3rd Quarter Board of Directors Meeting

August 7, 2017

10:00 am – 1:00 pm

10:00 am	**Introductions** **Approval of Minutes: May 1st 2017**	Request Motion
10:10 am	**Standing Agenda Items:** Board Vacancies- Oswego Health Representation Board Vacancy Policy Approval	Request Motion
10:20 am	**Report from June 8th Co Chairs Meeting** Issues #1,2,3,4,8,13	
11:20 am	**Next Steps:** Issues for Fall Co Chair Meeting	Request Motion
11:30 am	**"Parking Lot" Issues**	
11:45 am	**Break**	
12:00 pm	**Work Group/Subcommittee Updates** HARP/HCBS/Health Home Work Group VBP Work Group Peer/Family/Youth Stakeholder Update Directors of Community Service Update	
12:45 pm	**RPC Meeting Updates:** Changed Date for Next Meeting- **December 4th** Fall Co Chairs Meeting- **October 30th** Children and Families Subcommittee Kickoff- **January 2018**	
1:00 pm	**Adjourn**	Request Motion

Next Meetings

HARP/HCBS/HH Work Group- August 21st from 10 am to 11 am, at 1045 James Street, Syracuse, NY (Liberty Resources)

VBP Work Group- August 29th from 10 am to 1030 am via Conference Call

Fall Co Chairs Meeting- October 30th from 11 am to 3 pm, Albany, NY (Co Chairs Only)

4th Quarter Board Meeting: December 4th, 2017 from 10am to 1 pm at the Holiday Inn, Liverpool

Children and Family Subcommittee Kickoff Meeting- TBD- January 2018

For any questions please contact Katie Molanare, RPC Coordinator at KM@CLMHD.org or 518-391-8535

Central Region Board Meeting Minutes: August 7th 2017 from 10 am to 1 pm

- **Introductions:** Mark Thayer opened the meeting started at 10:08AM. Mark introduced Scott Ebner as the new co-chair. RPC board introduced themselves. Gallery members also introduced themselves: Kelly Lane, Tara Costello, Beth White, Liz Smith, Suzanne Reid, Lisa Mancini, Cathy Hoehn, Emily Hotchkiss, Dyanna Morrow, Diane Copper-Currier, Matthew Spitzmueller. *See Attachment I*

- **Minutes Approval:** Mark asked that the board reviewed the minutes from the previous ROC BOD meeting. Ray Bizzari made the 1st motion. Scott Marshall made the 2nd motion. All were in favor. Board approved the May meeting minutes and they will be posted on the CLMHD website.

- **Standing Agenda Items:** Mark Thayer introduced Phil Endress and stated that he will be filling the role of Oswego Health on the board. Mark reviewed the attendance policy and asked the board to review and approve. Katie Molanare asked for questions/feedback from the board. Mark made a motion to approve. Stephanie Pestillo made the 1st motion. Scott Marshall made the 2nd motion. All were in favor.

- Board approved the board vacancy policy. *See Attachment II*

- **Report out from Co Chair Meeting:** Mark Thayer talked about the June 8th chairs meeting. Katie Molanare reviewed the structure, function and process of June 8th Chairs meeting. Mark Thayer, Katie Molanare and Scott Ebner reviewed the 6 issues that the Central region had identified and were discussed during the June 8th meeting. *See Attachment III*
  - **Issue One (Reviewed by Mark Thayer)-** Jennifer Earl gave an update on the timeline of getting people enrolled in the HARP. Scott Ebner talked about the community referral process a bit more and the difficulty in identifying these specific community members. Beth White was also able to talk about the use of behavioral health providers to complete assessments. The full assessment was also removed. Mark talked about the importance of supporting people during this time until they can get connected to HCBS services (PROS, OP clinic services, peer services). Hospital have a process in place for hospitals to refer to HH's. Jennifer Daly asked about how long it is taking to access HCBS services. Scott Ebner explained that there can be a wait depending on the HCBS providers. Will there be rollover, if a person starts with PROS, do they have to stop when they are enrolled in HCBS? Marks understanding is that the state/providers want to recommend that folks works best for their treatment plan
  - **Issue Two (Reviewed by Mark Thayer)-** Another round of startup rounds is not likely-Jennifer Earl was able to clarify some of the OMH responses regarding the use of state aid. Scott Ebner talked about the increase rates for certain HCBS services and clarifying the H9 codes- End date April of 2018
  - **Issue Three (Reviewed by Katie Molanare)-** Katie passed out the HARP brochures that the state partners created, Nicole Hall also brought additional resources for board meetings. NYAPRS is also providing training for peers/consumers. Carole Hayes Collier who attended this meeting reported that this training opportunity was successful and a great opportunity. If you are interested in having these trainings at your agencies, please contact Katie Molanare. A HCBS brochure will be coming as well. Nicole Hall reported that she has the electronic versions of the HARP brochures, in multiple languages. Please contact her if you would like these resources

- o **Issue Four (Reviewed by Katie Molanare)-** Nicole Hall reported that the HCBS designation list is a live list- this list reflects only who is active, what services they provider and in which county. The field office has been outreaching the HCBS providers, they must provide attestation, either that you are active and are ready to take referrals- Hiatus status will be ending 9.15.17- The state will be reviewing to see where there is a need for additional HCBS providers. Nicole reported that they will plan on working with DCSs/provides to talk about next steps to increase HCBS providers
  - o **Issue Five (Reviewed by Scott Ebner)-** Jennifer Earl and Beth White provided clarity around this issue, with some additional comments. Scott reported that the HH outreach/engagement policy will be adjusted in October 2017, to a community based referral process. The Health Home Coalition is working on how they can provide additional education. Follow up questions- Need for additional detail regarding what this new policy will look like? What does the Hudson Valley Health Home, do well?
  - o **Issue Six (Reviewed by Scott Ebner)-** Tim Hammond informed the board about DOH-VBP University- good for program level staff- simple to understanding, takes about 30 mins. to complete. There are 18 Lead entities in Central NY F/O office region- Question- Any updates on the timeline? Nicole Hall response to timeline- No current updates. Waiting for central office to come back with next steps. Jennifer Earl- encouraged that the board reviewed the minutes to see the discussion around telepsychiatry. Jennifer will forward the new guidance that has come out
- **Issues for Fall Co Chairs Meeting:** Reviewed of current 3 state identified issues. *See Attachment IV*
  - o Additional suggestions:
    - Mark Thayer discussed accountability- Billing staff contacting MCOs- takes a long time to get answers- who is the best person to contact? Can this be addressed regionally? Regional Suggestions- bring providers/MCOs together- panel? Networking event? Contact lists? Question: Who sits on the Health Home Coalition- focusing on lobbying for HH issues, MCO/HH subcommittee?
    - Scott Ebner discussed the importance of collaboration and bringing people together. Suggestion from Ray Bizzari- look at duplication of workgroups that are covering the same topics. Contact list from MCOs on who to talk with about billing
- **Work Group/Subcommittee Updates:**
  - o **HARP/HCBS/Health Home Work Group:** Carole Hayes Collier provided an updated on this ad hoc workgroup. Issues they are focusing on:
    - There is a lack of training and/or community forum to engage clients in the HARP/HCBS process. HARP eligible clients struggle to understand what HARP is. Continuous engagement and education on the process is a necessity before deciding to enroll
    - Clarity is needed for HCBS recipients on the bundle of services provided, as it can be overwhelming to decide which services to utilize
    - 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

- Additional education and training is needed throughout the system, including training for CMAs on engaging HARP population. A broad dissemination of information to the clinical and program staff working with HARP population, as well as, those initiating HCBS referrals

       Additional Comments- regarding the amount of assessments, lack of HCBS services, role of the CMAs vs MCOs care managers, education around Health Homes, economic stability of HCBS providers

- o **Value Based Payment Work Group:** Katie Molanare provided an update for this ad hoc work group. The group met back in June to discuss issues or questions related to VBP. It was explained that this work group is different from others in that it is bi-monthly and is an information sharing platform. In between regional calls there will be a state-wide call where all members across the state are encouraged to attend. The National Council provides updates on the regional issues/questions during state wide call. Katie will send out information from both regional and state meetings to the board.
- o **Peer Stakeholder Group Update:** Scott Marshall provided an update on the Peer Group that met on June 11th. Discussed NYAPRS upcoming training. MHEP call-in line was discussed as a way to connect Peers to resources
- o **Director of Community Service Update:** Mark Thayer provided an update regarding the value in creating a SPOA table. Jennifer asked for specific examples of solutions that MCOs may not be aware of that a county may attempt, to demonstrate innovative attempts that counties have put together. Question: Could these solutions be relay to larger community? How to collect and share these resources/solutions with the larger community?

- **RPC Updates:** 4th quarter meeting was moved to December 4th, during this meeting Katie Molanare will review 2018 dates. Next co-chairs meeting is in Oct 30th. Katie Molanare will send out a survey to pick the issues for the next chairs meeting within the next month. The Children and Families Subcommittee will kick off in January of 2018. Katie Molanare will be outreaching the board for support around this subcommittee. Mark Thayer let the board know that the RPC is looking for a state project director
- **Additional Questions/Comments:**
  - o Tim Hammond mentioned DOH was looking to replace Emedny- this project is on hold, may contract with Xerox to make some updates/additional changes
  - o Marni Millet from OASAS mentioned documents from OASAS regarding telepsych. are not yet officially out- Marni encouraged the peer group to contact her if they are looking for services, looking for training opportunities.
- **Adjourn:** Mark Thayer asked to adjourn meeting. Carrie Doran made 1st motion. Scott Marshall made 2nd motion. Meeting ended at 12:30 pm.

Regional Planning Consortium: Central Region
Cayuga, Cortland, Madison, Oneida, Onondaga, Oswego

Attachment I: Attendance List

Name	Agency	Stakeholder Group
Carrie Doran	Liberty Resources	CBO
Cassandra Sheets	Center for Family Life and	CBO
Jennifer Daly	Parent	PFY
Scott Marshall	Peers of Cayuga Co	PFY
Eric Bresee	Farnham Family Services	CBO
Joan Buckley-White	Syracuse Community Health	HHSP
Stephanie Pestillo	Fidelis	MCO
Carole Hayes Collier	AccessCNY	PFY
Monika Taylor	Crouse Health	HHSP
Keith Cuttler	East Hill Family Medical	HHSP
Scott Ebner	Circare	HHSP
Robin O'Brien	Oneida Co DSS	LGU
Tim Hammond	Bonadio Group	KP
Jennifer Earl	United Health Care	MCO
Curt Lewis-Swanson	MVP	MCO
Danielle Laurange	Envolve Health	BHO
Marni Millet	OASAS	State
Lisa Alford	Onondaga Co DCS	LGU
Teisha Cook	Madison Co DCS	LGU
Mark Thayer	Cortland Co. DCS/Lead	LGU
Beth Hurny	Prevention Network	KP
Suzanne Reid	Molina Healthcare	MCO
Raymond Bizzari	Cayuga Co. DCS	LGU
Linda Lopez	The Salvation Army	CBO
Christopher Emerson	US Care Systems Inc	KP
Nicole Hall	OMH	State
Keith Cuttler	East Hill Family Medical	HHSP
Philip Endress	Oswego Health	HHSP
Mica Gonzalez	Youth Power	PFY
Matt Spitzmueller	Syracuse University	Gallery
Tara Costello	Upstate Cerebral Palsy/CNYHH	Gallery
Kelly Lane	Hezel Associates	Gallery
Liz Smith	Unity House	Gallery
Dyanna Morrow	St. Joseph's Hospital	Gallery
Lisa Mancini	Syracuse Behavioral Health	Gallery
Diane Copper-Currier	Oswego Opportunities	Gallery
Beth White	Finger Lakes RPC Coordinator	Gallery
Emily Hotchkiss	Mohawk Valley/Southern Tier	Gallery
Cathy Hoehn	Interim Project Director	Gallery

Not in Attendance:

Kate Bucknell-Iannone- ACR Health

Yvette Borne- Hillside

Nicole Kolmsee- Oswego Co DCS

Lauren Wetterhahn- CNYCC

Monica Brown- Onondaga Co LDSS

Jason Meyers- Liberty Resources

Patricia Hirsh- Beacon

Melissa Marrone- Housing and Homeless Coalition of CNY

Laura Zocco- OMH

Richard Jobin- OCFS

Michael McGuirl- St. Joseph's Hospital/Trinity Health

Leslie Gorke- Family Tapestry

Colleen Klintworth- Excellus

Attachment II: Board Vacancy Policy

a. Filling of Vacancies
   i. If a board member is no longer able to fill their designated spot, due to but not limited to:
      1. Self-resignation
      2. Resigned from agency
      3. Deemed vacant due to lack of participation

      Then the RPC Coordinator will outreach that agency represented by that board member to alert them that they will have 30 days to determine a permanent replacement.
   ii. If by 30 days there is no new representation than the stakeholder group associated with that agency and/or the coordinator will outreach additional agencies to find a replacement.
   iii. Once an alternative agency and representative is identified, the stakeholder group will take a majority vote. (Note: Board vacancy approvals are determined within stakeholder groups, not by the Board of Directors; with the exception of the Co Chair seat).
   iv. The agency looking to secure their board seat may utilize a temporary representative for one board meeting, if that board meeting falls within the 30 day allotted time and is approved by the stakeholder group.

Attachment III: Central Issues Addressed at Co Chairs Meeting

State Responses to Central Region Issues		
HARP/HCBS Issues	**Our Resolutions**	**State Responses**
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 **(Issue #1)**	1. Look at process to try to streamline and improve efficiency. 2. Develop code for "no-shows" to help compensate CMAs	1. HARP eligibility algorithm will continue to run every 60 days 2. HARP brochures available for providers and MCOs 3. Community-based referral in the works 4. MCOs can assist in facilitating enrollment by calling the enrollment broker with the individual 5. OMH working with CMS to see if a BH provider can assess for HCBS services 6. Standardization of the process in the works 7. Best practice enrollment timeframe is between 30 to 90 days 8. Correct flow of approvals should be MCO to CMS and then to the client
HCBS funds were issued awhile back, with many unanswered questions, that providers didn't know how to best use the funds **(Issue #2)**	1. Do an assessment with providers to determine any shortages and reengaging providers on hiatus to determine status. 2. New funds or reissued startup funds, could be used to support the development of more HCBS providers, especially in underserved areas, and to support HCBS networking and education efforts	1. Another round of startup funds is not likely 2. Rates modeled assuming 50-55% caseload capacity 3. Flex state aid money 4. PSYCKES flag (HARP enrolled) by program and region 5. OMH provided HARP/HCBS trainings last year. Working with RPCs to continue 6. Providers should take advantage of the small business curriculum that MCTAC offers and the HIT curriculum 7. MCOs don't market as a HARP 8. There are "H Codes" via restriction exception codes 9. Providers should develop relationships with their ERs 10. MCOs should provide trainings for PCPs
Clients and peers need access to the same clear information in easy to understand language regarding the HARP/HCBS process, as well as, what services are available and what supports those services provide **(Issue #3)**	1. The region needs help to develop trainings specifically for peers and families regarding HARP/HCBS 2. Develop a mass media public service announcements in addition to information and materials that could be disseminated at the regional level.	1. OMH Field Offices have HARP brochures and palm cards 2. Translated in 6 different languages 3. OMH/OASAS working with NYAPRS on Power Point, video, and flyers for outreach 4. The grade level of the material is sixth grade
There is a lack of confidence that the state and MCO list of HCBS providers accurately identify providers who are ready and willing to accept referrals and deliver the services at present. **(Issue #4)**	1. Reassess the list to ensure accuracy. Proactive outreach to providers on hiatus to work through any barriers and get a timeline identified. 2. Request for a more "in time" spreadsheet on who	1. The BH HCBS designation list will be automatically updated 2. Hiatus status for ROS is scheduled to end September 15, 2017

	the active vs on hiatus HCBS providers are and the services they provide. 3. Sharing information on provider readiness/status/timeline. Updating the website regularly	
Health Home Issues	**Our Resolutions**	**State Responses**
Lack of clarity of Health Home service offerings leading to reduce effectiveness of outreach services provided **(Issue #8)**	1. Standardize processes for community referral process and service start up across Health Homes, 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	1. DOH requested for HARP plans to work closely to help CMA with work flow. 2. Health Home Development funds could be used for training and outreach 3. Trainings available through MCTAC, NYAPRS, and CPI 4. OMH developing a training guidance document that lists current training materials 5. Hudson River HH may be utilized as an example of best practice
Value Based Payment Issues	**Our Resolutions**	**State Responses**
Lack of guidance around mergers. Additional trainings needed on VBP business models **(Issue #13)**	1. Identify agencies that are not taking part in current MCTAC state training and information processes and strategize outreach 2. Target one on one technical assistance on VBP contracting with providers.	1. Trainings available on the OMH website 2. New PSYCKES features 3. Regional VBP workgroups established through RPCs 4. OMH current focus on shared population is a rational starting point, one to build on. 5. Regarding IPAs, the intent is about service integration and continuity, not solely contracting ability.

Attachment IV: Remaining Central Issues for Next Co Chairs Meeting

Issue Identified	Resolution(s)	Submit Issue to State	Refine Issue	Discard Issue
The funding model is a barrier to HCBS start up, the rate assumes 51% billable productivity to be viable. There are concerns that the rate may not be sufficient even once programs reach capacity	1. Forwarding payments/enhancements to improve cash flow for HCBS providers and incentivize start up			
Additional education and training is needed throughout the system, including training for CMAs on engaging HARP population. A broad dissemination of information to the clinical and program staff working with HARP population, as well as, those initiating HCBS referrals.	1. Continue to fill gaps with trainings that are user friendly across the system and utilize lessons learned from initial implementation 2. Consider trends for possible training needs			
Duplicative initiatives related to the Triple Aim and the integration of primary care and behavioral health are being funded with little coordination at the state level	1. Consolidate, and standardize outcomes measures and create uniform reporting system for behavioral health initiatives.			