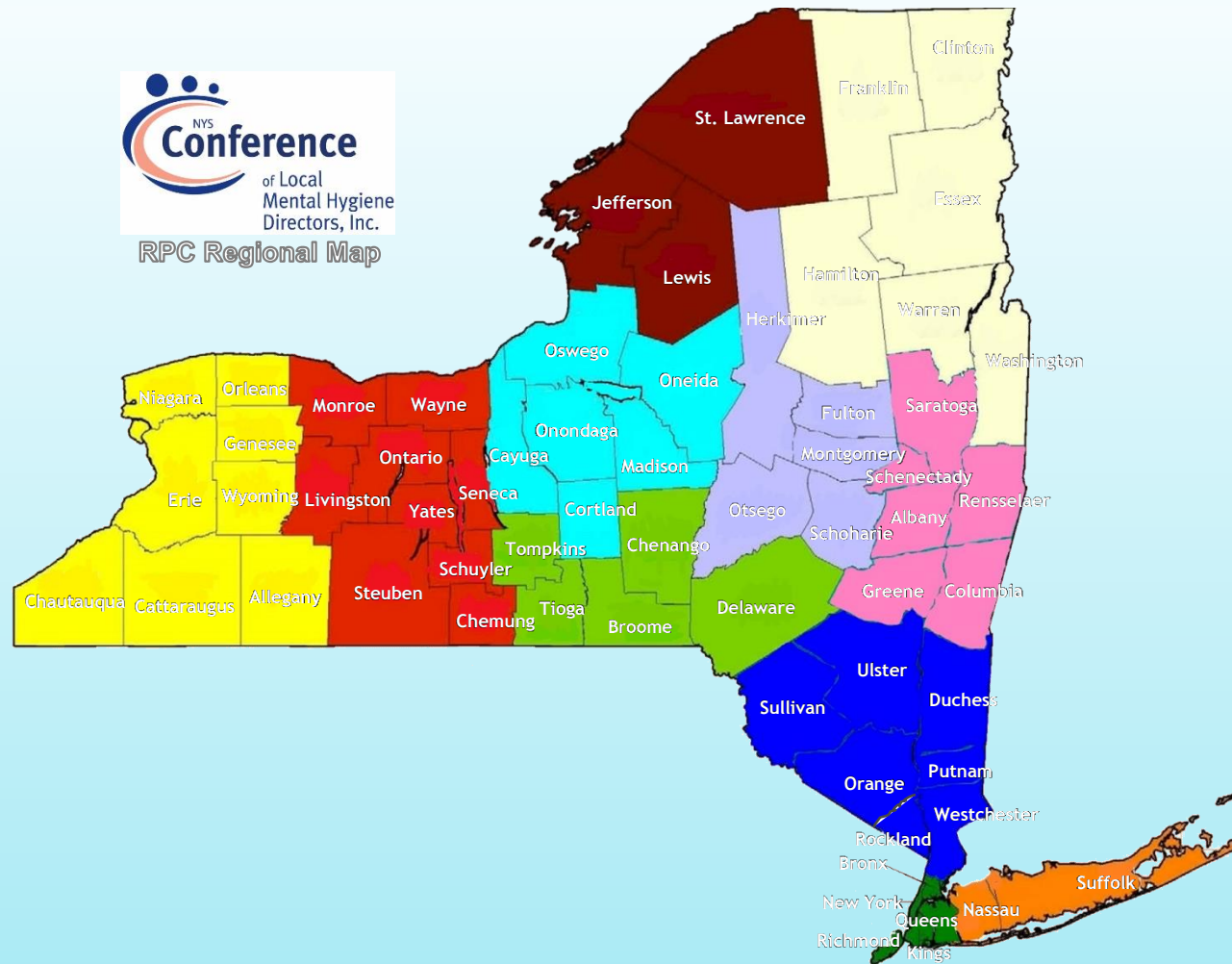


NYC Regional Planning Consortium





WESTERN NEW YORK REGION	FINGER LAKES REGION	CENTRAL REGION	SOUTHERN TIER REGION	TUG HILL SEAWAY REGION	MOHAWK VALLEY REGION	CAPITAL REGION	NORTH COUNTRY REGION	MID- HUDSON REGION	NEW YORK CITY REGION	LONG ISLAND REGION
Allegany Cattaraugus Chautauqua Erie Genesee Niagara Orleans Wyoming	Chemung Livingston Monroe Ontario Schuyler Seneca Steuben Wayne Yates	Cayuga Cortland Madison Oneida Onondaga Oswego	Broome Chenango Delaware Tioga Tompkins	Jefferson Lewis St. Lawrence	Fulton Herkimer Montgomery Otsego Schoharie	Albany Columbia Greene Rensselaer Saratoga Schenectady	Clinton Essex Franklin Hamilton Warren Washington	Duchess Orange Putnam Rockland Sullivan Ulster Westchester	Bronx Kings New York Queens Richmond	Nassau Suffolk

RPC Purpose

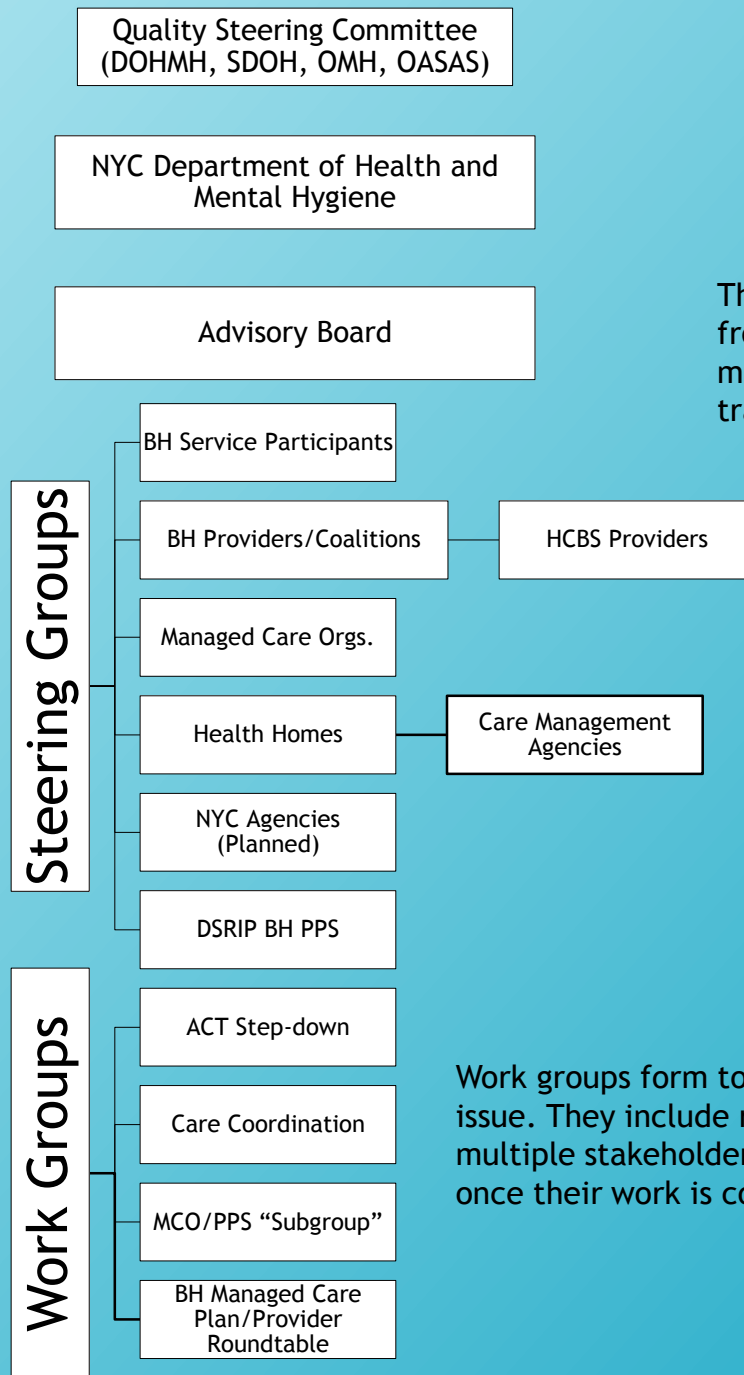
- Monitor the implementation of behavioral health managed care in NYC.
- Facilitate ongoing deliberations and problem-solving of issues identified by stakeholders.
- Align managed care with DSRIP and PHIP.

RPC Focus and Objectives

- Access to and continuity of care.
- Service efficiency, efficacy and quality and plan performance.
- Collaboration, shared understanding and real-time consensus and problem-solving around system impact and improvement.

RPC Structure

Steering Groups meet monthly or bimonthly. They include representatives from a single stakeholder group



The Advisory Board has representatives from each stakeholder group. The Board meets quarterly and considers higher level transition issues.

Work groups form to consider a particular issue. They include representatives from multiple stakeholder groups. They disband once their work is complete.

RPC and Transition Timeline

Regional Planning Consortium Activities

- 2015
 - Steering Groups and Advisory Board Formed
 - Steering Groups meet
- 2016
 - Work Groups Formed
 - First Semi-Annual Town Hall Held
 - Ongoing Steering Group and Advisory Board Activities
 - Planning for RPC for children's transition
- 2017
 - Ongoing NYC activities for adult and children's transition

BH Medicaid Managed Care (Including ROS)

- 2015
 - October 1 - Adult Behavioral Health Services Transition (non-HCBS)
- 2016
 - January 1 - Adult HCBS Services
 - July 1- Mainstream Plan BH management; HARP enrollment (ROS)
 - October 1 - Adult HCBS Services (ROS)
 - December 5 - Children's Health Homes
- 2017
 - October 1 - Children's Behavioral Health Transition (NYC & Long Island)
- 2018
 - January 1- Children's Transition (ROS)

Selected Key Issues to Date and RPC Action

ISSUE	DOHMH/RPC ACTION
Provider financial stability	<ul style="list-style-type: none">• Offered to provide cash advances to contracted providers on a case by case basis.• Worked with State to eliminate two-week lag for claims payment.
Problems with HCBS services workflow	<ul style="list-style-type: none">• Recommendations to streamline and improve processes reflected in State changes to workflow.
Training on program processes	<ul style="list-style-type: none">• Recommendations for training design reflected in final program.
Health Home implementation	<ul style="list-style-type: none">• Engaged DOHMH leadership on challenges• Meeting set with SDOH to advocate for program improvements.
Ad hoc issues arising with implementation	<ul style="list-style-type: none">• Facilitate workgroups to tackle emergent issues.