



Long Island Partnership RPC Advisory Board Meeting

September 20, 2017 – 11:00 AM – 12:30 PM

- **Approval of Meeting Minutes**
 - Mike Hoffman will distribute the minutes of the 5/17/17 meeting via e-mail for approval or amendment by the board.

- **Study of RPCs by Syracuse University and SUNY Albany**

Mike provided an introduction to the survey of RPC Board members in each NYS region. Survey forms were distributed along with an informed consent document. Board members completed the surveys anonymously and the forms were collected for return to Syracuse Univ.

- **Status Report on Work Groups and Subcommittees:**
 - There was an extensive discussion of the Work Groups and C&F Subcommittee during today's LI Partnership meeting. There was some more discussion regarding the C&F Committee, which will begin meeting on October 10, 2017. Finally, there was considerable interest in the VBP Work Group, which will begin meeting in the next month. Board members were given the opportunity to sign up for this group.

- **Review and Prioritization of Issues raised at the Long Island Partnership**
 - Identification of 3 new State Issues for 10/30/17 Co-Chairs Meeting:
 1. There was considerable discussion regarding the lack of progress in the actual delivery of HCBS Services. The MCO's represented in the room noted that the low # of their HARP members are currently receiving HCBS Services. Board members noted the HCBS financing systems to be "broken" and at a "crisis point", so that solutions to the issue need to be more urgent in nature. While some barriers have been recently addressed by OMH, and processes from HHCM to MCO have improved, some barriers were noted to be:
 - a. HH being the only "gatekeeper" into HCBS – This issue is being discussed in Albany.
 - b. Rates and program rules are not adequate for the providers of the services – there has been a high rate of client cancellation of service appointments that indicates that more "readiness" work needs to be done by HHCMs (who are over-extended still by high caseloads) and by MCOs to reduce barriers to service participation.
 - c. Flow of referrals for HCBS services is very slow – not all services originally proposed have been removed from "hiatus" status by providers
 - d. The transition to HARP/HCBS model requires a "paradigm shift" for recipients, families as well as MCO's and providers.

Recommendations included:

- e. "Bundling" the HCBS rates into broader projects with other services. A demonstration or pilot project in this area is worth consideration. Problems in the "unbundling" of C&F HCBS waiver was cited as an example to avoid.
 - f. Opening up the referral pipeline to HCBS services to providers other than the Health Homes, such as clinical providers
 - g. Family and recipient-friendly training is critical in helping them understand how HCBS Services can be of benefit.
 - h. The expedited workflow allowing a care manager to call an MCO to start HCBS services is an excellent way to increase services. All MCO's and CMA's should be clear about this process and familiar with how it works.
 - i. The NYAPRS training for recipients and peers was a good response to this need and more advertising of its' availability should be done regionally and statewide.
2. There is concern about the timetable for the initiation of children's HCBS services, based on the challenges presented in the adult implementation.
- a. A recommendation was made to delay this implementation beyond July 2018 to ensure that, where possible, barriers to the delivery of these services are reduced or eliminated.
 - b. It will be important to provide training to family advocates, who have a good track record in reaching out to parents and other family members.
 - c. It will be important to pay attention to the supervision and support of those advocates.
 - d. It was noted that the MCO's will be offering training on the rollout of the children's Medicaid Managed Care and HCBS.
 - e. There is a need to clarify the role of an "independent entity" in accessing HCBS services.
3. Recipients, peers and families may not be familiar with information about the implementation of OASAS Part 820 regulations.
- a. Ensure that this information is widely available to those who need it. There may need to be additional training for providers, e.g. mental health providers who work with individuals with co-occurring disorders.

Future Meetings:

- **October 30, 2017 – Statewide Co-Chairs Meeting (Albany) – Mike Stoltz will represent the RPC**
- **December 13, 2017 – 11:00 AM – 12:30 PM at Molloy College – Farmingdale Campus (invitation to follow)**
- **2018 Meeting Schedule: (locations to be determined)**
 - o **February 14, 2018**
 - o **May 9, 2018**
 - o **September 19, 2018**
 - o **December 12, 2018**

**Submitted by: Michael Hoffman
LI RPC Coordinator**