



Meeting Minutes

REGIONAL PLANNING CONSORTIUM
North Country Region Board Meeting #4
July 21, 2017 – 10:00a-12:00p
Whallonsburg Grange Hall
1610 NYS Route 22, Whallonsburg, NY 12936

1. **Call to Order**
 - a. Meeting Called to order at 10:00
2. **Introductions (Name, stakeholder group, agency/organization, title)**
 - a. Group went around the room and introduced themselves
3. **Approval of May 19th Meeting Minutes (Motion Needed)**
 - a. Anne Griffin Provided motion
 - b. Jody Leaven Seconded motion
 - c. Motion Carried
4. **Update on RPC Co-Chairs Meeting and Next Steps**
 - a. Beth Lawyer Co-Chair reviewed 6/8 Meeting minute document and provided information around this. Offered a bird's eye view of 6/8. Covered that there was a lot of great discussion. As process unfolds we will see a lot more from the co-chair meetings. Touched on presentation from Gary W. (OMH). Angela Vidile touched on PSYKES online webinars, can go in to pull report. Mentioned that they are recorded for those that cannot attend live. Talked about how they had an open seat on 6/8 for the content expert (State level) to discuss issues/recommendations.
 - b. Went through issues
 - i. Issue #1 – Beth provided update on what the issue was, and went through the highlight of the State's responses. Touched on the State response to the long assessment.
 - ii. No dialogue/questions from board re: Issue #1
 - c. Issue #2 –
 - i. Related to HCBS funds – reviewed response to Issue 2, unlikely that there will be additional startup funds.
 - ii. Jennifer Earl brought up new rates percentages (Joe Simko indicated that there is discussion/forward movement related to rate increases re: HCBS)
 - iii. HCBS providers will receive letter soon around attestation for providing services
 1. Either you're ready to provide services now or you will be taken off the list.
 - iv. Hiatus status ending Sept. 15 (will no longer be an option for providers)
 1. Hoping that increase in rates is enough to bring providers off of hiatus. Providers sometimes indicate an active status but are not taking referrals

2. Hard to figure out who is providing what, when the HCBS list is not up to date
3. Hiatus is an official status currently, however providers indicate an active status but are not taking the referrals.
4. Discontinuation of Hiatus for HH's for individual members vs discontinuation for HCBS is confusing. Are they both going away? How will Hiatus status for HH have a financial impact on them. Hiatus status will go away but will still have the initial outreach. What happens to individuals that you are not able to reach during the outreach period? Beth indicated they come back on the list of individuals. Once the 1st episode of outreach is complete, you can still enroll member but cannot get paid for outreach for that individual. Is it one round of outreach per person or per agency? Is it per calendar year? Once someone is paid for outreach, any other agency will not be able to be paid for outreach down the road. Does that person qualify for outreach down the road? There are a lot of people that move around which makes this difficult to track

d. Issue #3

- i. Issue around need for easy to read HARP/HCBS materials.
 1. Electronic copies have already been circulated. Joe brought along a bunch of HARP brochures/posters.

e. Issue #8

- i. Confusion around the role of MCO's in training on HH's
 1. States response was that the DOH has asked that both MCO's and HH's work together to train individuals.
 2. OMH reported that there is a catalog of these issues online

f. Issue #9

- i. Care Mangers have large caseloads
 1. DOH is looking to move away from telephonic model
 2. DOH has responded that they have completed a review of HHs and is presently rolling out a Q&A process
 3. Joe Simko will forward electronic HARP and Quality of Care Documents
 4. Jen Earl- Capital region felt there was a lack of resolution to one of the issues - concern around cap size of case loads
 5. Needs more looking into related to cap size vs quality. Can't cap caseloads without making sure that the case load is fiscally viable. Seeing rapid drops in acuity which is dis-incentivizing recovery and rates
 6. Can assemble comprehensive list of examples of low acuity producing lower quality outcomes? Important to document factors that are relating to fiscal concerns
 7. State commented (DOH) that rate relief is on the way. Requested case scenarios. Jen commented that we should combine case studies to submit to state partners.

g. Issue # 13

- i. RPC stakeholders request additional information related to VBP

1. OMH discussed next round of VBP trainings (Refer to issue #13)

- **Feedback related to VBP networking event:**
There wasn't great representation from the lead agencies (could improve this)
- **When is OMH going to make determination on BHCC?**
 - **Date hasn't been determined. OMH currently working on how to further this initiative. Who will be lead and who will be part of BHCC's? Application will likely be coming out soon, with application due at end of summer.**

PPS are different than IPA's. Jen Earl referred to formation of IPA's, asked if Adam Falcone was promoting IPA's or PPS's. Joe indicated that there was not a preference one way or another. Carl indicated that CDPHP generally contracts with MH clinics, and individual providers not necessarily IPA's or PPS's etc.

h. **Angela Vidile indicated there might be legal considerations that come into play when contracting (MCO's) with other entities. The consensus is that there is likely some regulatory issue around which plans can contract with what entities.**

i. **Sue Frohlic indicated that it is beneficial to partner with other agencies as far as purchasing is concerned**

j. **Issue #7**

i. HARP/HCBS

1. **Standard for rates to be higher downstate as compared to upstate. There is difficulty in increasing rates with CMS due to low number of referrals. Increase in rates may increase numbers which may help**

2. **Bob Ross indicated that for rural areas it may be more beneficial for rates to increase prior to other areas due to impasse of increase in usage/vs rates.**

k. **Issue #10 – New HH rate structures are being worked on**

i. **Rates are now looking at increasing - retro to May 1. Brought up Mohawk valley recommendation to #10.**

ii. **Beth spoke to the need for low acuity mixed in on a caseload or there would be too much burnout.**

5. Discussion overall around 6/8.

a. **Jen Earl indicated that there was a lot of great prep work that went into the 6/8 meeting. Was impressed that resolutions were made prior to the 6/8 meeting.**

6. HARP/HCBS/HH Ad Hoc Work Group Update

a. **Peter Griffiths provided update on NC HHH Workgroup – Will meet next on 8/2 to resolve regional issues around HARP/HCBS/HH's**

7. Value Based Payment Ad Hoc Work Group Update

a. **Peter Griffiths provided update on NC VBP Workgroup – Will have initial meeting on 8/29 to begin discussions around VBP in NC/TH regions**

8. Open Board Seats – Please note that we have three Key Partner seats and one Youth Advocate seat open. We will be accepting nominations for these seats on a rolling basis until Key

Partners/Youth Advocates are appointed by the board. The Key Partner group is mainly geared toward PPS's, PHIP's, LDSS, LHD and any other interested parties.

- a. Open Board seats were discussed**

9. Future Board Meetings – Proposed Changes (Motion Needed)

- Swap 10/20 Board Meeting for:**
 - Sept. 15 = Prep for 10/30 co-chairs meeting**
 - Dec. 8 (optional meeting) = Review of 10/30 co-chairs meeting**
 - Board approved of date changes**

10. Adjourn Meeting (Motion Needed)

- a. Meeting adjourned at 11:15**

	Name	Attendance	Stakeholder Group
1	Andrea Deepe		CBO
2	Angela Vidile		MCP
3	Anne Griffin		PYF
4	Barry Brogan	Absent	Key Partner
5	Beth Lawyer		CBO
6	Brennan Williams		PYF
7	Bob Kleppang, LMSW, ACSW	Absent	LGU
8	Carl Rorie Alexandrov		MCP
9	Christine Venery	Absent	H&Hs
10	Doug Sitterly	Absent	State Gov
11	Jennifer Earl, M.A., LMHC		MCP
12	Jessica Fraser		H&Hs
13	JoAnne Caswell		CBO
14	Jody Leaven		MCO
15	Joseph Simko		State Gov
16	Linda McClarigan	Absent	H&Hs
17	Mariane Simas	Absent	PYF
18	Meredith King		H&Hs
19	Michael A. Lawler	Absent	H&Hs
20	Reggie McDonald	Absent	Key Partner
21	Richelle Gregory		LGU
22	Rob York, LCSW-R, MPA	Absent	LGU
23	Robert A. Ross		CBO
24	Rosemary Reif	Absent	H&Hs
25	Sally Walrath		CBO
26	Shelley Shutler	Absent	PYF
27	Steve Miccio	Absent	PYF
28	Steve Valley, LCSW, MSW		LGU
29	Susan Frohlich, LMSW, CSASC		State Gov
30	Suzanne Lavigne, MHA, CTRS, CASAC		LGU
31	Tom Tallon		Key Partner
32	Valerie Ainsworth	Absent	CBO

Additional Attendees: Cathy Hoehn -CLMHD, Alexis Harrington - CLMHD, Cori Potter – Bridges to Health, Cat Huntington (OMH)