



RPC – WESTERN REGION

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

MINUTES

April 13, 2017

WNY RPC Board Meeting

Mark O'Brien, RPC Lead, called the meeting to order at 9:30AM. Board members and guests were welcomed. Attendees introduced themselves including their affiliation. Mark gave a brief overview of the meeting objectives. Please see attached for meeting attendees.

Approval of Minutes: Mark asked for a motion to approve the board minutes from the 2/1/17 and 3/1/17 meetings. Chris Syracuse made a motion to approve the minutes, Vicki McCarthy seconded. With no changes, the meeting minutes were approved. The meeting minutes will be posted on the WNY RPC website.

Margaret Varga presented the RPC Logic Model (please see PowerPoint presentation dated 4.13.17). She shared that this group had identified almost 200 issues concerning the provision of behavioral health care services in WNY. At this time, issues related to (1) Health Home implementation/HARP/HCBS Services, (2) Integration of Primary Care and Behavioral Health Care services, and (3) Value Based Payment will be the initial issues/concerns addressed. The board is asked to consider if issues identified fall into the state "bucket" --- that is, issues that can be addressed by any of the state "O" agencies through system adjustments, financing, or public policy decisions. Other issues may fall into the regional "bucket" – that is, issues that can be addressed by looking at access, adequacy, communication & networking, or training needs, etc. While issues may be similar across NYS, there may and will be actions/solutions that can take place on a regional or sub-regional level. All issues discussed will be related to Medicaid Managed Care.

Board Exercise: The Board was tasked with selecting the top three issues/concerns in the identified categories above. All attendees were given dots/stars to select their top three issues in each category (please see attached list of all identified issues) Participants were advised that if there was an issue not listed that they should write it on their flip chart to be added to the master issue list. Each breakout group will develop actionable solutions to the top three issues identified by attendees; the recommendations will be sent to the co-chairs meeting. Participants were divided into three (3) groups to discuss issues and develop recommendations to be presented to the full board. Groups engaged in lively discussions and reported out on recommendations they developed for each identified issue. Issues/recommendations will be forwarded to RPC Albany staff to be presented to OMH/OASAS/OCFS/DOH at June co-chairs meeting.

Identified Issues and Recommendations:

Bruce Nisbet reported out for this discussion group:

1. HARP/HCBS/Health Homes:

- a. Concerns have been expressed that not all HCBS services are available in this region and/or not within a reasonable distance of many consumers.

Recommendation: State to conduct two (2) surveys; one of active CBOs to determine what the barriers are to current clients accessing HCBS; second to current HCBS providers asking them what the barriers are to receiving referrals and enrolling clients for service. **Recommendation:** Survey HCBS approved providers who are not providing services (on hiatus) - what are the barriers to moving to active provision of services and what would it take for you to go off hiatus.

- b. Stakeholders have expressed that individuals who have been identified as HARP eligible are not enrolled in the program. Stakeholders express concern that process of identification of eligibility to receiving services takes 4-6 months.

Recommendation: Form committee comprised of peers/MCOs/HCBS providers to develop streamlined process to accelerate actual service provision.

- c. Stakeholders report concerns re: sharing of information between partners – they report that there are questions re: HIPAA regulations and 42CFR Part 2 covering substance abuse services, etc.

Recommendation: Issue guidance regarding information sharing for all "O" agencies sanctioned by the state attorney general that will ensure that there is consistency regarding information sharing across state agencies.

Anne Constantino reported out for this group:

2. Value Based Payments/Managed Care

- a. Providers have shared that they are unsure if Medicaid rates are up-to-date and reasonable in the current fiscal environment. Re-stated: Providers report that APG rates do not reflect current costs of doing care and are based on data that is 7-8 years out of date.

Recommendation: Make an adjustment to the base payment rate (APG rate) to reflect current costs and add a trend factor going forward.

- b. 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.

Recommendations: State: Require data sharing at all levels regarding reimbursement rates. Also, develop a working definition of value based for behavioral health. Develop a primer on business models that have been accepted as best practices and make available with training to providers statewide.

Regional: Develop training program in cooperation with local foundations and PPS to educate provider community about NFP business models.

- c. 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.

Recommendation: Provide incentives and technological assistance to encourage rural collaboration. Also, provide incentives/technological assistance for small urban organizations to share administrative services and costs.

Mary O'Leary reported out for this group:

3. Integration of Primary Care and Behavioral health

- a. Several stakeholder groups' report that their experience with primary care providers indicate that PCP's do not want to take on the risk of caring for behavioral health care clients.

Recommendation: DOH and/or MCOs to send information to primary care practices regarding financial incentives available for integrating BH clients into their treatment services. Offer training on how to incorporate best practices into medical practices, particular smaller practices. Review reimbursement rates for seeing Medicaid clients within a primary practice model not affiliated with a hospital.

- b. 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 medication.

Recommendation: All "O" agencies to review standards and regulations re: discharge for "noncompliance." Provide additional training re: this via webinar to applicable providers.

- c. There is a general lack of knowledge regarding the connection between physical health and behavioral health.

Recommendations: State: DOH to review medical training programs and determine if new educational components need to be added to curriculums to inform medical staff (including med techs, nursing) re: positive health outcomes associated with integration of BH with primary care. **Regional:** Continue to work with local PPS to develop/implement educational components to members.

Development of Work Groups: Mark suggested that the Board create ad hoc work groups to continue to work on issues/concerns identified by the Board. The Board agreed to form the following groups: Health Homes/HARP/HCBS (HHH); Value Based Payment/Managed Care; and a Systems Work Group. The Systems work group will address regional concerns with participation to be fluid dependent on the concern being discussed. The initial concern will address communication between local providers and county DSS departments. Bruce Nisbet volunteered to be the HHH lead; Tina Lamont the VBP/MC lead; and Anne Constantino the Systems/DSS lead. Margaret will coordinate with each lead and send out notifications of meetings/conference calls.

Margaret handed out copies of a research survey being conducted by faculty from Syracuse University re: the RPC Process and indicated that participation in the survey was strictly voluntary. Members turned in responses that were forwarded to the research team.

Update on Value Based Payments and Behavioral Health Care Collaboratives: Board members were instructed to go to the MCTAC website to review the presentation that has been given across NYS. Chris Dougherty-Smith (WNY OMH Field Office) advised that the funding for planning and implementation re VBP is very fast and that letters of intent will be due in mid-May.

With no other business, the meeting was adjourned at 12:10PM. The next board meeting is July 13, 2017 at The Resource Center 200 Dunham Avenue Jamestown, NY.