REGIONAL PLANNING CONSORTIUM
Tug Hill Region Board Meeting #4
August 9, 2017 – 10:00a-12:00p
Hilton Garden Inn
1290 Arsenal St, Watertown, NY, United States

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1. **Call to Order**
    a. **Jennifer Earl called meeting called to order at 10:02**

2. **Introductions (Name, stakeholder group, agency/organization, title)**
    a. **Board introduced themselves (see attendance list at bottom of minutes)**
    b. **Gallery members – Katie Molanare (NYSCLMHD), Caitlin Huntington (OMH), Cathy Hoehn (NYSCLMHD), Justin Jones (NRCIL)**
    c. **Pat Fontana (new board member) introduced himself**

3. **Approval of May 3rd Meeting Minutes (Motion Needed)**
    a. **1st – Kathy Connor, 2nd Curt Swanson-Lewis**
    b. **All in favor, none opposed**
    c. **Motion carried**

4. **Update on RPC Co-Chairs Meeting and Next Steps**
    a. **Jennifer Earl reviewed the highlights from the June 8th Chairs meeting minutes**
        i. **Issue #2** - *As the HCBS process unfolds; many regions have found that there are not enough HCBS providers to support the full range of HCBS services. Many HCBS providers have indicated that they are not willing to staff up or come off hiatus until the flow of HCBS referrals begins to pick up.*
            1. **No additional startup funds will be administered at this time**
            2. State Aid could be utilized as a resource
                a. Nicole Hall encouraged providers to contact the Field Office if they have any difficulties using State Aid
                b. The group talked about how realistic this opportunity is- The ability to transfer funds- Those funds typically come through the CSB's
                c. The group will consider bringing this issue back to the State on 10/30

        ii. **Issue #8** - There remains confusion about the role of the MCO's and Health Homes related to training care management agencies. MCO's are being asked to provide Health Home training and education; however, MCO's report that Lead Health Homes have received funding for this function.
            1. How will the state keep the HH's accountable? – HH's need additional auditing – State will provide additional oversight.
        iii. Need to differentiate between lead HH's and downstream HH providers.

iv. **Issue #11 -** The 'Hospitals/Health Systems/HH Leads/FQHC' stakeholder group reports that it is difficult to implement telemedicine services into their day-to-day practice due to competing regulations posted by OMH, OASAS and DOH.
    1. State has a biweekly call to discuss telemedicine regulations
    2. State is working to maintain consistency between offices
    3. Can FOH move quicker on their regulations? – This would help FQHC's

v. **Issue #13** - RPC Stakeholders request additional information regarding Value Based Payment
    1. **VBP TRAININGS AVAILABLE -** OMH discussed the next round of VBP trainings plus the webinars that are currently available regarding IPA's. Also referenced the OMH and OASAS email inquiry options. VBP FAQs are published on the OMH web site
    2. **HARNESSING PSYCKES DATA** - OMH also reviewed new PSYCKES features, showing 1) Other agencies providing services to an agency's Medicaid clients by service type. 2) Volume and type of Medicaid services provided by any agency to a provider agency's clients, and 3) Medicaid Managed Care plans and product lines for Medicaid clients served by a provider agency.
    3. **NOI TEMPLATE WIDELY DISTRIBUTED -** The application for planning funds is targeted for release at the end of June and will include a letter of interest template, modifiable for maximum utility.
    4. **RPCs TO HELP WITH VBP ROLL OUT -** James Button, RPC Project Director, highlighted that the upcoming VBP events are a collaborative effort resulting from feedback from RPC's regarding the first round of VBP training events. This collaboration is an example of the RPC's at work, bringing together stakeholders with SMEs. OMH agreed that this is a great demonstration of the value of the RPC's.
    5. **LIMITATIONS OF PSYCKES DATA -** Dr. Belkin, RPC Co-Chair from NYC, noted that the PSYCKES data is only a 'slice in time' view. We need to obtain information about developing structures to advance innovative care. He hopes this won't be the only information available to support this transition. OMH replied that the current focus on shared population is a rational starting point, one to build on. OMH is thinking about the future developments of these entities.
    6. **NOT ALL MCOs CONTRACT WITH IPAs -** Robert Holtz, RPC Co-Chair from the Capital Region, noted that their MCO (CDPHP) does not contract with IPAs. Lynne replied that the BHCC's are 'collaborative's' that might include but will not be limited to IPAs. OMH responded that the intent is about service integration and continuity, not IPA contracting ability.

vi. **Issue #16 -** Regarding the 820 Residential Redesign, there is a concern that anticipated length of stay is not realistic to provide quality outcomes. Providers are concerned that with shortened lengths of stay, this may result in an increase in future inpatient readmits due to relapse.
    1. **SUD SERVICES CLINICAL PATHWAYS OUTLINED** - OASAS responded that there is a 'clinical pathway document' currently being reviewed with providers. OASAS intends to meet with MCOs to review this as well.

2. **APPROPRIATE USE OF LOCADTR** - The LOCADTR is not to be used to identify the length of stay for an individual, but instead the intent of level of care. OASAS has avoided putting numbers for recommended lengths of stay because they are aware of the 28-day paradigm in SUD. OASAS expects to work with MCOs and providers to review the intent of each of these elements. OASAS is also interested in working closely with the RPCs to obtain feedback on new models in the community.
3. **MCO's NEED MORE INFO ON 820 RESIDENTITAL REDESIGN** – Robert Holtz, RPC Co-Chair from the Capital Region, stated that 'we' (MCOs) do not know much about the 820s or reintegration – recommendation for educating the MCOs. OASASOASAS discussed past and upcoming conversations that have been held with plans; including but not limited to OASAS presentations at medical directors meetings; and, will also continue to work with SDOH and plans associations to set up other briefing opportunities.
4. **GUIDANCE NEEDED ON OVERARCHING GOALS OF REDESIGN** - Jennifer Earl, RPC Co-Chair from Tug Hill, requested that guidance could be provided related to the bigger scope of changing landscape around 820 residential redesign. OASAS noted that this was a good suggestion. Trying to ultimately help providers pull these multiple landscapes together (including move to VBP). Re-education needed on what stabilization is, what detox is and having access to a whole regimen of medication and what the pros and cons are. The 1115 Waiver has provided an opportunity and, as a result, OASAS has had support from OMH and DOH to try to infuse some of this innovation to make the transformation occur. OASAS is looking to invest in peer services to assist with the residential redesign. OASAS wants opioid services to be re-engineered; to medicalize the treatment approach.

b. Jennifer reviewed the list of remaining issues that the board identified

c. Pete reviewed the process for the upcoming Fall Chairs meeting. Pete explained the goal that the board needs to accomplish today in order to prepare for the upcoming chairs meetings.

d. The board reviewed the current list of issues to determine which ones they will be bringing to the Fall chairs meeting:

i. **Issue 1 -** Peer/Family/Youth… Cathy explained that this issue was addressed during the Summer Chairs Meeting- Directed staff to review response. Nicole Hall also provided an update on the designation list on the OMH website and reminded that providers need to attest by Sept 15th. Nicole encouraged providers to contact F/O if they had questions. Board decided not to submit to the state

ii. **Issue 2 -** HARP/HCBS payment structure- Jennifer reviewed the states responses to this issue. Jennifer also provided an update on the increase in the HCBS rates. Jennifer encouraged people to attend the plan/provider meetings- people who are interested please contact Pete. Board decided not to submit to the state

iii. **Issue 3** – Board decided this issue has been covered and will not submit to the state

iv. **Issue 4 – There was d**iscussion around the clarification of this issue- Lead to a discussion around MCOs not having a behind the scenes systems in place to bill for

certain CPT codes. Pat Fontana from FD regional will bring back to get clarification on this issue. It has been identified has a state issue

v. **Issue 5 -** Jennifer reviewed that there is duplication of multiple subcommittees/work groups. Can we reword to streamline outcomes/goals consist messaging, to avoid duplicating efforts? The board decided that this be put in the parking lot, or be addressed in the HARP/HCBS work group instead of bringing it to the chairs meeting

vi. **Issue 6 -** Can this issue be reviewed with some additional data- how much money is lost- are there case studies that document this? Angela Doe/Jennifer Earl- Transportation is important, and is an issue in almost every region- Data takes time to collect, is this is an issue that needs to be addressed at this time? Her agency has had to look at providing services in a different way- seeing clients in other community agencies/spots and connect with people in a different way- this has helped with addressing the transportation issue. Barry- PPS/DSRIP, is addressing the ER issue- why is ER utilization high in this region? Does it have to do with the transportation issue? Recommendation- This issue was identified as both regional and state.

vii. **Issue 7 –** Board decided that another RPC region will bring this issue to the state's attention

viii. **Issue 8 -** The APG rates. There was discussion about combining this issue with issue regarding transportation. Success with using clinician in the community, billing has been difficult. Requests- Technical support?-workgroup development-Ask or someone from OMH to work with OMH sites to see if they have financial resources to provide a look at the fiscal viability of the OP MH clinics to transition to VBP

ix. **Issue 9 -** Is this more of an educational issue? Board decided- to hold. Ask state about Contracting with more education entities

x. **Issue 10 –** Was addressed previously at the 6/8 Chairs meeting. Can providers send a claim to get paid. Board decided this is a non-issue at this time

xi. **Issue 11 –** This issue was addressed earlier in the meeting

e. Next Steps:

i. Issues 4,6, & 8 were identified as State issues. Suggestion is that numbers 6 & 8 be combined.

ii. Issue # 7 – Capital region will focus on this region

iii. Issue #9 – Board will wait on this issue

f. New issue Identified

i. There is need for clarification around the role of the MIT teams in the existing continuum of care. Are they outreaching folks coming out of inpatient psych. Centers? Discussion that this issue has tried to be addressed since 2015- Is SPOA able to be a referral resource? Is this in direct competition with Peer Services? MIT services are not billed and therefore would not show in PSYCKES. Is there a way to track how MIT is utilized?

g. Pete reviewed meeting change for 4th quarter meeting

h. Meeting adjourned at 12:00

Attendance:

Jason Halstead
Korin Scheible
Jennifer Barlow
Melissa Beagle
Angela Doe
Susan Hodgson
Vicki Perrine
Christina O'Neil
Jane Vail
Joey Horton
Philip Edie
Kathy Connor
Richelle David
Michelle Fulton
David Bayne
Stephanie Pestillo
Curt Swanson-Lewis
Jennifer Earl
Patricia Fralick
Roger Ambrose
Suzanne Lavigne
Pat Fontana
Chris Emerson
Larry Calkins
Barry Brogan
Bettina Lipphardt
Nicole Hall
Laura Zocco
Joe Simko
Marni Millet
Doug Sitterly

Gallery: Cathy Hoehn, Cat Huntington, Katie Molanare, Justin Jones

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