REGIONAL PLANNING CONSORTIUM

North Country Region Board Meeting #3
May 19, 2017 – 10:00-12:00,
St. Joseph's Addiction Treatment and Recovery Centers
159 Glenwood Dr. Saranac Lake, NY 12983

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1. **Call to Order –** *R. York called the meeting to order*
2. **Roll Call/ Introductions (Name, stakeholder group, agency/organization, title)** *Board introductions*
3. **Approval of March 17th Meeting Minutes (Motion Needed)** *Motion to approve minutes – Steve Miccio, second Linda McClarigan – motion carried.*
4. **Stakeholder/Subcommittee Reports**
   Quick update from a representative of each stakeholder group (initiatives, actions, conversations since last board meeting)
   a. ***Peer/Youth/Family Advocates*** *– Steve Miccio; outreach from several families. Many families are not seeing drastic changes in services, or things that are helpful to them. Care Managers (CM) don't have much time to meet with folks. Many care managers not familiar with HARP/HCBS – or who to refer families to. Provider availability and turn over – families bounced from provider to provider/CM to CM. Workforce development is a major issue. Mariane – attended a SPOA meeting with care coordinators and frustration from CM with spending less time with families. 3 kids presented in the ED for hospitalization because they did not have enough contacts with a care manager. Waitlist for services are very long*
   b. ***Community Based Organizations*** *– Andrea Deepe; via conference calls 4/27 meeting with CBOs on the board – ID issues relevant in organizations and communities. Adult HHs and quality outcomes and acuity revisions – resulting in high caseloads. Concern with VBP – quick reaction time to respond and somewhat confusing. CBOs sent surveys out and attempted to add on the existing meetings to obtain feedback from the community. CBOs id'd that HARP/HCBS & VBP/Reimbursement are the two biggest issues. Creating regional work groups to address these issues.*
   c. ***Managed Care Organizations*** *– Jennifer Earl; participating in 8 RPCs; lack of education and understanding of what HARP is as a product versus HARP services. Misunderstanding of enrolling in HARP and thinking someone may not receive certain services. State developed a HARP brochure – still need for education from the ground level up to providers. Ask for HCBS provider list updated more regularly/more outreach done to update the list accurately – providers actually out of hiatus and ready to receive referrals. Length of time between someone ID'd as HARP eligible and actually enrolled in HARP. Reimbursement rates for HCBS too low/not sustainable/workforce issues significant concern across the State. Outreach and homelessness, significant lack of resources.*
   d. ***Directors of Community Services*** *– Suzanne Lavigne; each year DCS work on local services plans. LGU group currently creating goal to include in local services plans around the RPC work and initiative pursuing. Current draft – goal to speak to the issues and concerns related to the transition to Medicaid Managed Care – looking at strategies that identify issues and challenges that come through board discussion and outreach, ID need to establish workgroups around issues that are identified, and*

utilization of data to inform data driven decisions, prioritizing issues and solutions. This is a regional goal.

e. ***Hospitals & Health Systems*** *– Linda McClarigan; as hospitals are embedded in RPCs this is great but the issues are different than other stakeholders at the table. HHs have not created concrete goals related to the RPCs. Hospitals have unique challenges within their own systems. Telehealth things are happening – access is a big issue. Hospitals may be able to help with linking people to Health Homes related to admission to hospitals and if someone is eligible for HH, transition and link person with a CM to assist with discharge planning from ER to community. Hospitals currently creating policies to transition individuals from ER to community and linking to Health Homes when appropriate. Value Based Payment will be relevant to the hospitals in terms of affiliated partners. Common goal should be related to avoiding ER visits. No current outreach to Glens Falls Hospital. Ideas of how HHs can be working with CBOs and other stakeholders on the board: 1. Health Home and Hospital referral process 2. Adirondack Health is the RHIO in the area advancing IT when value based payment rolls out – this can really help CBOs when the time comes/partner with CBOs. This could result in lower readmission rates for local hospitals. Learned best practice through value based payment – capturing data and electronic when possible. Clinical document improvement specialists utilized to capture data via metrics related to value based payment measures. Created bundles of care/hardwired processes which makes the process sustainable. May be helpful to create a list of acronyms frequently used by the board – within each stakeholder group.*

5. Identification of State Co-Chairs Items

a. Finalize categorization of Regional and State Issues

Began with list of 30 issues identified by each of the stakeholder groups – there was quite a bit of overlap, combined like issues to create a list of 10 issues. Some issues were refined to combine like issues and to create an easier digestible document to review at the meeting. Today's goal is to identify 2-10 issues for the State Co-Chairs agenda items for Rob York and Beth Lawyer to present at the Co-Chairs meeting in June. Survey went out to the NC board to categorize issues into State and Regional buckets. State, loftier issues may be related to public policy issue. Regional, can be solved within the regional via work groups and with the stakeholders on the board and in the community. Removed the option of "both" state or regional issues to drill down and identify two separate and distinct agendas (state and agenda). Pete reviewed each issue to identify if folks agree with survey results.

Issue #1 *– agreement with state issue*
Issue #2 *– other regions have identified this as a State issue asking for State support – MCTAC trainings not currently providing training that targets peers. Issue will be regional and state.*
Issue #3 *– keep in mind that waivers have caps on caseload sizes today – we should be consistent with what is happening today. In addition to waiver/limitations recommending to look at additional supported services where revenue generation is not a concern (example: state funded mobile crisis program/expansion of this program). Is the issue the case load size or is the issue the revenue? Added cost and time for travel is not built into the rate and providers do not feel this is considered at all. Mohawk Valley recommended reimbursement based on time versus travel believing this would result in higher reimbursement. Recommendation to combine issues 1 and 3.*
Issue #4 *– agreement with state issue*
Issue #5 *– recommendation to edit wording to make sure it is clear the requirements are the same but the way each MCO obtains the information is different. Forms are translated differently but state requirements of the MCOs are the same. Agreement with state issue.*
Issue #6 *– agreement with state issue*
Issue #7 *– agreement with state issue*
Issue #8 *– agreement with state issue*
Issue #9 *– agreement with regional issue*
Issue #10 *– agreement with state issue. This issue may be too broad. Agreed to bring this issue back to the board to redefine. Will remove from the State Co-Chairs agenda. Request within this issue we look at staff recruitment/salary requirements to get staff in the north country to provide services to SPMI population. Bob Ross emailing language to support rural reimbursement issues in the North Country.*

b. 4 breakout groups to discuss resolutions of state identified issues
Multi-stakeholder groups discussed proposed solutions for the state identified issues.

c. Reconvene as full board – one representative from each breakout group will be asked to report out on resolutions that were discussed

Group 1 –
Issue #1 *– re-evaluate acuity structure and how it is reimbursed taking into account higher levels of service to maintain lower acuity.*
Issue #2 *– keep recommendations – adding another recommendation – State create standardized promotional educational outreach and awareness to care managers, consumers and families.*
Issue #3 *– would like to keep this issue separate from #1. Recommendation to review case load size and how it is reimbursed taking into account issues that are unique and uncompensated in rural communities for example travel time, expense, satellite expenses, relationship building with providers on site. Request state to assist in review of population to ID any specialty population to potentially provide enhanced services (example: children's specialty clinic which provides enhanced funding). Suggested wording for issue #3 to focus on quality of care.*
Group 2 –
Issue #4 *– new proposed recommendation; Developing a better flow process/timeline for Health Homes, including the health assessments to reduce the redundancy and size of those assessments. Multiple levels of education are needed (PCP, peers, Hospitals).*
Issue #5 *– proposed recommendation: Ensure managed care plans have the same standards for managing benefits.*
Group 3 –
Issue #6 – *Return to SPOA process – all care coordinators should sit on the SPOA committee to participate in assigning children equally to create a total centralization of the process. (example: child in Warren was referred to a CM in Albany county creating a gap in services.) Discussion of CLMHD in the process of addressing this concern to standardize the SPOA process and allow care managers to utilize this county resource.*
Issue #7 – *revise issue to say "difficulty with reimbursement for specific MCOs" versus "no claims have been paid". Recommendation #1 revise – needs to be more education for how to come off hiatus and to launch services. Recommendation #2 approved.*
Group 4 –
Issue #8 – *Additional proposed solutions – removed existing solution. #1 recommendation; make sure that all HARP eligible are able to be identified to include forensic, first episode psychosis and assisted outpatient individuals (AOT), also individuals who were lost in the exchange so we can make community referrals to HARP. #2 recommendation; have the State run the eligibility algorithm more frequently. #3 recommendation; to improve coordination among regional and community agencies in a timely manner to maximize the opportunity for all eligible individuals enrolled in HARP and remain in HARP. Enhance the partnership among all providers to maximize the ability to ID and enroll individuals in HARP and keep them enrolled in HARP (concern with the frequency people are getting disenrolled and the difficulty and barriers to get people re-enrolled). #4 recommendation; address the delay in time between when an individual is identified as HARP eligible and when they are enrolled in HARP and able to receive services (currently could take up to 6 months).*

Motion to accept these issues and proposed solutions to the State Co-Chairs meeting – Jennifer Earl, second by Bob Ross and Anne Griffin. Motion carried.

6. **Value Based Payment Feedback –** *Caitlyn Huntington – for questions related to VBP Readiness please email: VBP-Readiness@omh.ny.gov. The will be an opportunity to attend MCTAC trainings related to VBP updates and readiness in the near future.*

7. **Ad Hoc Workgroups (HARP/HCBS & Reimbursement VBP)**
    a. Propose that we identify leaders for these workgroups
    *Region issues will be addressed within these workgroups. Timeline has been extended to establish these work groups to allow for additional community involvement. Individual does **not** have to sit on the RPC board to participate in these work groups. First meeting aiming for mid to late June. Please indicate your interest in participating in the work groups or leading the work groups via the survey in your folder.*

8. **RPC Study – Survey –** *Pete reviewed the recruitment survey per Syracuse University and SUNY Albany related to study of Statewide RPCs.*

9. **Adjourn Meeting (Motion Needed)** *motion to adjourn following completion of the survey, Steve Miccio, second by Jennifer Earl*

Upcoming Meetings:

- **June- Co Chairs Meeting, closed meeting**
- **Third Quarter:** Friday, July 21 – 10:00–12:00, location TBD
- **September- Co Chairs Meeting, closed meeting**
- **Fourth Quarter:** Friday, Oct 20 - 10:00-12:00, location TBD

Questions about this process can be answered by your RPC Coordinator, Peter Griffiths via email, pg@clmhd.org or phone, 518-424-1014

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	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		H&Hs
10	Doug Sitterly		State Gov
11	Jennifer Earl, M.A., LMHC		MCP
12	Jessica Fraser	Absent	H&Hs
13	JoAnne Caswell		CBO
14	Jody Leaven		MCO
15	Joseph Simko		State Gov
16	Linda McClarigan		H&Hs
17	Lisa Sioufas, LCSW-R, ACSW	Absent	MCP
18	Mariane Simas		PYF
19	Meredith King		H&Hs
20	Michael A. Lawler	Absent	H&Hs
21	Reggie McDonald		Key Partner
22	Richelle Gregory		LGU
23	Rob York, LCSW-R, MPA		LGU
24	Robert A. Ross		CBO
25	Rosemary Reif	Absent	H&Hs
26	Sally Walrath	Absent	CBO
27	Shelley Shutler		PYF
28	Steve Miccio		PYF
29	Steve Valley, LCSW, MSW		LGU
30	Susan Frohlich, LMSW, CSASC		State Gov
31	Suzanne Lavigne, MHA, CTRS, CASAC		LGU
32	Tom Tallon		Key Partner
33	Valerie Ainsworth		CBO

Additional Attendees: Caitlyn Huntington – OMH, James Button and Cathy Hoehn – CLMHD