



## MINUTES

Board of Directors Meeting  
February 19, 2020  
60 E. Amherst St. Training Room (Horizon Health & Human Services)  
10AM – 12:30PM

I. Welcome & Introductions Mark O'Brien

Mark called meeting to order at 10:07am. Welcome to the first RPC meeting in 2020! Many thanks to Anne Constantino for gracious hospitality at Horizon.

Mark introduced WNY's new RPC Coordinator, Cheryl Krouse.

He also welcomed new Board members. Everyone introduced themselves and heard from new Board members.

II. Approval of Minutes Mark O'Brien

Howard Hitzel moved to approve the 11/20/19 minutes, Bruce Nisbet seconded the motion. Minutes approved unanimously.

III. RPC's and Advocacy Efforts vs. "Lobbying"

Mark reported on a request that the RPC had received to send out an email with a request for lobbying that had been received by Board members. The RPC email had to be recalled due to the difference between advocacy and lobbying. While the RPC advocates on many issues, it cannot as an organization "lobby" government officials. There are numerous regulatory requirements for lobbying entities that the RPC does not meet. One cannot lobby government officials without meeting these requirements.

While RPC members can advocate with government officials as individuals and as members of their stakeholder associations, they are not able to do this in the name of the RPC. Our relationship with State partners in the RPC initiative provides us with direct access to them for collaborative discussion about the issues we identify.

IV. Updates from State Partners Chris Smith/Chris Marcello  
OMH

OMH – Chris Smith/Chris Marcello

Chris Smith shared some good news. In response to challenges with access to inpatient care, particularly for children, as of Jan 1, MCO's no longer may do prior authorization or concurrent review for the first 14 days of an inpatient stay for children up to the age of 18.

What about adults was asked? No current plans to expand this to adults, but situation will be monitored over time.

Also, 2 new CFTSS services, Youth Peer Support and Crisis Intervention Services, have become available. There are currently significant issues with CFTSS services, though - wait lists, providers de-designating to provide services in certain counties. Rates are also reported to be an issue.

Recently met with Central Office staff, Donna Bradbury, and they are aware of issues and are talking with DOH how to address issues. Some of the issues they are trying to address include unreimbursed travel and the credentialing requirements.

Discussed the Jan 2020 Shannon Buckley update. The request made to CMS by the State to ease some of the staff credentialing requirements that have been a barrier to adequate staffing.

Hospital update. Things are still challenging. Eastern Niagara closed 12 IP MH beds recently. On the positive side, Brylin is interested in expanding their Children & Adolescent capacity. They will increase from 20-27 beds in the next couple of months. They recruited the child psychiatrist from Eastern Niagara Hospital, so that resource has not been lost. The challenge remains with the psychiatric evaluation function. Brylin does not have an ED, so they are dependent on ECMC CPEP who works with Brylin. Niagara Falls Memorial Medical Center now in discussions with OMH, though they are not currently interested in opening child beds. 40% of admissions to Eastern Niagara had been from the city of Niagara Falls so the issue of local access is critical. ECMC serves from the overall area and is seeing high # of kids -12 currently in their CPEP. Disposition after stabilization is an issue. Question was asked if Brylin could have 9:39 status. Chris said it is part of the discussion with them, though capital expenses area significant factor. No capital funds available at this time.

In Chautauqua, the loss of 20 MH beds from the closing of Lake Shore Health Center, Irving (TLC Health Care Network) has been an issue. Brooks Memorial Hospital, Dunkirk (TLC Health Care Network) has been given 9:39 status as an interim resource. Bed need in the area is being assessed. Has added more pressure to UPMC, Chautauqua.

Questions asked "is increased use of CPEP by kids is a response to families using it as a first step instead of a last step due to program waiting lists?" Chris replied that there does not appear to be one answer to the various presentation. Regional multi-stakeholder calls taking place to brainstorm solutions for individual cases where disposition is difficult. Some PINS involvement, several where families do not feel they can safely take kids back home. So what do families need to feel comfortable taking kids home? RFA currently out for Crisis Respite services, which is hoped to help address this. RFA responses due in about a month.

Laura Kellemen encouraged those considering applying to get the proposals submitted prior to the end of the submission time to allow review time. Pat talked about her county only having two ambulances and the issue of them being tied up for multiple hours transporting kids outside of the area. Law enforcement reports the need is high for 9:39 capability in the northern part of their county. Safety in the community is impacted by this issue. This is also challenging for families when their loved ones must be admitted out of area. Many do not even have cars, which means it's much more difficult for them to participate in the patient's care and treatment planning. RPC needs to assist rural areas in looking at how to address their unique issues, specifically where are we lacking and how can it be addressed?

NAMI- Michele Brooks talked about how they advise families not to take kids home after a brief admission. Meds haven't kicked in yet. No connection to appropriate program made yet. DCS authority limited to 9:45, which is authority to transport person for evaluation at a 9:39 facility. Question of whether the evaluation is required to be at 9:39 or can it be done somewhere else? Chris Smith will look into this. Also, can telehealth be used to support the need for these evaluations? Question raised of whether that would constitute a psychiatric evaluation.

Clarification was made that a 2 PC commitment must be "confirmed" by a third psychiatrist for the hospital to accept the admission.

Conclusion is that the current multiple hospital closings is a critical situation. How to get ahead of this and work with DOH re: which hospitals are distressed and at risk for closure. Can RPC assist with the planning? Noted that ultimately it comes down to fiscal viability. Can RTF's be modified to address this critical situation? Parsons in Albany created a crisis service at their RTF and they are now incentivized to relook at their service model and length of stays as to whether it is best fits needs (typically LOS is many months). They are high cost providers and now is the time to look at their role. Question asked if they have capacity to perform psych evals. Being reviewed and discussed. Going to be a challenging transition.

OASAS – Carol Cornacchio

Changes recently made to coverage of SUD services. Changes to prior authorizations, copays. All providers have received this info and should be sure to review it. Also a recent update to tele-practice services. If you cannot find the info on the OASAS website, call Field Office. Two RFA's due soon for tele-practice expansion and mobile crisis.

OPWDD- Scott Perry – not able to be present today. Asked Mark to shared that "Raise the Age" and bail reform are having an impact in their service area.

## V. Updates from Key Partners

Millennium PPS – Al Hammond

In transition as a PPS, don't know about DSRIP extension. Planning to shut down as of March 31 at present. DOH has PPS transition plans that are being required to be submitted to State. In process of aligning the PPS statewide promising practices with Millennium's promising practices, Draft has been submitted to Board recently. CMS not required to reply to state about extension until end of February, so will probably not hear until then. Hoping to hear at least about the one year extension request by then. Earliest that the full DSRIP v2, with VMO's, would be operational would be April 2021. Questions exist - what will physically happen to staff and infrastructure? Much work to be done until Dec 31 wrapping up current projects. Has been a lot of attrition of staff and they are not being replaced at present. Corporate structure currently is an LLC under ECMC. Will stay in current premises for the next year to wind down if no extensions are realized. Working with community leaders to discuss what to do with the accomplished work and resources if no extension of any kind materializes. How to continue to work on VBP and caring for Medicaid population.

Questions was asked what will happen to the data infrastructure. Will it go to ECMC or to the community at large who made it? It will be a State decision likely in collaboration with QE's.

Questions asked about what happens to unspent funds after March 31? DOH planning to pull in all of the unexpended funds and reissue them for a no increase extension. Previously "earned" dollars will be submitted as part of this process.

Question asked about 3.a.1 waiver BH project – will those providers continue to access those funds? State is looking at that project in particular for an extension.

Chris Smith reported that FLPPS also has three waiver programs currently, and OMH and DOH are looking at possibly converting those to 501 waivers, which would have OMH granting the authority for these programs to continue. How these are transacted could potentially impact MCO ability to promptly pay for these services, Should be considered in the discussions.

Nicole in OMH Field Office will be working specifically on these transitions if/when they occur.

FLPPS – Nathan Franus

Heidi Marshall reported on behalf of Nathan Franus. Reported that the FLPPS Board currently planning for the various transitions that will need to occur, and how to continue the work of delivering an integrated system for care of MA patients. Looking at how to spend remaining dollars, based on surveys of participating members. Will be sending info in spring/summer 2020 re: remaining STACI (System Transformation and Community Investment) funds that will be available.

Responding to the DOH plan and planning for the sharing of their promising practices. Very uncertain until decisions made. There is a plan for FLPPS v2 if there is no DSRIP v2.

BHCC

Community Partners of WNY – Bruce Nisbet

Mobile clinic will be on the road in Wyoming County in April. Very excited. Will also be one in southern Erie County.

Population Health Collaborative – Karen Hall

Value Network – Andrea

Has recently signed to VBP upside risk only contracts, one commercial and one MA. 5-7 other groups in discussions. Some good projects underway. Forming Quality and Data Analytic structure and policy. Was demoed to partners last week. In process of becoming NCQA accredited.

Integrity Network – Steve Harvey

Fully staffed in October. Exploring telehealth options. In 14 rural counties. Has OASAS grant on model program. Looking to enter into first VBP contracts in summer. Working with CCSI to look at data. Forming a partnership with several universities to be the researchers who will look at all partners' data across their activities to see what's working, who and what their connections and processes are and how to leverage those best practices. Creates opportunity to change system and look for additional resources. Very dynamic opportunity. Should start in next 6 months.

VI. Reports from Subcommittees/Workgroups

a. Children's Subcommittee

Elizabeth McPartland

Beth discussed challenges of post admission access to needed services. Waiting lists are a barrier due to staffing problems. Discussed need for changes in credentialing needs, understanding that these may impact the services being delivered to kids. Discussing what happens to referrals received by providers for services they don't provide. How are those connections made? Once again, everyone has waiting list, so then what. Developing one template for standard agreements between providers. Also discussing standard referral form - some want it, some don't. Some may need to "let go" of adamant requirement for certain data elements at the point of referral. Discussed RTF's and pilot project two years ago re: RTF model programs. Addressing length of stay, hoping to get kids home sooner with adequate support right away. Less expensive than hospital care, but still demanding to fund and administer.

It was noted that CCBHC's do not have waiting lists, can have psych or NP see someone for eval next day.

b. Workforce

Kirsten Vincent

Meeting will need to be rescheduled. Kirsten asked group how they want to do this. Everyone is busy, but this group working on good things for region.

HHH: Kirsten Vincent

Met in January. Meeting times have been scheduled for the year. If you don't have the invite, let Cheryl know and she will send it to you.

Three subgroups are currently addressing specific issues:

One is working on provider directories (all kinds)

One group looking at transportation, longstanding issue. Gathering data in both urban and rural areas. Started with a template developed by Capital region RPC. Template almost completed

Another group looking HCBS policies and procedures. Again, if you don't have the invite, let Cheryl know and she will send it to you.

c. Residential Re-Design (820)

Mallory Bryant

A lot of work underway, bringing up issues to the State. Biggest issue is that every county interprets regs differently. Looking for clarity on actual requirements. Big issue is the third party assessment of LOC even if they've already had LOCADTR.

Next, looking to expand the use of SKYPE interview modality. Now more possibility due to fingerprints no longer being required for public assistance benefit application.

Third main issue is the interruption in managed care coverage when client admitted to 820 setting. Exploring why there is this interruption. Losses have been enormous (hundreds of thousands of dollars) to 820 providers due to this issue.

Beth White provided the group with an update regarding the ongoing discussions with the OASAS regarding these three issues. They are in support of resolving them and have engaged the Central Office DSS officials re resolutions. Guidance is expected to be received very soon re agreed upon resolutions. The RPC's can then assist with engaging local DSS's, starting in the WNY region. Beth commended the work done with these issues by this region, and cited it as example of the regional problem solving that can happen when RPC stakeholders work together and with State partners.

## VII. Reports from MCO's

Andrea reported that Fidelis issued 13 HCBS infrastructure grants but they are not yielding significant results. They are finding clients interested in the HCBS services, but they are not HARP eligible yet. She advised that for clients who have the H9 indicator, providers can contact Fidelis who will help negotiate the process.

Colleen from Excellus has a particular provider who has a great model for outreach to clients. Will be presenting their work at NYAPRES conference and she will share the presentation with this group. Other providers not so successful with this outreach, Excellus working with them. It's all about creativity.

Jennifer reported UHC working with providers to help them establish metrics for improving their efforts in the HCBS area. Wants providers to know that the MCO has meetings with their providers but they aren't very well attended. There is also a monthly technical assistance call re: billing issues. Contact Kylie Criscione if you want info about joining these calls. She will send the invite out to everyone. Invite will come from Shannon Buckley. Also discussed child plan-provider roundtable call. Need to attend these calls at your Field Office if you want to be able to speak. Otherwise you can only submit a chat question. Updated billing manuals coming out soon.

MVP reported that HCBS providers are going to be required to submit timely POC's soon, MCO will no longer do the outreach they have been doing to get the needed information. March 31 will be the start for all plans. In spite of new change re: prior authorization and concurrent review, still must notify plan or claims can be denied.

Plans being requested to submit to the State the clinical criteria they're using and how they're applying it. These have been submitted to the State and MVP waiting for results of their review.

Discussion of HARP eligibility and community referral. Population data is much more current than the algorithm that establishes HARP eligibility. While there's no current timeline for community referral to HARP status, certain populations will receive expedited review: First episode psychosis and AOT/jail population.

Does the Board see any need for additional workgroups?

Current Issues/ Concerns?

Question asked is there a list of OASAS providers who use telepractice. When you search for providers on website, you should be able to check telepractice as something you are searching for.

It was noted that for programs with integrated licenses, and are listed as having telepractice by OMH, they can also provide OASAS services via this modality.

Mark reviewed upcoming Board Meetings. Discussed the traditional Southern Tier located meeting. It has been the least attended. Kirsten asked for suggestions how to support folks attending this. Is there a better location for people in the area than Jamestown?

#### BOD Meetings

May 20, 2020 (Horizon Corporate Office: 55 Dodge Road, Getzville 14068)

August 19, 2020 (traditional meeting in the southern tier) TBD

November 18, 2020 (Tentative: Horizon Corporate Office, Getzville, looking for a potential location in Batavia)

#### OASAS Workgroup (820)

April 7th (RASI, 920 Harlem Road, West Seneca, NY 14224)

June 2nd (RASI, 920 Harlem Road, West Seneca, NY 14224)

August 4th (RASI, 920 Harlem Road, West Seneca, NY 14224)

October 6th (RASI, 920 Harlem Road, West Seneca, NY 14224)

December 1st (RASI, 920 Harlem Road, West Seneca, NY 14224)

#### HHH Workgroup

April 21st (9:30- 11am: Horizon Corporate Office, Getzville)

June 9th (9:30- 11am: BestSelf -Abbott Training Room: 3176 Abbott Rd., Orchard Park, NY 14127)

August 11th (9:30- 11am: BestSelf -Abbott Training Room: 3176 Abbott Rd., Orchard Park, NY 14127)

October 13th (9:30- 11am: Horizon Corporate Office, Getzville)

December 8th (9:30- 11am: BestSelf -Abbott Training Room: 3176 Abbott Rd., Orchard Park, NY 14127)

#### Workforce Workgroup

March 3rd (10:30- 12:00pm: BestSelf -Abbott Training Room: 3176 Abbott Rd., Orchard Park, NY 14127)

April 28 (9am- 10:30am: Housing Options Made Easy: 699 Hertel Ave, Buffalo 14207)

June 23 (9am- 10:30am: Housing Options Made Easy: 699 Hertel Ave, Buffalo 14207)

August (TBD)



October (TBD)

December (TBD)

Kirsten clarified that Board members are not expected to attend all of these workgroups, but can send staff to these.

Chris said it would be very interesting to see one of the mobile clinic vehicles at a future meeting.

Thursday May 7<sup>th</sup> is mental health awareness day.

Meeting was adjourned at 12:30pm.

Thank you for coming!