



**WNY RPC HHH Work Group  
4/21/20 9:30am- 11am  
GoToMeeting  
Meeting Minutes**

**Attendance:** Kirsten Vincent, Cheryl Krouse, Ryan Trubits, Annmrie Bahny, Kimberly Cedeno, Terri Mercado, Kylee Criscione, Margaret Varga, Erik Lautier, Amy O' Neil, Colleen Klintworth, Jennifer Hinton, Kathleen Leonard, Sue Vogt, Robert Leary, Katelynn Smith, Joella Sweet, Amanda Honan, Marcos, Susanne Sharpe, Rhonda Lee, Kathryn O Connell, Renee Kent, Karin Kuneck, Morgan Jackson, Joella Sweet, Katelyn Smith, Jen

**Agenda Items: Telehealth, barriers, and success stories**

**Kirsten-** thank you for attending! Projects are going to be put on hold due to the current COVID-19 situation. Changes for HCBS and telehealth with COVID-19 situation: Kylee thank you for the guidance and updates, and Cheryl resent these to everyone yesterday.

**Kirsten Q:** COVID questions for Kylee, barriers, or struggles were are having as we are providing telehealth services for HCBS participants?

**Kylee-** webinar coming out regarding the guidance that was issued, please email questions to her so she can forward to presenters ahead of time.

**Kirsten Q:** Barriers or concerns at your agency?

**Ryan-** we have been able to get some of the paperwork out for clients to sign. Outreach has been a challenge because everyone is hyper focused on current situation. I'm just frustrated with the situation but ensuring that my caseload has the services they need.

**Margaret-** has anyone experienced staff resistance to telehealth services, what have you done to deal with it?

**Ryan-** not much push back from telehealth, outreach and caseload has been ongoing because most people have been answering their phones because they're home.

**Katlynn Smith-** having some problems because office phones might not be connected to work cell phones. In order to get the services you needed you have to connect with the MCO and get approval

from the care coordinator, to follow through. Problem is mainly with communication from the care coordinators but hopefully will be better soon.

**Jennifer Hilton-** to speak to care coordinators at Horizon, call the main office number and all those calls are forwarded to front staff and then to the care coordinators. Don't contact the direct lines at the office, those calls are not being forwarded. Call: 716-508-7700 (main office) leave a message at that number and calls will be forwarded.

**Best Self-** there is a secretary in the office and they will connect you to a care coordinator.

**Joella: Monroe Plan-** we do as well, on the VM it's a triage number 1866 number, I'll put in the chat. Medical Care Triage contact line 1-866-255-7969

**Restoration Society-** if you call the secretary at 716-884-5216 and the calls will be transferred to us. Or call the direct extensions and leave a message, it will go directly to our emails allowing us to retrieve the calls.

**Stephanie: WNY Independent Living-** if you call our regular numbers, leave a VM and it will be forwarded to a work cell phone or the email gets sent to the individual. We do have some support staff and intake office staff there as well. Same process as usual but a slight delay with VMs coming in but still the same day.

**Kirsten-** main line number is open 8-4pm and Andrea can connect you to the person you are looking for. You can also call the direct work extension but there is a little delay in VM/ email but still same day. Respite are open, warm lines, and call lines are open as well. If anyone would like to send us what services are open, what direct lines are available, we can put this in the minutes for reference.

Ideas for staff having trouble providing telehealth services:

- we have offered to help with set up of workspace
- create work boundaries/ life boundaries
- offer creative solutions to be able to offer the services as they are getting used to this different approach
- support staff as they make that switch

**Kirsten-** interesting success stories with people who were more reluctant to engage face/ face but are more open to telehealth virtual meetings. They seem to be more comfortable with virtual and we have been able to make better connections with these individuals than we had before.

**Kirsten Q:** Let's talk about some success stories? What has been going well? What has been working with telehealth?

**Fran: Restoration Society-** I agree, we have had some hard to engage face/face clients, but on the phone would talk for over an hour. They enjoyed talking to the staff and having that support.

**Ryan-** Success story: Patient in process of being hired, training how to attach file, resume, job application, interview techniques, going well, background check process etc. It's been a year making steps to getting a job, fortunate to find a job in these trying times.

**Kirsten-** conversations with staff around the fact that goals are based on face/face interaction, we need to think outside the box. I love working on electronic part of applying to jobs on the computer. I like to talk about where services will be moving forward past COVID, I think it will be more electronic focused so we need to look at those options.

**Margaret-** I'm hoping that we can keep some aspect of telehealth when things get back to normal. We have some clients that are far away, long drives to get to most people, and this would be reason to keep a telehealth/ hybrid situation. Maybe see them 1-2 / month, and then 3 visits/ month via telehealth services. Hopefully they can see what we have done to be used as a model in the future, introductions by phone and then building relationships into a workable program. Hopes the state considers this an option once the current situation is lifted.

**Kylee-** we have been hearing that a lot from folks. Perhaps not all telephonic but during engagement, in between rural visits or in between face/face visits that might work. I'm advocating from my end as well but they really want to hear from the providers. Start advocating for it now while this crisis winds down to support the benefits of telehealth and progress shown from boots on the ground.

**Stephanie O-** echo with what Kylee is saying. There are some regulations coming out with lots of talk around service plans and a large push have telehealth in the future. We have to make the push with OMG because they have to make the push with CMS as it's a federal push too. The more we speak up about it and prove outcomes, it's a better sell. To show how we were able to reach more people in rural areas, more people stayed out of hospital, and have the ability to show data for the back story will help sell the idea. And in reference to success stories, the things we are getting emergency funding for such as: access to wheel chair vans to bring people groceries, online virtual support groups from phone or computer, open mic night for creative expression, job searching groups, apartment tours online, and people stepping out of comfort zone and using technology more.

**Kirsten-** we have also been doing virtual housing tours, coffee hours, Skype or Zoom in- social not structured connection, and agencies have been creative/ innovative in building partnership that we are hoping will continue to grow past the crisis situation.

**Kylee-** Please take 10- 30 minutes to read the BHCBS guidance that just came out. Flexibility has been built in, expectation of crisis intervention to address lack of food, evictions, and we are looking at these essential services that can be billable. Questions please send an email, and thank you for the good work you're doing.

**RSI-** Has virtual classes Monday – Sunday, and we have a calendar with classes posted. Call (24/ 7) @ 716-309-3330 to speak to someone live for assistance. Grocery deliveries are going out to RSI customers directly to their home.

**Kirsten-** read back through guidance as Kylee suggested because there is a lot of information in there. If there is anything we can do to support each other we are open to that and at our agency, Margaret and

Amy have been dissecting it. We're appreciative of the flexibility with the times of education services and the new guidance addressed it, and it's helped our providers and participants. Thanks!

**Kirsten-** it's been great to be able to connect with people that have been struggling with in person sessions, but have been more engaged through telehealth services. A hybrid scenario would allow us to reach more people on consistent basis.

**Ryan-** questions: any trends in ER? Substance, mental health?

**Kimberly** – we've seen fewer ER visits, and hospital admits.

**Kirsten-** we've had an increased number of warm line calls that are more crisis related calls because they want to stay out of hospital due to the potential risk of exposure. It's been a huge success and we've had calls back saying the interventions did help and they did not have to go to the ER.

**Ryan-** has anyone reached out to adult protection? I had an incident, and they said if they were going to do a well care check, it would have been because an ambulance was going out and they are currently limited on what they could offer on that.

Stephanie- no delays on well care check.

**Katlynn-** legal issues lately due to visitation and custody during COVID crisis. This particular case is in a different county than I'm used to so more research needed.

**Ryan-** push back form providers for consent? I had an incident where patient went into the ER, and I wanted to speak to the MHC about that last conversation they had- they pushed back and ask me to fax a consent over. Which I can't because I'm working from home.

**Kimberly-** Our IT department was able to set up fax through email capability. So we could send fax through email- maybe check into that?

**Kirsten-** Before we wrap up. Callers put names in chat please. Next full meeting will be in June, I'll send a Zoom link. Meeting may be in person, maybe not with COVID. Email if you would like a meeting in May.

Projects: Directory, HCBS Forms- do we want to hold off until June or touch base in May? Group thoughts?

I will send out invite for next month with time to check in. And a regular full meeting will be in June.

**Kylee-** western field office, thank you for all the good work that you have been doing!!!!

**From chat box:**

**Kylee- BH HCBS and RCA specific guidance:**

<https://omh.ny.gov/omhweb/guidance/omh-oasis-covid-19-guidance-bh-hcbs-rca-program-billing.pdf>

**Jennifer Hinton- Horizon Health Services** care coordination now has the phone system set up so that all VM's left on extensions for staff members get forwarded to their email. If you are having issues getting ahold of a care coordinator, please reach out to Jen Hinton @ 716-432-3838 or Rhonda Lee @ 716-609-2564 for assistance.

**Ryan Trubits- Evergreen's** main campus is open. If someone needs delivery, the pharmacy will deliver. Primary care, syringe exchange, and also STI are open.

**Sue Vogt- For Pinnacle Community Services**, care managers phones are forwarded to cell phone. If you don't have the extension, the secretary at 285- 6984 will forward the call to care manager.

**Jennifer- Horizon Health Services** main contact number for care coordinators 716-508-7700.

**Annmrie- Best Self** main contact number for care managers 716-710-4393.

**Joella:** Monroe Plan for Medical Care Triage contact line 1-866-255-7969

**Follow up emails:**

**Corrin LaVigne-** Evergreen's care coordinators have set their extension set up to state their work cell phone numbers and they should have an automatic reply message set up as well with their emails stating their work cell number. If a voicemail is left on their extension, it will get forwarded to their email and we do have administration staff answering calls as well. If anyone is having issues contacting a specific care coordinator, they can email myself, [clavigne@evergreenhs.org](mailto:clavigne@evergreenhs.org), and I can reach out and see if there may have been a transfer that happened as we have had some recent staff transitions.

All of our care coordination staff is currently working from home as well as the majority of our other programs. The primary and specialty care services are still open but are trying to see the majority of patients through telehealth services. Our STI testing and syringe exchange/harm reduction center are also still open and operating if patients are in need of assistance there.

**Kylee:**

I just want to make sure you all have seen and been able to review the attached guidance entitled: Program and Billing Guidance for Designated Providers of Adult Behavioral Health Home and Community Based Services and Recovery Coordination. OMH website link to this guidance: <https://omh.ny.gov/omhweb/guidance/omh-oasis-covid-19-guidance-bh-hcbs-rca-program-billing.pdf>

OMH and OASAS are hosting a webinar on Wednesday, April 22, 2020, at 1:30 p.m. to educate and connect with Behavioral Health Home and Community Based Services (BH HCBS) providers and Recovery Coordination Agencies (RCA) regarding new OMH-OASAS guidance documents related to the COVID-19 State of Emergency, and present program expectations during the disaster emergency, changes in documentation requirements, and billing relief measures. This webinar will be recorded, made available to all registrants, and posted to the OMH website after the event.

Please register, here: <http://registration.nytac.org/event/?pid=1&id=980>

Questions submitted (specific to the webinar) will be addressed via an updated FAQ document, which will be posted to the OMH Guidance website here: <https://omh.ny.gov/omhweb/guidance/>.

Feeling stressed by the COVID-19 pandemic? You are not alone. Call the NYS Emotional Support Helpline 7 days a week, 8am-10pm at 1-844-863-9314.