



REGIONAL PLANNING CONSORTIUM
Mohawk Valley RPC HH/HARP/HCBS
July 15th, 2020 – 10AM-11:30AM
GoToMeeting

- **Welcome & Introduction**

J started meeting at 10:04. J did roll call by name of those present.

- **Updated HCBS Data from OMH Central Field Office**

J. Miller turned it over to Joe Simko to review HCBS data numbers by county.

Joe: It has been a year since data has been made available. Most of it is the same but did make changes to how assessments and claims were reported. Did see improvements in data with enrollment rising. Most significant is increase in HCBS claims in past 12 months. Joe opened floor for comments.

Sandra Soroka: NYAPRS presentation last week, Gary W only 4% of HARP eligible have received HCBS services. Good to see numbers going up but connecting is a struggle. Reasoning behind transition to ARS.

Joe: ARS transition will significantly change workflow which will hopefully increase access.

Sandra: agrees that removing obstacles will help

- **HCBS Redesign Review & Recommendations**

- Public Comment is due July 17th

Sandra: What will it look like in the future and what have we done, especially during COVID, to make services work? Notes that this transition is not a done deal, pending CMS approval. Hoping to generate dialogue to contribute to Public Comment. (Reviewed transition of services)

Joe: Combining services will help streamline workflow and ease access barriers. There is a lot of talk about complexities in having staff with multiple qualifications providing multiple services. One option is to look at staffing structure and pair the best qualified staff for the client's needs but many organizations could be limited in staffing. OMH is really looking for feedback on this.

Sandy: Asked for comments regarding this, especially vocational and educational staff qualifications.

Kathy Cromie: Have been provided pre voc and educational, has been lucky with staff member that is certified peer and credentialed to provide those services. It does limit his ability to work with multiple individuals. Proposed transition will help, have been able to add staff to HCBS team.

Sandra: Opening up peer services under new model, talk about credentialing being a long process when service is one of the most requested and utilized. Had been talk about provisional process, ask for update from Joe?

Joe: nothing specific to ARS. Provisional certification when they have completed coursework but haven't completed time requirement, still lengthy process. Goal is not to "water down" requirements and therefore lose the credibility of the certification. It is an ongoing conversation at OMH and with Certification Board.

Sandra: Removing Crisis Intervention from HCBS because it is already available to all Medicaid recipients is another component of transitions. NMT also to be removed, this has been a big

discussion within RPC. Gary noted at last week's NYAPRS meeting that only 21 claims have been submitted for NMT, most of them in Monroe County. MV has been very vocal on this piece.

J. Miller: Good time to make a public comment on this piece. What are providers seeing?

No response was offered. Joe did comment that this transition is a change in federal authority under waiver system, the new authority ARS will fall under does not allow for NMT. NMT only allowed under HCBS waiver. This is a downfall of the transition. Numbers have been really low, not a reflection of need but the difficulty in obtaining the service.

Sandra: Noted no "new money" for this despite transition of service lines. They will not approve any new providers in immediate future.

- **HCBS during Covid-19**

- Attestations, for those providing services did all complete? **No comments offered.**
- Which agencies have been providing using telehealth? Specific services?

Kathy Cromie: Mainly peer services. Fulton Montgomery – often in rural areas, 90% of people have engaged much better than expected. All but 1 client have increased service times utilizing telehealth. Had a lengthy waitlist prior, have been able to work through this much quicker while receiving referrals. About 50/50 on engaging referrals via telehealth. Sandy asked source of referrals. Referrals are coming from HHs.

- Anyone providing services not using telehealth?
- Were there challenges with Intensity and Frequency of services?
- What has been the consumer's response to telehealth services with HCBS?
- What has been effective? Challenging?

- **Changes to Referral process**

- How have providers been receiving referrals? Has there been an increase? Decrease?
- Has the 14 day initiation with contact worked?

Sandra: was 14 day initiation contact with referrals easy or difficult?

Kathy: probably 50/50, leave messages but sometimes phones out of order or VM full. Prior to COVID had started monthly meeting with St. Mary's, will let them know if they can't connect. Try to do 2-3 attempts then continue to next on waiting list, will circle back typically. Only 1 staff member for peer services. One newly certified, less than 3 weeks for submission of certification app and receipt of certification but noted she was able to do APS classes from home during pandemic.

Joe: if there is a delay in response from Cert board, reach out to OMH.

Garrett Smith: Can submit online and go directly to Marshall Rosier with issues. Attached to email

- **Service Delivery** **No comments offered.**

- Have providers made any changes in the intake and evaluation process?
- Developing the Individualized Service Plan?
- Specific challenges to Coordination and Collaboration?

- **Fiscal Viability**

- Billing/Reimbursement

Kathy: A lot of work is not billable e.g. administrative, research, etc. Even though the staff is doing it with the client, there isn't a billable structure for it.

- 60 mile staff travel reimbursement

Joe: Continue to provide feedback but wouldn't expect changes in rates in current climate and environment.

J. Miller to Kathy: If providing face-to-face services with clients currently receiving TH, would it be over 60?

Kathy: Would have to look to know for sure.

J. Miller: Going back to face-to-face after establishing TH with a more distant client, might increase mileage.

- **Post COVID-19**
 - Opportunities and Challenges
 - Rebuilding Services and Referrals sources

Miranda Meinzer: Have started back with face-to-face, doing a health survey and following PPE and social distancing. Still continuing TH.

Sandra: We'll likely live in this dual world for a while longer. Continued education around necessary precautions for clients.

Sandra: In summary, preparing for future with both pandemic and transition to ARS. Encourage agencies to spend time in thinking on this and discussing with staff.

J. Miller: Send any 60 mile comments or ARS public comments to Jacqui by email.

Meeting schedule was previously every other month. Jacqui suggested quarterly and can revisit as transition occurs. Decided to play it by ear based on CMS response to proposal with a target date of later September for next meeting.

Questions about the RPC process can be answered by your RPC Coordinator, Jacqueline Miller via email, jm@clmhd.org or phone, 518-469-2996