



REGIONAL PLANNING CONSORTIUM
Capital Region Board Meeting #5
September 13th, 2017 – 2-4pm,
Catholic Charities Disability Services
1 Park Place, Suite 200, Albany, NY

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1. **Call to Order** – *Bob called the meeting to order*
 2. **Introductions (Name, stakeholder group, agency/organization, title)**
 3. **Approval of July 11th Meeting Minutes (Motion Needed)** – *Motion to approve minutes, Sam Bastien, second Kevin Connally*
 4. **Stakeholder Report (includes identification of issues and proposed recommendations)** – *See below for updates*
 - a. **Community Based Organizations**
 - b. **Peers/Youth/Family Advocates**
 - c. **Hospitals & Health Systems**
 - d. **Managed Care Organizations**
 - e. **Key Partners**
 - f. **Local Government Units/DCS**

Community Based Organizations –

- *Linda Lewis spoke about the HARP/HCBS/HH work group progress*
- *6/16: HARP/HCBS Networking event targeting HH CMs very high attendance – close to 100 attendees – work group has requested, at maximum, quarterly networking events*
- *6/30: HARP/HCBS/HH work group meeting – over 30 work group attendees*
- *Linda reviewed the work group progress – open and closed regional issues*
- *8/30: HCBS provider meeting held in Columbia county – learning collaborative*
- *10/31: HCBS/MCTAC panel at a conference at the Sagamore – 38th Annual ACLAIMH Conference from 10/30-11/3, “Partnering for Progress”. Linda is on a panel discussion along with another HCBS provider from NYC, OMH, NYAPRS and MCTAC discussing everything HCBS.*

Peer/Youth/Family Advocates –

- *Prep meetings before board meetings to review issues list and determine if the issues have captured what the peers and families are sharing with the PYF stakeholder board members*
- *Bringing forward HCBS transportation issue to the HARP/HCBS/HH work group meeting*
- *C&F subcommittee – hoping to look at the issues with the youth and family lens*
- *As a result of the subcommittee being “provider heavy” Ruth asked the subcommittee to begin to outreach interested youth and families to future subcommittee meetings to hear their experience*
- *Transportation and housing are major focus in rural areas – these impact other issues in people’s lives*

Hospitals & Health Systems –

- *Rachel discussed the difficulties hospitals have been facing*
- *Rachel, Kathy, Bob and Alexis met to review/refine an issue and discuss proposed solution for the board to review*
- *Many times where hospitals are reviewing difficult cases and being transferred from state agency to state agency*
- *“Hard to place committee” at the State level could be very helpful for the individuals who cross multiple systems – specifically to discharge individuals safely into the community and ensure community services*
- *Hospitals are paying for individuals staying in the hospital who are no longer appropriate for inpatient setting*

Managed Care Organizations –

- *Dental Provider issue has been deferred to the HARP/HCBS/HH Work Group & Medicaid Model Contract issue has been deferred to the MCOS/closed in the RPC as it falls out of the RPC scope*
- *Kelly discussed some of dental concern is about substance abuse/stigma using anesthesia and recommending to get ahead of these concerns/stigmas*
- *Dental Society may be a more regional approach to address this*
- *Physician resource to meet with the dental association*
- *Create a small group among the MCOs to meet before meeting with the dental providers*
- **Question for the MCOs:** *Is there are shared vendor among the MCOs for dental?*

Key Partners –

- *Kevin has been in two meetings – heard from community that care coordination is complex*
- *How to determine who the primary care coordinator is? (Prioritizing who is coordinating care to optimize the services)*

Local Government Units –

- *Regarding the crisis services which have been discussed at the HARP/HCBS/HH work group meeting, OMH has approached the DCS in the region at their regional directors meeting to discuss the roll out of the crisis SPA services which will be available for anyone receiving Medicaid that is in need of the crisis services (mobile/short term crisis and long term crisis services)*
- *Recommendation that there be latitude regarding geographic regions in the regulations (rural vs. urban areas # of beds will vary)*
- *People Inc. Rose House (40 across the country) – Steve Miccio may have found a location in the Capital Region – would we want to invite them to speak at a board meeting – potential innovation funding opportunity*
- *To support medical and behavioral health – discuss at HARP/HCBS/HH work group if members would like a presentation from People Inc. on the Rose House*
- *Has been an increase in 730 evaluations (730, court can order for an evaluation if the individual has the capacity to participate in their own defense) – level of acuity is higher than counties have ever seen – if individual is referred to restorative services they are put in a State operated facility – county pays 50% of the daily cost*
- *Increase may be related to the overall system transformation*

5. Identification of State Co-Chairs Items – open up for discussion of the 3 Capital RPC: State Identified Issues – *Kathy and Bob reviewed the prioritized State issues in the Capital Region – see page 5 for top 3 prioritized State issues.*

6. Next steps for regionally identified issues –

- *Issue #4 – recommendation for LGUs to work with MCO group to resolve that*

- *Issue #5 – Kevin Connally will lead this discussion – Rachel Handler will loop St. Peter’s in to provide expertise on this issue. Schedule an ad hoc meeting.*
 - *Issue #6 – Regional AOT coordinator meeting – invite the MCOs to these meetings*
7. **HARP/HCBS/HH Ad Hoc Work Group Update** – *See “Community Based Organization” update above; Linda Lewis provided an update on the HARP/HCBS/HH work group.*
 8. **Children & Families Subcommittee Update** – *There will be a children & families subcommittee identified issue taken to the October 30th Co-Chairs meeting on behalf of the Capital Region.*
 9. **Value Based Payment Ad Hoc Work Group Update** – *Alexis Harrington will be sending a consolidated list of resources to the board and members of the VBP ad hoc work group that have been distributed related to VBP. This includes the release of VBP University and VBP boot camps to be held in October.*
 10. **Capital Region RPC Board Feedback & Opportunities for Improvement** – *Recommendation to include a standing item on the agenda to address and identify opportunities for improvement.*
 11. **Open Board Seats** – **Please note that we have two Key Partner seats open. We will be accepting nominations for this seat on a rolling basis until a Key Partner is appointed by the board. This group is mainly geared toward PPS's, PHIP's, LDSS, LHD and any other interested parties.**
 12. **Board Vacancy Policy Approval** – *approval of the proposed policy from the board. Motion to approve policy (seats elected by organization entities to assign a designee with consistent attendance) made by Steve Giordano and second by Brian Stewart. See page 6 for the approved policy.*
 13. **Success Story** – *50 people are receiving HCBS within a HARP in the Capital Region!*
 14. **Adjourn Meeting (Motion Needed)** – *Bob adjourned the meeting*

Upcoming Meetings:

- **October 3, 2-4pm:** HARP/HCBS/HH Work Group Mtg (Unity House- 2nd Floor, 2431 6th Ave, Troy, NY)
- **October 11, 11am-12pm:** VBP Work Group Mtg (Conference Call)
- **October 30:** Co-Chairs Meeting (Closed Meeting)
- **November 15, 3-4:30pm:** Children & Families Subcommittee (In-Person, Albany County Dept. of Mental Health, 175 Green Street, Albany, NY)
- **December 5, 2-4pm:** HARP/HCBS/HH Work Group Mtg (Unity House- 2nd Floor, 2431 6th Ave, Troy, NY)
- **December 12, 2-4pm:** Capital Region RPC Board Meeting (In-Person, TBD)
- **December 13, 11am-12pm:** VBP Work Group Mtg (Conference Call)

Capital Region RPC: Board Meeting #5
September 13th, 2017 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		PYF
6	Michael Cole	Absent	LGU
7	Kevin Connally		CBO
8	Katie Conroy	Absent	PYF
9	Victoria DeSimone		State Gov
10	Catherine Duncan		Key Partner
11	Jennifer Earl	Absent	MCO
12	Edward Elles	Absent	MCO
13	Ruth Fennelly		PYF
14	Donna Fiscella		H&Hs
15	Bill Gettman	Absent	CBO
16	Stephen Giordano		LGU
17	Maggie Graham	Absent	LGU
18	Rachel Handler		H&Hs
19	Bob Holtz		MCO
20	Kevin Jobin-Davis		Key Partner
21	Rick Jobin	Absent	State Gov
22	Kelly Lauletta, LCSW		BHO
23	Linda Lewis		CBO
24	Michele McClave, MSW		Key Partner
25	Cher Montanye		State Gov
26	Anne Ogden		CBO
27	John Padauno	Absent	CBO
28	Amanda Pierro	Absent	PYF
29	Frank Pindiak	Absent	CBO
30	Bill Porter	Absent	State Gov
31	Michael Prezioso		LGU
32	Eushabell Rodriquez	Absent	PYF
33	Darin Samaha	Absent	LGU
34	David Shippee		H&Hs
35	Brendon Smith	Absent	H&Hs
36	Brian Stewart		H&Hs
37	Angela Vidile		MCO
38	Meg Wallingford	Absent	Key Partner
39	Lyndsi Wickert	Absent	PYF

Additional Attendees: Sonya Hovsepian (Alliance for Better Health), Cat Huntington (NYS Office of Mental Health), Pete Griffiths (North Country RPC), Cathy Hoehn (RPC Director)

Capital Region RPC
State Identified Issues for October 30th Co-Chairs Meeting
Updated 9/19/17

Category: Other/ "Transition of Care"

- **Issue #1:** Hospitals are having difficulty in discharge planning for individuals with multiple diagnoses and cross-system involvement creating long lengths of stay. Once the cross-system involved individuals are stabilized there are limited viable community discharge opportunities, housing or enough community services to support them contributing to the long lengths of stay.
- **Proposed Solution #1:** To convene a multiagency review team/committee at the State level (DOH/OMH/OPWDD/OASAS and any other suitable entity) allowing for providers to seek consultation and guidance to access suitable community resources to support a safe discharge. Similar to the Council on Children and Families "hard to place" committee.
- **Proposed Solution #2:** NYS to assist in advocacy and redefining the current housing system for those individuals with multiple diagnoses and cross-system involvement. The system needs to allow for quicker transitions to alt levels of care once stable. Additional funds also need to be made available to allow for programs to expand already existing programs.

Category: Home and Community Based Services

- **Issue #2:** The challenge to filling the gap in HCBS services in rural areas is attributed to low reimbursement which does not cover staff and travel costs.
- **Proposed Solution:** Rate adjustments must mirror true cost of care to cover staff and travel costs in order to incent community providers to develop HCBS in rural areas.
- **Issue #3:** There are providers and entities that have existing relationships with individuals who are HARP eligible that may have the capability to assess and develop plans of care which will allow individuals to access HCBS more efficiently. For example: outpatient therapist, housing SPOA, inpatient providers.
- **Proposed Solution:** NYS to revise the expedited workflow to allow for this flexibility of alternative assessors other than Health Homes/CMAs.

Children & Families Subcommittee Issue (Revised 10/5):

Issue: Requirement of the tool being done so early in the process is resulting in the tool interfering with natural engagement from occurring. It is becoming a barrier to engagement. Families are not being heard and care managers are not addressing the full issue at hand. For example, if the family is in crisis but the tool is presenting XYZ – the care manager is focused on the tool that is required versus the immediate presenting needs of the family.

Additional Information: There are challenges in completing the CANS-NY as a result of workforce stability issues and lack of training and education of the tool's paradigm shift (strengths based to needs focused). In addition, care managers have expressed concern that the CANS-NY is becoming a routine task and care managers are disengaging with the families to complete this tool.

Recommended Solution: The subcommittee recommends that the State provide additional training to care managers.

- a) The training may include custom training and face to face training focusing on engaging the families in the completion of the CANS-NY or engaging parent partners to identify best practice in engaging families to complete the CANS-NY.
- b) The subcommittee has recommended training also include specific focus on the fact that the CANS-NY is not a strengths based instrument and will not be used to determine a diagnosis. It was noted that the most important

and helpful part of the existing online CANS-NY training are the vignettes. This section on the training discusses the strengths vs. the needs and which assumptions care managers should start with for strengths vs. needs.

- c) Additionally, the subcommittee recommended the State utilize work groups in a training setting to take real life cases and have groups score the same case and determine if there is fidelity amongst the group and to go back and review descriptions within the booklets. This can work for new care managers and existing care managers.

Board Vacancy Policy Approval:

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.

Proposed to the Board: 9/13/17

Approved by the Board: 9/13/17