



REGIONAL PLANNING CONSORTIUM
Capital Region 1st Quarter Board Meeting
February 13th, 2018 – 2-4pm,
Krause Center, 2212 Burdett Avenue, Troy, NY

1. **Call to Order** – *Kathy Coons called the meeting to order.*
2. **Introductions & New Board Members Listed Below (Name, stakeholder group, agency/organization, title)** – *See page 7 for attendance)*
 - a. **Rowena Smith, MSCJ, Associate Executive Director** – Catholic Charities Disabilities Services
 - b. **Carl Rorie Alexandrov, Behavioral Health Director of Operations** – CDPHP
 - c. **Mandy Senko, Behavioral Health Director** – Alliance for Better Healthcare
 - d. **Elliot Shaw, Vice President of Government Affairs** – Wellcare
 - e. **Nicole Bryl, Executive Director** – CHHUNY
3. **Election of New Co-Chair** – *Motion to approve Amanda Pierro as new Co-Chair. Rachel Handler first, Michael Cole second. All in favor, motion passes.*
4. **Approval of December 12th Meeting Minutes (Motion Needed)** – *Motion to approve minutes by Dr. Sam Bastien, second by Bill Gettman. All in favor, motion passes.*
5. **Stakeholder Report Out – Managed Care Organizations & OASAS**

Angela Vidile – MCOs

 - *New Co-Chair meeting issue consideration*
 - *Related to HIPAA regulations and creating a FAQ for providers*
 - *Providers are in contract with the MCO and not sharing certain protected health information because there is a misunderstanding of what information can and cannot be shared related to behavioral health (mental health and substance use)*
 - *CMAAs are including the MCOs in HH consent*
 - *This is an issue in Western NY – particularly with Beacon*
 - *Tug Hill has also identified this as an issue to bring to the State – requesting written State guidance*
 - *This has also been discussed at the BHCC level*
 - *Is this a policy or training issue? Some leading towards both*
 - *SUD providers and case managers are being more rigid about these regulations (HIPAA)*
 - *42 CFR more rigid than HIPAA regulations*

OASAS Central Office – Henri Williams

 - *Permanent housing with supportive services*
 - *Housing RFP will be coming out – hoping to be released in May/June*
 - *In response to county priorities being identified as housing needs*
 - *OASAS now has resources to support this – operations and support services*
 - *Any non-for-profit in NY that has an interest to provide housing, especially with OASAS SUD population, encouraged to apply for the RFP*

- 6,000 units of 5 years, 1,200 every year
- No minimum or maximum, can request up to \$25,000 per unit (Capital cost is separate)
- Minimum threshold – depends on what the community can support (response – no minimum threshold)
- In 30 years your agency will own the building
- Interested parties can apply as a separate entity or as a partnership
- Pre development cost can be supported by this RFP
- Feedback from providers: Obstacles related to zoning exist
- OASAS has heard in some cities the city would like to get rid/empty lots – may be able to negotiate with the local entity but does not eliminate the barrier
- Reasons for limited applications for OASAS Housing RFP: Providers are concerned about risk and need capital cost to move forward with housing initiatives

6. Prioritize State Issues – the board reviewed the results of the survey and prioritized issues to be presented on behalf of the Capital Region RPC at the State Co-Chairs meeting in April (See page 8 for revised Top 3 Prioritized State Identified Issues)

- Submit Top 3 Issues/Recommendations**
- What regional attempts that have been done to address this issue (or part of it)**
- Submit to RPC Director by 2/23/18**

Issue One: Ranked #2 for April Co-Chairs Meeting

Michael Cole identified that there is a template for “In Lieu Of” services. Michael will share the template with Alexis to be shared with the Board. Also identified a potential barrier if each MCO has to approach each service separately. Michael asked if approved services would be made public for agencies to utilize. OMH responded that once these services are approved, it is the goal of the State to share these on their website.

Jennifer Earl noted that the MCOs are waiting on guidance on “In Lieu Of” services from the State.

Elliot Shaw noted that guidance on telehealth services has been released from the State to the MCOs.

Caitlin Stein-Miner from OMH noted that DOH recently sent a request out for comments on the telehealth guidance. Caitlin will take the Board’s question about where the “In Lieu Of” services guidance is back to Central Office. Caitlin also noted that as the “In Lieu Of” services are approved, the intention and goal is that other agencies will be able to utilize these services. These services allow for flexibility and creativity.

Issue Two: Ranked #1 for April Co-Chairs Meeting

Henri Williams noted that Salary is also an issue.

Bill Gettman reported that Anne Sullivan reported today (2/13) at the state budget hearing that telehealth and telepsychiatry would help bridge this issue.

Kevin Connally stated that it is difficult to hire direct care staff, particularly because agencies cannot pay them enough.

Rachel Handler commented that direct care staff can work elsewhere for more money and less danger. Kathy Coons noted that being a Health Home Care Manager is different than it was a few years ago. They are being asked to do more, for the same amount of money.

Rachel Handler state that Health Homes were developed to help with regulatory relief.

Henri Williams mentioned there are very high caseloads for Health Home Care Managers.

Rachel Handler commented that high caseloads are needed in order to be financially stable.

Kathy Coons noted that there is some relief on the Children's Health Home structure due to increased rates.

OPWDD Conversation:

Kathy Coons reported that the OPWDD Health Homes are launching July 1st. Medicaid Service Coordinators today will be the care managers in those health homes. These agencies are losing staff because the staff do not know who their employer will be, what they will get paid and what the job description will be.

Kevin Connally reported that he sits on a board of a small Developmental Disabilities provider and they are in the process of shutting down as a result of these changes while receiving limited guidance from the state.

Kathy Coons stated that these folks (co-occurring diagnoses/disorders: mental health and developmental disability) then end up in the hospital, and are hard to find services for. They will often will be admitted as inpatient.

Angela Vidile noted that this is a more vulnerable population (those with co-occurring diagnoses/disorders)

Rachel Handler noted that roughly 25% of her population that are admitted into psych inpatient are dually diagnosed (Mental Health and Development Disability), seems like this has increased over the past year.

Issue Three: Ranked #3 for April Co-Chairs meeting

Katie Conroy mentioned that there are regional attempts to solve this. Regional efforts being made with the "champions" who are better trained in the systems to train other care managers on these systems.

Katie also noted that recently there has been added a 65-page assessment that has been newly required by some Health Homes which asks intimate questions. Families do not want to answer those questions because they are afraid of who is going to get this information and what these responses will be used for. This has been a new requirement from CHHUNY, with each Children's Health Home adding a new assessment.

Michael Cole stated that software platforms vary among Health Homes, along with policy/procedures manuals per Health Home which need to be updated frequently. He also noted that audits have taken a lot of time.

Rachel Handler commented that State guidance changes frequently, so Health Home policy manuals also change. Rachel also mentioned concern about OMIG audits and risk.

Bill Gettman mentioned the estimate for enrollment for Children's Health Homes are lower than expected. This is resulting in financial risk.

Michael Cole mentioned that care managers may be biased on communicating about enrollment in Health Homes with members, depending what paperwork is needed for each of the Health Homes. Michael stated that care managers may refer to the Health Home with less paperwork.

Dave Shippee commented that this issue presumes that the Health Home works in a vacuum. He mentioned that this is a bigger issue beyond Health Homes and should extend to primary care and behavioral health meaningful connectivity and interoperability between electronic medical records.

Amanda Pierro mentioned she is seeing this issue between HCBS providers and Health Homes as well. She noted that each provider has a different referral form and that each agency requires different information.

Katie Conroy stated that care managers who need to catch up on paperwork or fall behind may lead to a decrease in quality care for the member.

Alexis Harrington stated she will also include the regional attempts to include peer, youth and family advocate feedback to see the impact these issues are having on youth and family members received Health Home care management.

Issue Four: Ranked #4 for April Co-Chairs Meeting

Discussed during MCO stakeholder report out

7. OMH HARP/HCBS Data Review

Tina L. Smith & Caitlin Stein-Miner presented the OMH HARP/HCBS data

- Question: *Why has there been a dramatic increase in HARP eligible between quarters?*
 - *Response: OMH will take this question back to be discussed*
- Question: *is this data aggregate?*
 - *Response: Yes*
- Question: *Will reassessments be tracked?*
 - *Response: Yes – included in the data currently. Multiple reassessments for 1 person, only counted once. Unique recipient data.*
- Question: *What are the agencies in Greene County doing that has led Greene to success (HCBS claimed column in the OMH data) that can be shared among other Capital Region counties?*
 - *Response: Greene County agencies will be invited to future HARP/HCBS/Health Home Meetings to share their success stories and potentially best practices.*
- Comment: *Lead HHs are also tracking similar information to be able to track where best practices may be occurring within agencies.*
- Question: *Are we tracking actual availability to provide services via HCBS providers?*
 - *Response: This is not calculated into the data.*
- Comment: *MCOs not having issues linking to HCBS in the Capital Region.*

8. HARP/HCBS/HH Ad Hoc Work Group Update – Alexis Harrington

- *Will use the OMH HARP/HCBS data and the Capital Region HCBS workflow.*
- *Working to identify the steps that occur in the Capital Region starting with a member being HARP eligible to actually receiving HCBS*
- *Identifying barriers and regional resolutions to these barriers – the OMH HARP/HCBS data will support these barriers*
- *Additional regional resolutions will be discussed on March 5th from 9am-12pm with a smaller subset of workgroup members. See page 9 for top 3 prioritized resolutions*
- *Rowena Smith will send Department of Labor Laws which may impact staff travel data*

- *Next meeting: April 3, 2-4pm, Addictions Care Center of Albany (90 McCarty Ave Albany NY 12202, education building)*

9. State Designated Entity (SDE) – Feedback from the Capital Region Board

- Question: *Have these entities been identified yet?*
 - *Response: Yes – any agency that is connected with a HH – some type of contractual relationship with the HH in order to be eligible as an SDE. It could be a housing component which is connected to a HH. SDE intended to target those who have opted out. DOH does not want a parallel process that does eventually link to the Health Home*
- Question: *Percentage of HARP eligibles who have opted out of HH? Can we get this data?*
 - *Response: This information may exist at the MCO level. Alexis will work with the MCOs to see if this data can be shared at the work group level.*

10. Children & Families Subcommittee Update – Bill Gettman

- *Focusing on increasing youth and family voice at the subcommittee level*
- *Scheduling 3 town hall meetings in April around the region to invite youth and families*
- *SPA/HCBS being delayed for 2 years*
- *HHSC facing financial challenges – enrollment numbers lower than anticipated*
- *Next Meeting: February 28th, 2-4pm at Albany County Department of Mental Health, 175 Green Street, Albany, NY*

11. Capital Region RPC Board Feedback – Standing Agenda Item

- *Positive feedback related to the subcommittee and work group – people keep coming back*

12. Review Attendance Policy

Kathy reviewed the attendance policy – in-person attendance is required, no proxys permitted.

- *“Any Board member missing two out of any four scheduled meetings (in a year) shall have been determined to be not sufficiently available to participate productively in the RPC, and the seat shall be deemed vacant and filled in accordance with established procedure.”*

13. Success Story – Amanda Pierro

Amanda Pierro shared a success story about the first member to receive HCBS at MHA of Columbia/Greene:

Member has severe anxiety. Her sister tried “tough love” – when she wanted to leave an event, her sister kept her keys preventing her from leaving and going home. She still left the event and sat outside of her home. Her and her peer specialist started going on trips together. They would typically meet at the library. This began being the only place that she was going outside of her home – they would meet 1 hour per week. They began expanding on their small trips – going to the store, etc. 6 months later, she went to her nephew’s end of the year concert and stayed for the whole thing, in an auditorium with many people. She is now volunteering at the front window for a PROS program and welcomes each person as they enter the building.

*****Additional Agenda Item: A formal thank you to Bob Holtz, for his service as the Capital Region RPC Board Co-Chair – unanimously moved by the board*****

14. Adjourn Meeting (Motion Needed) – Amanda Pierro called for a motion to adjourn the meeting. Michael Cole first, Kevin Connally second

Upcoming Meetings:

- **February 28, 3-4:30pm:** Children & Families Subcommittee (In-Person, Albany County Department of Mental Health, 175 Green Street, Albany, NY – lower level auditorium)
- **March 21, 3-4:30pm:** Children & Families Subcommittee (In-Person, Parsons, SATRI Training Facility, 60 Academy Road, Albany, NY)
- **April 3, 2-4pm:** HARP/HCBS/Health Home Work Group (In-Person, Addictions Care Center of Albany (90 McCarty Ave Albany NY 12202, education building))
- **May 9, 3-4:30pm:** Children & Families Subcommittee (In-Person, Parsons, SATRI Training Facility, 60 Academy Road, Albany, NY)
- **May 15, 2-4pm:** Capital RPC Board Meeting (In-Person, Four Winds Saratoga, 30 Crescent Avenue, Saratoga Springs, NY)
- **June 5, 2-4pm:** HARP/HCBS/Health Home Work Group (In-Person, Alliance for Positive Health, 927 Broadway, Albany, NY 12207)
- **July 18, 3-4:30pm:** Children & Families Subcommittee (In-Person, Albany County Department of Mental Health, 175 Green Street, Albany, NY – lower level auditorium)
- **August 7, 2-4pm:** HARP/HCBS/Health Home Work Group (In-Person, Unity House- 2nd Floor, 2431 6th Ave, Troy, NY 12180)
- **September 12, 3-4:30pm:** Children & Families Subcommittee (In-Person, Parsons, SATRI Training Facility, 60 Academy Road, Albany, NY)
- **September 18, 2-4pm:** Capital RPC Board Meeting (In-Person, Twin County Recovery Services, Inc., 350 Power Avenue, Hudson, NY)
- **October 2, 2-4pm:** HARP/HCBS/Health Home Work Group (In-Person, Catholic Charities Disabilities Services, 1 Park Place, Suite 200, Albany, NY)
- **November 14, 3-4:30pm:** Children & Families Subcommittee (In-Person, Parsons, SATRI Training Facility, 60 Academy Road, Albany, NY)
- **December 4, 2-4pm:** HARP/HCBS/Health Home Work Group (In-Person, Unity House- 2nd Floor, 2431 6th Ave, Troy, NY 12180)
- **December 11, 2-4pm:** Capital RPC Board Meeting (In-Person, Krause Center, 2212 Burdett Avenue, Troy, NY)

Capital Region RPC: 1st Quarter Board Meeting
February 13th, 2018 2-4pm

	Name	Attendance	Stakeholder Group
1	Renee Abdou-Malta	Absent	BHO
2	Kathy Alonge-Coons		LGU
3	Jon Anderson		MCO
4	Samuel Bastien IV		H&Hs
5	Marianne Briggs	Absent	PYF
6	Nicole Bryl	Absent	H&Hs
7	Michael Cole		LGU
8	Kevin Connally		CBO
9	Katie Conroy		PYF
10	Victoria DeSimone		State Gov
11	Catherine Duncan	Absent	Key Partner
12	Jennifer Earl		MCO
13	Ruth Fennelly		PYF
14	Bill Gettman		CBO
15	Stephen Giordano	Absent	LGU
16	Maggie Graham	Absent	LGU
17	Rachel Handler		H&Hs
18	Kevin Jobin-Davis		Key Partner
19	Rick Jobin		State Gov
20	Kelly Lauletta, LCSW	Absent	BHO
21	Linda Lewis	Absent	CBO
22	Cher Montanye		State Gov
23	John Padauno	Absent	CBO
24	Amanda Pierro		PYF
25	Frank Pindiak		CBO
26	Bill Porter	Absent	State Gov
27	Michael Prezioso	Absent	LGU
28	Eushabell Rodriquez	Absent	PYF
29	Carl Rorie Alexandrov		MCO
30	Darin Samaha	Absent	LGU
31	Mandy Senko	Absent	Key Partner
32	Elliot Shaw		MCO
33	David Shippee		H&Hs
34	Brendon Smith	Absent	H&Hs
35	Rowena Smith		CBO
36	Brian Stewart	Absent	H&Hs
37	Angela Vidile		MCO
38	Lyndsi Wickert	Absent	PYF

Additional Attendees:

Henri Williams (OASAS), Donna DeWan (CLMHD), Cathy Hoehn (CLMHD), Tina L. Smith (OMH), Caitlin Stein-Miner (OMH), Marjie Burgasser (BHO)

1. **Issue:** The staff that are supporting the implementation of the behavioral health transition to Medicaid Managed Care are increasingly difficult to recruit and retain (Psychiatrists, NPPs, CASAC and therapists). Throughout the region it is also increasingly difficult to recruit and retain health home care managers. This results in not enough care managers or HCBS providers to refer individuals to.

Recommended Solutions:

- Loan forgiveness for a licensed professional in any setting
- Offer to pay for CEUs/Offer CEUs for licensed professionals
- Allow flexibility around transferring licensed individuals from out of state
- An expansion of Project TEACH and the Adult Collaborative Program supported by CDPHP to increase primary care providers' ability/comfort to treat behavioral disorders in their practices

Regional Attempts: Connections made between Project TEACH and the children & families subcommittee, as well as Project TEACH and PPS' in the region. The recommendations will also be submitted to the NYS workforce shortage committee.

2. **Issue:** There are not adequate community based services that will accommodate a reduction in in-patient beds. There are also limited services beyond traditional outpatient care.

Recommended Solutions: Consideration for how systems will need to adjust to a less inpatient intensive system is necessary. Intermediate levels of care such as intensive outpatient programs. Allow hospitals and health systems flexibility to be innovative and not restricted within Medicaid billable services.

Regional Attempts: Awaiting more info on "In Lieu of Services" SPA Service – Rensselaer County has been contacted by OMH to discuss this further. Wraparound of services (mostly medication compliance and monitoring health issues) has been discussed in Rensselaer County to discuss with MCOs further. Columbia County has been in contact with OMH and received a template for "In Lieu of Services" which will be required by MCOs.

3. **Issue:** Meaningful connection and interoperability between physical health and behavioral health electronic medical records is a challenge. This includes care management agencies who work with multiple Health Homes having to navigate multiple software systems.

Recommended Solutions: Health Home, need for DOH to require uniform software for all HH leads to permit CMA to navigate easily. Continued dialogue at the State level to encourage alignment in electronic medical record systems for interoperability between physical health and behavioral health providers.

Regional Attempts: Regional efforts being made with the "champions" who are better trained in the systems to train other care managers on these systems. Continuing to obtain feedback at the children and families subcommittee and HARP/HCBS/Health Home work group level from providers on this challenge. Also receiving feedback from youth and families to determine impact this has on the services received.

Capital Region RPC: HARP/HCBS/Health Home Work Group

Prioritized Regional Resolutions for Implementation

Updated 1/3/18

1. **Issue:** Health Home and CMAs are performing an eligibility assessment on their familiar clients. These clients tend to be already engaged in SPA services and not interested in any HCBS services at time of assessment. There is also much difficulty engaging members and their families.

Recommended Solution: Continued education could be provided to the HH and CMA to first assess those individuals not already enrolled in services. By performing eligibility assessments on those not engaged in SPA services the hope would be that this would generate an increase in referrals and in turn increase the confidence in the HCBS service providers that the volume is there and to accept more referrals.

Next Steps: TBD

Volunteers: Amanda Pierro, Kathleen Pivacek, Brandon Barton, Lauren Tegnander

2. **Issue:** The HH and CMA lack information regarding services resulting in goals not matching service. CMAs also unable to complete necessary documentation required by MCO. (This could lead to a loss of benefits if full plan of care is not there. There is difficulty tracking health home documents.)

Recommended Solution: Additional and consistent training is needed for health homes and care management agency (CMA) staff.

Organize education seminars for health homes/CMAs to engage with HCBS providers to learn more about what the service offers to better match the member's goal with the requested service.

If HCBS provider offers more than one service in a HCBS cluster (I.E. employment services) allow for HCBS provider determine, in the Frequency, Scope, Duration assessment, which service is most appropriate based on member's goal (i.e. pre-voc v. transitional employment).

Next Steps: Work with the regional Health Homes to assess this concern and create education seminars between HCBS providers and HH/CMAs.

Volunteers: Amanda Pierro, Kathleen Pivacek, Brandon Barton, Richelle Scrom

3. **Issue:** Agencies are not being reimbursed for transportation when staff arrive and the member has no showed or cancelled.

Recommended Solution: Submit data on the regional level to the State to support the need for reimbursement for travel for no shows/cancellations or the need to increase reimbursement for services to balance finance structure.

Next Steps: Create a data collection template related to staff travel to track aspects such as mileage, mileage unpaid due to cancellations, no shows, etc.

Volunteers: Amanda Pierro, Kathleen Pivacek, Frederick Sumner