



Long Island RPC Advisory Board Meeting

February 14, 2018

- **1. Welcome and Introductions**
 - o Donna DeWan introduced herself to the group as the new RPC Project Director for the Conference of Local MH Directors.
- **2. Approval of Minutes** – The minutes of the 12/13/17 Board meeting were approved.
- **3. DSRIP Presentation** - Susan Jayson, Suffolk Care Collaborative (SCC) and John Jarvis, Nassau-Queens PPS gave a presentation on the current status of their DSRIP Performing Provider Systems (PPS). They noted that the DSRIP “projects” have now moved away from Pay for Reporting to Pay for Performance (P4P). This means that the funding is now dependent on meeting certain quality metrics in the areas of the 11 projects that each PPS was focused on. The PPS’ are highly focused on collection and analysis of data. It was noted that there are 13 HEDIS (Healthcare Effectiveness Data and Information Set) measures that relate to behavioral health and that there are seven “high value” metrics that are of particular concern. These include determining whether an individual is seen for an outpatient follow-up visit after a hospitalization, and adherence to antidepressant medications. It was noted that the PPS is expected to show a 10% improvement in their metrics each year. The PPS’ indicated that they are working on contracting with CBO’s as appropriate. DSRIP Pay for Performance efforts conclude with the end of DSRIP Measurement Year 5 (June, 2019); the remaining months of DSRIP are then administrative in nature. It is unlikely that DSRIP will be extended past 2020. New projects started by DSRIP will only be sustainable if picked up by MCOs in VBP arrangements.
- **4. Data – OMH Review** – Jaime Pita, MH Program Specialist, OMH LI Field Office gave a presentation on the most current data available on HARP, HCBS and Health Home. This included slides on HARP enrollment, Adult HCBS access and eligibility, utilization of HCBS services and number of recipients (through 8/2017), and data specific to the Long Island Region.
- **5. Status Report on Work Groups and Subcommittees:**
 - Mike Hoffman reported on the work of the HARP/HCBS/HH Work Group. Highlights include a focus on reviewing the HCBS work flow in order to increase efficiency and timeliness, increasing tele-health services, partnering with the county DSS around HARP enrollment, advocacy around adequate funding of HH care management services, advocacy for additional HCBS evaluators, clarification of the roles of various “care managers” in the BH system, and planning for one or more Suffolk Co. HCBS networking events.

- Mike Hoffman reported on the two meetings of the Value Based Payments Work Group. At the first meeting there was a presentation and discussion of the total cost of care and what it means for future delivery of value based services. At the second meeting the two LI Behavioral Healthcare Collaboratives (BHCC) discussed their networks and current and future planning. This will involve deciding on a core set of metrics to be collected.

- Eileen Kadletz, Subcommittee Chair, reported on the Children and Families Subcommittee's work. Discussion has centered on changes in the delivery of care management services through the three Long Island Children's Health Homes, changes in the children's HCBS Waiver program because of the "unbundling" required by the federal regulations around Conflict-Free Care Management, and the impact of an anticipated two year delay in the transition of children's behavioral health services into Medicaid Managed Care benefits.
 - o **6. New Business - Top Issues for State/Co-Chairs Meeting** – The Co-Chairs noted that the following issues were suggested for discussion at the upcoming State/Co-Chairs meeting:
 - Most Critical: The sustainability of Adult HCBS services.
 - Second Most Critical: Review and revision of HH CM rates
 - Third Most Critical: Need for role clarity and coordination among the various CM providers.
 Other suggestions from the Board:
 - Development of unified standards between the DOH, OMH and OASAS. For example, standards for tele-health, tele-psychiatry and tele-practice are not consistent. Though this may require CMS approval, it is important to move forward on this.
 - It is important to carefully move forward on the transition to Medicaid Managed Care for children's BH benefits. The impact of the recently announced two-year delay in implementation should be carefully considered, with input from a broad array of stakeholders – especially families of children in the system.

2018 Meeting Schedule (All meetings at 10:00 AM; Locations to be determined):

May 9, 2018
 September 19, 2018
 December 12, 2018

Submitted by: Michael Hoffman
 LI RPC Coordinator