



1st Quarter Central Region RPC Board of Directors Meeting
February 5th, 2018 from 10:00 am to 12:00 pm
Holiday Inn, Liverpool NY

10:00 am	Introductions Approval of Minutes: December 2017	Request Motion
10:05 am	Board Vacancies- Family Advocate	
10:10 am	OMH Data Presentation	
10:30 am	State Issues Review/Prioritization: <ul style="list-style-type: none"> • <i>Submit Top 3 Issues by 2/23/18</i> • <i>Discuss Regional Attempts</i> 	Request Motion
11:30 am	Work Group Updates: <ul style="list-style-type: none"> • <i>HARP/HCBS/HH</i> • <i>VBP</i> 	
11:50 am	RPC Updates: <ul style="list-style-type: none"> • <i>2018 Board Dates</i> • <i>C&F Subcommittee</i> 	
12:00 pm	Adjourn	Request Motion

Important Future Dates:

- **2nd Quarter RPC Board Meeting:** May 7th 2018 from 10 am to 12 pm at the Holiday Inn in Liverpool
- **HARP/HCBS/HH Work Group Meeting:** February 13th 2018 from 10 am to 11 am at Liberty Resources
- **VBP Work Group Meeting:** March 13th 2018 from 10 am to 11 am at Liberty Resources

Any Questions/Comments/Concerns Please Contact:

Katie Molanare- RPC Central Region Coordinator
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Central Region RPC 1st Quarter Board Meeting Attendance/Minutes

• **Attendance:**

Board Members

Robin O'Brien-DCS	Ray Bizzari- DCS
Scott Ebner- HHSP/Co Chair	Mark Thayer- DCS/RPC Lead
Carole Hayes Collier-PFY	Mica Gonzalez- PFY
Jason Meyers- PFY	Curt Swanson-Lewis- MCO
Colleen Klintworth-MCO	Stephanie Pestillo-MCO
Katherine O'Connell- MCO	Danielle Laurange-BHO
Lauren Wetterhahn-KP	Laura Zocco-OMH
Marni Millet-OASAS	Christopher Emerson-KP
Timothy Hammond-KP	Eric Bresee-CBO
Casi Dowsland-CBO	Carrie Doran-CBO
Eric Stone-HHSP	Monika Taylor-HHSP
Lisa Alford-DCS	Melissa Marrone-KP

Gallery Attendance

Paul Marron-Tully Hill	Jennifer Feliciano- Onondaga Co SPOA
Hank Visalli-Rescue Mission	Ronald Saletsky-Upstate
Darlene Podolak-Unity House	Jackie Tier- Cortland Regional Medical Center
Elizabeth Thompson- Oswego Co Opportunities	Cathy Hoehn-CLMHD
Donna Dewan- CLMHD	Samantha Veach-OMH
Mat Roosa-Onondaga Co	Matt Spitzmueller-Syracuse University
Stacie Strouv	

Not in Attendance

Cassandra Sheets-CBO	Linda Lopez-CBO
Teisha Cook-DCS	Nicole Kolmsee-DCS
Monica Brown-KP	Beth Hurny-KP
Joan Buckley White-HHSP	Keith Cuttler-HHSP
Phillip Endress-HHSP	Jennifer Daly-PFY
Scott Marshall-PFY	Jennifer Earl-MCO
Debra Meyers-BHP	

Meeting Minutes

- **Introductions:** Mark Thayer welcomed the group and the board introduced themselves, as well as, those in the gallery. See attached Attendance List above.
- **Approval of Minutes: December 2017:** Mark Thayer asked for a motion to approve the minutes from December 2017. Ray Bizzari made a motion, Curt Swanson Lewis seconded that motion. All approved.
- **Board Vacancies- Family Advocate:** Katie Molanare mentioned the recent vacancy on the board. Due to lack of attendance and violation of the Attendance Policy we are currently looking to fill the Family Advocate spot in the Peer/Family/Youth Stakeholder group. Katie reminded the group of the procedure in the By-Laws for filling vacancies. Katie will outreach the Peer/Family/Youth Stakeholder group for feedback, as well as, look at past nominations.
- **OMH Data Presentation:** OMH Field Representative Laura Zocco presented on updated data regarding HARP and HCBS services related to the region. Data is attached, as well as, the PowerPoint used.
- **State Issues Review/Prioritization:** Katie reviewed the list of issues identified in the past, as well as, new issues that were submitted. A final survey will be sent to the board with updated issues from the discussion at the meeting. The top 3 issues will be submitted to the State by 2/23/18. *See attached Issues chart with comments.*
- **Work Group Updates:** Updates were given on the two work groups
 - **HARP/HCBS/HH:** Carole Hayes Collier (Work Group Lead) updated the board on the HARP/HCBS/HH work group. Currently the group is working on coordinating consumer networking events with HCBS providers in their counties. It's expected that these events will take place in April. The group is also looking to hold another HCBS provider networking event in the Summer of 2018. The next meeting will be February 13th from 10 am to 11:30 am at Liberty Resources.
 - **VBP:** Katie updated the board on the VBP work group. During their last meeting 2 out of the 3 BHCC leads came and provided updates on their plan moving forward. The group agreed to continue inviting the leads to the meetings. The group also heard an update from the CNY Care Collaborative (PPS).
- **RPC Updates:**
 - **2018 Board Dates:** Katie reviewed the Board Meeting Dates with the group
 - **C&F Subcommittee:** Katie updated the board on the Children and Families Subcommittee. Due to the recent delays in funding for SPA services, the subcommittee will be delayed until the 2nd quarter.
- **Adjourn:** Mark asked for a motion to adjourn. Carole Hayes Collier made a motion. Ray Bizzari seconded that motion. All approved.

Issues Discussed at RPC Board Meeting

Category	Issue	Recommendations	Status	Comments
HARP/HCBS	The Process Required to Access HCBS Services Is Cumbersome and The Ability to Deliver the Services Is Undefined and Untested. The Length of Time (4-5 Months) Between Identification of a Member as A Harp Eligible and The HARP Enrollment Is Too Long	<ol style="list-style-type: none"> 1. Look at The Process to Try to Streamline and Improve Efficiency. 2. Develop Code For "No Shows" To Help Compensate CMAS 	Parking Lot Regional	<ul style="list-style-type: none"> • Where is the best point to track data? • Data needed from when CMAs make referral to when services are received • Highest rate of "no shows" seems to be at first appointment. More dialogue needed between MCOs and CMAs
Health Home	Lack of Clarity of Health Home Service Offerings Leading to Reduce Effectiveness of Outreach Services Provided	<ol style="list-style-type: none"> 1. Standardize Process for Community Referral Process and Service Start Up Across Health Home, With Available Training and Accountability to Model Fidelity 2. Provide Community Training More Broadly So That All System Partners and Recipients Have Consistent Expectations Regarding Services 	Parking Lot	<ul style="list-style-type: none"> • No changes were noted. • This issue will remain in the "Parking Lot" until new information/changes occur.
Value Based Payment Primary/Behavioral Health Integration	Duplicative Initiatives Related to The Triple Aim, Value Based Payments, And the Integration of Primary Care and Behavioral Health Are Being Funded with Little Coordination at The State Level	<ol style="list-style-type: none"> 1. Consolidate, And Standardize Outcome Measures and Create Uniform Reporting System for Behavioral Health Initiatives 	Referred Regional	<ul style="list-style-type: none"> • Continue lack of coordination on a regional level. • Convene a work group to better define solutions. • Keep as regional issue until solutions can be identified for the State
HARP/HCBS	Providers Are Working with Consumers Who Met the Criteria for A HARP; However, They Are Not Coming Up As "HARP Eligible." In Looking for Guidance, Providers Reach Out to Their MCO Reps, But	<ol style="list-style-type: none"> 1. Creation and Utilization of a Community Harp Referral for Providers 2. Provide Direct Information on The Details of The Harp Algorithm So Providers 	Open State	<ul style="list-style-type: none"> • Continue advocacy for a standardized community referral • Resubmit to the State

	MCOs Cannot Make Someone HARP Eligible, As It Dependent on The State's Algorithm	May Anticipate Eligibility for Their Consumers		
HARP/HCBS	Traveling to Rural Communities Is Often Difficult and Lengthy and Is Not Reimbursable of "No Shows." A HCBS Provider Can Lose Money Working with Such a Population and Care Managers' Caseloads Suffer in The Process	1. Implementation of A Rural Adjustment Rate for HCBS Providers. Reimbursement for Travel or Modified Rates for Home Visiting Could Ultimately Save Money and Improve Health Outcomes for Those in Rural Communities	Open State and Regional	<ul style="list-style-type: none"> • Would like to hear from other HCBS providers on what they're doing to solve/track this issue • Providers should start tracking using Salary, Fringe, and Mileage data • Could the State provide a standardized metric to track this issue regionally?
Primary/Behavioral Health Integration	Primary care providers and PAs lack of knowledge regarding HARP and HCBS Services. It's been discussed how some consumers fall through the cracks when PCPs or PAs do not refer a client to a HARP or a Health Home.	<ol style="list-style-type: none"> 1. There needs to be a standardized message to send to various clinical settings as many agencies have tried leaving information, but each brochure/flyer is different. 2. A regional training for clinical staff that provides CMEs/CEUs 	Open State and Regional	<ul style="list-style-type: none"> • PPS has funding to help educate clinical staff and would be willing to sponsor an event
Primary/Behavioral Health Integration	Health Home case managers contact Primary Care Provider offices and supply the correct consent document for minors. The PCP offices are stating that information cannot be shared with the HHCM because the consent they got is not valid to them because they do not recognize the consent and consider it void. This issue greatly impedes the success of the program. If the HHCM cannot get or relay information to the primary care providers, inpatient providers, etc.,	1. A FAQ or teaching could be introduced for all stakeholders in the HARP / HH program so that information could be shared, and the tool could be used to educate those not "in the know". This would create a better environment for information sharing among the stakeholders to improve the members standard of living and complete their care plan goals.	Open State	<ul style="list-style-type: none"> • The MCOs have received many reports on this issue

	the goals of the care plan can be greatly impacted.			
HARP/HCBS	It's been mentioned that some clients in various CBOs are changing to different MCO plans during the HCBS approval process. This change can hold up the process due to changing copays and resubmitting medical information. There were additional questions regarding authorized hours for HCBS services and what happens when a client switches to a new MCO in the process.	1. Need more information/clarification on HIPPA and confidentiality	Referred Regional	<ul style="list-style-type: none"> • This issue has the potential to be a State concern. The board decided to gather more information this regionally before submitting it
Other	Providers are having trouble recruiting and retaining staff. This leads to a decrease in services offered due to lack of trained employees.	<ol style="list-style-type: none"> 1. Regions are utilizing available resources to recruit employees but could use some assistance regarding loan forgiveness programs. 2. Offering more paid/unpaid internships and residencies 3. Work with the local PPS to coordinate efforts on recruiting and retaining staff 4. MCOs could provide trainings to CM staff at DSS in each county on HARP/HCBS 	Open State and Regional	<ul style="list-style-type: none"> • The Board find this workforce issue crucial in implementing the HARP/HCBS process. • The Board proposed creating a work group to come up with more regional solutions and see how other providers are handling this issue • The Board would like to submit this to the State also
Other	The Board has noticed that smaller agencies are being "left out" in the development of the HARP/HCBS process. Larger, well-known agencies are becoming the focus for service provision and encouraging consumers to these agencies. However, many	<ol style="list-style-type: none"> 1. Smaller agencies are struggling to get services off the ground and could utilize additional start up funds, especially to support IT structure 2. Counties can make an effort to understand what consumers need by collecting data. 	Open State and Regional	<ul style="list-style-type: none"> • The Board proposed this as a growing issue that will continue to develop as the HARP/HCBS process evolves • LGUs can start connecting more with these smaller agencies to determine status and consumer need

	consumers may prefer to stay with their smaller agency because of rapport with the staff. This has been prevalent in rural areas			
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