

Please look through this list of issues/concerns that were identified at the 2.1.17 meeting and individual meetings with Margaret. Choose up to three (3) from each category that you think are the most important issues to be addressed at this time. Board members will be selecting up to 3 issues from each category at the 4/13/17 meeting. We will total the results and identify if these concerns are regional or state issues. You will take part in a small group discussion to develop solutions to the selected issues. These will be taken to the meeting with the state "O" agencies on 6/6/17. We will be giving an update on other identified issues at the board meeting.

### **HARP/HCBS/Health Homes**

1. Consensus that it is not well known who the active HCBS providers are in the community and what services they are contracted to provide.
2. Concerns have expressed that not all HCBS services are available in this region and/or not within a reasonable distance of many consumers. [resolution: state issue a new round of HCBS start-up funds to recruit additional providers]
3. Peers, families, and providers have questioned if services that have been requested by consumers are those that are currently in the HCBS array.
4. Stakeholders have shared that they are unsure of how to access HCBS outside of MCO referral.
5. Providers of HCBS services have stated that each MCO requires different forms to coordinate services that takes additional time to complete.
6. Stakeholders have expressed concern that individuals who have been identified as HARP eligible are not enrolled in the program.
7. Consensus is that there continues to be confusion surrounding the difference between Health Homes and HARP. Additional questions regarding the role of these two programs in clinical care also continue.
8. Providers new to billing Medicaid report that they are unsure of how to construct billing and recording systems. There are also questions re rate structure and provider viability.
9. Stakeholders report concerns re sharing of information between partners – they report that there are questions re HIPAA regulations, 42 CFR Part 2 covering substance abuse services, etc.
10. MCOs report that there may be confusion between HCBS and BHO re eligibility to provide services. [resolution: OMH send clarification notice to the HCBS providers regarding the designation letter as the only requirement for contracting with the plans]
11. MCOs question if the State will continue to reimburse MAS-contracted providers FFS rates for members who have HCBS services as a part of the treatment plan. The transportation through MAS was essential for Medicaid clients - is the funding from the state continuing with the MMC/HARP transition?
12. Providers and MCOs have expressed concerns that they are not utilizing common terminology.

13. MCOs expressed concerns that process to access HCBS services is lengthy and cumbersome [resolution: additional training to be provided to HCBS, CMAs, and clinical staff re consumer engagement].

#### **Value Based Payments/Managed Care**

1. Providers have shared that they are unsure if Medicaid rates are up-to-date and reasonable in the current fiscal environment.
2. Providers report that they are interested in learning more about business models that will promote financial stability to prepare for changes in reimbursement rates and models.
3. Providers report that they have limited experience in developing co-operative agreements and designing billing/record keeping systems for new services.
4. Stakeholders shared that there are differing levels of knowledge regarding VBP.
5. Rural and smaller providers have expressed fears that they will be forced to merge or go out of business due to regulatory changes and changes in reimbursement models.

#### **Integration of Primary Care and Behavioral Health**

1. Several stakeholder groups report that their experience with primary care providers indicate that PMDs do not want to take on the risk of caring for behavioral health care clients.
2. Consensus around unrealistic expectations of behaviors of BH consumers by medical practices. For example, consumers are discharged routinely for missing an appointment or taking a non-prescribed substance.
3. There is a general lack of knowledge regarding the connection between physical and behavioral health.
4. Pain management services are becoming less available; many primary care practices will not prescribe any type of painkiller.
5. Consensus that consumers with behavioral health concerns are not taken seriously by primary care practices.