



Minutes

HCBS Work Group

January 25, 2018

Michelle Scheib (WNY RPC Board Lead) and Margaret Varga, RPC Coordinator for the WNY region welcomed participants to today's event. Attendees introduced themselves and identified their agency affiliation, if applicable.

Margaret shared that today's task was to review issues brought up at the November 29th networking event, identify new issues, and develop a plan to develop action plans to address these issues. She reminded participants that they had been sent a packet of information compiled by the OMH WNYFO that covered many of the issues brought up at prior meetings including answers to questions raised at the meeting and supporting documentation including guidelines and regulations. Margaret will re-send this email to participants.

Issues raised at networking meeting:

1. Any updates regarding members who are on the exchange but deemed HARP eligible – have they been taken off the exchange by DSS and enrolled in HARP? Is this happening? In a timely manner? Is this still an issue? Participants stated that there is still confusion when calling Medicaid Choice. Some shared that MC will not talk to Health Homes. Others questioned if the state is going to move forward with including HARP on the exchange; shared that MCOs have different rules as to how they treat individuals with HARP.
2. Helping individuals reach independent living by providing them housing and linking them with community supports. Biggest issue for my individuals is getting transportation **anywhere** (emphasis by writer). DOH needs to have someone working on this – there is confusion re transportation as a stand alone service. Others have questions about how the cap on transportation works. There were questions about how MCOs accept the transportation grid. Stated that it is difficult for peers to provide services – peers often do not have cars and utilize public transportation or Medicaid transportation themselves. Clarified re use of Rural Transport – it is limited as to what it can do and who it can serve. A suggestion was made re purchasing a service voucher for transportation – i.e. buying a voucher similar to a bus pass (in NYC they purchase a monthly transit pass) or a voucher worth so many dollars to be utilized for transportation only.

3. MCOs want to receive a copy of care plan. However, they do not provide precise phone and fax numbers. Would it be okay to have updated list of contact persons, phone, and fax numbers. Are we working on streamlining the process so every health home has the same referral process and guidelines for referring to HCBS providers? Participants requested that a list of the MCOs be updated and put in an easier to use format – perhaps breaking out by county.
4. Can HCBS providers use a 5055 release if they are a community based organization and not a health home? MCOs are working on streamlining this process. See the update sent by DOH last week re community referrals.
5. As a community based organization, we are still having trouble getting ePaces and Psychkes access. Is this being corrected? Agencies stated that they need more information to help track someone down – let them know if someone is in-patient, if they have changed enrollment (assists agencies in ensuring that they get paid), check on medication compliance – very helpful in writing the care plan. Members shared that it is difficult to be in a RHIO if agency provides HCBS only. Stated that it could help with cost savings if all agencies had access to info.
6. Client self refers – when directed to MCO or Health Homes there is NO follow through. Will see if this changes with changes in state guidelines.
7. We had a client eligible for HARP and HCBS. We provided services then graduated/closed him before he received SSDI/Medicare A. Now MCO is going to take our money for services provided. This was resolved.
8. Some services are not available at all (respite, FSAT, CPST). Agencies shared that it is not difficult to start up an already existing service in another county. They shared that it is more difficult to start a new HCBS. They also shared that initially it was taking 6-9 months to get paid which made it difficult to hire staff for this program.
9. Provider designation list on OMH website – can we add for each provider which MCO they contract with? Margaret will ask providers to add this information when she asks them to verify entries in the directory.
10. Is there an updated list of HCBS providers and services provided? We are working on a comprehensive directory – for now you can access the HCBS provider list on the OMH website.
11. Has retention in HCBS services been addressed? We are losing clients after 6 month enrollment due to disinterest or HCBS provider closures for inconsistent engagement in services. This may be an area that this group decides to work on.

Participants should refer to Q&A sheet in packet previously sent; also attached to these minutes.

New Issues/Concerns:

1. There were questions re ability to access HCBS for those individuals receiving services through a CCBHC – [more education is needed in this area](#).
2. Most of those in attendance agreed that the written materials distributed through the state could utilize greater consumer input to make them more accessible. Many agreed that the phrase “Health Homes” can be confusing to consumers.
3. Participants urged the greater use of peer supports and better explanation of what is meant by this service level.
4. MCOs are not required to give the health home the ISP that is the final authorization approving the units of service. HH care managers state that they need this to write the care plan.
5. An agency brought up that they have been working with their billing service to set up a matrix for service delivery and billing. They shared that the exclusion chart for billing doesn’t match up with what can be billed. It was suggested that they check on the regulations and discuss with billing service. They also shared that if they see the person 3 times in non-consecutive time periods during a 24 hour time period they can only bill for 1 time that is the lengthiest.

The group briefly reviewed the HCBS provider directory – [send out to each provider for verification of information; add MCO information; add section about linking service to client tx goals; add service list with those who provide service below each category](#).

Participants agreed that meeting was a useful way to discuss common issues and concerns and shared that they are interested in meeting on a monthly basis to work on developing action plans to address these concerns. Julie Weber (BestSelf), Kirsten Vincent (Housing Options), and Allison Nassioy (Horizon Health) offered to host the next meeting. Date/location TBD.

Suggestions for Action Plans:

1. Utilize NYC or Capital Region HCBS workflow model to identify where there are gaps/problems in this region. Develop regional solutions to resolve gaps.
2. Develop education plan to address gaps in knowledge regarding referrals, client engagement, communication between referring & receiving agencies and MCOs – how do we develop better partnerships?
3. Development of standardized tools – assessments, referral forms, care plans, etc.
4. Development of HCBS consortium of providers. Utilize as clearing house for information and education.
5. Complete HCBS directory with distribution date of 3/15/18.

6. Hold CMA vendor fair in conjunction with Community Stakeholder meeting in late May/early June.

Next meeting: February 21st 10AM to noon Horizon University, 60 E. Amherst Street Buffalo

Call in number: