



## **Workgroup Summaries**

### **August 21, 2019**

HHH Workgroup: We have changed the format of the meeting to have small subgroups meet for the first hour. At the past meeting we developed the following subgroups:

1. **Messaging:** this group is focused upon updating the 2018 HCBS Directory for Services in WNY. The directory will be expanded to include a corresponding list of Care Management Agencies and MCOs affiliated with each HCBS provider. Also included will be a list of RCAs (Recovery Coordination Agency) for each county (w/associated MCOs). We are hoping that this directory can be used as a template by other RPC regions. The subgroup is also going to work on a flow chart to demonstrate how an individual moves through the different stages of accessing HCBS – we are hoping this makes the process more user friendly for both referring agencies and the client. The group is going to work on the language describing each of the services – again, the aim is to make the directory more user friendly. The group would like feedback on what MCOs would like included in the directory – either as part of guidance of how to make referrals or other information that would be useful. Next steps include having each HCBS provider complete a data form to be submitted to MV to produce the directory. We are aiming to have a draft of the directory available for review at the November 12<sup>th</sup> meeting. Additional support will be researched to have hard copies printed and available to be distributed at a networking event. A link to the directory will also be made available.
2. **Transportation:** this group focused upon revising a tracker developed by the Mohawk Valley RPC. Of particular interest to both regions are concerns re the 60 mile cap – that is, an individual practitioner can only bill for up to 60 miles per day (total, not 60 miles per client) for reimbursable transportation costs. This has been a concern that has been brought by several RPC regions; while we have been informed that this is a CMS rule the RPCs want to be able to provide data to urge the state to request CMS to either make a change in this rule or request some type of waiver. This group requested some modifications to the tracker and is reviewing those changes.
3. **Training:** this group was charged with developing a list of available trainings to meet the requests that have been made at past meetings. The group discussed trainings for both MH services and HCBS and made a list of these trainings. They also stated that there needs to be a new message from the state regarding what services entail – perhaps examples of services; this would tie into what the Messaging group would like to include in the directory – a tool for providers on how to refer using real life examples. The group will continue to work on how to get this tool out to providers and consumers. They will also work/research a short training on common language used between CMAs and HCBS providers. This group stated that they would like to develop a training directory. This group will be further

directed to list trainings offered by other organizations that can be utilized by HCBS/CMAs, etc.

4. Documentation: this group was asked to discuss the issues/concerns re documentation that have been raised at past HHH workgroups. They shared that there are OMH videos about HCBS and that these need to be made available to health homes and CMAs. The group also thought a referral packet (similar to one developed by the Capital RPC) should be made available to all referring entities; this would include a checklist of what needs to be included such as the 5055, POC (plan of care), LOSD (Level of Service Determination), and ISP (Individual Service Plan). The packet would also include a basic cover sheet including the client name, phone number, diagnosis, referring agency contact information including the contact name of the health home/care manager for each client and the MCO/HARP care manager. Any safety concerns re the client would also be included on the cover sheet. The group also discussed communication issues with health homes regarding prior authorization and ISPs. This group will continue to work on developing the referral packet and a plan to gain “buy-in” from all parties impacted.
5. Networking: this group developed from a discussion at the May meeting when it was suggested that some type of networking event be developed to allow HCBS providers, Health Homes, CMAs, and RCAs to meet, greet, and learn more about one another’s programs. We have had two of these programs in the past – attendance has been limited. The group discussed what they might want to include in this type of event including a main speaker and a panel discussion – they felt that this would draw people to attend. The group also discussed attaching a networking event to smaller county meeting groups such as a SPOA meeting or a HUB meeting – it was felt that it is difficult for rural counties to send representatives to a networking event in metro Buffalo. The group shared that they would like to have contact information for CMAs available at this type of event.

The group also reviewed the list of concerns that were brought up at initial meetings including: lack of referrals; lack of qualified peer staff; how to get information & education to consumers/families; information sharing, communication, & networking between HCBS/HH/CMAs; timely reimbursement; outreach to individuals identified as HARP eligible by MCOs. This list will be reviewed in more detail at the September 17<sup>th</sup> meeting and will also be shared with the RPC State HCBS task force.

Providers were reminded to have staff complete background checks and CPI trainings. Kylee Criscione from the OMH FO provided updates and shared that she would forward information to MV to share with this group.

The group also discussed how to document financial sustainability. Members questioned if they are “breaking even” or developing a surplus on providing these services; many thought they were not and that when their agency does not receive the enhanced rates that it will not be viable to continue to provide HCBS. The group decided that they want to work on developing a formula to determine the true cost of providing services. MV shared that this has been a concern state-wide and that the State Task Force also wanted to investigate this further. WNYIL shared that they are moving towards providing HCBS under OASAS auspices. Lastly, the group shared that they would like to develop some type of

participant survey/panel discussion/focus group to gather feedback on service provision. This will be referred to one of the subgroups or a new subgroup will be developed to follow through on this suggestion.

Next meeting September 17, 2019 9:30-11:30AM at Baker Victory Services 790 Ridge Road, Lackawanna.

**Workforce:** The group met to review the results of the recent graduate survey. An outreach letter was developed to send to the colleges that assisted in the distribution of the survey; MV has sent the letter twice to schools requesting a meeting (telephone or in-person) to discuss the results but has not received responses to date. A focus group was also scheduled for early in August but unfortunately no one showed for the event. MV is working with the state office to determine if there is some type of incentive we can offer to have individuals attend.

MV has been meeting with Katie Molanare from CNYRPC to develop a benefits survey; this will be used to assess what types of benefits appeal to differing demographics. At this time, CNY is going to conduct the survey as a pilot and then WNY will implement after discussion at this board meeting and review of the results of the CNY pilot.

MV and Katie are developing a presentation to go before the state co-chairs group for consideration to be presented at the October 4<sup>th</sup> state co-chairs meeting (this is the meeting with senior staff from the "O" agencies). This presentation will include a summary of the various surveys that the two regions have conducted over the past year (WNY: agency survey re workforce, recent graduate survey), and a listing of various "asks" related to discussions that have taken place in both workforce group, BODs, and the statewide task force (on hiatus).

These "asks" include:

1. Development of a Care Manager Training Institute – a ten (10) session training program that would be sponsored by MCTAC, the Care Management Association, CPI, or other statewide program. Care Managers would be able to receive a certificate indicating that they have passed the program – the certificate would be recognized statewide. This would allow a consistent training program across the state.
2. Request that OMH & OASAS work with the State Education Department on curriculum requirements for social work and counseling programs. As our recent graduate survey indicated new counselors do not feel prepared for their first job. Our ask is to have more practical coursework including more on trauma-informed care, peer services, counseling approaches (DBT, CBT, MI), and internships that are more correlated to service provision.
3. Loan forgiveness: some type of reimbursement, tax credit, tax deduction, etc. available to individuals who have worked in the human service field for at least 3 years. This could be limited to those who have taken out loans for Masters' level programs (some studies indicate that the majority of those who have difficulties repaying loans are those who are in Master's level programs).

4. Agency reimbursement: the state would reimburse agencies for taking on student interns. This would allow agencies to provide some type of stipend to students. In addition, we anticipate that this may open up more opportunities for quality internship placements.
5. Internship reimbursement: Students pay for the privilege of working as a student intern. While often this can be a valuable experience it is a tremendous investment of time and money on the part of the student. If a student successfully completes their internship (and we are pushing to have more useful internships) they will receive some type of reimbursement either through a tax credit, deduction, etc.
6. Change in the qualifications for those eligible to do HARP assessments. Currently an individual must have at least a Bachelor's degree to conduct assessment. Many qualified care managers may have an Associate's degree or less yet they are training those with the BA how to conduct the assessment. We would like to see a change to this requirement to have some combination of experience along with education.
7. Individuals with a CASAC are not considered QHPs to conduct HARP or OLP assessments even when these services are provided under the auspice of an OASAS licensed program. We urge the state to re-examine this guideline and allow CASACs to conduct these assessments.
8. Develop an outreach program to discuss human service employment opportunities. Share how entry level positions can lead to career options.

MV and Katie are meeting on August 23<sup>rd</sup> to continue work on the presentation and will share that with their respective BODs prior to the October 4<sup>th</sup> meeting. Next workgroup meeting to be scheduled.

**OASAS 820 Workgroup:** This group facilitated a meeting between three 820 providers, local DSS offices, DCS's, OASAS and OTDA to discuss barriers to services with the implementation of the 820 regulations. MV gave a brief explanation of the changes in how residential services are provided under 820 (stabilization, rehabilitation, reintegration) and how these definitions have changed from the old (819) method of service provision. A copy of the PPT is available for anyone who wishes to review the presentation. A key part of the presentation was informing DSS staff that any residential program licensed under 820 cannot be reimbursed by FFS Medicaid. Clients must have MMC to have their clinical and medical services covered; room & board are covered under CCII/SNAP. Mallory Bryant from Horizon Health Services reviewed current concerns that have been identified by the workgroup including barriers to applying for TA, face to face interviews for all counties, 3<sup>rd</sup> party assessments, problems with ePACES, gaps in coverage when switching from state to county auspice for MMC, and use of the LOCADTR. Ellen Breslin from Renaissance Addiction Services discussed the importance of work while in the reintegration stage; she proposed a return to the SCOPE program which allowed for individuals to work while receiving CCII funds. Clients would be required to bank a significant portion of their paycheck; this program would teach budgeting skills while allowing clients to gain real world work experience. Carolyn Kirkwood from Cazenovia Recovery Systems reviewed the pilot project between Erie County DSS and two residential programs (Horizon Village & Cazenovia Recovery Systems); she shared the successes of the project and led a discussion of how this could be expanded to other counties. Participants discussed how communication, cooperation, and collaboration are important factors which must be part of an on-going process to ensure quality programs and the well-being of

clients. There was discussion of the delay in moving clients from state to county auspice for MMC; this is being discussed at the state level between OASAS and OTDA and we expect to hear soon about guideline changes.

At this time we are mapping out how an individual moves through the 3 phases of residential treatment and what barriers they may encounter. A subgroup is meeting August 19<sup>th</sup> to discuss the identified barriers and will make recommendations for change (agency, local, regional, and/or state). In addition, another identified concern is the return to home county upon discharge. This is not being worked on immediately but the group will keep this on the back burner.

Next Meeting September 24 9:30-11:30AM Renaissance Campus 920 Harlem Road West Seneca.