

RPC - MOHAWK VALLEY REGION

Fulton Herkimer Montgomery Otsego Schoharie

Mohawk Valley Regional Planning Consortium Board of Directors September 7, 2018 10am-12:30pm

Herkimer College Robert McLaughlin College Center 100 Lou Ambers Drive Herkimer, NY 13350 **Meeting Agenda**

10:00am - 10:30am

1.	Welcome & Introductions	Susan Matt
2.	Approval of Minutes	Sandra Soroka
3.	Board and Co-Chair Term- Survey Results	Jacqueline Miller
4.	By-Laws	Susan Matt/ Sandra Sorok

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 5. MV RPC Co-Chair present to statewide CO-Chair Susan Matt/Sandra Soroka

10:30am - 12:00pm

6. Ad Hoc Workgroup Reports

a.	Health Home, HARP, HCBS	Kate Hewlett
b.	Children & Families Subcommittee	Steve Bulger
c.	Workforce	Jennifer Earl
d.	Housing Update	Maurine Petrie
	a. Balance of State	Linda Camoin

7. Outstanding Issues

a. Transportation to Pharmacy Susan Matt

12:00pm-12:30pm

8.	OMH F/O Update	Laura Zocco
9.	OASAS F/O UPDATE	Susan Snyder
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10. Open Floor

Contact RPC Coordinator, Jacqueline Miller at jm@clmhd.org or 518-469-2996 with comments.

Meeting Minutes

Welcome & Introductions

Susan Matt

Susan Matt called the meeting to order at 10:02AM. Board members introduced themselves. See attendance grid. New RPC Coordinator for the MV introduced herself

Gallery Members- Donna Dewan, RPC Project Director, Conference of Local Mental Hygiene Directors; Cathy Hoehn, Assistant RPC Project Director, Melissa Staats, NYS Office of Mental Health – Central Office; Linda Camoin, OTDA, Jennifer Wolf-Brunner, OMH FO, Kelly Lane, Mohawk Valley BHCC, Melissa Snyder, Catholic Charities Herkimer County, Beth Solar, RPC Coordinator Tug Hill, Melissa Wettengel, RPC Coordinator Long Island, and Emily Hotchkiss-Plowe, RPC Coordinator Southern Tier.

Approval of Minutes

Sandra Soroka

Sandra Soroka asked board members to review the minutes from the last board meeting. All were in favor, none opposed. Meeting Minutes will be posted to the CLMHD website.

Board and Co-Chair Term- Survey Results

Jacqueline Miller

Jacqui reviewed the results of the survey to board term length. Board was asked to vote on term of board seats

Results:

- 2 year terms length- None
- 3 year terms length- A majority of the board votes
- Determination: 3 year term was approved for board members

Vote needed: Determination of the Term length for Co -Chairs position- Jacqui reviewed the survey results

Results:

- 2 year term- None
- 3 year term- Majority approved
- Determination: Co-Chair term length will be 3 years

By-Laws

Susan Matt/ Sandra Soroka

Feedback from the Board Members:

- Consider discussion around staggering future board terms. Consider creating a nominating committee.
- Consider elected new co -chairs early next year to ensure a smooth transition

Action Steps: Review above considerations

- Board was in favor of utilizing Roberts Rules of Order in future meeting
- Board reviewed election process
 - o Change to Mohawk Valley
 - o Suggestion give standard guidelines on bios
 - o **Action Step-** Create a Template for future bios

• Motion, Requested by Sue to approved Bylaws- (1st) Kate (second)- All were in favor to approved bylaws with the edits

MV RPC Co-Chair present to statewide CO-Chairs Meeting

Susan Matt/Sandra Soroka

- Sue and Sandy reviewed the attached PPT that documents the happenings of the MV RPC (See attached PPT)
- Donna Dewan reviewed the next steps of the due diligence process with the board and what the future RPC Chairs Meetings can look like
- **Next Steps:** To complete the due diligence process for the three state identified issues that have been approved by the board.

Ad Hoc Workgroup Reports

Health Home, HARP, HCBS

Kate Hewlett

- New Co- Chair- Kathy Cromie
 - Shortage of Peer Specialists
 - COPE continues to address this issue. Board members encouraged to take COPE brochures, like their Facebook page, they also now have a Gmail account.
 - Learning Circle- Next meeting in October, more details to come
 - Will be looking to form a Money Committee- Looking for feedback, Suggestion of working with the PPS
 - Action Steps: If interested in working on the money committee, please
 outreach Jacqui Miller. Goal of this group will create a wish list to create a
 needs list/budget, research possible avenues for future funding streams
 - HCBS Networking Event and Training at ST Mary's- Nov 2, 2018 at Carondolet Pavilion in Amsterdam, NY- Specific for the ST Mary's region, looking for HCBS providers to table-Contact Jacqui or Kate for additional details.
 - o Otsego County- Peer to Peer training was held on August 28, 2019

Next Meeting- HH/HARP/HCBS Meeting- October 19th from 1pm to 2:30pm at Working Solutions in Herkimer

• Children & Families Subcommittee

Steve Bulger

- o Last subcommittee meeting was held on 8/21/18. Happy with the diversity of the stakeholders. Focusing on 3 areas- workforce, education and access.
- o Refer to PPT for additional information of the current action steps of this group.
- o For additional information and the action steps of this subcommittee please outreach Jacqui Miller for the notes from these meetings.

Next Children and Families Subcommittee Meeting- November 13th 10-12 at the Arkell Museum

Workforce

Jennifer Earl

Sue Matt provided the update on the statewide Workforce Taskforce.

Focusing on:

- o How can we introduce at the high school level, introduce the careers in the Behavioral health
- State Eds Scope of Practice for NPPs- Looking at the state waiver
- o Recent introductory meeting with held with the Dept of Labor- Collection of data

Contact RPC Coordinator, Jacqueline Miller at jm@clmhd.org or 518-469-2996 with comments.

- Loan Forgiveness- Working on setting up a statewide webinar to explain in this more detail-Janine Carzo stated that she can help explain in more detail based on her work experience.
 OASAS also has a webinar on their website.
- Next steps: Can the region come together to look at this??

Housing Update

Maurine Petrie/Linda Camoin

- o Continuum of Care (COC) for Homeless Services- Report out by Linda Camoin-- Local planning body to look and develop housing for the homeless population
- o In NYS there are 26 COCs
- o COCs can provide info to the state (ODTA) to determine where funding should go- Need is based on projects submitted for review
- o Maureen Petrie- MV now has a PT planner and is in the stages of developing a COC

o Balance of State

Linda Camoin

- Certain areas of NYS that don't have COCs- Ex: Herkimer, Fulton, Montgomery
- State is looking to support these counties to help set up COCs
- State has created a COC for (Fulton, Montgomery, Schoharie, and Putnam)- Working with counties to set this up

Outstanding Issues

Transportation to Pharmacy

Susan Matt

Update on this issue:

- o Recent outreach has been done to regional MCOs to see what services/coverage, Jacqui will continue to collect this data and will share at the next board meeting- What is the utilized and what is covered
- Outreach to Walmart/varies pharmacies in the Oneonta and Amsterdam to review what delivery services
- Suggestion is to consider mail order, but doesn't apply to all meds, consider the risk of this methods
- Next steps: Research is there is data from CMS re: when a date is filled vs when it is picked up.
 Continue outreach to MCOs

OMH F/O Update

Laura Zocco

- o Laura Zocoo reviewed the attached data. (please see attached)
- Suggestion-If HCBS providers are not getting paid encouraged to outreach the state, may vary based by MCO- State is monitoring this information
- o Laura provided an overview of SDEs/RCAs as well
- Next Steps- Question around how this overlaps with CCMP-Research explore what the CCMP program is

OASAS F/O UPDATE

Susan Snyder

- Update on State Targeted Response to address the opioid crisis (a grant opportunity through the April 2019)- There was \$25 million awarded from Governor's office to various counties to address the opioid crisis
- o Open Access- A center was recently opened in Wayne County
- o Time limited- A letter was recently sent from OASAS that was sent to the hospitals regarding time limited opioid treatment in ERs. (please see attached)
- o Treatment for gambling center- Future focus on developing resources for prevention/access to treatment- This area will follow under the capital regions

Contact RPC Coordinator, Jacqueline Miller at jm@clmhd.org or 518-469-2996 with comments.

Open Floor

- o Dr Hannah Monk was introduced she will be replacing Janine Carzo
- o Kate- Advertised the upcoming networking event- if interested in tabling please contact Jacqui

Meeting was adjourned at 11:50AM by RPC Co-Chairs

Upcoming Meeting Schedule

4th Quarter Board Meeting: Friday, 12/7/18 from 10AM-12:30PM at Herkimer Community College

Mohawk Valley RPC BOD Meeting

Location: Herkimer County Community College Date: 9/7/18; Time: 10am-12:30pm

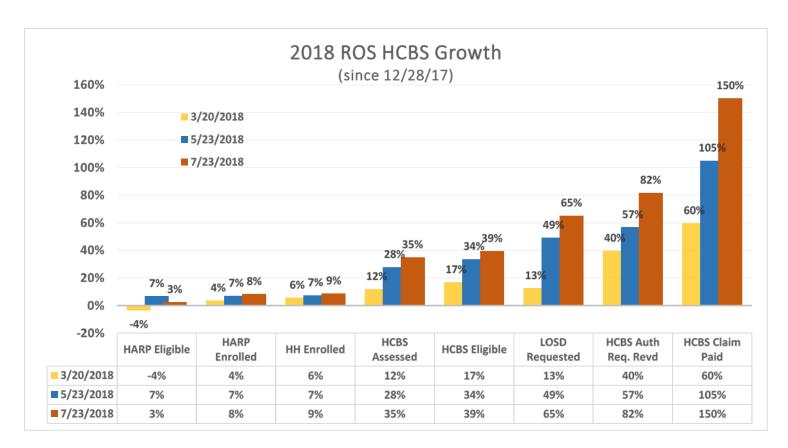
Name	Organization	Stakeholder Type	Signature	
Aletha Sprague	Mohawk Valley PHIP	Key Partner	Present	
Amy Gildemeister	Schoharie Co. Public Health	Key Partner	Absent	
Bonnie Post	Schoharie County	DCS	Present	
Christina Cain Herkimer Co. Public Health		Key Partner	Present	
		МСО	Present	
Danielle Laurange	Envolve BHO	вно	Absent	
Desiree Railine	Hometown Health Center	H/HSP	Present	
Duane Miller	St Mary's HealthCare	H/HSP	Present	
Ed Butz	RSS	СВО	Present	
Ernie Gagnon	Fulton County	DCS	Absent	
Helen Burdick	BEACON center	СВО	Present	
Dr. Hannah Monk	Regional Primary Care Network	H/HSP	Present	
Janine Dykeman	MHA of Fulton/Montgomery Co.	СВО	Present	
Jennifer Earl	United HealthCare	MCO	Absent	
Joan Godlewski		P/F/Y Advocate	Present	
Joe Simko	ОМН	State Gov. Rep	Absent	
Kate Hewlett		P/F/Y Advocate	Present	
Kelly Ames	Fidelis Care	MCO	Absent	
Kristen Snyder-Branner	Herkimer County	DCS	Preset	
Lisa Volo	Mohawk Valley Health System	H/HSP	Absent	
Melissa Cool-Horan	Little Falls Hosp	H/HSP	Absent	
Michael Countryman	The Family Counseling Center	СВО	Absent	
Rachel Truckenmiller	HFM Prevention Council	Key Partner	Preset	
Rebecca King	ebecca King Bassett Medical Center		Present	
Richard Jobin	OCFS	State Gov. Rep	Absent	
Sandra Soroka	andra Soroka The Neighborhood Center		Present	
Sara Boerenko	Montgomery Country	DCS	Present	
Sarah Wilson		P/F/Y Advocate	Absent	

Sheila Nelson	CDPHP	МСО	Absent
Steven Bulger	Kids Oneida	СВО	Present
Susan Matt	Otsego County	DCS	Present
Susan Snyder	OASAS	State Gov. Rep	Present
Tim Seymour	Herkimer County DSS	Key Partner	Present
Tina Sweet	Schoharie County DSS	Key Partner	Present

Gallery Attendance: Donna Dewan, RPC Project Director, Conference of Local Mental Hygiene Directors; Cathy Hoehn, Assistant RPC Project Director, Melissa Staats, NYS Office of Mental Health – Central Office; Linda Camoin, OTDA, Jennifer Wolf-Brunner, OMH FO, Kelly Lane, Mohawk Valley BHCC, Melissa Snyder, Catholic Charities Herkimer County, Beth Solar, RPC Coordinator Tug Hill, Melissa Wettengel, RPC Coordinator Long Island, and Emily Hotchkiss-Plowe, RPC Coordinator Southern Tier.

HCBS Access Data by County Fiscal Responsibility as of Jul. 23, 2018

Transaction District	HARP Eligible	HARP Enrolled	Health Home Enrolled	HCBS Assessed	HCBS Eligible	HCBS Claimed	% HH Enrolled with Assessment	% HCBS Eligible with HCBS Claim
FULTON (FT)	563	335	78	33	31		42.31%	-
HERKIMER (HK)	497	311	84	96	87	6	114.29%	6.90%
MONTGOMERY (MG)	555	351	113	37	37	1	32.74%	2.70%
OTSEGO (OO)	342	194	65	47	44		72.31%	-
SCHOHARIE (SC)	250	140	54	19	17		35.19%	-
MOHAWK VALLEY TOTALS	2207	1331	394	232	216	7	58.88%	3.24%
TOTAL	166,080	110,771	37,087	19,275	17,120	2,467	51.97%	14.41%





March 2, 2018

DAL 18-05 - Time Limited Walver to Provide Detoxification Services in Excess of Bed/Patient Days Thresholds

Dear Chief Executive Officer:

As you know, New York State is in the midst of an opioid epidemic and is evaluating all avenues available to increase access to all levels of treatment for those suffering from addiction. Expanded hospital-based detoxtification services, in conjunction with use of cartified paers and referral to an appropriate OASAS-certified treatment provider for comprehensive addiction treatment, is a model that can meet this objective and positively impact the opioid epidemic.

When an Individual presents at a hospital Emergency Department (ED) having had an overdose reversed with Narcan, or seeking detoxification services, hospitals have been refuctant to admit such an individual for detoxification services to a general medical/surgical bed because they do not hold a separate cartification issued by OASAS. This is a missed opportunity that could potentially have fatal consequences. This communication seeks to clarify existing certification requirements and to provide additional regulatory flexibility available to increase access to addiction treatment.

New York State Mental Hygiene Law § 32.05 specifically requires OASAS cartification for the operation of a discrete residential or non-residential chemical dependence services unit in a hospital. A discrete unit is defined within OASAS regulations as the provision of chemical dependence withdrawal and stabilization services in excess of 5 beds, or greater than 10% of overall patient days of an Article 28 licensed hospital for purposes of providing inpatient or non-inpatient chemical dependence services (See 14 NYCRR 816.4(b)).

Recognizing the public health crisis, and the valuable role hospitals can play in its abatement, OASAS will exercise its power to provide Article 28 hospitals with a time fimited waiver to provide detoxification services above the threshold of 5 beds or greater than 10% of overall patient days, upon notification to OASAS and the Department of Health (DOH) of their intent to provide such services. This waiver will be valid until December 31, 2018, at which point OASAS and DOH will re-evaluate the need for continued waiver. This waiver will permit the admission and treatment of appropriate patients above the regulatory limits for detoxification without the need for an OASAS operating certificate.

Please note, where a patient is admitted to a hospital for detox in a medical/surgical bed, and the hospital does not have a discrete unit for substance use disorder treatment, there is a payment mechanism for the hospital to receive reimbursement for these services. Hospitals are reimbursed using an acute payment methodology, APR-DRG. The Hospital should use rate code 2948 for acute services and they will receive a per discharge reimbursement for detoxification services under the APR-DRGs 770 through 776.

It should be noted that this does not apply when the hospital is a Critical Access Hospital (CAH), as that hospital does not utilize the APR-DRG methodology. Because of the unique considerations for a CAH, any CAH seeking to provide detox services above the OASAS certification threshold should consult with DOH and OASAS on how to provide detox services without jeopardizing their status as a CAH. Initial inquiries can be directed to ORH@health.nv.gov.

Hospitals interested in utilizing the waiver should send notice of their intent to exceed the threshold to OASAS at <u>Legal@oasas.nv.gov</u>. These requests will be acknowledged within five business days of receipt.

In addition to the regulatory waiver relief, hospitals are reminded that emergency room physicians may also take advantage of federal flexibility to treat addiction using medication-assisted treatment. Federal law and rules allow a physician to administer methadone or buprenorphine, once a day, for up to a 72-hour period, in the case of an emergency, while a connection to addiction treatment is made. Further, individual physicians who have obtained authorization from the federal government to administer buprenorphine to patients with an oploid use disorder may do so without obtaining an OASAS operating certificate.

Sincerely,

Robert A. Kent General Counsel

Robert a. KS

Office of Alcoholism and

Substance Abuse Services

Daniel B. Sheppard Deputy Commissioner

Office of Primary Care and Health Systems Management