



FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors

AGENDA

June 14, 2019 1pm-4pm

Ontario County Training Facility, Canandaigua

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- Call to Order & Welcome – George
 - Confirm Quorum – Beth

 - Welcome New Board Members - George
 - Jeff Hoffman
 - Introductions (Name, stakeholder group, agency/organization, if any) - Board & Guests

 - Approve Minutes – George will ask for motion to approve

 - Attendance – George

 - Finger Lakes RPC Board Elections Update – Beth
 - Town Hall Dates – requesting all Board members to attend at least one
 - Use September Date for Short Board Meeting and First Town Hall?
 - Late October/early November – second Town Hall
 - Reschedule December 2019 Board meeting to second Town Hall date?
 - Affected Stakeholder Groups
 - CBO's – organizations are elected
 - HHSP's – organizations are elected
 - PFY – individuals are elected
 - Key Partners will be Appointed/Reappointed by Board in Jan 2020
 - Community Stakeholder Meeting – Late summer/Early Fall
 - Nomination Process will start at above meeting
 - Current Members may Run for Reelection (Board List attached)

Questions?

Contact **Beth White, RPC Coordinator** at bw@clmhd.org or 518-391-8231
or **George Roets, RPC CoChair** at groets1@rochester.rr.com

Finger Lakes RPC Board – June 14, 2019 Agenda

- Issues Follow Up- Beth
 - PA Practice Article 31 Clinics – Jim Haitz
 - PFY Stakeholder Group - Outreach to Consumers – Julie Vincent
 - MAS Transportation - Form 2015 & guidance (attached) – Beth
 - HHSP Issue re NP's or telemed MD possibly being able to sign off on 2PC Admissions - Beth
 - HHSP Issue re Safe Transitional Housing from Inpatient to Eventual Residential Setting – Beth
 - CBO Issue – 820 Programs' Sustainability – schedule group to meet - Beth
 - Impact on Supportive Living
 - Need to "Medicaid" Reintegration level
 - Highly variable OTDA eligibility from county to county
 - Voluntary Summer Board Meeting or Stakeholder Group Issue meetings? - Beth

- Children and Families Subcommittee Report – Nicole Speight
 - Subcommittee Update (attached)
 - Finger Lakes Region CFTSS Providers by County (attached)

- Workgroup Quarterly Updates (attached) - Beth
 - SUD Bed Access Workgroup
 - Bed Finder Website – projected to Go Live by end of month
 - Clinical Integration Workgroup
 - Symposium presented on May 8
 - Peer Role Workgroup met April 19
 - Task Force has created resource Roadmap for employers of peers

- **Next Board Meeting** – Beth

Friday, September 20th, 1-4pm
Ontario County Training Facility | 2914 County Road 48 | Canandaigua NY

- Wrap Up & Adjournment - George

Questions?

Contact **Beth White**, RPC Coordinator at bw@clmhd.org or 518-391-8231
or **George Roets**, RPC CoChair at groets1@rochester.rr.com

FINGER LAKES REGIONAL PLANNING CONSORTIUM
PEER/FAMILY/YOUTH NOMINATION FORM

Name: Jeffrey Hoffman

Phone Number: 585-259-7441

Email Address:

Jeffrey.Hoffman@visibleman.org

Please check the one group you wish to represent on the RPC Board.

I accept the nomination to be a **Peer** (I have lived experience receiving mental illness or substance abuse services)

Family of Peer (I have supported a family member who received mental health or substance abuse services)

Youth Advocate (currently age 18–23 and I received children's services when younger)

1. The RPC wishes to have representatives from all areas of our nine county region. Please tell us what county you live in: Monroe

3. Please tell us why you would like to be on the RPC Board & what will make you a good Board member. (150 words or less):

My passion for making mental health a part of regular dialog fuels my interest in this position, although my day job as an engineering program manager and process improvement leader at Lockheed Martin informs the way that go about capturing that passion and instigating measurable change. As the parent of a child with lived experience in the mental health system, I have recognized opportunities for improvement as a customer and would funnel my positive desire for change by being a vocal, forward, active member of the board. I actively engage with improvement-oriented organizations, including the execution of an OMH-funded project on mental health destigmatization, participation in the Department of Psychiatry Advisory Council of Consumers (DPACC) at Strong Hospital, and my organization Visible Man - focused on improving the accessibility and acceptability of men's mental health.

Please return this form to Beth White, Finger Lakes RPC Coordinator, at bw@clmhd.org



FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors

MINUTES

March 19, 2019 1pm-4pm

St. Bernard's School of Theology & Ministry, Rochester

- Call to Order – Ellen called to order at 1:10PM
- Approve Minutes – Ellen asked for motion to approve. No discussion or changes. Melissa Wendland moved to approve; Marty Teller seconded. Approved unanimously.
- Ellen Announced and Welcomed New Board Members
 - Nicole Speight – Villa of Hope, will be new Chair of Children and Families Subcommittee
 - Valerie Way – East House
 - Jennifer Morgan – MVP Health Care
 - Ivette Morales - Wellcare
- Elections – Ellen noted RPC is in 3rd year. Planning for Board elections. There will be stakeholder meetings, one in Monroe County and one more centrally in the region. Those wishing to run, nominate and/or vote must attend one of these two meetings.
 - Affected Stakeholder Groups
 - CBO's – organizations are elected by larger stakeholder group in community
 - HHSP's – organizations are elected by larger stakeholder group in community
 - PFY – individuals are elected by larger stakeholder group in community
 - Key Partners will be Appointed/Reappointed by Board in Jan 2020 – think of who isn't represented. Can also self-nominate for this category
 - Community Stakeholder Meeting – Late summer/Early Fall
 - Nomination Process will start at above meeting
 - Elections in late Nov/early Dec for Jan 2020 – Dec 2022 Terms
 - Current Members may Run for Reelection
 - Asked for a current list of board members by stakeholder group – Beth will send.
- State CoChairs Meeting Follow Up- Beth
 - Questions re CoChair Meeting Minutes? None

Finger Lakes Regional Planning Consortium

Board Meeting Minutes – March 13, 2019

- Any new questions?
 - No new questions. Please contact Beth or George if you have any questions after being able to review these minutes.
 - Had a change in how issues are reviewed. Not a giant list but targeted researched issues. 2 formal issues presented and also informed dialog. Have continued work with state on issues in smaller venues.
- Update re Issues
 - Physician Assistants and Article 31 Clinics
 - Ongoing conversations with OMH – heard FL concerns. Felt that there has not been a lot of progress on this matter. Looking at past experiences with waiver and PAs. PAs are significant workforce – want clinics to be able to utilize them. FL is committed to continuing this conversation. Consulting with clinics and WNYFO. Jim Hartz commented about need for PAs – suggested that there be a recommendation re certification and education. There is a disconnect with BH and PAs. Clarified that this is a OMH issue – cannot dx and prescribe w/o a waiver. Beth said that goal now is to pursue a site waiver rather than an individual waiver. Ellen shared that currently is an extra layer on dealing with clients. Colleen Klintworth asked about how supervision would work – how does psychiatrist provide oversight? Reminder that oversight is driven by State Ed.
 - Transportation to Same Day Appointments
 - Initial meeting with DOH and OMH- Occurred on 1/30/19 – brought by Southern Tier RPC. Some thought this fell outside of scope of RPC's but ST showed that if system offers same day appointments, but clients can't get to them it does impact MMC, specifically access to care. Leadership of MAS came to meeting and heard about issues along with DOH. They are working with RPC staff on this issue. This will have an impact across the entire state. Gave several clarifying points.
 - MAS Form 2015 (Who can sign) – 2015 form is used to establish the type of transportation needed by a client. The current form states that a physician's signature is needed, but MAS confirmed that other medical providers can sign it as well. Beth will send guidance around this policy. MAS also said that you can request a supervisor on any call with MAS staff when a transportation issue is not being addressed to your satisfaction. They gave contact for
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Board Meeting Minutes – March 13, 2019

- DOH transportation contract manager to deal with serious and/or ongoing transportation issues, Dina Addario at (518) 473-2160, option “1”. People in other regions have reported that their contacts with Dina person have been very helpful.
- Pharmacy Transportation- OMH Medical Directors Meeting – question posed to state about why getting RX filled isn’t considered medical necessity. Said that they have experienced a lot of fraud – have referred to medical directors meeting. Said they can authorize transport to stop at pharmacy after authorized visit.
- Housing Issue -Regional Housing Meetings_(under-development)
 - Connect county DCSs and DSSs, Continuums of Care and SPOAs, with some facilitation by the state agencies OMH and OTDA.
 - General availability of safe housing is an issue across the board. A lot of discussion about what will be happening. Committed to having some regional housing committees – not sure of what regions will be.
 - The “regions” have not been established and will vary based on whether it is reasonable to group similarly situated counties.
- The goals are to:
 - Facilitate communication, collaboration, coordination of services/resources;
 - Work better together in light of the requirements to develop county crisis plans, homeless plans and a coordinated entry system (a new HUD requirement of CoCs);
 - To establish relationships, knowledge sharing and promote planning that will ultimately better serve individuals and families that cross systems in a traditionally “siloed” environment.
- Children Services Transition – Beth
 - State is using subcommittees to get feedback from all RPCs re transition.
 - FL has 125 on email list and has 35-45 consistently in attendance.
 - Information being shared is huge. Difficult for stakeholders to keep up. Some of the services under waiver do not have experience dealing with MMC. Attendees are grateful for the forum to get/share information.

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Board Meeting Minutes – March 13, 2019

- Talking about readiness, policy updates, best practices. Services are starting to be delivered. Statewide RPC will be holding quarterly support meetings for C&F Chairs and Leads from all 11 regions.
- Beth shared resource guide for children’s services created by Alexis Harrington, RPC Coordinator for the Capital region. This has links to most recent updates. Make sure you are on the listserv if interested in these changes. Looking to determine if will be re-sending information to subcommittee. Many thanks to Alexis for putting this together.
- Changes designed for earlier intervention with children needing services. 3 new CFTSS services started in January. Beth handed off to Nicole Speight, C&F Chair for detailed review of these new services.
- Overview of New Children's CFTSS Services (attached) – Nicole
 - There will be 6 new services, 3 are live now OLP, CPST, & PSR
 - OLP
 - CPST
 - PSR – like skill building
 - Difference between referral and recommendation
 - Anyone can make a referral (self or agency) – don’t need to be linked to agency
 - Recommendation – need to have medical necessity, be on the treatment plan
 - First 3 services do not require authorization but provider should notify MCO to let them know so they can set you up in the system – gives a heads up to MCO-
 - After 3 services is medical necessity is indicated there can be 30 visits, does not count some services. Concurrent review occurs with 4th visit.
 - Beth shared that providers have been designated to provide these services.
 - Chris Smith shared that it would be interesting to hear about experiences of anyone making a referral, recommendation, or approving these services.
 - Nicole shared that their agency has been able to send people out to do an assessment. She shared that they have had problems with finding people with appropriate licensure. Have been using OLP to do assessment for PSR.
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Board Meeting Minutes – March 13, 2019

- Next children’s meeting is on the 28th. Colleen recommended that a networking event might be helpful.
- Beth shared that she will be developing a regional list of providers.
- Workgroup Updates - Beth
 - SUD Bed Access Workgroup met Mar 8
 - Finger Lakes SUD Bed Finder Demo
 - This is a 3 month pilot. This is for intake coordinators and primary referral sources. Have identified metrics to determine success. It is not a data resource but an embedded google sheet listing programs for FL region. Will be updated 2-3 times per day and will have information on specialized programs. Rochester Regional has been extremely helpful in working on this. There will be a simple MOU to participate. MCOs would like to have read only access – will be available to wider audience after first month of pilot.
 - Measures: hope to see higher bed utilization, higher user satisfaction with tool, decreased number of people on waiting list. Decreased time to access beds.
 - FLPPS is working on a new initiative that may link to this demo.
 - Clinical Integration met Mar 12
 - Had presentation re Project Teach, looked to see who hadn’t connected with this in the past – group is going to do a targeted outreach to those who haven’t connected. Going to work with common group in the southern tier.
 - Had preview from RHIO of the new inclusion of behavioral health information in Explore, effective end of March. They have been working to connect with providers so that they and clients understand the change.
 - Symposium Scheduled for May 8 – all day event. Sharing of BH information. Talking about how to do and why. RHIO will also be doing a session. Want to develop a session on communicating with families.
 - Peer Role scheduled for Apr 19. 1-3pm in Canandaigua
 - Task Force has reviewed and catalogued the many resources that exist in this area. They then created a resource Roadmap for employers of peers that begins with an organizational self-assessment and then directs employers to the most pertinent resources based on their assessment results.

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Board Meeting Minutes – March 13, 2019

- Beth meeting with sampling of Organizations Employing Peers
- C&F Subcommittee was cancelled for Mar 1 due to last minute scheduling of State meeting that conflicted, rescheduled for March 28, 1-3pm

Breakout Groups: New Issue Identification

1. **PFY:** Jennifer Storch reported for the group. Two items went together: turnover and representation on the board – how to recruit peer members; Also to have an on-boarding process re systems and acronyms. Turnover – peers that are still here are employed in the field. Have a better understanding of the system than those who don't work in the field. Not sure of what their role is – may not understand and therefore might not be as invested. How to grow and recruit a larger scope – access NAMI and MHA. Just have from Monroe and Ontario at this time; did have from Wayne in the past – not employed in the field. Need to reach out to other counties. Maybe do outreach to groups and get their feedback on concerns in the field and then report to the board. Maybe invite a peer or two to share their experiences and how these changes have impacted their experiences accessing services. Try to have an issue for PFY group that gets taken to the co-chairs meeting. Beth asked about peer advisory group – would this be useful? Talked about partnering with NAMI or MHA about gathering information to take to the board. Talked about distinction between stakeholder group and peer workgroup. Need to have time set aside at meetings to give them the floor to make a contribution to the meetings – similar to a guest speaker role. Ivette discussed importance of on-boarding- will help to retain members. Include a tutorial of how the systems work together and interact. Think about exit interviews for people leaving the board – what worked and what didn't.
2. **CBO** – Marty shared issues – children's transformation needs, VBP prep, BHCCs, OASAS 820 Residential Redesign. Took BHCCs off the list as it has been covered in other venues. VBP – wouldn't advance to the state. Both Children and 820 were equal in scope. Keep children as a placeholder. 820 is a crisis situation re underfunding for services. Complex needs and short stays. Solutions: need to Medicaid reintegration services. Is there a way to recognize as treatment services? OTDA and Congregate Care is a major problem. Discriminatory practice re eligibility re for congregate care. Some counties are experiencing issues with length of stay.

Children's transition – supervision of services. Problems if need a LCSW – difficult to find. This may be a CMS issue. PSR in crosswalk needs higher level of supervision than previous similar service. PSR is now more open to broader audience but change in waiver causes changes in supervision and provision of services. Group wants to track and monitor this as an issue.

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Board Meeting Minutes – March 13, 2019

3. **HHSP** – two issues: discharge of complex patients? Looking to collect further data. Looking at ED or IP discharges and dx. Can they go back to referral resource or are they known to the system? Patients coming into the ED – if they have criminal justice issues where can they return to? Are they eligible for emergency housing? What if the person is on probation or parole? Is this safe housing? HHSP stakeholder needs to go back to what is the highest need – which population do they address first.

2 PC component. Could a PA or NP be part of this process? Will need to see if psychiatrist can be utilized through telemental health? May not have an MD in rural facility. Need to get more data. Not every admission needs to be a 2PC. Do facilities have a safe facility to hold people? Chris Smith shared that Strong will have some good info to add. Want data on who goes to distant facilities and then doesn't get admitted. Possibly talk to DePaul re transition beds. Who is the population that is utilizing the CPEPS and ERs?

Group thanked Marty Teller for his service to the RPC Board – wished well on his retirement. Jennifer Carlson, FLACRA's new CEO, will be on the RPC Board.

Next meeting June 14th at Ontario County Training Facility.

Hearing no objection, Ellen adjourned the meeting at 3:55PM.



FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors

RPC CoChair: George Roets

RPC CoChair: Ellen Hey

RPC Coordinator: Beth White

Community Based Organizations

Mental Health: Sally Partner, VP of Mission Advancement, Catholic Family Center

Substance Use Disorders: Jennifer Carlson, Executive Director, FLACRA

Children's Services: Nicole Speight, Director of Behavioral Health Services, Villa of Hope

Housing: Valerie Way, Vice President of Programs, East House

HCBS: TBD, Mental Health Association of Rochester

Rural Provider: Jeannine Struble, Assistant Director, Finger Lakes Parent Network

Hospital and Health System Providers

Hospital: Jill Graziano, VP of Behavioral Health, Rochester Regional Health

Hospital: Carole Farley-Toombs, Sr. Program Administrator, Dept. of Psychiatry, UR Medical Center

Hospital: Mary Vosburgh, Vice President of Nursing, Arnot Health

FQHC: Ellen Hey, Director of Clinical Services, Finger Lakes Community Health, Board CoChair

FQHC: Michael Leary, President & CEO, Regional Primary Care Network

Health Home Lead Agency: Deborah Salgueiro, Executive Director, HHUNY

Peers, Family and Youth Advocates

Peer: Jennifer Storch

Family Advocate: Sue Mustard

Peer: Keisha Nankoosingh

Family Advocate: Jeffrey Hoffman

Youth Advocate: Julie Vincent

Youth Advocate: Open

Managed Care Organizations/HARP's

Excellus Health Plan: Colleen Klintworth, Behavioral Health Gov't & Community Affairs Manager

Fidelis Health Care: Andrea Hurley-Lynch, Supervisor, HARP Care Managers

MVP Health Care: Jennifer Morgan, Leader - BH Case Management

United Healthcare Community Plan: Jennifer Earl, Government Liaison

YourCare Health Plan: Kim Hess, Chief Operating Officer

Well Care of New York: Ivette Morales, Clinical Program Development Manager

Directors of Community Services - LGU's

Monroe County: Open

Schuyler County: Shawn Rosno

Seneca County: Margaret Morse

Steuben County: Hank Chapman

Wayne County: James Haitz

Yates County: George Roets, Board CoChair

Key Partners

LDSS: JoAnn Fratarcangelo, Schuyler County Commissioner of Social Services

LDSS: Kathryn Muller, Steuben County Commissioner of Social Services

FLHSA: Melissa Wendland, Director of Strategic Initiatives

FLPPS: Nathan Franus, Sr. Program Manager- Behavioral Health

Ex Officio

OMH Western Field Office: Christina Smith, Director & Chris Marcello, Chief Budget Analyst

OASAS Field Office: Colleen Mance, Program Manager

OCFS: Dana Brown, Child & Family Services Specialist 2

BHO - Beacon Health: Debbie Meyer, Program Director, YourCare



VERIFICATION OF MEDICAID TRANSPORTATION ABILITIES

Enrollee's Name: _____ Enrollee Date of Birth ____/____/____ Enrollee Client ID Number: _____

Enrollee's Address: _____ City: _____ State: _____ Zip Code: _____

1. What mode of transportation does this enrollee use for activities of daily living such as attending school, worship, and shopping? _____

2. Can the enrollee utilize mass/public transportation? Yes No. If Yes, please proceed to the Medical Provider Information section of this Form.

3. Does the enrollee have any medically documented reason that he/she cannot be transported in a group ride capacity? Yes No

If you checked Yes, please provide a medical justification in the box on page 2.

4. Please check one box below for the mode of transportation you deem most medically appropriate for this enrollee:

- Taxi:** The enrollee can get to the curb, board and exit the vehicle unassisted, or is a collapsible wheelchair user who can approach the vehicle and transfer without assistance, but cannot utilize public transportation.
- Ambulette Ambulatory:** The enrollee can walk, **but** requires door through door assistance.
- Ambulette Wheelchair:** The enrollee uses a wheelchair that requires a lift-equipped or a roll-up wheelchair vehicle **and** requires door through door assistance.
- Stretcher Van:** The enrollee is confined to a bed, cannot sit in a wheelchair, **but does not** require medical attention/monitoring during transport.
- BLS Ambulance:** The enrollee is confined to a bed, cannot sit in a wheelchair, **and requires** medical attention/monitoring during transport for reasons such as isolation precautions, oxygen not self-administered by patient, sedated patient.
- ALS Ambulance:** The enrollee is confined to a bed, cannot sit in a wheelchair, **and requires** medical attention/monitoring during transport for reasons such as IV requiring monitoring, cardiac monitoring and tracheotomy.

5. Is the above Mode of Transportation required for (check all that apply):

- the enrollee's behavioral, emotional and/or mental health diagnosis? Yes No
- for a mobility related issue? Yes No
- required due to another health-related reason? Yes No
- required due to unique circumstances that may impact a medical transportation request (*This may include but is not limited to circumstances such as: bariatric requirements, unique housing situations, and requirements for an escort, etc.*)? Yes No

If you answered Yes to any part of question 5 or selected a higher mode of transportation than what the enrollee uses for normal daily activities please proceed to number 6.

Enrollee Name: _____ Enrollee Date of Birth: _____ Enrollee Client ID Number: _____

6. Enter **all** relevant medical, mental health or physical conditions and/or limitations that impact the required mode of transportation for this enrollee in the box below. Please include the level of assistance the enrollee needs with ambulation. (Example – enrollee requires 2-person assistance or enrollee requires 1-person assistance). If you answered Yes to question 3 or any part of question 5, it is important you provide as much detail as possible as to why you believe the enrollee’s medical condition aligns with the requested mode of transportation. Insufficient details may cause the Form-2015 to be rejected and may lengthen the time it takes to get the enrollee approved for the higher mode of transportation.

Please indicate below the anticipated length of time this enrollee will require a higher mode of transportation:

Temporarily until __/__/____ Long Term (9-12 months) until __/__/____ Permanent (subject to periodic review)

CERTIFICATION STATEMENT: I (or the entity making the request) understand that orders for Medicaid-funded travel may result from the completion of this form. I (or the entity making the request) understand and agree to be subject to and bound by all rules, regulations, policies, standards and procedures of the New York State Department of Health, as set forth in Title 18 of the Official Compilation of Rules and Regulations of New York State, Provider Manuals and other official bulletins of the Department, including 18 NYCRR § 504.8(a)(2). which requires providers to pay restitution for any direct or indirect monetary damage to the program resulting from improperly or inappropriately ordering services. I (or the entity making the request) certify that the statements made hereon are true, accurate and complete to the best of my knowledge; no material fact has been omitted from this form.

Medical Provider Information

Medical Provider’s Name: _____ NPI #: _____ Date of Request: _____

Clinic/Facility/Office Name: _____ Telephone #: _____ Fax #: _____

Clinic/Facility/Office Address: _____ City: _____ State: _____ Zip: _____

Name of person completing this form (Print): _____ Title: _____

Name of Medical Provider attesting that all the information on this for is true (Print): _____

Signature of Medical Provider: _____ Date: _____

Medicaid Transportation – Verification of Medicaid Transportation Abilities (Form-2015) Policy and Procedure

POLICY:

When traveling to medical appointments Medicaid enrollees are expected to use the same mode of transportation used to carry out daily activities. In some instances, an enrollee's medical condition necessitates a specific mode of transportation such as taxi/livery, ambulette, or ambulance. The Medicaid Transportation program will pay for the lowest cost, most medically appropriate mode of transportation as justified by an enrollee's medical practitioner.

Medical practitioners are required to complete the Verification of Medicaid Transportation Abilities (Form-2015) to provide a medical justification when requesting a specific mode of transportation for an enrollee.

In order to be approved, the Form-2015 must:

- Be fully completed.
- Clearly describe the diagnosis/medical condition which necessitates the requested mode of transportation.
- Describe how the condition prevents the enrollee from using a lower, less costly mode of transportation.
- Include the anticipated length of time the enrollee requires the requested mode of transportation.

The Form-2015 must be reviewed and signed by one of the following licensed medical professionals:

- Physician
- Physician's Assistant
- Dentist
- Registered Nurse
- Nurse Practitioner
- Occupational Therapist
- Physical Therapist
- Licensed Master Social Worker (LMSW)
- Licensed Clinical Social Worker (LCSW)
- Mental Health Counselor

An approved Form-2015 can cover one trip or multiple trips, including recurring appointments known as standing orders. The Form-2015 must be updated by the medical provider when the enrollee's status changes in any way. The Department of Health and its transportation managers may ask for an updated Form-2015 at any time to support the requested mode of transportation and ensure it remains medically appropriate.

The Form-2015 does not replace the requirement for obtaining prior authorization from the Department's transportation manager. Rather, the Form-2015 is used in conjunction with a prior authorization to support the request for a specific mode of transportation.

Medicaid Transportation – Verification of Medicaid Transportation Abilities (Form-2015) Policy and Procedure

In New York City and Long Island, the Form-2015 is NOT required when an enrollee travels via mass/public transit. For the rest of the state, the Form-2015 is NOT required for the taxi/livery level of service when an enrollee resides further than $\frac{3}{4}$ of a mile from a mass/public transit route.

The Form-2015 may be rejected if:

- It is not fully completed.
- It is not signed and dated by the enrollee's medical provider using their own NPI number.
- It is signed by a medical provider other than the titles listed above.
- It is illegible.
- The medical justification does not adequately support the need for the requested mode of transportation.
- The medical justification contains only a diagnosis or diagnosis code without speaking to the individual's ambulatory needs.

In an effort to ensure reliability and reduce fraud/abuse or misuse, the Department will be alerted if a pattern is identified where a medical provider submits Form-2015s on behalf of several enrollees all indicating a similar medical justification. The medical provider may be required to meet with the transportation manager to discuss the enrollees' needs and proper completion of the Form-2015. The medical provider may be required to resubmit the Form-2015 with updated, correct information for the enrollees.

PROCEDURE:

The Form-2015 can be obtained by 1) visiting the transportation manager's website, 2) calling the transportation manager, or 3) requesting the Form-2015 from a physician. Once the Form-2015 is obtained the following steps must be taken:

1. The Form-2015 must be fully completed and signed by approved medical personnel (see list on page one). The completed Form-2015 must clearly describe the diagnosis/medical condition which necessitates the requested mode of transportation.
2. Once the Form-2015 is completed, it must then be submitted to the transportation manager for review and approval.
3. The transportation manager is contractually required to ensure the request for a specific mode of transportation is appropriate and may ask for additional information to determine the legitimacy of the request. Any omission of the requested information will cause a delay in a determination.
4. Once the information is reviewed, enrollees will receive notification by the transportation manager of the determination.

Finger Lakes Regional Planning Consortium

Children & Families Subcommittee - Quarterly Summary

C&F Subcommittee met twice this Quarter

March 28 – 36 Attendees

June 4 – 34 Attendees

Subcommittee Summary of Activities

Ongoing Identification of Issues Occurring with Transition
Presented Overview of CFTSS Referral vs Recommendation
Discussed/formally Surveyed re Desire for Common CFTSS Referral Form
Identified Groups to Target with Outreach and Education re New Services
Distributed Regional CFTSS Provider List
Distributed Children's Transition Resource Sheet
Reviewed Transition timeline

Issues Identified by Providers, Families and Community Partners

Many providers still do not know about new services

Action: RPC will continue to share information about new services

No portal like MAPP that shows if client is already receiving CFTSS services

Action: One MCO, Excellus, reported that they are enhancing their portal to address this

Staffing and supervisor qualifications remain the biggest issue across the board

Not enough staff is resulting in waitlists for service

Off hours coverage particularly challenging

Extremely difficult to find licensed clinical staff required for supervision

Turnover is an issue as well

Action: Will share this feedback with State Partners and the RPC's Statewide Workforce Taskforce. This was described as being such a significant situation that group does not advise doing formal outreach to increase awareness of new services until system has stabilized.

Finger Lakes Regional Planning Consortium

Children & Families Subcommittee - Quarterly Summary

New time Limits on Service

Change from 6 hours to 2 hour limit for PSR found to be very challenging in rural areas

Families noticing and complaining.

Action: Will share this feedback with State Partners

No one providing crisis services

Action: State is aware of issue and pursuing options. No further action planned at this time.

Many would like to see common Referral Form for CFTSS services

Action: Group reviewed a sample common referral form from another RPC region, Full C&F Distribution list was surveyed on this issue. Majority would prefer a common referral form. Some agencies insist they need additional and/or certain info. Group will continue to discuss.

Many agencies do not have dedicated UM staff to manage these new complicated processes

Action: No action identified at this time.

Getting contracts with MCO's still an issue for some

Action: RPC Coordinator advised group that MCO's want to have contracts in place and would want to know if issues are preventing that. Providers continuing to have MCO contracting issues should contact RPC Coordinator who will work with RPC's MCO Board contacts to resolve.

Confusion re kids with IDD and MH issues and whether/when they can access CFTS services

Action: RPC Coordinator reported that the State has issued Guidance on this issue. This will be circulated to the group.

Nonbillable services are significant. Treatment planning requirements described as "killing staff."

Action: RPC Coordinator indicated that this is the type of issue that can be brought to the State if the extent and impact can be demonstrated. Group was asked if they were willing to document this issue. Several participants said yes. RPC Coordinator will send email to group soliciting volunteers to work as a subgroup to address this.

Finger Lakes Regional Planning Consortium

Children & Families Subcommittee - Quarterly Summary

Family Peer Support staff require 6-8 weeks of on the job work before being able to obtain needed certification

Action: None identified at this time

Agencies starting to opt out of delivering these new services due to unsustainability

Action: Feedback to be shared with State partners. One organization shared that they had received special consultation regarding fiscal sustainability of CFTSS services. Many expressed interest in receiving same consultation. RPC Coordinator will explore how this resource had been accessed and whether it is or can be available to others.

C-YES not getting kids transitioned

Action: Feedback to be shared with State partners.

Next Meeting – to be scheduled in July

FINGER LAKES REGION SPA/CFTSS PROVIDERS - OLP, CPST, PSR & FPS (as of June 2019)

	Other Licensed Practitioner			Community Psychiatric Treatment & Support		
CHEMUNG	Children's Home WC Glove House	Green Chimneys Hillside	Pathways	Children's Home WC Glove House	Hillside Pathways	
LIVINGSTON	Glove House Green Chimneys	Hillside Pathways		Glove House Hillside	Pathways	
MONROE	Cayuga Centers Community Maternity Services	Green Chimneys Hillside Homespace	Pathways Unity Hospital/RRH Villa of Hope	Cayuga Centers FLACRA Hillside	Homespace Pathways Unity Hospital/RRH	Villa of Hope
ONTARIO	Cayuga Centers Glove House Green Chimneys	Hillside Pathways Unity Hospital/RRH	Villa of Hope	Cayuga Centers FLACRA Glove House	Hillside Pathways Unity Hospital/RRH	Villa of Hope
SCHUYLER	Children's Home WC Green Chimneys Glove House	Hillside Pathways		Children's Home WC FLACRA	Glove House Hillside Pathways	
SENECA	ARISE Ch&Fam Service Cayuga Centers Children's Home WC	Glove House Green Chimneys Hillside	Pathways	ARISE Child & Family Service Cayuga Centers	Children's Home WC FLACRA Glove House	Hillside Pathways
STEUBEN	Children's Home WC Glove House Hillside	Pathways		Children's Home WC FLACRA Glove House	Hillside Pathways	
WAYNE	Cayuga Centers Green Chimneys Hillside	Pathways Villa of Hope		Cayuga Centers FLACRA Hillside	Pathways Villa of Hope	
YATES	Cayuga Centers Glove House Green Chimneys	Hillside Pathways		Cayuga Centers FLACRA Glove House	Hillside Pathways	

FINGER LAKES REGION SPA/CFTSS PROVIDERS – OLP, CPST, PSR & FPS (as of June 2019)

	Psychosocial Rehabilitation			Family Peer Support		
CHEMUNG	Children's Home WC Glove House	Hillside Pathways		AspireHope NY Hillside	Pathways	
LIVINGSTON	Glove House Hillside	Pathways		AspireHope NY Hillside	Pathways	
MONROE	Berkshire Farms Cayuga Centers Community Maternity Services	Compeer Rochester FLACRA Green Chimneys Hillside	Homespace Pathways Villa of Hope	AspireHope NY Compeer Rochester FLACRA Hillside	Mental Health Association of Rochester Pathways Villa of Hope	
ONTARIO	Cayuga Centers FLACRA Glove House	Green Chimneys Hillside	Pathways Villa of Hope	AspireHope NY FLACRA Hillside	Pathways Villa of Hope	
SCHUYLER	Children's Home WC FLACRA	Glove House Green Chimneys	Hillside Pathways	AspireHope NY FLACRA	Hillside Pathways	
SENECA	ARISE Child & Family Service Cayuga Centers Children's Home WC	FLACRA Green Chimneys Glove House	Hillside Pathways	AspireHope NY FLACRA	Hillside Pathways	
STEUBEN	Children's Home WC FLACRA Glove House	Green Chimneys Hillside Pathways		AspireHope NY FLACRA	Hillside Pathways	
WAYNE	Cayuga Centers FLACRA Green Chimneys	Hillside Pathways	Villa of Hope Wayne CAP	AspireHope NY FLACRA Hillside	Pathways Villa Of Hope	
YATES	Cayuga Centers FLACRA	Glove House Green Chimneys	Hillside Pathways	AspireHope NY FLACRA Hillside	Pathways Villa of Hope	

Finger Lakes Regional Planning Consortium

Workgroup Activity - Quarterly Summary

June 14, 2019

Clinical Integration Workgroup – presented Critical Connections Symposium May 8

Symposium addressed the sharing of clinical information between behavioral health and other providers.
See attached Program & Event Evaluation

46 Attendees

Many thanks to our partners whose support made this event possible:

St. John Fisher College Wegmans School of Nursing
Finger Lakes Performing Provider System
Health Homes of Upstate New York

Next efforts of this group will focus on outreach to Finger Lakes region pediatricians and family practice physicians who have not yet connected with Project Teach, a child psychiatry consultation and teaching resource.

Education re Peer Role Workgroup – met April 19 – 14 attendees

Rita Cronise presented a demo of the Organizational Self-Assessment Tool developed by the NYC Peer and Community Health Worker Workforce Consortium and shared how the results of this assessment and the Roadmap developed by the RPC workgroup's subgroup can direct employers to the most relevant and useful resources.

Group reviewed the nine categories of assessment to assess whether the NYC self-assessment was adequate and appropriate to our region. Additional items were identified for inclusion in the tool. Rita will determine whether the NYC tool's status is completed and no longer subject to modification. Based on that information, the workgroup will discuss next steps in adoption of NYC tool or development of similar regional tool.

RPC Coordinator will continue to meet with several employers of peers to hear from their peer supervisors and HR staff what their experiences, successes and challenges have been in the integration of these new team members in their programs, and how the workgroup's activities may be of use to them.

Questions?

Contact Beth White, RPC Coordinator at bw@clmhd.org or 518-391-8231

Finger Lakes RPC Workgroup Activity - Quarterly Summary – June 14, 2019

SUD Bed Access Workgroup – multiple project team activities

Detailed project work this quarter has included:

- March 18 Project Team meeting
- Outreach and recruitment of programs to participate in the 3 month pilot
- Feedback from March 8 workgroup to project team
- Creation of content for site – Site Description, Glossary, feedback survey and link
- Collection of provider information and population of Google sheet
- Create User Guide
- Secure URL
- Projected Go Live by end of June

Finger Lakes Behavioral Health Bed Board
This is a status board of all of the current number of Behavioral Health beds available for intake in the finger lakes region. Refresh the page to view the most up-to-date information.

Glossary of Terms Refresh

Organization Name	County	Bed Type	OPEN BEDS		ON HOLD		Last Updated
			Male	Female	Male	Female	
Newark Wayne Community Hospital Hours: M-F, 8:00 AM - 5:00 PM Phone: (585) 922-0010 Intake Contact: Susan A. Smith Phone: (585) 774-2201	Ontario	818	10	0	2	3	March 3, 2019
Rochester General Hospital Hours: M-F, 8:00 AM - 5:00 PM Phone: (585) 922-5417 Intake Contact: Jonny P. Appleseed Phone: (585) 922-9812	Monroe	816.7	10	0	2	3	February 20, 2019
Clifton Springs Hospital Hours: M-F, 8:00 AM - 5:00 PM Phone: (585) 922-2210 Intake Contact: Taylor A. Coco Phone: (585) 922-5417	Chemung	818	10	0	2	3	March 3, 2019

Would You Like to Join one of these Workgroups? All workgroups will be scheduled to meet again in the second quarter of 2019. Board members wishing to attend any of these groups for the first time or send staff to participate should contact RPC Coordinator to be added to the invite list.

Questions?

Contact Beth White, RPC Coordinator at bw@clmhd.org or 518-391-8231



**FINGER LAKES
REGIONAL PLANNING
CONSORTIUM**

**Children & Families
Subcommittee**
March 28, 2019

WELCOME

Children's Transition Timeline	Scheduled Date
<ul style="list-style-type: none"> Implement three of the six new Children and Family Treatment and Support Services (CFTSS) (Other Licensed Practitioner, Psychosocial Rehabilitation, Community Psychiatric Treatment and Supports) in Managed Care and Fee-For-Service 	January 1, 2019 COMPLETED
<ul style="list-style-type: none"> Waiver agencies must obtain the necessary LPHA recommendation for CFTSS that crosswalk from historical waiver services and revise service names in Plan of Care for transitioning waiver children. This is the last billable date of waiver services that crosswalk to CPST and/or PSR. 	January 31, 2019 COMPLETED
<ul style="list-style-type: none"> Transition from Waiver Care Coordination to Health Home Care Management 	January 1- March 31, 2019
<ul style="list-style-type: none"> 1915(c) Children's Consolidated Waiver is effective and former 1915c Waivers will no longer be active (pending CMS approval) 	April 1, 2019
<ul style="list-style-type: none"> Implement Family Peer Support Services as State Plan Service in managed care and fee-for-service BH services already in managed care for adults 21 and older are available in managed care for individuals 18-20 (e.g. PROS, ACT, etc.)* OMH licensed SED designated clinics serving children with SED diagnoses are carved-in to managed care SS children begin receiving State Plan behavioral health services in managed care Three-year phase in of Level of Care (LOC) expansion begins 	July 1, 2019 July 1, 2019 July 1, 2019 July 1, 2019 July 1, 2019
<ul style="list-style-type: none"> 1915(c) Children's Consolidated Waiver Services carved-in to managed care Children enrolled in the Children's 1915(c) Waiver are mandatorily enrolled in managed care Voluntary Foster Care Agency per diem and services carved-in to managed care Children residing in a Voluntary Foster Care Agency are mandatorily enrolled in managed care 29-I Licensure becomes effective for Voluntary Foster Care Agencies 	October 1, 2019 October 1, 2019 October 1, 2019 October 1, 2019 October 1, 2019
<ul style="list-style-type: none"> Implement Youth Peer Support and Training and Crisis Intervention as State Plan services in managed care and fee-for-service 	January 1, 2020

Managed care services and enrollment are pending CMS approval
 *For a full list of services included in this carve-in, please refer to the billing manual

RESOURCES

HOW TO STAY CURRENT



Subscribe to the Children's Medicaid Managed Care Transition LISTSERV®

<https://omh.ny.gov/omhweb/listserv/childserv.html>



Children's Roundtable Meeting

In Person at OMH Field Offices or via Webex

Agencies providing any of the new Children and Family Treatment and Support Services or transitioning children's Home and Community Based Services are welcome to attend.

Managed Care Organizations attend for plan-provider conversations.



RPC Resource Sheet



Children's Medicaid Health and Behavioral Health System Transformation Update

CAPACITY MANAGEMENT HIGHLIGHTS

Webinar March 27 – Slides will be Posted Soon

As of April 1 – HCBS will have 7595 slots
(6124 assigned to transitioning waiver children)
This means projected 1471 “available” slots as of April 1

Three annual increases will occur after which State believes all children eligible for HCBS will be able to access services

CAPACITY MANAGEMENT HIGHLIGHTS

Crisis Slots *will* be Available

HCBS Eligibility can only be Determined by:
HHCM, C-YES and DDRO

April 1 – June 30, Final Eligibility Determination and
Approval will be managed centrally
Through HCS (Health Commerce System)

Finger Lakes Regional Planning Consortium

Children's CFTSS Service Providers

CFTSS Providers	OLP	CPTS	PSR
ARISE Child and Family Service	X	X	X
Cayuga Home for Children	X	X	X
Community Maternity Services	X	X	X
Compeer. Rochester			X
Finger Lakes Area Counseling and Recovery Agency		X	X
Glove House	X	X	X
Green Chimneys	X	X	X
Hillside Children's Center	X	X	X
Homespace Corp.	X	X	X
Liberty Resources	X	X	X
Pathways	X	X	X
Unity Hospital/Rochester Regional Health	X	X	
Villa of Hope	X	X	X
Wayne County Action Program			X
Wayne County ARC			X

Finger Lakes Regional Planning Consortium

Brief Summary – Referring to CFTSS Services Pathways to Care

The Difference between a Referral and a Recommendation

The following information is from:

[Utilization Management for CFTSS: OLP, CPST, PSR](#) - Webinar - September 18, 2018



Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office of Children
and Family Services

Office for People With
Developmental Disabilities

Overview of CFTSS:

Other Licensed Practitioner
Community Psychiatric Treatment and Supports
Psychosocial Rehabilitation

For this and the following slides:

Source: [Utilization Management for CFTSS: OLP, CPST, PSR](#) - Webinar - September 18, 2018

Pathways to Care

- **Referral:** when an individual or service provider identifies a need in a child/youth and/or their family and makes a linkage/connection to a service provider for the provision of a service that can meet that need.
- **Recommendation:** when a treating Licensed Practitioner of the Healing Arts (LPHA) identifies a particular need in a child/youth based on a completed assessment and documents the medical necessity for a specific service, including the service on the child/youth's treatment plan.



Who are Licensed Practitioners of the Healing Arts (LPHA)?

An individual professional who is licensed as a:

Registered Professional Nurse,
Nurse Practitioner,
Psychiatrist,
Licensed Psychologist,
Licensed Psychoanalyst,
Licensed Master Social Worker (LMSW),
Licensed Clinical Social Worker (LCSW),
Licensed Marriage & Family Therapist,
Licensed Mental Health Counselor,
Licensed Creative Arts Therapist, or
Physician

AND are practicing within the scope of their State license to recommend Rehabilitation services. Clinical Nurse Specialist, Licensed Master Social Worker, and Physician Assistants who are licensed and practicing within the scope of their State license may recommend Rehabilitation services, only where noted in the approved State Plan and manual. Approved LPHAs who can refer and recommend may vary for each service are defined in the service description.

Definition from p. 91 of CFTSS Provider Manual -

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf

Authorization Summary

- The first 3 service visits with OLP, CPST and Psychosocial Rehabilitation do not require authorization. However providers must notify MMCPs before providing services to ensure proper payment
- If more services are needed and individual meets medical necessity, must perform concurrent review and MMCPs must provide a minimum of 30 service visits
- 30-visit count should not include: a) FFS visits or visits paid by another MMCP; or b) psychiatric assessment and medication management visits. Multiple services received on the same day shall count as a single visit.



Example of Obtaining Concurrent Authorization

- Referral
- Recommendation from LPHA with medical necessity documentation
- Up to 3 visits to determine the need for ongoing services
- Conducting concurrent review: Before the 4th visit, provider must request authorization from MMCP to continue providing services.
- If medical necessity is met, MMCP will authorize 30 visits.
 - MMCPs must make a service authorization determination and notify the provider/enrollee of the determination by phone and in writing no more than three business days after receipt of the request



Other Licensed Practitioner (OLP) Overview

- OLP services include: Licensed Evaluation/Assessment, Treatment Planning, Psychotherapy, Crisis Intervention Activities
- OLP services may be provided to children/youth in need of assessment for whom behavioral health conditions have not yet been diagnosed.
- These non physician licensed behavioral health practitioners (NP-LBHP) include
 - Licensed Psychoanalysts, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Mental Health Counselors, Licensed Masters Social Workers when under the supervision of licensed clinical social workers (LCSWs), licensed psychologists, or psychiatrists
- These practitioners must operate within a designated agency



Community Psychiatric Supports and Treatment (CPST) Overview

- CPST is intended to assist the child/youth and family/caregivers to achieve stability and functional improvement in daily living, personal recovery and/or resilience, family and interpersonal relationships in school and community integration. The family/caregivers is expected to have an integral role.
- Service Components: Intensive Interventions, Crisis Avoidance, Intermediate Term Crisis Management, Rehabilitative Psychoeducation, Strengths Based Service Planning, and Rehabilitative Supports



Psychosocial Rehabilitation (PSR) Overview

- PSR is designed to restore, rehabilitate and support a child's/youth's developmentally appropriate functioning as necessary for the integration of the child/youth as an active and productive member of their family and community
- Service Components: Building Personal and Community Competence through Social & Interpersonal Skills, Daily Living Skills, and Community Integration





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**BREAK OUT
GROUPS**