



# Welcome to the WNY RPC Networking Event

For Managed Care Organizations, Behavioral Health Organizations,  
Care Management Agencies, Health Homes,  
and Home & Community Based Services Providers



# WNY RPC Networking Event

- Today is an opportunity to meet with representatives from Managed Care Organizations, Behavioral Health Organizations, Regional Adult HCBS Providers, Lead Health Homes, and Care Management Agencies.
- We will briefly review the role of the RPC and cover information from the surveys sent out last month. Then we will hear from representatives from MCO/BHOs about common questions they receive and who you can contact with your questions.
- The majority of time at today's event is to have an opportunity to ask questions of one another and create a dialog. You have index cards attached to your name tag to write down questions – we may not get to every question today and will collect the cards to develop answers which will be posted on our website ([www.clmhd.org/rpc](http://www.clmhd.org/rpc)).



## RPC AUTHORITY & SUPPORT

**AUTHORITY:** The Regional Planning Consortia derive their authority from the CMS 1115 Waiver with New York State. The 1115 Waiver application describes to CMS how NY intends to implement the HARP program and the RPC is a component of the waiver application that was approved by CMS.

CMS considers the RPC's a necessary element in the transition to Medicaid Managed Care.

**STATE GOVERNMENT SUPPORT:** The RPC is backed by NYS DOH, NYS OMH, NYS OASAS and NYS OCFS.

**PLAN PARTICIPATION:** The State has required each MCO/HARP to participate in the RPCs.

# REGIONAL PLANNING CONSORTIUMS



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	Dutchess Orange Putnam Rockland Sullivan Ulster Westchester	Bronx Kings New York Queens Richmond	Nassau Suffolk



# WESTERN REGION RPC

Niagara, Orleans, Genesee, Erie, Wyoming, Chautauqua, Cattaraugus & Allegany





# REGIONAL PLANNING CONSORTIUMS

## PURPOSE & OBJECTIVES

The purpose of the RPC is to:

- *“The RPC will work closely with State agencies to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend priorities for reinvestment of Medicaid savings.”*
- The RPC will **work collaboratively to resolve issues** related to access, network adequacy and quality of care occurring in the region around the behavioral health transformation agenda (specifically Medicaid Managed Care) and;
- The RPC will **strengthen the regional voice** when communicating concerns to the state partners and;
- The RPC will **act as an information exchange** and a place where people can come to get updates on the behavioral health transformation agenda.



# RPC Board Charge

## Mission

**As the Medicaid, behavioral health system undergoes transformation, the RPC will work to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend priorities for reinvestment of Medicaid savings.**



# RPC Board Charge, continued . . .

## Charge

- The RPC will work collaboratively to resolve issues related to access, network adequacy and quality of care occurring in the region around the behavioral health transformation agenda (specifically Medicaid Managed Care);
- The RPC will strengthen the regional voice when communicating concerns to the state partners;
- The RPC will act as an information exchange and a place where people can come to get updates and provide experiential information on the behavioral health transformation agenda.





# Charge, continued . . .

## Scope of Activities

- Learn and apply knowledge of new principles and processes to the analysis of regional behavioral health system performance.
- Identify measures of adequacy and success in regional behavioral health service delivery, and methods of reporting and monitoring those measures.
- Determine regional training needs, i.e. managed care training for behavioral health providers, human/social service systems training for MCO's, information regarding new services and access processes for service recipients.



# Feedback from HCBS Providers

- We received 10 responses from HCBS providers. Services are provided in all eight (8) counties.
- 60% of respondents have received referrals for a service and have provided a service.
- 50% state that they have received reimbursement for a service; 20% state that it has taken longer than 120 days to receive reimbursement.
- Respondents state that the biggest barriers to receiving referrals are people not knowing that the service is available, no referrals from Health Homes, and staff turnover.



# Feedback from Care Management Agencies & Health Homes

- We received 13 responses from CMAs. Services are provided in all eight (8) counties.
- Almost half stated that they don't know how they measure client satisfaction
- The majority of respondents state that they have been reimbursed within sixty (60) days.
- We received 2 responses from Lead Health Homes. Both shared that their claims are reimbursed within sixty (60) days.
- They shared that a significant barrier to enrolling clients is homelessness.



# Contracts with MCOs

Insurance Company	HCBS	CMA	Health Homes
Excellus (Orleans)	3	1	2
Fidelis (all)	10	6	2
BCBS (All, Cat, Chaut, Erie, Or, Wy)	2	1	2
IHA (Erie, Nia)	5	2	1
MVP (Genesee)	3	2	1
United (Chaut, Erie, Gen, Nia, Wy)	6	2	2
YourCare (All, Catt, Chaut, Erie, Wy)	6	1	2



# Training Needs Identified

Training Need	HCBS	CMA	Health Homes
How to Write a Level of Service Determination Plan	40%	70%	n/a
Writing a Plan of Care	50%	77%	n/a
Information Sharing with Other Agencies	60%	85%	n/a
Learning More about Services in the Community	50%	70%	n/a



# What are the barriers to enrollment and provision of services? (HCBS providers)

- Being able to get 3 visits within a 14 day period and developing a plan in that time frame
- Health Homes running behind.
- Insurance reimbursement
- Limited referrals!
- Individuals have been apprehensive to sign up for HARP services.
- Incomplete referrals
- Too many separate authorizations/paperwork to keep track up; also hard to locate clients at times
- No one tells them of our services
- Widespread lack of consumer education; challenges of smaller agencies to meet the many deadlines due to transforming all or part of service delivery
- Anti accessibility
- Not sure at this point, beyond our need to put staff in "play".



# What are the Barriers that CMAs see for clients receiving HCBS?

- Wait from OPWDD to determine eligibility.
- Lack of HCBS providers in more rural counties
- Need to receive approval for the services and be able to find an agency that provides the services.
- Currently enrolled with an MLTC & clients with Medicare coverage
- Client's attendance for eligibility screen
- Waiting list
- Willingness to accept services, not knowing that they are eligible
- Knowledge of eligibility, willingness to utilize services.
- Lack of service providers in my area
- Lack of programs accepting new enrollment
- hasaads
- Just a dearth of providers



# Group Discussion

- David Ferencz from NYAPRS is here to let you know how to set up a peer to peer training for your clients
- What are common questions that MCOs have heard?
- Who can people contact at your MCO with a question?
- How can we all work together to best serve our shared customers?
- For those who may not be sure – what are Home & Community Based Services (HCBS) and how can these assist our clients?
- Questions from the audience. If you do not want to read your question please write it on a card and give to Margaret or Kylee.
- Questions that haven't been answered will be collected at the end of the program.





# How can I be involved in this process?

- If you are interested in participating in a work group to examine Health Homes issues and concerns or a work group to examine HCBS issues and concerns sign up on the sheets outside the room.
- These work groups meet every 1-2 months with recommendations or questions forwarded to the RPC Board. The RPC Board meets quarterly and is a means of relaying concerns to our state partners.
- If you would like a copy of this presentation please go to our website [www.clmhd.org/rpc](http://www.clmhd.org/rpc) to download.
- For more information about the RPC please visit the website or contact me at [mv@clmhd.org](mailto:mv@clmhd.org).