HARP/Health Home/ HCBS (HHH)

Date | *time* 5/6/2020 10:00 AM| *Location* GoToMeeting

Type of meeting	HHH Workgroup	GoToMeeting
Facilitator	Jessica Gonyou, Beth Solar TH Co-Chairs	

Agenda Items

Topic		Presenter
☐	Welcome	Jessica Gonyou/Beth Solar
☐	Review of last HHH workgroup events	Beth Solar
☐	All things COVID: barriers, current practices, success stories, needs	ALL
☐	In the Eye of the Provider	Beth Solar/Jessica Gonyou
☐	RPC and Tug Hill Updates	Beth Solar
☐	Open Floor	ALL

Other Information

There will be a HHH workgroup meeting in Jefferson County and St. Lawrence County every other month. These meetings will be the exact same topics. The meeting summaries from both will be distributed to the entire email listserv after both meetings are held.

Save the Dates:

Jefferson County	**St. Lawrence County**
May 6, 2020	May 27, 2020
July 8, 2020	July 22, 2020
September 2, 2020	September 16, 2020
December 9, 2020	December 16, 2020

The Jefferson County locations are TBD at this time.

St. Lawrence County meetings will all be held at the Gouverneur Community Ctr 4673 NY-58 Gouverneur, 13642

All meeting times are 10am – 12N.

Welcome

10:03 start - Beth asked for sign-in on chat box

Review of last HHH workgroup events

Collab between counties, educational event went well, STL virtual

Feedback on events: none offered

These events are worth repeating due to staff turnover

All things COVID: barriers, current practices, success stories, needs

Barriers

Ray: considerable progress in regards to reimbursement for TH, once we get to post-COVID we should be planning to get process in place to be able to continue TH

Felicia: mirror above, concern: what happens once the State of Emergency is over we can't go back to previous rates and continue to provide TH, concern: availability to provide TH to Medicare population due to being a distant site (restriction was lifted during COVID), concern: pt's ability to access TH either devices or bandwidth available

Tim: DCS standpoint – 1) the rate is huge concern for sustainability being heard at county and conference levels, 2) connectivity has been discussed, there is a rural opiate grant for tricounty region (Jefferson small area) cell connectivity was brought up, counties will be putting money towards increasing cellular connectivity, other types of stimulus dollars to help alleviate low points of cell service

Beth: To Ray and Felicia: Has there been an increase in clients and engagement with TH?

Ray: wouldn't say an increase in volume, what they have seen across the board (PC & BH) is a huge reduction in no-show rate, usually 20-30% no show and are now in single digit percentages; shouldn't forget how important face-to-face is

Cheryl: there are members who would have been part of "I'm not getting up to go" group but doing it by TH has been phenomenal, many are finally getting BH services because of TH; only barrier is if someone has to pay for minutes doing a video chat depletes minutes, often low-income

Current Practices

Beth: How have in-home services transitioned?

Laura: back to TH piece- continuous discussion at state level regarding waivers and future plans, guidance states these provisions will end at end of pandemic, providers across state are reporting increased engagement, reduction in no-shows, and it has been very useful; many regions looking at collecting data around benefits of having TH as a modality, Tug Hill HHH group could consider collecting data to assist statewide purpose

Jennifer: heard across state of reduction in transportation costs because of TH (and COVID) but concern once we resume that the transportation expenses will go up, could be helpful to look at cost of transportation vs reimbursement for TH and is there cost savings overall?

Ray: rate continuation conversation occurred in a state call, "don't be overly optimistic but there is conversation"

Laura: any information the state can receive would be helpful

Molly (Caller 11): has been asked to provide feedback via another group

Beth: referenced statewide RPC survey forthcoming

Caller 13 missed her name: language translation conversation and call with state people referencing TH has been easy

Beth: Back to in-home services question

Cheryl: mostly working remotely from home, COVID assessment every 2 weeks, additional phone calls for those deemed higher risk, a lot more staff availability in schedule because they don't need to travel, clients liked increase interaction, looking into how many members can do FaceTime/Zoom to be able to continue to outreach clients

Beth: what does your COVID assessment look like?

Cheryl: An assessment created through DOH, will send Beth a copy, talks about many different areas

LOST AUDIO here

Caller 14, Cathy from NRCL: Coffee and Chat virtual support group, Zoom support groups for teens, all in tri-county area, contact Jennifer at NRCL, will send info for distribution

Angelica: NRCL adults, working on compiling a list of all groups, working from home has been fun, 16 HCBS referrals received since pandemic started, connections with other providers have gotten stronger, barriers: 5 minutes plus can't be put into their agency's system, BAA with Zoom, increased engagement, decreased drive time is great for staff

Needs of group

Beth: sharing CLMHD updates and regional resources, any other needs?

Jennifer: If there is an interest from providers to maintain current reimbursement, one region won't make a difference, unifying the collection of data could be more beneficial to build argument

Discussion on data collection: client time vs travel time, cost comparisons, increased attendance for group therapy

Caller 15 Shelly: doing assessments during COVID, amazing how much more clients are willing to share, increased autonomy

Beth: decreased embarrassment because it's more common

Jennifer: could there be some data collected about pre and post service use re: essential resources

Caller 11: increased collaboration due to lesser restrictions eg care coordinators can meet client's needs quicker, going and getting food and delivering

Felicia: client saw decrease in SNAP due to increase in UE benefits, was this COVID related?

Ray: I've heard similar stories in regards to UE and also that stimulus checks affected even though it was said they wouldn't

Beth: had heard last month people were getting max SNAP for household to help people out, reach out to DSS/OTDA to see if there is guidance on that

Felicia: loss of income causing inability to pay rent, some clients are locked out of apartments, connecting with legal aid and police, pts report landlords have said they'll accept sexual favors in lieu of rent

Caller 14: under impression that no evictions could happen

Confirmed.

Cheryl: unfortunately it's still happening

Suggested to call Attorney General.

Ray: problem is no one to enforce this

Felicia: legal aid office in Watertown is hard to connect with

Caller 15: legal services of CNY might cover parts of TH, has a direct hotline for intake; 877-777-6152

Caller 14: bring to attention of local legislators

Beth: will share with Tim

Lindsay: county emergency operations call center rec'd a call re: evictions and was able to resolve it; 315-229-3970

Beth: will look into other counties emergency operations center presence and add numbers to resource list on website

Laura: Re: individuals threatened to be evicted, what population is this? HCBS clients? Clinics?

Felicia: pts that come through FQHC, housing through private landlords but receive assistant through DSS

Ray: UE/Stimulus convo- they aren't supposed to be affecting SNAP, issue is that it depends on who you talk to at DSS if they count it as income or not

Jennifer: state issued guidance to local DSSs, wonder if this is statewide issue to be advocated for additional guidance, could be interpretation issue

Beth: will look into for state guidance

Success Stories

Beth: Many already shared, are there more?

Cheryl: has found that work is done more cohesively with clients, increased comfort levels, reiterated lots of earlier comments, lots of positive client feedback

Karen B.: has helped with filling out Census over the phone, opportunity to meet unique needs of individuals, lots of positivity

Lindsay: these services are getting back to person-centered and away from paperwork

Jess: Has anybody had unique ways to re-engage people that have been resistant to TH?

Cheryl: when doing outreach for new individual, they find out when client will be at referral site or on a call and get connected to client via referral source

Jess: Struggle hasn't been with new referrals but already established clients that had been engaged

Caller 15: one client has refused to do TH and will only talk in person

Cheryl: texting has been beneficial to increase engagement and then work up to talking on phone

Angelica: able to use Zoom?

Jess: agency not using Zoom, CMs using phone calls

Angelica: video helps with those that aren't comfortable with phone calls, BAA with Zoom now so it is allowed

Caller 14: Zoom is not tech-heavy and is user-friendly

Dana: two GTM and Doxy accounts, no intention of using Zoom

Beth: most agencies are using what was already set up, also heard of Google Duo

Lindsay: DSS had created generic facebook account to use to connect with clients

Beth: guidance from DOH re: HIPAA compliance sanctions

Felicia: caution moving forward looking at secure platforms to continue post-pandemic, there is a Zoom Health platform that is HIPAA compliant, has been easy to transition, clients download app

Ray: Enhanced UE does count, stimulus checks should not

Beth: Question to Molly: how do you deal with a client who refuses to use phone, does not used tech, set in their ways, or no access?

Molly: still doing face-to-face with PPE and social distancing, a lot of these individuals still need to come in for injections, etc.

Beth: community clinic set up a TH hub for those who don't have access home

Molly: providers work remotely and client can come to clinic, they are connected at hub after health screening and mask

Lindsay: County clinics doing in STL as well

Lindsay: STL LGU given 3k cloth masks by dept. of homeland security specifically for MH clients- instructed to give to community residents, ACT, clinic injections, or home visits; Lindsay can distribute

Beth: believes that all three counties received, check with Community Services

In the Eye of the Provider

Next event

Presentation of what services look like from provider perspective

Brainstorm to be able to move forward once restrictions lifted

Who should be there, what services, how many presenters, format of event, other helpful pieces?

Beth: who- adult side, one from each HCBS service, HARP SME, peer service. What specific services should be discussed?

Lindsay: Who is the audience?

Beth: potential A) newer providers B) referral sources- who are they?

Lindsay: survey HCBS providers to find out, then can select presenters

Jennifer: consider DSS, public health, resource officers, law enforcement. Intercept model looked at where contact points are when someone could enter the system

Jess: HCBS referrals should come from HH, do they come from other places?

Jess: who refers to HH?

Jennifer: what is the outcome?

Beth: clarification of services provided

Molly: RCA contracts coming to an end, put together success stories to highlight

Discussion: less about workflow concerns and more focus on "are we achieving what we set out to achieve?"

RPC and Tug Hill Updates

Use website as a resource for both Tug Hill and other regions

Partnering with NC for bed finder pilot program

WNY RPC Coordinator opening

Open Floor

Lindsay: situation experienced where an individual is referred to HH through SPOA and when CMA is looking to enroll, the individual is enrolled with a different CMA but not receiving services and enrolled with a different lead HH, old HH has to disenroll and then re-enroll with new, process can take a month. Often due to geographical location. Can this process happen quicker?

Jennifer: clinics similar where person shouldn't be enrolled in multiple clinics but has a regulation that allows up to 3 appts to avoid lapse in services. Could be a federal reg but maybe RPC could look into transition regulations for HH are old HH/CMA aware client has moved?

Lindsay: Sometimes it's not a move out of county but a client desire to switch

Jennifer: would it be easier to reach out to lead HH to contract with multiple CMAs to help clients?

Lindsay: CMAs may not want to do that because of multiple electronic systems, etc. Could be discussed.

Caller 11: Jefferson County only has one lead HH for adults

Lindsay: STL has two

Caller 11: can be difficult to verify someone has moved, unable to close out until verified, could be playing into delays

Cheryl: through STCNY, has 3 months to do "diligence search efforts" to locate disengaged client, only after everything has been gone through for 3 months can someone be disenrolled

Lindsay: we know where the client is, contact is made, and still takes months to switch CMAs

Cheryl: go to lead HH management to make it happen

Lindsay: CMAs try but nothing happens until she steps in, AHI is an example where she struggles

Discussion in how to reach out to AHI.

Jennifer: sounds unique to STL but Wyoming might also have issue or NC

Angel: all staff work from home with option to go in once a week, access to faxing documents (treatment plan and POC) to MCOs has become an issue, can downstream providers use secure email to send in documents?

Jennifer: reach out, UHC has been trying to move away from fax, a lot of requirements have been lifted during pandemic

Beth: clarify documents

Angel: HH CM POC1 sent to receive approval and LOSD from MCO, HCBS "treatment plan" (her term) covers duration and frequency is sent to MCO. This treatment plan is what is faxed to MCO, once approved gets auth number and can provide service. This treatment plan goes to HH to complete their POC.