



REGIONAL PLANNING CONSORTIUM
Capital Region Board Meeting #3
May 16, 2017 – 2-4pm,
Albany County Department of Mental Health
175 Green Street Albany, NY

1. **Call to Order – (Bob called the meeting to order)**
2. **Roll Call/ Introductions (Name, stakeholder group, agency/organization, title) – (Led by Bob)**
(see page 5 for attendance)
3. **Review and Approve Ground Rules (Motion Needed) – Kathy reviewed ground rules with the board (see page 6); Brian Stewart – motion to approve ground rules, Bill second. No discussion. All in favor of ground rules.**
4. **Approval of March 22nd Meeting Minutes (Motion Needed) – Motion to approve – Dr. Sam Bastien IV, second by Amanda Pierro, David Shippee abstains, rest of board in favor, motion passes.**
5. **Stakeholder Report (includes identification of issues and proposed recommendations)**
 - a. **Community Based Organizations – Linda Lewis; attempted to meet in Feb, cancelled due to snow storm. Successful meeting April 7, 18-20 CBOs, about 18-20 CBOs were also missing. Assessed the folks who attended, challenges faced through providing HCBS, some agencies not receiving the referrals. How can we educate all care managers having conversations with HARP eligibles and educating individuals about the services that exist? Networking event is a result of need for training care managers (June 16). Lack of guidance related to multiple services being provided by one agency – MCO gave guidance in this situation for the provider to bill for this (three pronged approach to provide multiple services/assessments to one individual in one day). Barriers with HARP eligibility – disenrollment from the exchange. Success was collaboration between MCO and CBO. Clarification from MCO was to separate the time assessments were completed within the same day.**
 - b. **Peers/Youth/Family Advocates – Katie Conroy; providers not accepting members in HARP (dental providers); getting more information about impact of system changes on families. Feedback from families related to the system currently. Education and name change (Health Homes) is causing a lot of confusion among families. Training/Education needed for providers to be able to explain this to families.**

- c. **Hospitals & Health Systems** – Dr. Samuel Bastien IV; 4/3 conference call with Capital H&H Board Members – received list of local H&Hs providers from OMH Field Office Staff and conducted a survey to H&Hs to identify issues. Reviewed state issues # 7 and 8. Recruitment and retention of Psychiatrists, NPPs and therapists. Proposed solution of utilizing Project TEACH – training primary care providers (telephonic option available)
- d. **Managed Care Organizations** – Jon Anderson; eligibility issue with HARP – lack of communication/difficulty recertifying with their local DSS causing individuals to lose their HARP eligibility. Dental providers dropping out of networks/MCOs attempting to provide education. All providers within the general network are the same within the HARP network, with the exception of enhanced services included in HARP network.
- e. **Key Partners** – Dr. Kevin Jobin-Davis; broader context among the other stakeholder groups on the board. Big picture processes as we go about developing future strategies. Value based payment, how will we engage other partners, share data, avoiding hurdles. Population health strategies – addressing multiple people’s needs with a singular strategy save time, money and create better outcomes. May be strategies that can bring security needs for individuals together in one place – additional proposed solutions for addressing client needs. Accessing other community resources – how can this be done efficiently? Creating best practices/sharing resources instead of relying solely on in-house resources. Propose survey of board to identify information needs so Key Partners may provide additional support/resources.
- f. **Local Government Units/DCS** – Michael Cole/reported by Kathy Coons; care management workforce related to IT/EHR/QA requirements working with multiple HHs. CMAs have vacancies, difficulty filling, impacting HHs ability to enroll new members.

6. Identification of State Co-Chairs Items – open up for discussion of the 9 Capital RPC: State Identified Issues (Revisions resulting in discussion are highlighted in yellow)

	Issue	Proposed Solution
7	Concern there are no community based services that will accommodate a reduction in in-patient beds. There are also limited services beyond traditional outpatient care.	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.
8	The staff that are supporting the implementation of the behavioral health transition to Medicaid Managed Care are increasingly difficult to recruitment and retain (Psychiatrists, NPPs, CASAC and therapists). This results in not enough HCBS providers to refer individuals to.	-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
NEW	Difficulty obtaining operating certificates for colocation by DOH, OMH, OASAS and billing for more than one visit per day. Medicaid does not allow both clinics who are collocated to bill for services provided in the same day.	Proposed Solution: changing regulations to allow collocation of primary and behavioral health services and allow for reimbursement of more than 1 service in a given day. Develop more achievable collocation certificates and allow providers to file for rate adjustment/threshold of providing one service per day based on the current model of care. Also, possibly placing therapists in local practices. Expand resources for office space needed to integrate care.

Motion to approve 10 issues and proposed solutions to bring to co-chair meeting Brian Stewart, Dave Shippee second. No opposition. Motion passes.

7. **IF TIME PERMITS – Discussion of regional issues identified and where these will be addressed (ad hoc work groups)** *Kathy discussed the regional issues list and noted we will be addressing these issues within ad hoc work groups – existing work group: HARP/HCBS ad hoc work group. Proposal to also include Health Home issues to be discussed within the HARP/HCBS ad hoc work group.*
8. **HARP/HCBS Ad Hoc Work Group Update** – *Linda Lewis reported on the networking event on June 16th 1-3pm inviting HCBS providers, Health Homes, Health Home Care Managers and MCOs. Also ad hoc HARP/HCBS meeting on June 30th 1-3pm HARP/HCBS. Participation in this work group is not restricted to board members, this is open to the public.*
9. **Children & Families Subcommittee Update** – *Bill Gettman, Chair of Children and Families Subcommittee, reported on the May 4th – focus on training and education among the work force and children/families who may be eligible for health homes, access to services, and staffing/recruitment and retention.*
10. **Value Based Payment/Behavioral Health Care Coalition Q&A** – *Caitlyn Huntington provided a recap of our Capital BHCC networking event – updates, Notification of Interest has been released and due back June 5th – infrastructure from BHCCs is meant to provide funding to prepare for value based payment. Update from Cathy Hoehn – CLMHD is working with MCTAC to provide a roadshow related to VBP. James Button – related to concern of NOI submission, it may help to see this NOI as non-binding. Working with MCTAC to hold VBP trainings, bring in health care contracting experts, social determinants factoring in VBP world, and informed match making between providers. Working closely with State agencies to provide a list of lead entities emerging from BHCCs.*

VBP/BHCC questions from the board:

Question – In a value based world, can we deliver a program/services via rates that are not a Medicaid reimbursement code? How do we get to this point?

Response: No definitive answer yet – this is among other RPC regions. OMH is trying to get this nailed down before providing a response to other RPC regions.

Question – Target for VBP is 2020?

Response: Yes

Question – Why is the timeline so tight for NOI?

Response: Due to the flow of money and updated timeline from CMS, the State would have lost the money.

11. RPC Study – Survey – *Alexis reviewed the optional survey being conducted by Syracuse University and SUNY Albany for those who attended the board meeting in person.*

12. Adjourn Meeting (Motion Needed) – *Motion to adjourn meeting Dr. Steve Giordano, second by Jon Anderson*

Milestones:

- **June 8th:** Co-Chairs Meeting with Central State Offices (Office of Mental Health, Department of Health, Office of Alcoholism and Substance Abuse Services, Office of Children and Family Services)

Upcoming Meetings:

- **Children & Families Subcommittee Meeting:** Wednesday, May 24 2-4pm, Parsons
- **June- Co Chairs Meeting, closed meeting**
- **HARP/HCBS Networking Event:** Friday, June 16 1-3pm, Unity House
- **HARP/HCBS Work Group Meeting:** Friday, June 30 1-3pm, Unity House
- **Third Quarter:** Tuesday, July 11 2-4pm, location TBD
- **September- Co Chairs Meeting, closed meeting**
- **Fourth Quarter:** Tuesday, Oct 10 1-3pm, location TBD

Questions about this process can be answered by your RPC Coordinator, Alexis Harrington via email, ah@clmhd.org or phone, 518-396-9413

Capital Region RPC: Board Meeting #3
May 16th, 2017 2-4pm

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

Additional Attendees: Angela Vidile, Tina L. Smith, Caitlyn Huntington, James Button, Marjie Burgasser

Capital Region RPC: Board Ground Rules

Purpose: As the Medicaid behavioral health system undergoes transformation, the RPC will work to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend priorities for reinvestment of Medicaid savings. (Taken from Finger Lakes RPC Bylaws)

1. Allow everyone a chance to speak
2. Provide a propose solution for every issue being focused on
3. Do not undermine the consensus of the majority
4. Attendance in person is required – in alignment with the Statewide RPC requirement, no proxys are permitted. Please let the Co-Chairs or Coordinator know in advance if you are unable to make a board meeting.
 - a. Resignations and Removals (Taken from Finger Lakes RPC Bylaws)
 - i. Board members may resign at any time by submitting written or emailed notice to one of the two Co-Chairs.
 - ii. 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.

Statewide RPC Board Member Expectations

- We have suggested that board member terms are for 2 years.
- Attend quarterly meetings of the RPC (in-person, no proxy permitted).
- By volunteering for board consideration, you are agreeing that you are willing to bring forward the views of the respective stakeholders in your region.
- Board members should be willing to serve as an access point for members of the community who would like to bring issues to the attention of the RPC.
- Board members are asked to collaborate in good faith to meet the overarching objectives of the RPC.

Proposed 3/14/17

Approved by board 5/16/17