



FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors

MINUTES

February 9, 2018 1pm-4pm
Inn on the Lake, Canandaigua

1:00 – 1:10pm

- 1. Call to Order & Welcome** **George Roets**

Mr. Roets called the meeting to order at 1:08pm.
- 2. New Board Members** **George Roets**
 - a. HHSP - Michael Leary, President, Regional Primary Care Network
 - b. MCO – Judith Feld, VP of Behavioral Health, MVP
Mr. Roets welcomed two new members to the Board.
- 3. Introductions (Name, stakeholder group, agency/organization)** **Board & Guests**
- 4. Approval of Minutes from December 8, 2017** **Board**

Marty Teller moved to approve the minutes, Hank Chapman seconded the motion, and it passed unanimously.

Ms. White asked the group if it would be acceptable to receive only the minutes as part of Board packet vs. the minutes and all of the attachments. She explained the resulting file is so large that numerous email servers are rejecting it. All Board members will have already received all of the attachments, and they are also included in the final approved minutes that are posted on the RPC website if anyone needs to refer to them at a later date. There was no objection to the request, so this practice will be adopted.

1:10 – 1:30pm

- 1. RPC CoChairs Strategy Session** **George Roets, Ellen Hey**

Mr. Roets and Ms. Hey reported on the RPC CoChair strategy session that took place in January. All of the RPC CoChairs and Coordinators from across the state gathered to discuss successes and lessons learned. They indicated that it was a worthwhile discussion as everyone looks ahead to the 2018 RPC goals and activities.

2. Children's Transition and C&F Subcommittee Update

Beth White, George Roets

a. LGU Lead Change

Ms. White announced that the previously named LGU Lead, Amy Scheel-Jones, is moving out of state, so she will be unavailable for this new role. She has recruited Melissa Hayward, Sr. Manager of Children's Behavioral Health for Monroe County OMH, to join this group. Ms. White expressed gratitude for Ms. Hayward's willingness to step into the LGU role.

b. Implementation Timeline

Due to the State's recent announcement of the deferral of the children's services transition, there had been some question of whether or not to proceed with the roll out of the Finger Lakes RPC's C&F Subcommittee. The decision was made to proceed with the already scheduled Kick-off meeting and have the participants determine if the Subcommittee should go forward at this time.

Mr. Roets reported that the C&F Subcommittee Kick-off meeting had taken just place in the morning, with 60 people in attendance. Participants broke out into groups to discuss the merits of going forward now or waiting until the children's services transition resumes. There was a 100% consensus of the groups that the Subcommittee should be established now.

c. Next Step: Town Hall Meeting – Tuesday, March 27th

1:30 – 2:30pm

3. Issues for Possible Referral to State

Beth White

Ms. White reported that, in preparation for today's discussion, issues had been solicited from the Board in advance of the meeting. The group was asked to identify the top three issue to refer to the State CoChairs meeting in April. The following issues were submitted:

ISSUE #1: Sharing of Clinical Information between Medical and BH Providers

ISSUE #2: Health Home Engagement Challenges

ISSUE #3: FQHC Colocation Restrictions

ISSUE #4: Needed Expansion of Eligible BH Billable Provider Categories

ISSUE #5: Increase Public Awareness of MH Issues and Services

Two breakout tools were issued to groups, the Issues Refinement Assignments and the Issues Worksheet that instructs breakout groups to apply the following parameters to their assigned issue:

Is this directly or substantially related to Medicaid Managed Care?

Is the issue defined in objective terms? Is it actionable?

Why can't this be resolved with regional/local action?

Because it requires State/Federal regulatory change or action? Describe needed change/action.

(OR)

Regional/local efforts have not been successful. Describe efforts.

a. Refinement of Issues **Stakeholder Breakout Groups**

Stakeholder groups met to refine their assigned issues.

b. Discussion **Board**

The Board reconvened to share the discussion and issue refinements that had been achieved. There was significant discussion in the HHSP group regarding the scope of colocation barriers to address, whether the focus should be strictly on FQHC's or expanded to include Article 28 clinics. The MCO group presented challenges in sharing clinical information, which were acknowledged by the larger group, with the caveat that any efforts to increase the sharing of behavioral health information must ensure that patients are not stigmatized because of this increased sharing.

The Peer and Family group discussed the need for expanding public awareness of the different types of services now available and how to access them. They believe that increasing this awareness would increase clients' ability to choose best options for their needs.

Ms. White requested that stakeholder groups that had revised their assigned issue send her the revised language that it could be included in the referral to the State.

c. Stakeholder Group Vote **Stakeholder Groups**

After hearing the discussion and revision of issues, Stakeholder groups met to consider the approval and ranking of issues. The Board reconvened and voting Stakeholder groups each cast their single consensus vote for issue to be referred to the Sate CoChairs meeting.

The results of the vote, in ranked priority order:

1. Sharing of Clinical Information between BH and Medical Providers

Refer to State? **Passed** 5-0

2. Needed Expansion of Eligible BH Billable Provider Categories

Refer to State? **Passed** 4-1, (MCO group voted nay)

3. Tie – FQHC Colocation Barriers

Refer to State? **Passed** 4-1 (DCS group voted nay)

Tie – **Health Home Engagement Challenges**

Refer to State? **Passed** 4-1 (HHSP group voted nay)

4. Increase Public Awareness of MH Issues and Services

Refer to State? **Passed** 3-2 (MCO and DCS groups voted nay)

The top three ranked issues will be referred to the State CoChairs meeting in April.

4. Workgroup Reports

a. Clinical Integration

Ellen Hey

Ellen Hey reported on the recent Clinical Integration workgroup's meeting (summary attached). The issues that are being addressed are:

- Increasing BH providers' knowledge of and participation in the RHIO
- Planning for an educational symposium regarding the sharing of clinical information between BH providers with other providers
- Survey of current clinical integration efforts in the region

b. HCBS & SDE Update

Beth White

Ms. White shared information with the group regarding the State's recent announcement a process has been approved for State Designated Entities (SDE's) to perform HCBS assessments for clients not enrolled in health homes. It is hoped that these additional access points will increase the number of people who can access these critical services.

c. Peer Specialist Education Workgroup

Beth White

Ms. White provided an update regarding the RPC's involvement in and support of focus groups that are underway for supervisors of peer specialists. Once these groups have concluded, the new RPC workgroup to explore the development of education for employers and coworkers of peer specialists will be convened.

d. Regional Coordination of SUD Beds?

George Roets

Mr. Roets reported that a request had been received from the Finger Lakes Consortium of Alcohol and Substance Abuse Services to have the RPC convene a group to consider the possible regional coordination of SUD beds. He handed the discussion over to Patrick Seche who had brought the request to the RPC on behalf of the group.

Patrick explained that the Consortium has been discussing the need to understand the range and utilization of bedded SUD programs in the area. The belief is that some type of regional coordination might support increased and quicker access, as well as informing decisions about how best to focus and use increased resources for the expansion of these types of service.

Ms. White advised the group that those who are interested in participating in this new group should keep an eye out for the calendar invites, and remember that they can have appropriate staff attend with or instead of them.

e. Board Aspirations

Beth White

Ms. White explained that this title is the name that she has adopted to refer to the Board's discussion in the last meeting regarding broad goals for 2018.

Members had shared the following thoughts on where the RPC might be most impactful:

- How can we spend time putting together the multiple State initiatives affecting behavioral health services? Is there a "golden thread" that connects them all? Is VBP the "golden thread?" Is it the Medicaid redesign and the Triple Aim?
- Is it possible to use the RPC to "get out in front of" major changes, i.e. State budget, BHCC initiative, HCBS roll out?
- With the transition to VBP, DOH has expressed willingness to have conversations about "unofficial" VBP demonstrations. OMH recommended that providers look at alternative reimbursement approaches such as combining PROS program with a provider who can deliver off-site services. This should include SUD providers as well. OMH reported that the CCBHCs have been able to utilize this type of modeling.

Several members of the Board indicated interest in having a meeting to discuss these possibilities. Ms. White indicated that this meeting will be scheduled for those interested in having a more detailed discussion.

Finger Lakes RPC Board – Feb 9, 2018 Minutes cont'd.

3:30 – 3:45pm

1. HARP/HCBS Data Report

Christopher Marcello

Chris Marcello presented updated figures regarding HARP and HCBS enrollment. Though the numbers are still low, the Finger Lakes region has the highest percentages for both HARP and HCBS enrollment.

Livingston and Ontario Counties were highlighted as having the highest rate of Health Home enrollment. Is it possible to understand what they are doing to be this effective?

3:45 – 4:00pm

2. Next meetings

Beth White

- a. Board Meeting - Friday, May 18th, 1-4pm, St. Bernard's
- b. C&F Subcommittee Town Hall - Tuesday, March 27, 1-3pm, St. Bernard's
- c. Clinical Integration Workgroup - Friday, March 2, 1-3pm, St. Bernard's

3. Wrap Up & Motion to Adjourn

George Roets

At 3:53pm, Sally Partner moved to adjourn, Marty Teller seconded the motion which passed unanimously.

Board 2018 Meeting Schedule:

First Quarter: February 9th
Second Quarter: May 18th*
Third Quarter: September 14th
Fourth Quarter: December 14th

CoChairs Meeting in Albany

April 19th - CoChairs Meeting
October - CoChairs Meeting

*Rescheduled from original date of May 4th

Questions about this process? Contact:

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



FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors

AGENDA

*February 9, 2018 1pm-4pm
Inn on the Lake, Canandaigua*

1:00 – 1:10pm

- | | |
|---|----------------|
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| 2. New Board Members | George Roets |
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| b. MCO – Judith Feld, VP of Behavioral Health, MVP | |
| 3. Introductions (Name, stakeholder group, agency/organization) | Board & Guests |
| 4. Approval of Minutes from December 8, 2017 | Board |

1:10 – 1:30pm

- | | |
|--|-------------------------|
| 1. RPC CoChairs Strategy Session | George Roets, Ellen Hey |
| 2. Children's Transition and C&F Subcommittee Update | Beth White |
| a. LGU Lead Change | |
| b. Implementation Timeline | |
| c. Town Hall Meeting – Tuesday, March 27th | |

1:30 – 2:30pm

- | | |
|--|-----------------------------|
| 3. Issues for Possible Referral to State | Beth White |
| a. Definition of Issues | Stakeholder Breakout Groups |
| b. Discussion | Board |
| c. Stakeholder Group Vote | Stakeholder Groups |

2:30 – 2:45pm: Break

All

2:45 – 3:30pm

- | | |
|--|--------------|
| 4. Workgroup Reports | |
| a. Clinical Integration | Ellen Hey |
| b. HCBS & SDE Update | Beth White |
| c. Peer Specialist Education Workgroup | Beth White |
| d. Regional Coordination of SUD Beds? | George Roets |
| e. Board Aspirations | Beth White |

Finger Lakes RPC Board – Feb 9, 2018 Agenda cont'd.

3:30 – 3:45pm

1. HARP/HCBS Data Report

Christopher Marcello

3:45 – 4:00pm

2. Next meeting
 - a. Friday, May 18th, 1-4pm, St. Bernard's
3. Wrap Up & Motion to Adjourn

Beth White

George Roets

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Finger Lakes Regional Planning Consortium

Board Identified Issues Worksheet – February 9, 2018

ISSUE #1 – Sharing of Clinical Information between Medical and BH Providers

Training on HIPAA for BH providers specifically on Confidentiality for Sensitive Conditions to support informed communication with medical network

1. *Is this directly or substantially related to Medicaid Managed Care?*

2. *Is the issue defined in objective terms? Is it actionable?*

3. *Why can't this be resolved with regional/local action?*

Because it requires State/Federal regulatory change or action? Describe needed change/action.

(OR)

Regional/local efforts have not been successful. Describe efforts.

ISSUE #2 – Health Home Engagement Challenges

Health Home engagement challenges – redundancies and inefficiencies

1. *Is this directly or substantially related to Medicaid Managed Care?*

2. *Is the issue defined in objective terms? Is it actionable?*

3. *Why can't this be resolved with regional/local action?*

Because it requires State/Federal regulatory change or action? Describe needed change/action.

(OR)

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Finger Lakes Regional Planning Consortium

Issues Worksheet – February 9, 2018

ISSUE #3 – FQHC Colocation Restrictions

The co-location/shared space regulations released by DOH October 2016. These regulations prohibit FQHC's from co-locating or sharing staff during normal business hours without a separate waiting room and entrance.

1. Is this directly or substantially related to Medicaid Managed Care?

2. Is the issue defined in objective terms? Is it actionable?

3. Why can't this be resolved with regional/local action?

Because it requires State/Federal regulatory change or action? Describe needed change/action.

(OR)

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ISSUE #4 – Needed Expansion of Eligible BH Billable Provider Categories

The inclusion of other behavioral health providers as billable providers (e.g. Licensed Mental Health Counselor, Licensed Marriage and Family Therapist)

1. Is this directly or substantially related to Medicaid Managed Care?

2. Is the issue defined in objective terms? Is it actionable?

3. Why can't this be resolved with regional/local action?

Because it requires State/Federal regulatory change or action? Describe needed change/action.

(OR)

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Finger Lakes Regional Planning Consortium

Issues Worksheet – February 9, 2018

ISSUE #5 – Increase Public Awareness re MH Issues and Services

PSA's (i.e. TV ads) for mental health outreach that come from OMH at the state level could have a significant impact

1. Is this directly or substantially related to Medicaid Managed Care?

2. Is the issue defined in objective terms? Is it actionable?

3. Why can't this be resolved with regional/local action?

Because it requires State/Federal regulatory change or action? Describe needed change/action.

(OR)

Regional/local efforts have not been successful. Describe efforts.

See Next Page for Issues Recommended to be Tabled

Finger Lakes Regional Planning Consortium

Issues Worksheet – February 9, 2018

ISSUES RECOMMENDED TO BE TABLED AT PRESENT

The following issues were submitted, and are suggested to be tabled for the noted reasons

Communication regarding Children's Transition

A true outlining of the flow of both communications to eligible "Licensed Practitioners of the Healing Arts" about the proposed SPA services would be helpful. Most key would be the State's vision for how an eligible provider (i.e., pediatrician) who has identified a need actually connects the family to one of the local providers. This would affect all Medicaid youth and has significant implications for providers and LGUs to set up the right capacity and processes.

Reason to Table: Children's transition has been deferred for two years by State.

Requirement that Clients can only Access HCBS Services via Health Homes Limits Access to Services

The issue that I would like to bring forward is the need for Individuals to be enrolled in Health Homes in order to receive HARP/HCBS services. Individuals should be able to be referred to these services if needed by their provider. If Health Homes is needed or wanted they can then be linked to a HH provider it seems to slow the process of people receiving services.

Reason to Table: State just announced April implementation date for HCBS assessments to be made available through providers (State Designated Entities – SDE's) in addition to health homes.

Development of More Integrated Medical/BH Sites Needed

When I work in residential settings I repeatedly see the difficulty people with mental illness have accessing primary care services due to multiple barriers (e.g. transportation). I think the issues surrounding successful integration of behavioral health and primary care sites/services are particularly important.

Reason to Table: FLPPS currently has 50+ pilots of integrated sites underway, Rochester Regional has integrated 20+ sites and the State is developing an integrated license to address this need.



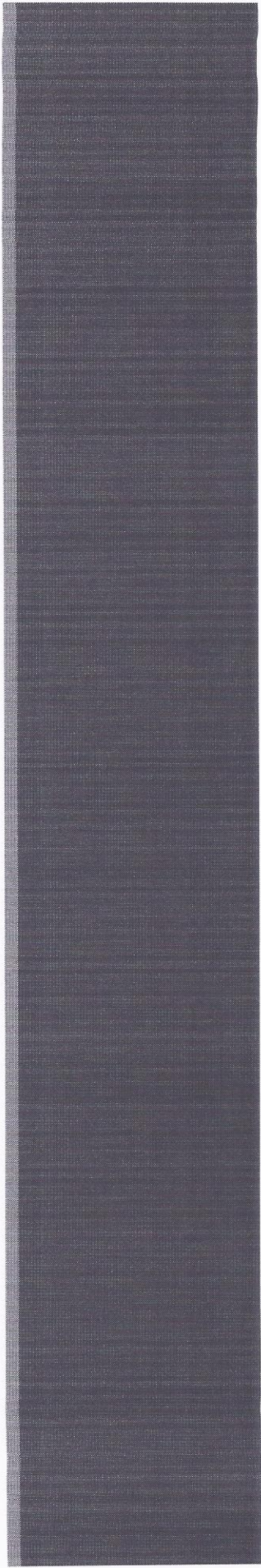
Office of
Mental Health

HARP/Health Home/HCBS Data

Finger Lakes RPC Board Meeting

February 9, 2018

Adapted from Data Presentation by Joe Simko, Central NY Field Office



HARP Enrollment with Capitation Paid as of Jan. 08, 2018

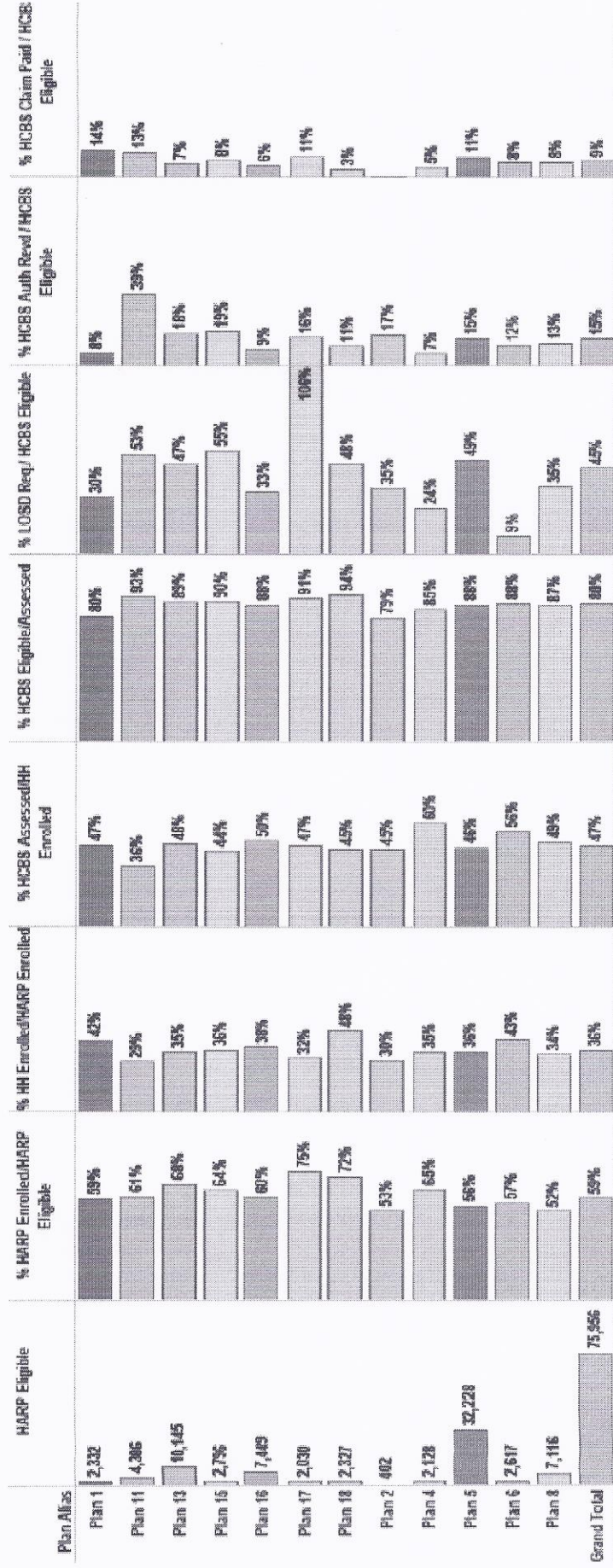
Count of Recip. By Region Percentage by RPC Region

Row Labels	Count of Recip.	Percentage by RPC Region
NYC	58,650	55.7%
ROS	46,005	43.7%
Capital	3,714	3.5%
Central	6,049	5.7%
Finger Lakes	9,120	8.7%
Long Island	6,341	6.0%
Mid-Hudson	6,512	6.2%
Mohawk Valley	1,257	1.2%
North Country	1,467	1.4%
Southern Tier	2,120	2.0%
Tug-Hill	1,497	1.4%
Western	7,928	7.5%
(blank)	730	0.7%
Grand Total	105,385	100.0%

→ 20% of Rest of State



ROS Medicaid Adult HCBS Access Dashboard ³



75,956 **59%** **36%** **47%** **88%** **45%** **15%** **9%**

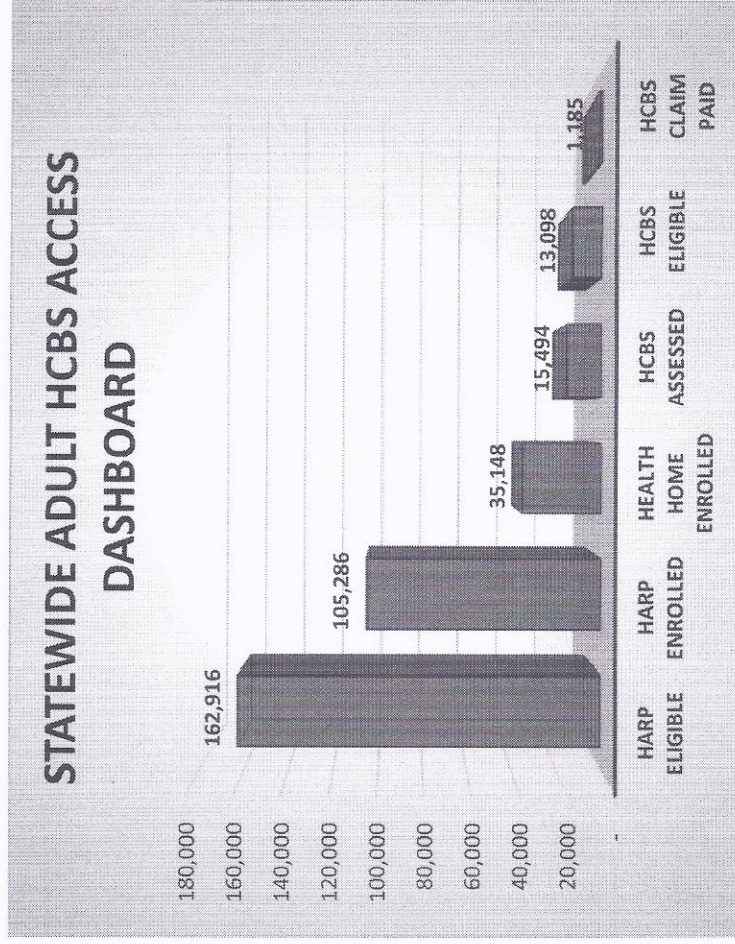
** 34% of individuals in which a LOSD was requested by HHCM had a HCBS authorization received by plan.

Source: MDW, UAS & MCOs reported Data. Update Date: 12/28/2017. All metrics in this dashboard are count of unique recipients.



Office of
Mental Health

HARP/Health Home/HCBS Eligibility & Access

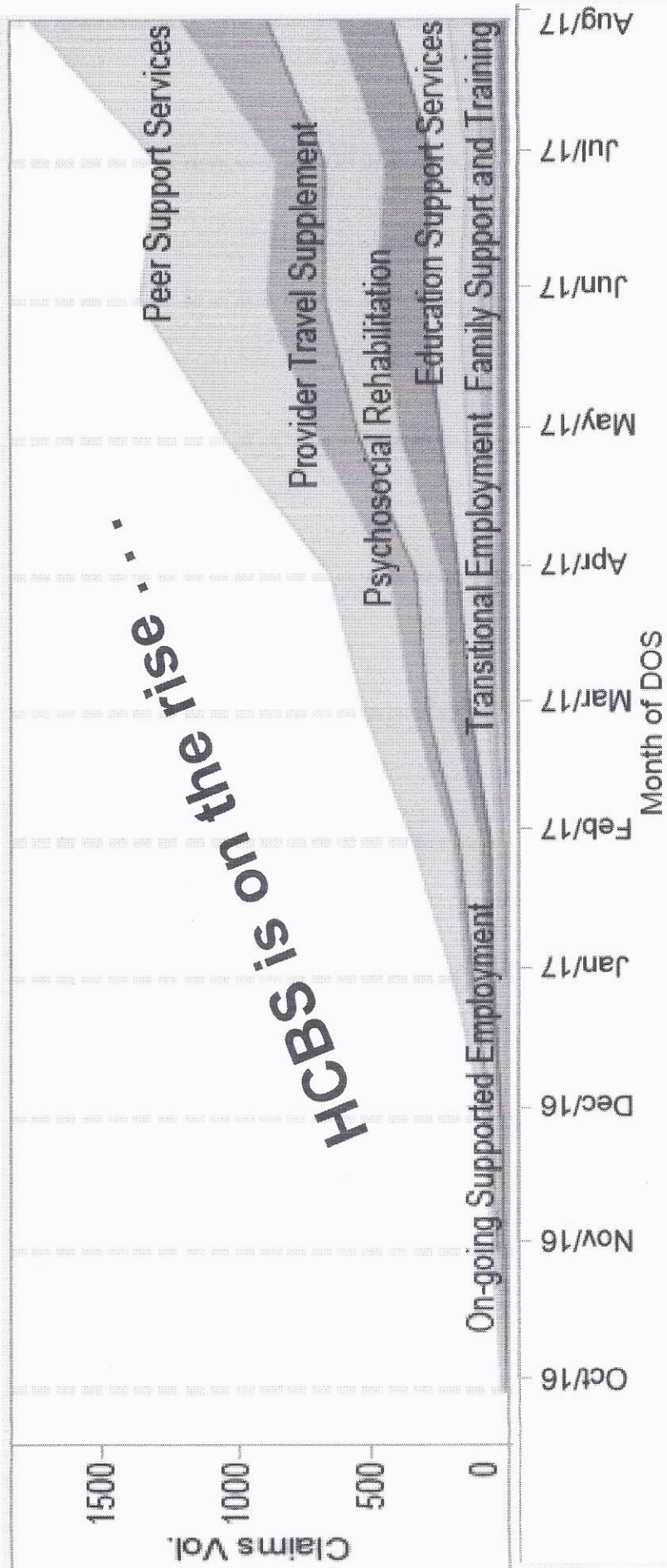


Plenty of volume for continued growth.

- 65% HARP Enrolled
- 33% HH Enrolled
- 44% HCBS Assessed
- 85% HCBS Eligible
- 9% HCBS Recipients

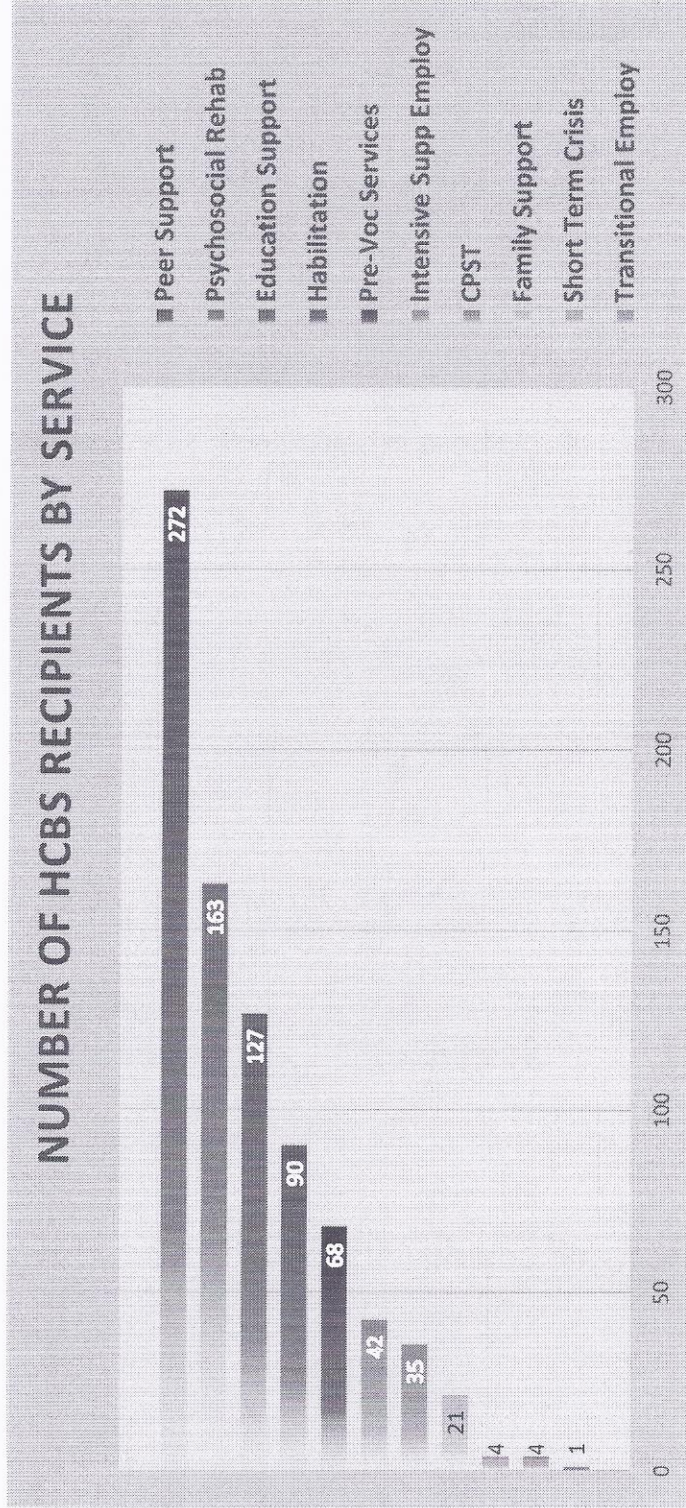


Office of Mental Health



Note: The latest claims data (Aug. 2017-Dec. 2017) are excluded in this graph (only) to avoid any potential confusion due to claim-lag.

Number of HCBS Recipients by Service (Rest of State)



Source: MDW, Update Date: 12/28/2017



Office of
Mental Health

HCBS Access Data by County Fiscal Responsibility

(as of Dec. 29, 2017)

County	HARP Eligible	HARP Enrolled	% HARP Enrolled	Health Home Enrolled	% HH Enrolled	HCBS Assessed	% HCBS Assessed	HCBS Eligible	% HCBS Eligible	HCBS Claimed	% HCBS Recipients
CHEMUNG	1,014	636	63%	126	20%	44	35%	41	93%	3	7%
LIVINGSTON	444	307	69%	64	21%	39	61%	39	100%	3	8%
MONROE	9,186	6,634	72%	2,324	35%	1,069	46%	962	90%	69	7%
ONTARIO	632	355	56%	117	33%	79	68%	64	81%	17	27%
SCHUYLER, HAMILTON	141	87	62%	23	26%	5	22%	5	100%	0	0%
SENECA	257	167	65%	69	41%	46	67%	33	72%	4	12%
STEUBEN	825	480	58%	162	34%	57	35%	53	93%	17	32%
WAYNE	698	441	64%	124	28%	62	50%	51	82%	3	6%
YATES	112	51	46%	16	31%	6	38%	6	100%	2	33%
FINGER LAKES	13,304	9,158	69%	3,025	33%	1,407	47%	1,254	89%	118	9%
STATEWIDE	77,762	46,276	60%	16,435	36%	7,897	48%	6,935	88%	606	9%

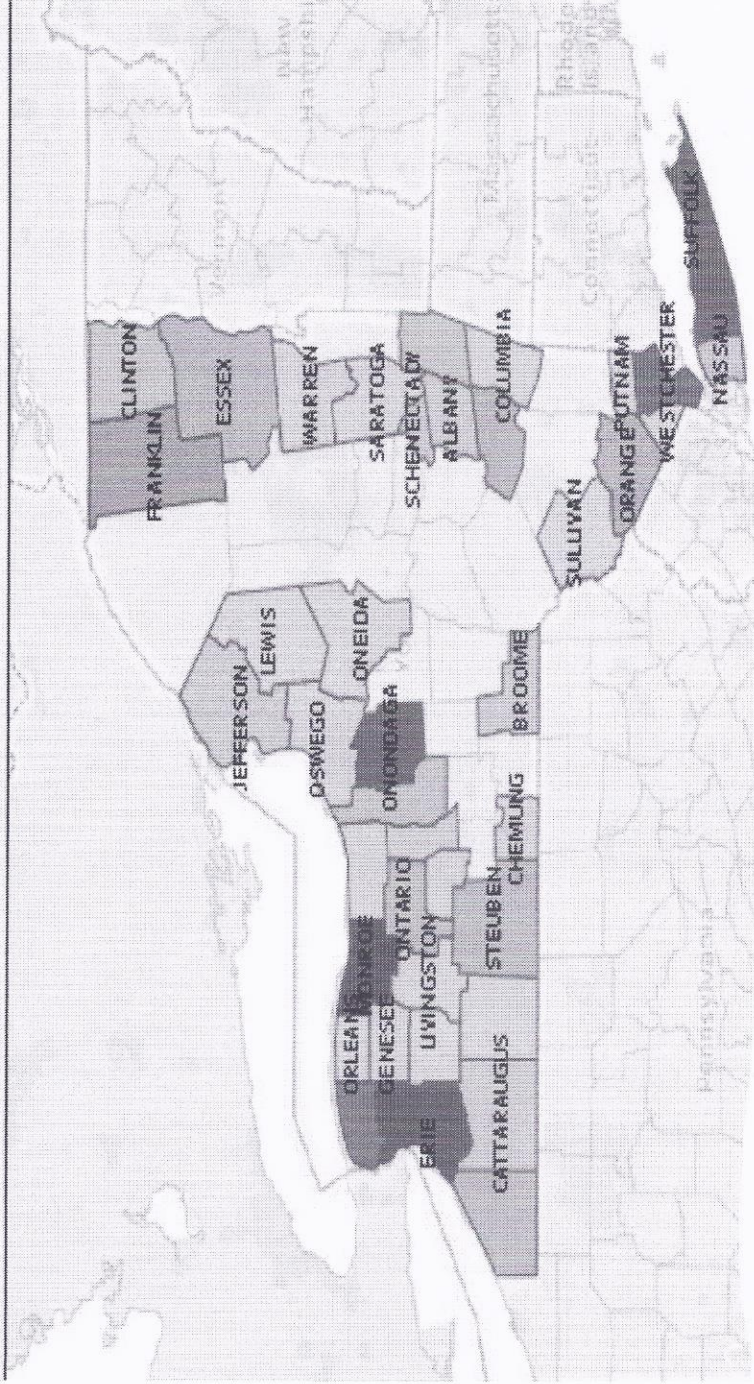
Monroe County has highest percentage of HARP enrolled in NYS.

Ontario and Seneca have 3rd and 4th highest percentage of HH enrolled individuals who are assessed. (93% Wyoming, 91% Herkimer)



HCBS Access Map as of Dec. 28 2017

Recipients Geographic Distribution, Region: ROS



HARP/HH/HCBS Enrollment Growth

October - December 2017

County	HARP Eligibility Change	HARP Enrollment Change	HH Enrolled Change	HCBS Assessed Change	HCBS Eligible Change	HCBS Claims Change
CHEMUNG	5%	8%	0%	52%	46%	***
LIVINGSTON	6%	9%	10%	26%	30%	***
MONROE	8%	11%	12%	42%	35%	188%
ONTARIO	7%	14%	10%	23%	19%	467%
SCHUYLER, HAMILTON	9%	19%	53%	-17%	-17%	0%
SENECA	8%	10%	11%	44%	27%	300%
STEBEN	9%	11%	9%	33%	23%	55%
WAYNE	4%	9%	0%	32%	21%	***
YATES	13%	9%	23%	20%	20%	**
FINGER LAKES	7%	11%	11%	39%	32%	203%

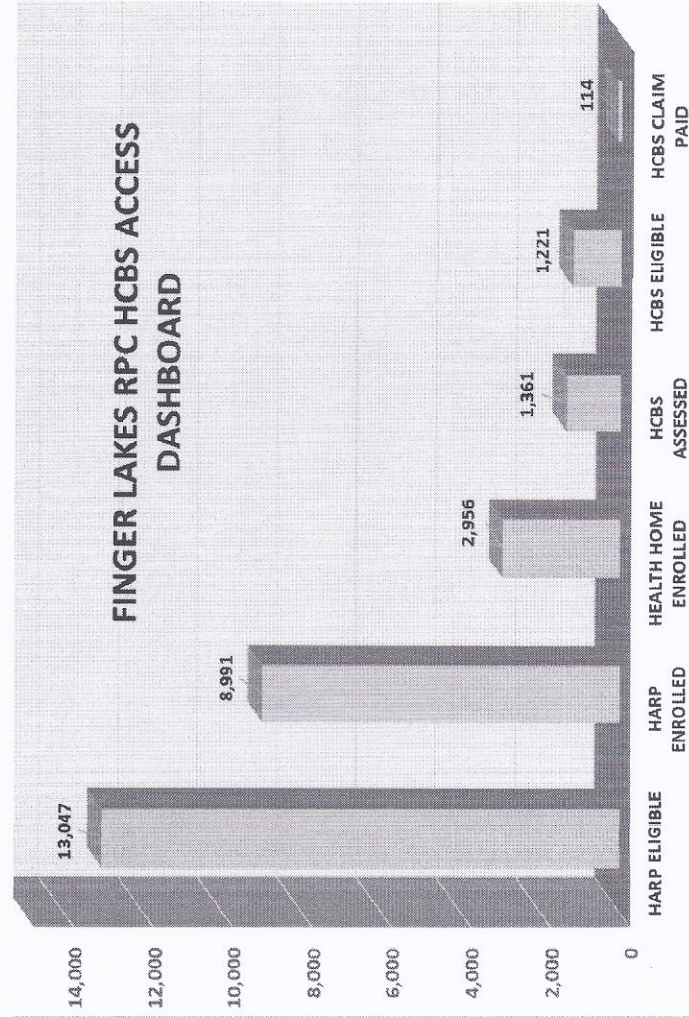
** Claim increase from 0 to 2

*** Claim increase from 0 to 3

Change in HCBS Eligible in 3 months from 947 to 1,254.



Plenty of volume for continued growth.



OF HARP ELIGIBLE...

69% HARP Enrolled

23% HH Enrolled

10% HCBS Assessed

9% HCBS Eligible

1% HCBS Recipients





FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors

MINUTES

December 8, 2017 1pm-4pm
St. Bernard's School of Theology and Ministry

1:00 – 1:15pm

- 1. Call to Order & Welcome** **George Roets**

Mr. Roets called the meeting to order at 1:13pm and welcomed everyone.

- 2. New Board Members** **George Roets**
 - a. HHSP – Mary Vosburgh, VP of Nursing, Arnot Health**
 - b. HHSP - Michael Leary, President, Regional Primary Care Network**
 - c. MCO – Judith Feld, VP of Behavioral Health, MVP**

Mr. Roets announced that several Board members have left the Board due to changes in their employment. He welcomed Mary Vosburgh from Arnot Health. Mr. Leary and Ms. Feld will join the group at the February meeting.

- 3. Introductions (Name, stakeholder group, agency/organization)** **Board & Guests**

In addition to the Board, there were 20+ guests present in the gallery. All Board members and guests introduced themselves.

- 4. New CoChair** **George Roets**

Lisa Pappa, Board CoChair, is one of the individuals whose employment change has resulted in her leaving the Board. Mr. Roets stated appreciation for her contributions and that she will be missed. Ellen Hey, Director of Clinical Services at Finger Lakes Community Health, has been nominated for the CoChair role. With no other nominees and hearing no objection, Mr. Roets welcomed Ellen as the Board's new CoChair. He thanked her for stepping up to this responsibility and looks forward to working with her.

- 5. Approval of Minutes from September 8, 2017** **Board**

Mr. Roets asked for a motion to approve the minutes from the September 8th meeting. Mary Jo Muscolino moved that they be approved, Christopher Marcello seconded the motion. They were approved unanimously.

**Finger Lakes Regional Planning Consortium
Board of Directors Meeting Minutes – December 8, 2017**

1:15 – 2:15pm

1. Children & Families Subcommittee Appointments

George Roets

a. Subcommittee Chair

Mr. Roets was pleased to announce the appointment of Jodi Walker, Assistant Vice President of Community Services for the Villa of Hope, as Chair for the Children & Families Subcommittee. He thanked her for her willingness to lead this group and looks forward to working with her in her new role.

b. LGU Lead

Mr. Roets also announced the appointment of Amy Scheel-Jones as the LGU Lead for the C&F Subcommittee. Her children’s services experience includes 10 years as a School Counselor, service as Monroe County Child & Youth SPOA, and oversight of the transforming child and youth system as Monroe County Planning & Project Manager. Amy will work with Ms. Walker and Ms. White to support the activities of the C&F Subcommittee. Mr. Roets thanked her for joining this effort.

2. Children’s Transition and C&F Subcommittee Timeline

Beth White

a. Implementation Timeline

Ms. White referred members to the timeline for establishing the Children & Families Subcommittee. The kick-off meeting will tentatively occur the morning of February 9th. Those Board members who attend both the morning kick-off meeting and then the afternoon’s Board meeting will be served lunch.

The Town Hall meeting will take place in March and the first Subcommittee meeting will be in May.

b. Stakeholder Invite Lists

The process is underway to develop the mailing list of the Finger Lakes region’s children’s services providers and stakeholders. Invitations to the kick-off event will be sent out around January 9th.

3. Workgroup Reports

a. Clinical Integration

Colleen Klintworth

Colleen Klintworth reported on the first meeting of the Clinical Integration workgroup. Topics discussed included:

Finger Lakes Regional Planning Consortium

Board of Directors Meeting Minutes – December 8, 2017

- PCP and BH providers' participation in the RHIO
- Challenges to using the RHIO for care coordination efforts
- Behavioral Health Providers and the Sharing of Information
- Integration of Medical and Behavioral Health Care
- Draft Integrated License Model
- Barriers to Coordination of Care in Urgent Care Centers

During the discussion of the draft integrated license model, Ms. Klintworth shared with the group that DOH has two good videos on its website regarding this model.

MS. White reported that she recently met with the Monroe County Medical Society to discuss possible collaboration regarding the integration of medical and behavioral health care, and she is pleased to report that their Executive Director, Christopher Bell, is interested in attending the Clinical Integration workgroup. The next meeting is scheduled for January 19th at 1pm. Any Board members wishing to join the group or send staff are asked to please let Ms. White know ahead of time to ensure adequate meeting space is in place for all who might wish to attend.

b. HCBS Workgroup Update

Beth White

Ms. White reported that the HCBS workgroup met for a second time, and that collaboration has been undertaken with the HCBS Consortium, a group of Monroe County HCBS providers.

On December 5th, in partnership with HHUNY, the RPC presented an HCBS-CMA-MCO networking event in Mt. Morris. 118 attendees connected with one another to discuss their HCBS, HARP, health home and care management services. HHUNY staff presented the recently revised HCBS workflow and MCO representatives delivered a Q&A session regarding the HCBS authorization process. Feedback from participants was very positive. All were provided by the RPC with a current "HCBS Provider Directory" and an "MCO and HCBS Provider by County" grid. Due to popular demand, another networking event will be scheduled for the first half of 2018.

It was suggested that the CMA Care Managers may have suggestions about how to improve the HCBS process and that it might be worthwhile to contact those who attended the networking event regarding this topic. It was noted that the lead health homes also have input to offer in this area.

c. Peer Specialist Education - workgroup?

Beth White

Ms. White thanked the group for all of the work done in the break out groups during the last meeting. Many good ideas came out of that work regarding how we might address

Finger Lakes Regional Planning Consortium
Board of Directors Meeting Minutes – December 8, 2017

some of our identified issues regionally. Due to the time constraints in that last meeting, though, there had not been enough time to discuss the findings from the PFY stakeholder group meeting, particularly the recommendation that there be education for employers and coworkers about the role of peer specialists.

Ms. White will be sending out calendar invites to the group for those interested in exploring and developing this recommendation.

4. Housekeeping **Beth White**

a. **2018 Board Meeting Schedule – note change from May 4 to May 18**

Ms. White reported that it has been necessary to reschedule the upcoming May meeting from May 4 to May 18th.

b. **Upcoming Meetings**

i. **Clinical Integration Workgroup – Friday, January 19th, 1-3pm**

5. Research Surveys **Beth White**

Mr. Roets gave the group information and instructions about completing the surveys while Ms. White distributed them.

2:15 – 2:30 – Break **All**

2:30 – 3:00

6. How are We Doin’? **Beth White**

a. **Board Feedback Survey**

Ms. White gave a brief report on the results of the recent survey asking Board members their thoughts about the Finger Lakes RPC process. Fourteen members completed the survey, with no major issues reported. Mr. Roets indicated that additional surveys will be periodically issued as we continue our work.

One respondent reflected that a significant amount of time was being spent reviewing the results of the Albany CoChairs meetings. The process for that review has been altered starting with this meeting. Due to the large amount of information coming out of those sessions, only selected highlights will be presented to the Board, with time allowed for questions from those who have reviewed the full materials prior to the meeting.

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b. General Discussion re FL RPC Process

- i. Preview of 2018
- ii. We have been using Stakeholder groups to identify issues and multi-stakeholder groups to problem solve. Is this approach working?
- iii. What do we need to consider as we begin another round of issue identification? Process is being refined as we go. Recommendations must be actionable and related to our charge (RPC Logic Model).
- iv. Is there anything you had hoped we would be doing that we are not?

Ms. White reported that, in addition to work on regional issues, there will be two Albany CoChairs meetings to prepare for in 2018. She posed the above questions and reiterated the RPC's charge and scope to the group to begin discussion about the Board's focus for the coming year.

Members shared the following thoughts on where the RPC might be most impactful:

How can we spend time putting together the multiple State initiatives affecting behavioral health services? Is there a "golden thread" that connects them all? Is VBP the "golden thread?" Is it the Medicaid redesign and the Triple Aim?

Is it possible to use the RPC to "get out in front of" major changes, i.e. State budget, BHCC initiative, HCBS roll out?

Is the establishment of the new DOH Bureau of Social Determinants of Health an example of something to "get out in front of?" Can the RPC's engage this new entity early on? It was shared that, at the October CoChairs meeting, DOH's Greg Allen discussed the difficulties of identifying meaningful metrics for SDH. Can the RPC's guide this development?

It was reported that Greg Allen also indicated at the CoChairs meeting an openness to receiving from RPC's data that supported the need to adjust APG's. DOH also reported that they would be interested in reviewing proposals for an alternative payment structure. With the transition to VBP, DOH is also willing to have conversations about "unofficial" VBP demonstrations. OMH recommended that providers look at alternative reimbursement approaches such as combining PROS program with a provider who can deliver off-site services. This should include SUD providers as well. OMH reported that the CCBHCs have been able to utilize this type of modeling.

Several members of the Board indicated interest in having a meeting to discuss these possibilities.

It was noted that, while all of the work preparing for future system changes is needed, it is important to remember and address the ongoing critical needs of existing programs that are caring for clients right now.

The question was raised regarding the RPC's ability to advocate for certain areas in the State budget. Ms. White shared that advocacy of this type is typically performed by the Conference (CLMHD).

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3:00 – 4:00

7. HARP/HCBS Data Report

Christopher Marcello

Chris Marcello reviewed HARP enrollment and HCBS access data with the group. He reported that the data is not seriously lagged, except for the “HCBS Claimed” data, which is about six months behind.

While a significant number of HARP eligibles are enrolled, the number of clients reported to have received HCBS services is dismal. There is the belief that more clients than reflected on the report are actually receiving services, but great concern was expressed regarding the multiple bottlenecks in what is an exceedingly complex process for clients to negotiate.

It was reported that there are not enough qualified HH HCBS assessors available, that one CMA has a waiting list of 300 clients awaiting assessment from the agency’s one assessor. HCBS eligible clients are required to have *two* assessments, one to enroll with the health home and then another for HCBS services. Clients balk at this. There is too much “back and forth” in the assessment and authorization process. Clients also are interested in services that end up not being available in their county, and they request being able to receive HCBS services from the BH provider they already know. It was acknowledged that the new HH rates and CM caseloads coming in February may help to address some of the assessment process issues.

There was also discussion about how difficult it is to get the initial 3 HCBS visits in within the 14-day requirement. MCO’s responded that a 30-day extension can be requested by the CMA, and that there should be no issue in receiving more time.

The possibility was raised of doing a pilot where HCBS services would be delivered in the place(s) where clients are already engaged and receiving services. Can this be an area of patient choice? The issue of parity was raised regarding the cumbersome process needed for clients to access HCBS services. It was noted that people with other chronic conditions are not required to be assessed by a third party in order to access the specialty services that they need. If a person is deemed HARP eligible, why is that not sufficient for them to directly access an HCBS assessment from a qualified behavioral health provider, subject to the review and approval of the MCO?

8. Highlights from Oct 30th Albany CoChairs Meeting

George Roets

Mr. Roets reiterated the change in how information will be shared with the group from the CoChairs meetings in Albany. Because a large amount of information results from those meetings, it is not possible to review all of it in the Board meetings. Going forward, highlights from the meeting will be shared with the Board and time will be allocated for questions. Interested Board members are encouraged to read the full CoChair meeting minutes that are provided in the Board materials and come prepared to ask any questions they may have.

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Mr. Roets shared some highlights from the meeting. There was interest in the group regarding Project TEACH and it was referred to the Clinical Integration workgroup for discussion. There was also interest in the potential Integrated License model and how it might advance efforts to better integrate primary care and behavioral health care. It was shared that this license would be less complicated than the current Integrated OP services license. Is this an example of how the RPC's can work to "get ahead of it?" Members are encouraged to follow and comment on the development of this new model.

The State's work to make a limited version of PSYCKES was discussed, with Mr. Roets commenting on the usefulness of this tool. He encouraged people to use it and to let colleagues know about it as well.

In closing his report, Mr. Roets shared that he continues to be impressed and encouraged by the cooperation and coordination of State agencies in the CoChairs process.

- 9. Next meeting** **Beth White**
 a. **Friday, February 9th, 1-4pm, site TBD**
- 10. Wrap Up & Motion to Adjourn** **George Roets**

Hearing no objection, Mr. Roets adjourned the meeting at 3:50 pm.

Respectfully Submitted,

Beth White
RPC Coordinator

Board 2018 Meeting Schedule:

First Quarter: February 9th
Second Quarter: May 18th*
Third Quarter: September 14th
Fourth Quarter: December 14th

CoChairs Meeting in Albany

April 19th - CoChairs Meeting
October - CoChairs Meeting

*Rescheduled from original date of May 4th

Questions about this process? Contact:

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

Finger Lakes Regional Planning Consortium

Clinical Integration Workgroup Meeting – January 19, 2018

St. Bernard's, 1pm – 3pm

Meeting Summary

1. Welcome and Introductions

2. Always keep in mind existing Integration efforts

- a. Let's not duplicate
- b. Should/how do we connect with any of these?
- c. Best local practices – share what's working

3. Focus on Two CI approaches identified in RPC Board meeting

a. Education Presentation re Behavioral Health Providers and sharing of Information

- i. **Terry Lynn Shelmidine, Manager of QI, Staff Development & Training for Behavioral Health Services at Unity Health System**

Terry works with Rochester Regional and may be a resource for this training. Other resources will be explored as well.

- ii. **Melissa Zambri, partner with Barclay Damon LLP. She is considered a HIPAA guru. She is based in Albany but routinely works with clients in Rochester. Her training and presentations are very audience friendly.**

Several people reported having seen her presentations and found them to be highly engaging. She will be contacted regarding availability and pricing.

iii. Content of the Symposium

There was extensive discussion what to address in the topics and who to target as potential attendees. It was agreed that the event should expand beyond the initially conceived idea of "sharing of clinical information

Clinical Integration Workgroup Meeting – January 19, 2018

between BH and medical provider,” to address clinical integration in a more general way, though keeping the information sharing sessions as key offerings.

It was also agreed that both medical and BH providers should be invited, with concurrent sessions running and opportunities for the two groups to formally interface as part of the program to:

- Understand one another’s boundaries – PCP, MH, SUD, schools
- Learn about the culture of care in the various settings
- Discuss “How do we talk to one another?”
- See how information flows through each of these settings

There was extensive discussion about the many current efforts underway to establish integrated care and how to include any examples of successful integration efforts in the symposium.

Syracuse Behavioral Health was identified as having had particular success in this area and the group was interested in hearing from them about their efforts and results.

FLPPS has 50+ integration projects underway. The report of milestone attainment for these projects is due by March 31st. If additional projects are to be undertaken, they recommend targeting Article 31 and 32 providers.

Rochester Regional has integrated over 20 sites using currently available regulatory structures and has found them to be viable without needing to receive DSRIP dollars to support them.

An example was also given of a local BH provider who just discontinued integrated BH/primary care. It would be interesting to know what caused them to abandon the effort.

The question was raised “what would be the measure of successfully integrated care?” Are there standards defined for this?

iv. Funding Sources for Symposium?

Once the program had been finalized, requests for funding will be submitted to FLPPS and other potential sponsors.

b. Increase participation in RHIO

Ms. White reported that she shared the group’s previously identified questions with RHIO staff and summarized their responses in the Update re RHIO Discussions document shared with the group today.

Many of the concerns that had been identified had been based on outdated information or had solutions that were not known to the group. The updated information significantly alleviated enough of the concerns that the group is interested in pursuing this as an educational effort of the workgroup, and potentially including a RHIO session as part of the symposium.

As part of the review of the RHIO’s responses, other questions arose:

- Health homes utilize the RHIO frequently, but are frustrated that their Plans of Care are not able to be included in the RHIO system.
- Can all types of providers access After Care Summaries, i.e. residential providers?
- Do all types of providers enter After Care Summaries, incl. specialists?
- What is the cost of the “push/pull” feature directly into EHR’s?

FLPPS is reported to be incentivizing providers with funds to add the require HL framework needed in order to use the “push/pull” feature.

Group is interested in having RHIO staff attend meeting to continue discussions.

4. Other Board identified approaches for possible adoption

- #### **a. Define the access, payment, regulation and silo issues that exist between the two spheres of care**

There was discussion about the challenges for behavioral health providers who see a significant number of dual eligible clients. For those for whom this population comprises a majority of their service and revenue volume, the incentives for them to transition to a value based care system are conflicted.

- b. OMH had trainings for PCP's re psychiatric issues. This should be made available to urgent care centers as well. RPC should reach out to urgent care centers to provide info re BH resources to them. Include administrative staff**

Ms. White reported that the RPC staff are having a presentation on Project Teach, which makes psychiatric consultation available to pediatric practices. She will share information with the group after the presentation.

- c. Are there reference guides for medical offices regarding BH resources?**

Common Ground had a resource tab on their web site that is intended to be a regional resource for behavioral health information.

- d. Model relationship between PCP and BH similar to existing relationships PCPs have with other medical specialists (e.g. Endocrinology)**

The group agreed that presenting the symposium to the community would advantage these relationships.

5. Next steps

Next Meeting – Friday, March 2 from 1 -3pm

Syracuse Behavioral Health and the RHIO will be invited to present to the group.

Ms. White will contact Melissa Zambri re availability and pricing.

FINGER LAKES RPC – CLINICAL INTEGRATION WORKGROUP – ATTENDANCE

January 19, 2018, from 1pm to 3pm

Place: St. Bernard's, Rochester

	Name	Organization
1	Adele Gorges	HHUNY
2	Amy Scheel-Jones	MCOMH
3	Ashley Chudy	Rochester Regional Health
4	Chris Mangione	NYCCP
5	Colleen Klintworth	Excellus
6	Dave Putney	Monroe County LGU
7	Ellen Hey	Finger Lakes Community Health
8	Josh Maldonado	Beacon Health Options
9	Ken Sayres	Baden St. Settlement
10	Mandy Teeter	Rochester Regional Health
11	Mary Jo Muscolino	Your Care Health Plan
12	Melissa Wendland	Common Ground Health
13	Nathan Franus	FLPPS
14	Reshae Vanderzwan	Envolve
15	Val Way	East House
16		
17		
18		
19	Beth White	Finger Lakes RPC Coordinator

FINGER LAKES REGIONAL PLANNING CONSORTIUM - BOARD OF DIRECTORS
 SIGN IN - FEBRUARY 9, 2018

Group	Name	Sign In	Group	Name	Sign In
LGU	George Roets	<i>BR</i>	MCO	Colleen Klintworth	<i>BR</i>
LGU	David Putney	<i>BR</i>	MCO	Andrea Hurley-Lynch	<i>BR</i>
LGU	James Haitz	<i>BR</i>	MCO	Judy Feld	<i>BR</i>
LGU	Shawn Rosno	<i>BR</i>	MCO	Jennifer Earl	<i>BR</i>
LGU	Hank Chapman	<i>BR</i>	MCO	Edward Elles	<i>BR</i>
CBO	Sally Partner	<i>BR</i>	MCO	Mary Jo Muscolino	<i>BR</i>
CBO	Martin Teller	<i>BR</i>	EX OFFICIO	Christina Smith	<i>BR</i>
CBO	Jodi Walker	<i>BR</i>	EX OFFICIO	Christopher Marcello	<i>BR</i>
CBO	Greg Soehner	<i>BR</i>	EX OFFICIO	Colleen Mance	<i>BR</i>
CBO	Patricia Woods	<i>BR</i>	EX OFFICIO	Dana Brown	<i>BR</i>
CBO	Jeannine Struble	<i>BR</i>	EX OFFICIO	Lori Lubba	<i>BR</i>
Peer	Nancy DeWeaver	<i>BR</i>	EX OFFICIO	Debbie Meyer	<i>BR</i>
Peer	Keisha Nankooingh	<i>BR</i>	KEY PARTNER	Kathy Muller	<i>BR</i>
Peer	Sherry Sprague	<i>BR</i>	KEY PARTNER	JoAnn Fratarcangelo	<i>BR</i>
Peer	Jennifer Storch	<i>BR</i>	KEY PARTNER	Sahar Elezabi	<i>BR</i>
Family	Sue Mustard	<i>BR</i>	KEY PARTNER	Melissa Wendland	<i>BR</i>
Family	Ken Sayres	<i>BR</i>	KEY PARTNER	Jon Miller	<i>BR</i>
HHSP	Jill Graziano	<i>BR</i>			
HHSP	Patrick Seche	<i>BR</i>			
HHSP	Mary Vosburgh	<i>BR</i>			
HHSP	Mike Leary	<i>BR</i>			
HHSP	Ellen Hey	<i>BR</i>			
HHSP	Adele Gorges	<i>BR</i>			

Finger Lakes Regional Planning Consortium

Guest Sign In - Board of Directors Meeting - February 9, 2018

FIRST NAME	LAST NAME	SIGN IN	ORGANIZATION
Allison	Diedreck		Medical Solutions, Inc.
Amy	Scheel-Jones	<i>Amy Scheel-Jones</i>	MC OMH
Andrew	Prentice		Rochester Psychiatric Center
Angela	Wollschlager		Medical Solutions, Inc.
Ariana	Vigo	<i>Ariana Vigo</i>	Involve NY on behalf of Excellus
Arlene	Wilson		Cornell Cooperative Extension of Yates County
Candice	Emmons		Syracuse Behavioral Healthcare
Carly	Gallagher	<i>Carly Gallagher</i>	Conifer Park
diane	Johnston	<i>Diane Johnston</i>	Ontario county
Don	Ras		A&J Pharmacy LLC
James X.	Kennedy	<i>James X. Kennedy</i>	Catholic Charities Community Services
Johanna	Ambrose	<i>Johanna Ambrose</i>	Compeer International
Katie	Serio	<i>Katie Serio</i>	Huther Doyle
Leah	Flowers	<i>Leah Flowers</i>	Wayne ARC
Marisa	Rube		Safe Harbors of the Finger Lakes, Inc.
Matthew	Petitte	<i>Matthew Pettite</i>	Involve NY
Nathan	Franus	<i>Nathan Franus</i>	Finger Lakes Performing Provider System
Rita	Cronise	<i>Rita Cronise</i>	Rutgers University
Ryan	Peterson	<i>Ryan Peterson</i>	Stauben County Department of Social Services
Margaret Cady	Vera Hahn	<i>Margaret Vera</i> <i>Margaret Vera</i>	RPC RPC
Debra Devan		<i>Debra Devan</i>	RPC

Jason
Meusisa
Telle
Wenualawa
McConit
Concord
Ground
Hertit →