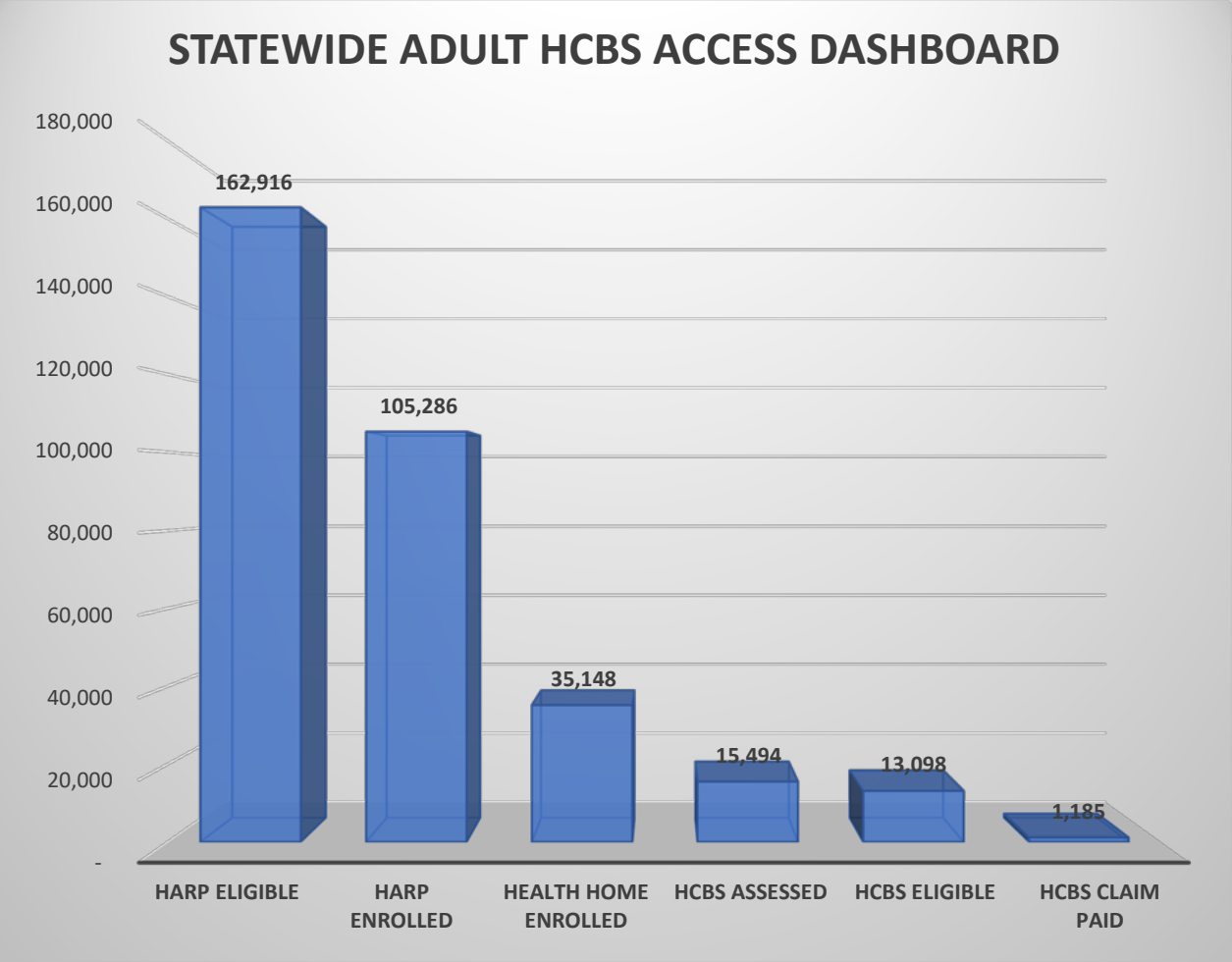
15%

9%

****34% of individuals in which a LOSD was requested by HHCM had a HCBS authorization received by plan.**

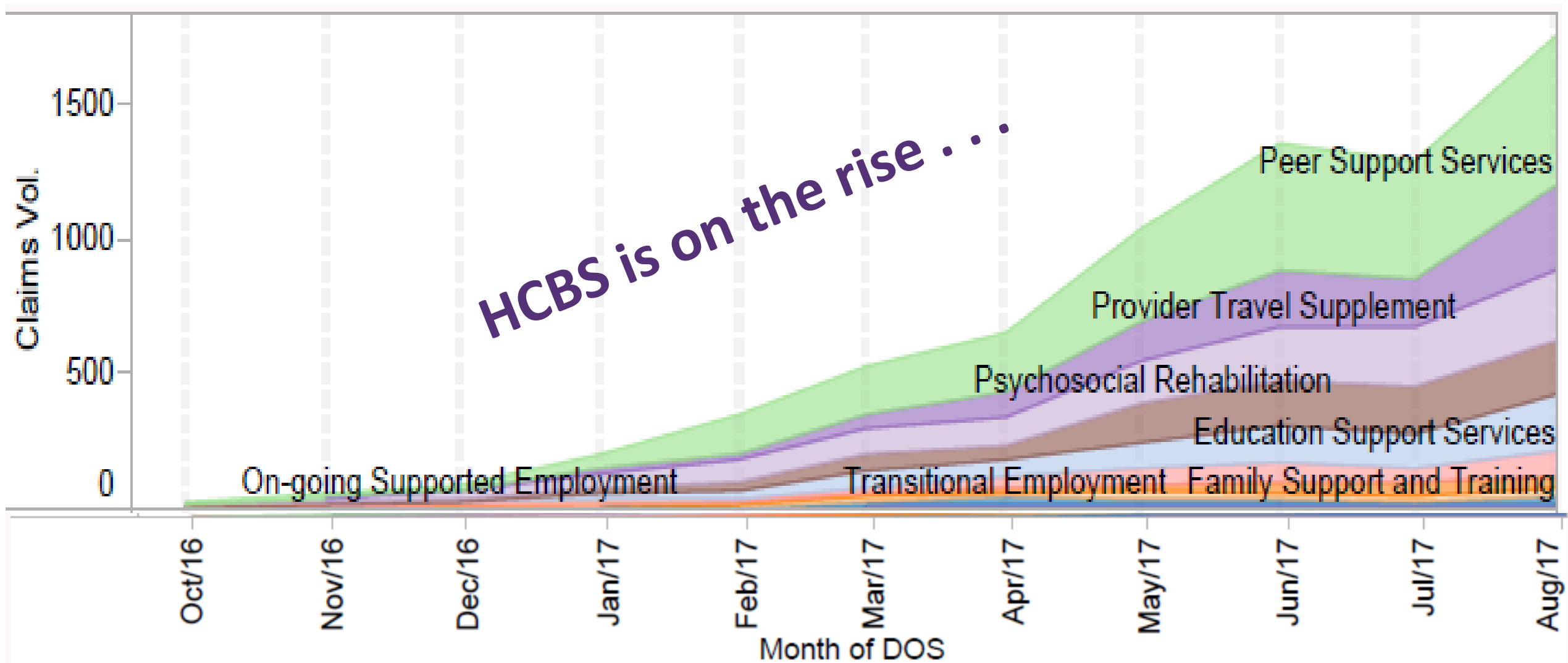
Source: MDW, UAS & MCOs reported Data. Update Date: 12/28/2017. All metrics in this dashboard are count of unique recipients.

HARP/Health Home/HCBS Eligibility & Access



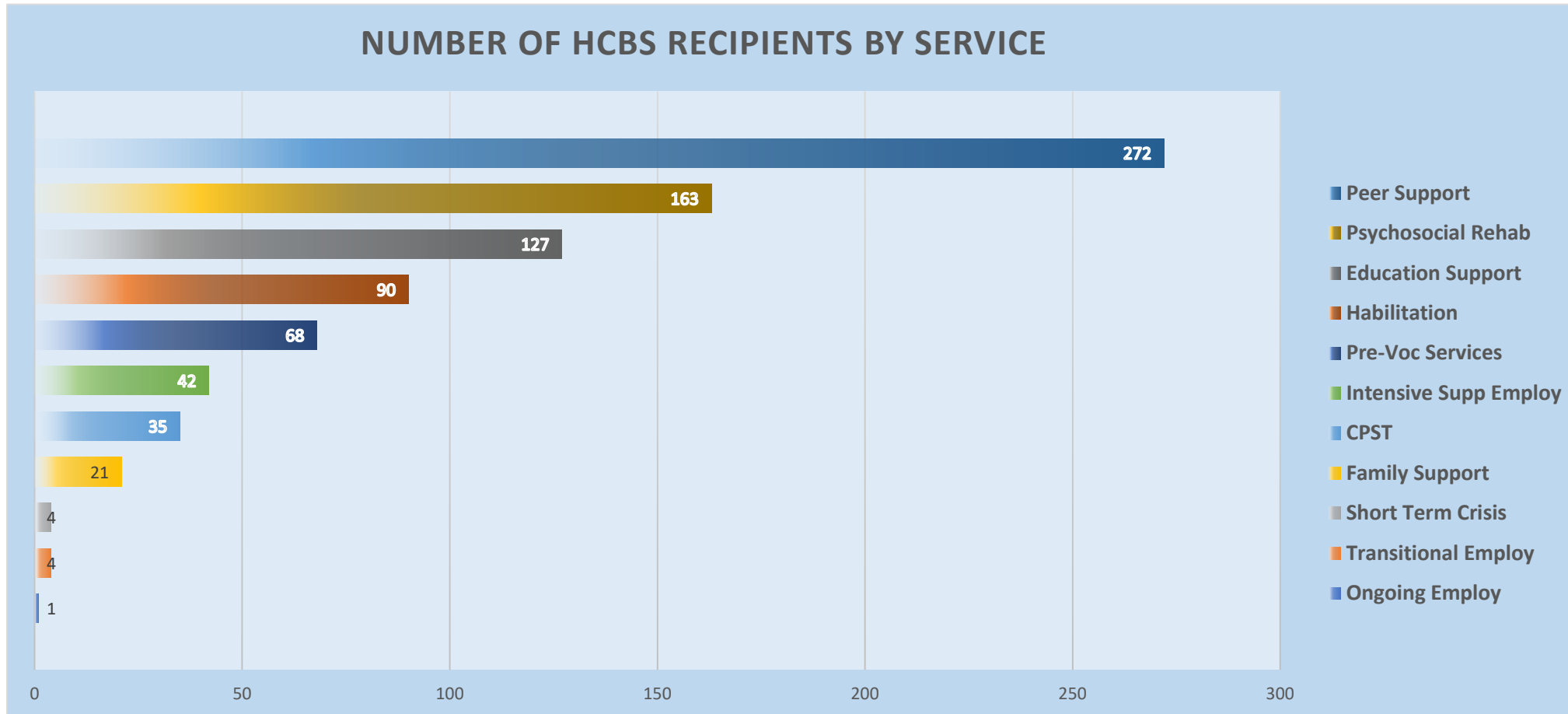
- 65% HARP Enrolled
- 33% HH Enrolled
- 44% HCBS Assessed
- 85% HCBS Eligible
- 9% HCBS Recipients

Plenty of volume for continued growth.



Note: The latest claims data (Aug.2017-Dec.2017) are excluded in this graph (only) to avoid any potential confusion due to claim-lag.

Number of HCBS Recipients by Service (Rest of State)



Source: MDW, Update Date: 12/28/2017

HCBS Access Data by County Fiscal Responsibility

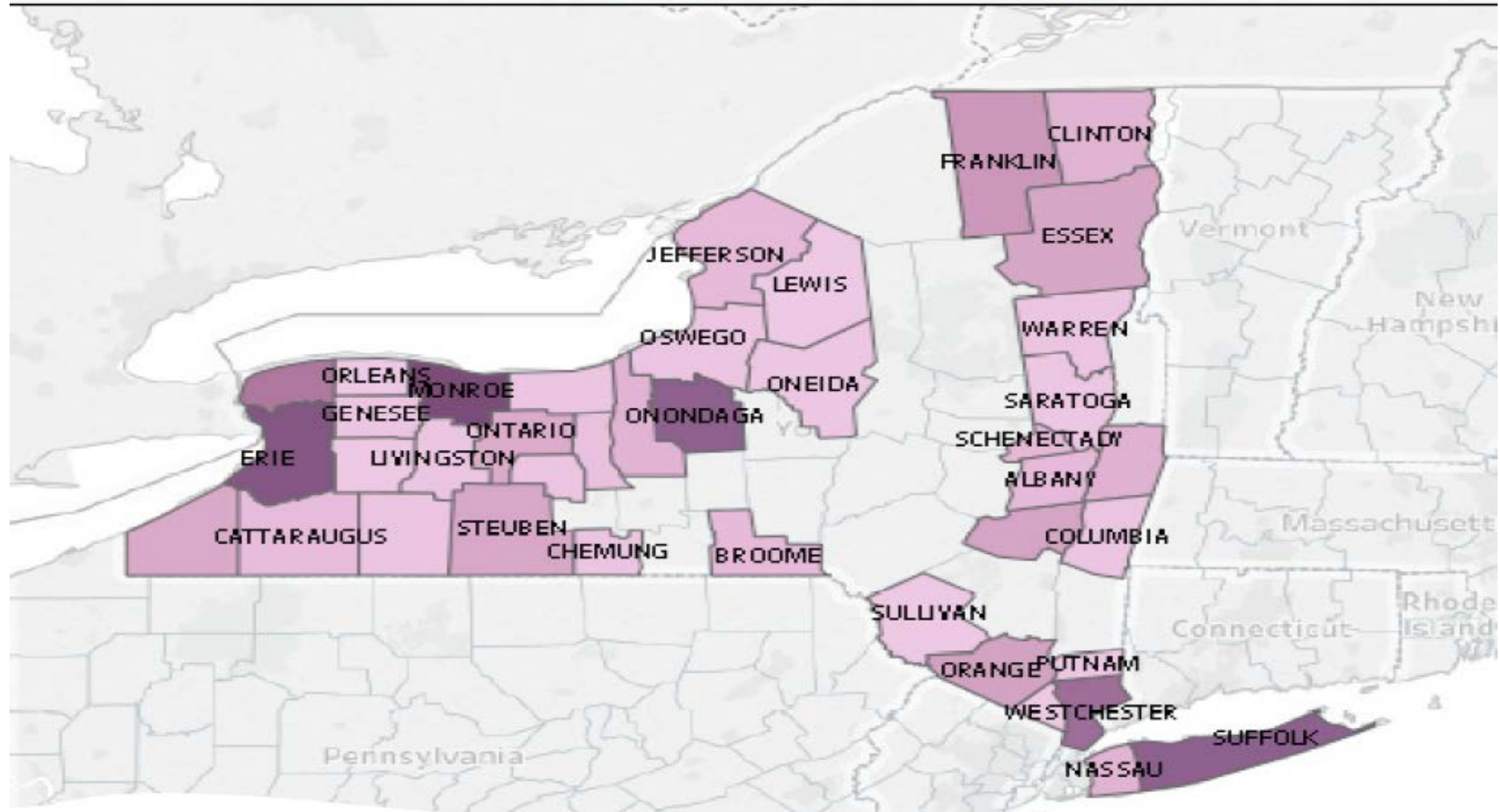
(as of Dec. 29, 2017)

County	HARP Eligible	HARP Enrolled	% HARP Enrolled	Health Home Enrolled	% HH Enrolled	HCBS Assessed	% HCBS Assessed	HCBS Eligible	% HCBS Eligible	HCBS Claimed	% HCBS Recipients
ALLEGANY	391	187	48%	61	33%	28	46%	27	96%	2	7%
CATTARAUGUS	748	305	41%	87	29%	48	55%	45	94%	10	22%
CHAUTAUQUA	1,616	977	60%	354	36%	185	52%	167	90%	16	10%
ERIE	8311	4847	58%	2102	43%	946	45%	851	90%	60	7%
GENESEE	435	229	53%	52	23%	32	62%	32	100%	3	9%
NIAGARA	2170	1231	57%	666	54%	358	54%	304	85%	44	14%
ORLEANS	285	160	56%	37	23%	24	65%	21	88%	1	5%
WYOMING	174	67	39%	27	40%	25	93%	25	100%	1	4%
WESTERN	14,130	8,003	57%	3,386	42%	1,646	49%	1,472	89%	137	9%
STATEWIDE	77,762	46,276	60%	16,435	36%	7,897	48%	6,935	88%	606	9%

Niagara County has highest percentage of HARP enrolled individuals in Health Homes in New York State (54%)

Wyoming County has highest percentage of HCBS assessed individuals in New York State (93%)

Recipients Geographic Distribution, Region: **ROS**



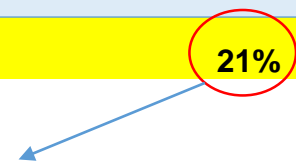
HARP/HH/HCBS Enrollment Growth October - December 2017

County	HARP Eligibility Change	HARP Enrollment Change	HH Enrolled Change	HCBS Assessed Change	HCBS Eligible Change	HCBS Claims Change
ALLEGANY	11%	26%	15%	33%	35%	*
CATTARAUGUS	5%	10%	18%	2%	0%	67%
CHAUTAUQUA	6%	11%	14%	26%	18%	220%
ERIE	11%	15%	18%	29%	23%	216%
GENESEE	8%	17%	13%	39%	39%	50%
NIAGARA	12%	15%	20%	29%	19%	100%
ORLEANS	9%	14%	-8%	20%	17%	**
WYOMING	-1%	14%	13%	39%	39%	**
WESTERN	10%	15%	18%	28%	21%	154%

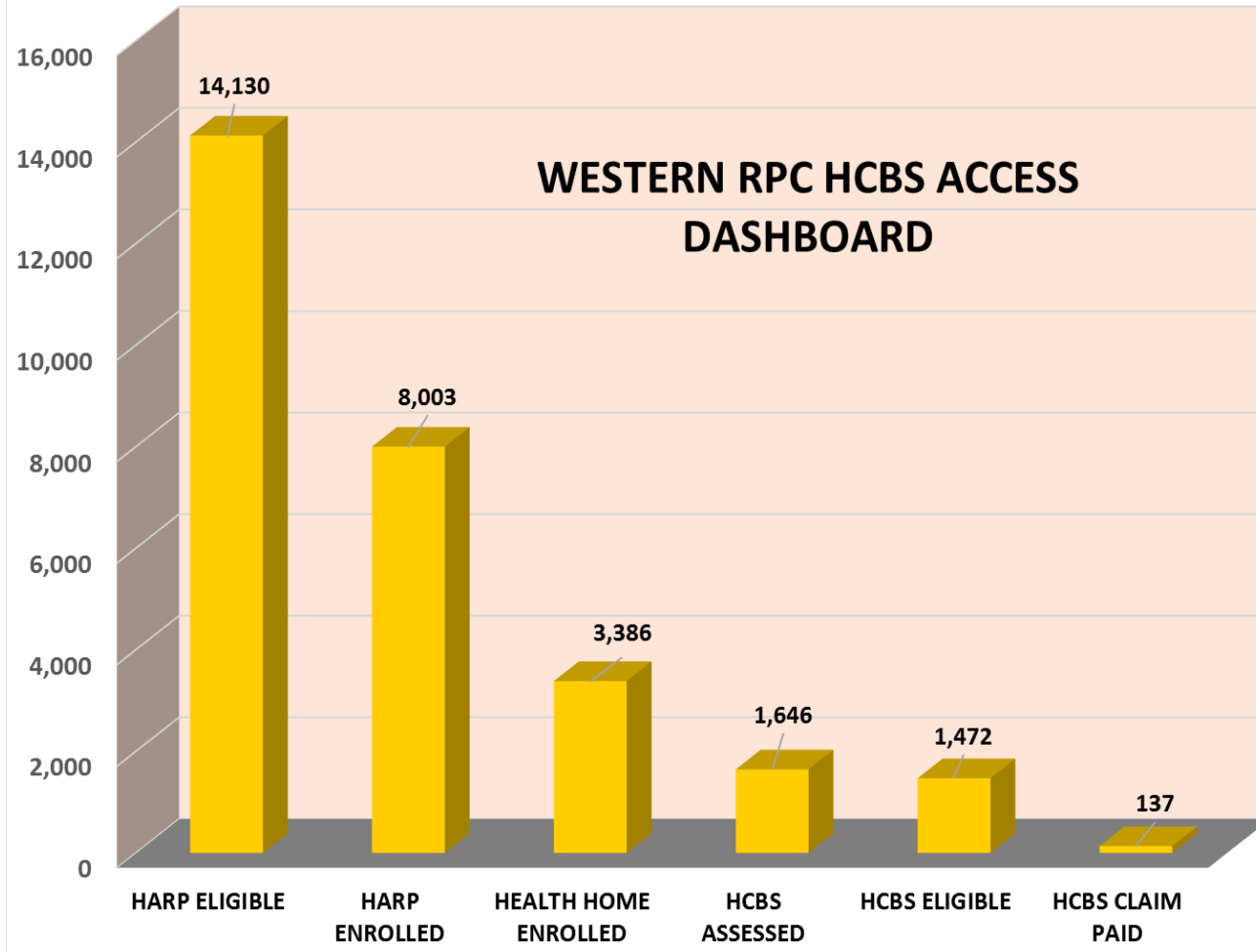
* Claim increase from 0 to 1

** Claim increase from 0 to 2

Change in HCBS Eligible in 3 months from 1,216 to 1,472.



Plenty of volume for continued growth.



OF HARP ELIGIBLE...

57% HARP Enrolled

24% HH Enrolled

12% HCBS Assessed

10% HCBS Eligible

1% HCBS Recipients



Children & Families Subcommittee



- The WNY RPC Children & Families Sub-committee, chaired by Vicki McCarthy with LGU Lead Marie Sly, conducted two (2) Town Hall Meetings in late January. Meetings were held on January 25th at the Buffalo & Erie County Central Library (approximately 25 attendees) and on January 26th at the Arcade Free Public Library (approximately 15 attendees).
- At each meeting participants were asked to state their issues/concerns within the children's behavioral health system, share best practices, and offer suggestions on how the system can be improved and/or areas where they hoped NYS would consider piloting projects to improve the system of care.
- There were areas of overlap between the two meetings. One of the next steps is to determine action plans for what this subcommittee would like to work on over the next year. Areas for further discussion will include:
 - Education and Outreach re Children's Health Homes
 - Pilot projects on providing respite services
 - Partnering with school districts – see who does a good job and develop protocols to get into additional districts
 - Standardization of assessments



Reports from ad hoc Work Groups

- Health Homes – Bruce Nisbet
- HCBS – Michelle Scheib
- Systems – Anne Constantino





WNY Regional Issues

(June 2017 state co-chairs meeting)



- Providers report that APG rates do not reflect current costs of doing care and are based on data that is 7-8 years out of date. [decision made, discussed at last state co-chairs meeting, they will not be making changes in rates]
- Providers report that they are interested in learning more about business models that will promote financial stability to prepare for changes in reimbursement rates and payment models. [decision made, NYS has been holding various trainings and seminars on this topic]
- Rural and smaller providers have expressed fears that they will be forced to merge or go out of business due to regulatory changes and changes in reimbursement models. [decision made, NYS has been holding trainings on developing collaborations and partnerships]



WNY Regional Issues

(June 2017 state co-chairs meeting)



- Concerns have been expressed that not all HCBS services are available in this region and/or not within a reasonable distance of many consumers. [**open**]
- Stakeholders express concern that process of enrolling in HCBS (from identification of eligibility to actually receiving services) takes 4-6 months. [**open – referred to HCBS ad hoc work group**]
- Peers and Family Members have questioned if services that have been requested by consumers are those that are currently in the HCBS array. [**open-NOT ADDRESSED at state co-chairs meeting;**]
- Stakeholders report concerns re sharing of information between partners - there are questions re HIPAA regulations, 42CFR Part 2 covering substance abuse services, etc. and report that knowledge of regulations differs between partnering organizations. [**open - NOT ADDRESSED at state co-chairs meeting;**]



WNY Regional Issues

(June 2017 state co-chairs meeting)



- Several Stakeholder groups indicate that PMDs do not want to take on the risk of caring for behavioral health clients. Consensus that consumers with behavioral health concerns are not taken seriously by primary care practices. [**open - NOT ADDRESSED**]
- Stakeholders report that there is a need for additional education regarding the connection between physical and behavioral health. [**open - NOT ADDRESSED**]
- Consensus around unrealistic expectations of behaviors of BH consumers by medical practices. Anecdotal information that consumers are routinely discharged for missing appointments or taking a non-prescribed substance. Report that this is true for BH organizations as well. [**open - NOT ADDRESSED**]



WNY Regional Issues

(October 2017 state co-chairs meeting)



- Providers have shared that Medicaid rates are out of date and not reasonable in the current fiscal environment. These rates for both MH and SUD outpatient were set several years ago against costs at that time. There has been no adjustment for inflation or new and added costs to reflect the challenges of this healthcare environment.

- *Recommendation: Make an adjustment to the base payment rate (APG rate) to reflect current costs and add a trend factor going forward. This will provide bridge funding as the transition to VBP occurs. This adjustment in rates should also apply to primary care and dental health services.*

[decision made – APG rates expire in 2020; in 2020 CBOs will negotiate rates with directly with MCOs]



WNY Regional Issues

(October 2017 state co-chairs meeting)



- Delays from the point of Medicaid approval till the actual enrollment in managed care pose barriers to services that can alone be billed to managed care such as HCBS, OASAS 820-including crisis stabilization, off site, etc. We are requesting a process that would expedite/automate enrollment into managed care for any individuals with a behavioral health condition. Additionally, current DSS regulations create barriers and unsafe conditions for SUD clients entering crisis stabilization or residential care as clients must present for in-person face-to-face interviews to apply for Medicaid; and require independent 3rd party assessments when moving to a higher level of care for SUD treatment
- *Recommendations: 1. Allow for Skype or other technologies to interview clients for Medicaid coverage. 2. Eliminate 3rd party assessments by acceptance of universal use of OASAS locadtr. 3. Automatic enrollment in MMC for all clients in SUD programs. [OPEN – we are working with Erie & Niagara DSS on these concerns. When presented at state co-chairs meeting they requested that we continue to work on regional solution to this issue]*



WNY Regional Issues

(October 2017 state co-chairs meeting)



- Stakeholders report that there continue to be difficulties accessing primary care and dental health services for BH clients.

Recommendations:

1. *DOH to review medical training programs and determine if new educational components need to be added to curriculums to inform medical staff re positive health outcomes associated with integration of BH with primary care.*
2. *DOH and/or MCOs to send information to primary care practices regarding financial incentives available for integrating BH clients into their treatment services.*
3. *Offer training on how to incorporate best practices into medical practices, particular smaller practices.*
4. *Review reimbursement rates for seeing Medicaid clients within a primary practice model not affiliated with a hospital or for seeing Medicaid clients within a dental practice.*
5. *All "O" agencies to review standards and regulations re discharge for "noncompliance."*
6. *Provide additional training regarding standards via webinar to applicable providers*

[open – this was not brought to the state co-chairs meeting. Do we wish to continue as a regional discussion?]



Issues to go to state co-chairs meeting in April

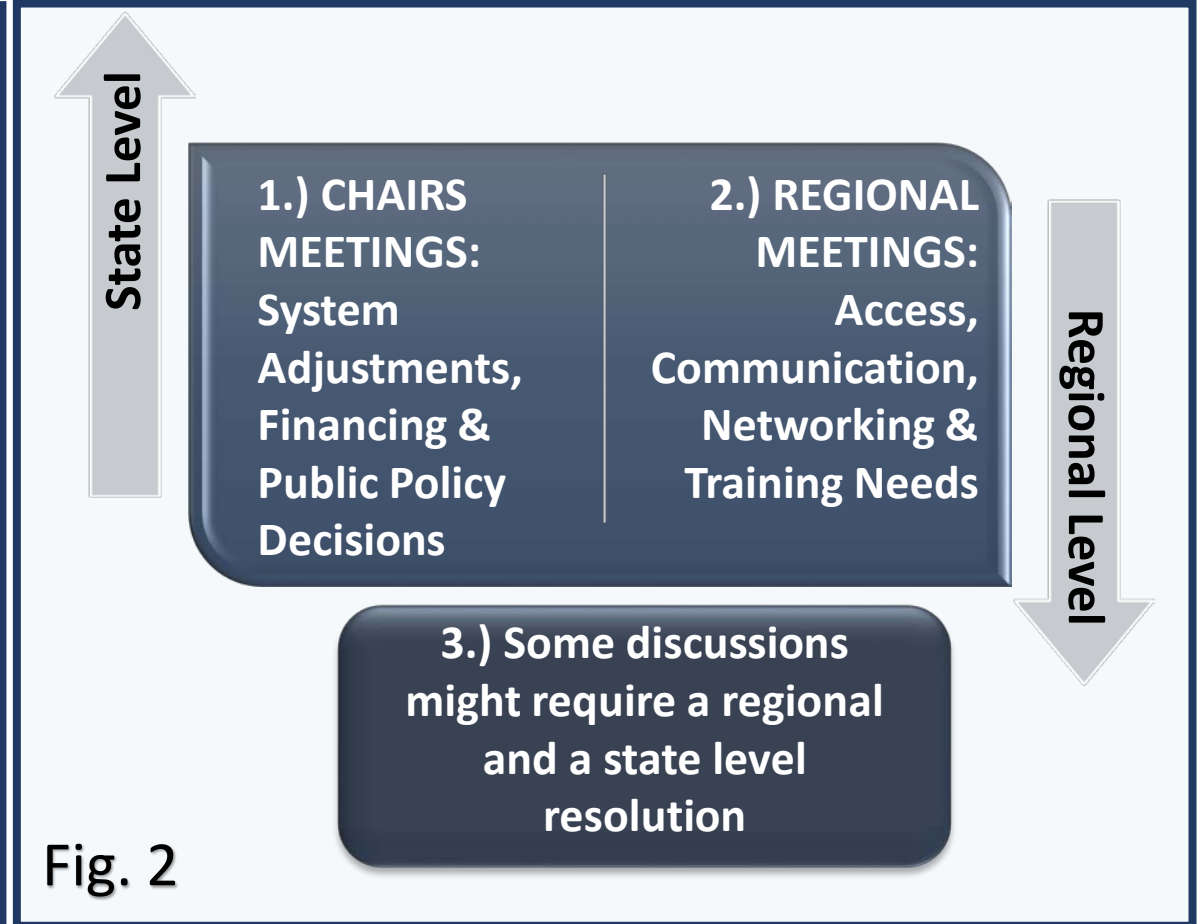
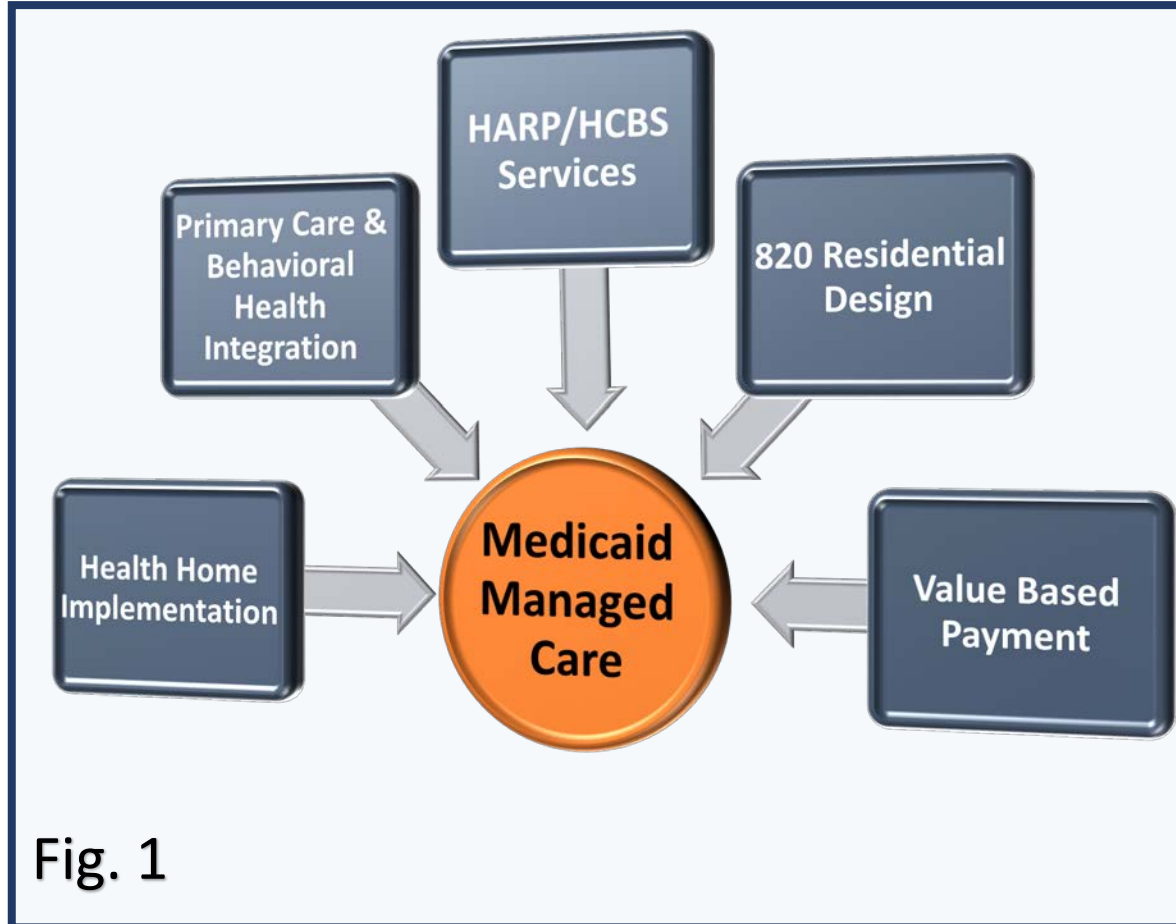


1. Concerns have been expressed that not all HCBS services are available in this region and/or not within a reasonable distance of many consumers.
2. Peers and Family Members have questioned if services that have been requested by consumers are those that are currently in the HCBS array
3. Stakeholders report concerns re sharing of information between partners - there are questions re HIPAA regulations, 42CFR Part 2 covering substance abuse services, etc. and report that knowledge of regulations differs between partnering organizations
4. Several Stakeholder groups indicate that PMDs do not want to take on the risk of caring for behavioral health clients. Consensus that consumers with behavioral health concerns are not taken seriously by primary care practices.
5. Stakeholders report that there is a need for additional education regarding the connection between physical and behavioral health
6. Consensus around unrealistic expectations of behaviors of BH consumers by medical practices. Anecdotal information that consumers are routinely discharged for missing appointments or taking a non-prescribed substance. Report that this is true for BH organizations as well
7. Stakeholders report that there continue to be difficulties accessing primary care and dental health services for BH clients



REGIONAL PLANNING CONSORTIUMS

RPC LOGIC MODEL



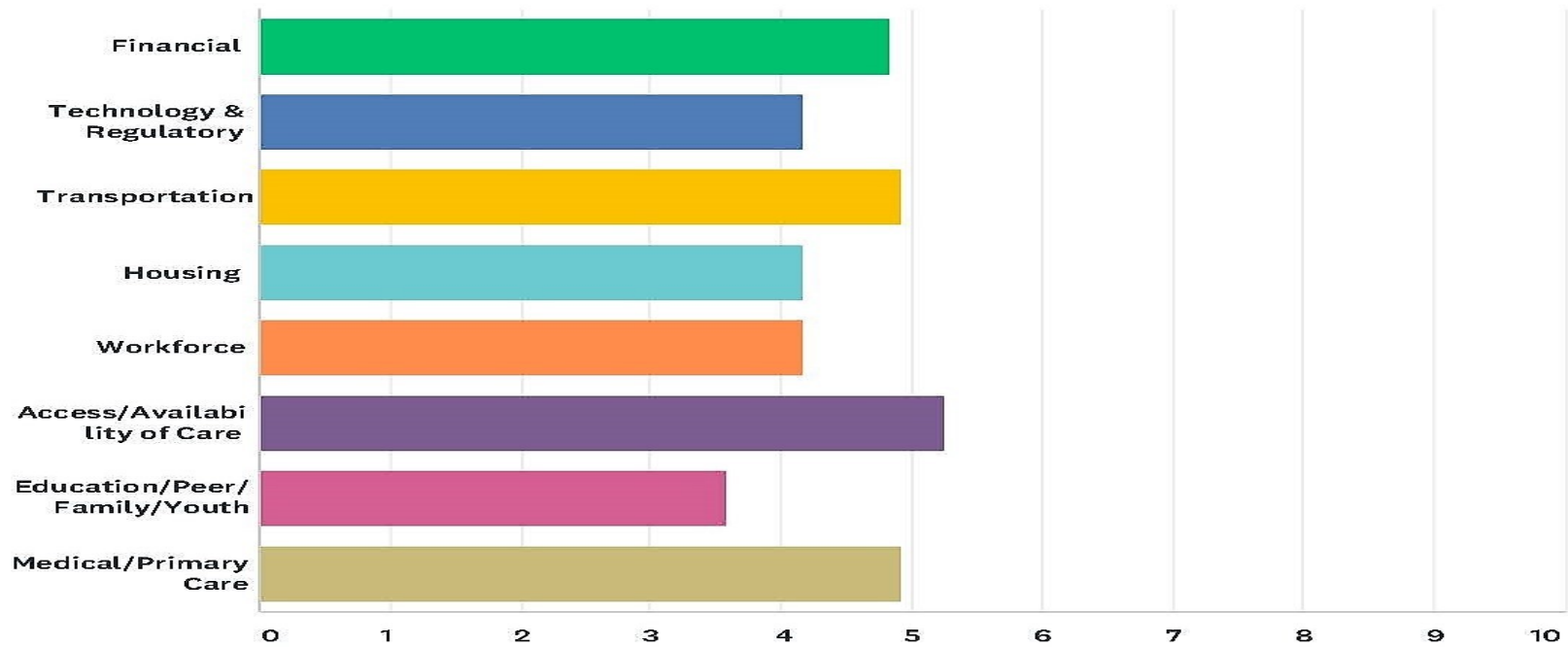
NOTE: We are using this logic model to shape the discussions in each of the regions. It should be noted that this is not an exclusive list. We have encouraged the RPC Boards, to 'goal tend' the issues that are discussed and develop a sense of what is a permissible issue for the RPC's to work on. Also, it will benefit each board to develop an awareness of what is already worked on in other venues within each region. An issue that is completely relevant to the work of the RPC's, but is already discussed elsewhere can be triaged accordingly.²⁴



What's Next?



- What concerns from our regional framework do we want to address next?
- Regional Concerns: these are the categories that were developed from the list of issues raised at last year's first board meeting – the regional framework document lists the sub-issues under each category:
 - Technology/Data
 - *Transportation*
 - Housing
 - Workforce
 - *Access/Availability of Care*
 - Education
 - *Integration of Primary Care & Behavioral Health*



	1	2	3	4	5	6	7	8	TOTAL	SCORE
Financial	8.33% 1	33.33% 4	0.00% 0	8.33% 1	16.67% 2	16.67% 2	8.33% 1	8.33% 1	12	4.83
Technology & Regulatory	25.00% 3	0.00% 0	16.67% 2	0.00% 0	8.33% 1	8.33% 1	16.67% 2	25.00% 3	12	4.17
Transportation	8.33% 1	16.67% 2	0.00% 0	41.67% 5	16.67% 2	8.33% 1	0.00% 0	8.33% 1	12	4.92
Housing	8.33% 1	16.67% 2	8.33% 1	8.33% 1	8.33% 1	16.67% 2	25.00% 3	8.33% 1	12	4.17
Workforce	8.33% 1	8.33% 1	16.67% 2	16.67% 2	8.33% 1	8.33% 1	16.67% 2	16.67% 2	12	4.17
Access/Availability of Care	33.33% 4	0.00% 0	25.00% 3	0.00% 0	16.67% 2	0.00% 0	16.67% 2	8.33% 1	12	5.25
Education/Peer/Family/Youth	0.00% 0	16.67% 2	8.33% 1	0.00% 0	25.00% 3	16.67% 2	8.33% 1	25.00% 3	12	3.58
Medical/Primary Care	8.33% 1	8.33% 1	25.00% 3	25.00% 3	0.00% 0	25.00% 3	8.33% 1	0.00% 0	12	4.92



New Issues/Concerns



- Are there any new issues or concerns that have come up during any of the ad hoc work groups or town halls?
- Are there any new issues or concerns that have come up as a result of modifications/additions to state regulations or guidelines?
- Are there any new issues or concerns that have come up as a result of the governor's budget or other outside forces?



Are there any issues/concerns where we want to develop a new ad hoc work group?





New Business



- We will be having elections later this year – it's never too early to think about if you want to be considered for an additional 2 year term (2019-2020). We will be developing guidelines for elections over the next few months. We will be presenting a draft of the guidelines at the May board meetings.
- Updates about BHCCs – Integrity Network and Value Network.
- Any other new business or any items to be put on the May agenda?



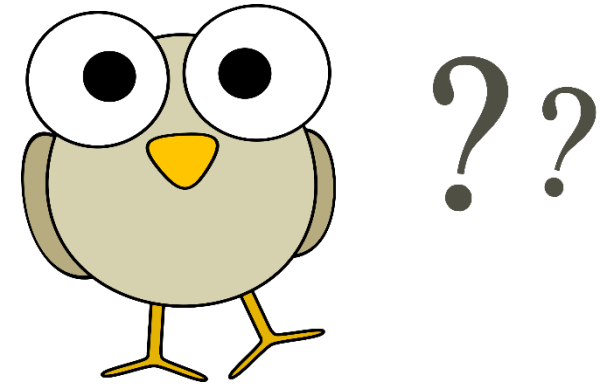
Suggestions for Board Presentations

- Use of PSYCKES database
- MCO Metrics under VBP
- Integrated Licensure
- CCBHC 101





Questions from the Gallery





Next Meeting



- Several representatives from MCOs have indicated that they are unable to meet on May 10th.
- Would it be a problem to move the meeting to May 9th?
- Anne Constantino has graciously offered to host us again at her site at 60 East Amherst Street in Buffalo.
- The fall meeting will be in September.
- We are looking at developing a community stakeholder meeting to inform the public the work that the RPC has accomplished this year and to collect registrations for board voting for 2019. More info to follow!