



Long Island RPC Advisory Board Meeting

Minutes - December 13, 2017

1. Welcome and Introductions/ Approval of Meeting Minutes

The meeting was called to order at 10:10 AM. Board members introduced themselves. The minutes of the Board meeting on 9/20/17 were approved and will be posted to the CLMHD web site.

2. Long Island RPC Board Member Survey

Ann Marie Csorny reported on feedback received from 12 members the Board who responded to the survey regarding the functioning of the RPC and its work groups/subcommittee. Feedback from several members indicated that the groups should be focused not only on discussions, but on actions taken by the RPC. She explained that the LI Partnership will no longer be meeting, but the Board meetings will be open and those not on the Board can attend and observe the meetings. Minutes of the C&F Subcommittee and Work Groups will be shared with the Board so that they can be kept abreast of progress.

3. Status Report on Work Groups and Subcommittees:

A - HARP/HCBS/HH Work Group – This group has been meeting monthly since September 2017, as an outgrowth of the Plan-Provider meetings. Mike Hoffman provided a report on the issues discussed in this work group and some outcomes and actions taken, including:

- HCBS networking with Care Managers in Nassau County
- producing a directory of HARP products on LI and a listing of HCBS definitions
- sharing an HCBS resource guide for HH Care Managers
- discussions focused on tele-health, and the HCBS work flow.
- The next meeting is scheduled on 1/10/18.

- Feedback from the discussion:

- A number of recipients do not wish to go through the assessment process. There is a need for additional education and training – both webinars and in-person sessions for recipients, peers and staff. Note – NYAPRS has provided a number of trainings for recipients and peers. It was noted that the Managed Care Plans are an underutilized partner in this effort.

- There is continued need to focus on marketing and messaging for HARP/HCBS/HH. This “branding problem” may related to the stigma of receiving behavioral health services. A possible way to address this would be creating an RPC Work Group on “Entry Points” into the system.

- There is an interest in pursuing other avenues into HARP, i.e. community referrals. Suffolk PPS advocated for using data to identify the problems, identify the “players” needed to address it and to develop collaborative relationships between providers.

- There was discussion regarding the 3 day training to provide HCBS Assessments. Clarified that this is staff training time, rather than a 3 day assessment process.

B - Value Based Payments Work Group – Michael Stoltz reported on the first VBP Work Group meeting on 10/31/17, which included a presentation on Total Cost of Care by Care Transitions Network members from Northwell Health and Montefiore Medical Center and a presentation on Quality Measures by OMH. It was noted that data shows that pharmacy costs have now exceeded inpatient costs, demonstrating a positive outcome from Medicaid reform efforts. About 25% of the Board members said that they attended the Long Island VBP Boot Camp on 11/15/17 and even more have participated in the VBP University presentations. A meeting will be scheduled in January to discuss awards made in the VBP Readiness initiative. At the Statewide Co-Chairs meeting on 10/30/17 OMH indicated an openness to looking at a pilot project on “bundling” services – an issue raised at our 9/20/17 LI RPC Board meeting.

- Feedback from the discussion:

- The Work Group will meet again in January to follow up on the VBP Incentive Program regarding selection of Behavioral Healthcare Collaboratives (BHCC). Invitations will go out in the near future.

- There was much positive feedback regarding the VBP Boot Camp and VBP University but it was noted that some of the materials presented could use a more collaborative tone, since this is such a complex issue and will require involvement from many stakeholders.

- There have been enhancements to PSYCKES to identify a pool of members to impact. This is the Utilization Report feature.

C- Children and Families Committee – The first C&F Subcommittee meeting was held on 10/10/17 with 25 people attending. Eileen Kadletz, Executive Director of Long Island Families Together, was elected Chair of the Subcommittee. Initial discussions focused on challenges presented in providing Health Home Care Management services and in the “unbundling” of the Children’s HCBS Waiver program. The next meeting is scheduled on 1/16/18 at 1:30 PM at the OMH Long Island Field Office.

4. New Issues

Homelessness - Paul Broderick noted that Nassau County DSS is looking to partner with the behavioral health services community to better serve the homeless population through involvement with the Continuum of Care via the LI Coalition for the Homeless. It was decided that the Board would invite Paul Broderick or another representative of Nassau Co. DSS to participate in the HARP/HCBS/HH Work Group to discuss the issue of homelessness.

HARP Community Referrals – A request was made to obtain more information regarding how referrals for HARP could come from the community providers, rather than only from DOH eligibility lists. Mike Hoffman will follow up with OMH on the status of this.

Increasing Health Home referrals – I was suggested that there may be benefit to collaborating around increasing HH referrals.

5. Data – OMH Review

Caitlyn Huntington from OMH provided a data report on HARP eligibility and enrollment, HH enrollment and HCBS assessments, eligibility and the receipt of HCBS services. She noted that the low number claims for individuals receiving HCBS services has to do with the lag in claims. These data will be shared with the Board and OMH is interested in hearing the Board's feedback.

- Feedback from the discussion:

- There was considerable interest in benchmarks used to determine how many individuals are expected to utilize HCBS services. It was indicated that NYS was using an estimate of 10,000 individuals for this benchmark.

- Kristie Golden noted that DOH is not capturing PROS data and so the PPS may be losing funding; these individuals are receiving HCBS-like services. This could reduce the need or utilization of HCBS. The Suffolk PPS is working with PROS programs on measuring performance, rather than claims in order to capture this information. Mike Stoltz noted that PROS programs and Care Management Agencies (CMA's) are also compiling data on these services. Megan Woodward noted that MCO's can submit supplemental data, so this could be very helpful.

6. RPC Survey by Syracuse University and SUNY Albany

Survey forms and the informed consent were distributed to appropriate Board members and completed surveys were collected for forwarding to the Universities.

7. Wrap Up

Mike Hoffman noted that there are several ways for any interested stakeholder to participate in the RPC process by providing input, feedback or to ask a question.

- a. Any individuals can attend a Board meeting to observe the process
- b. Each of the current work groups and subcommittee are open to participation by new individuals.
- c. Questions/feedback can be directed to Mike's e-mail address at: MH@CLMHD.org

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

February 14, 2018

May 9, 2018

September 19, 2018

December 12, 2018