REGIONAL PLANNING CONSORTIUMS

LONG ISLAND PARTNERSHIP

2nd STAKEHOLDER MEETING

DECEMBER 16. 2016

NYS Conference of Local Mental Hygiene Directors, Inc.

NYS Conference of Local Mental Hygiene Directors, Inc.

LI REGIONAL PLANNING CONSORTIUM

GOALS FOR THIS MEETING

- Update on Medicaid Managed Care Implementation
- Review the Regional Planning Consortiums Process
- Unveil the LI Region RPC Board Slates
- Plan/Provider Meet & Greet
- Breakout Groups
  - MCO's,
  - CBO's,
  - Peers/Family/Youth,
  - Hospitals & Health Systems Providers,
  - Key Partners)
- Reconvene for Next Steps

NEW YORK STATE CONFERENCE OF LOCAL MENTAL HYGIENE DIRECTORS

Statewide Organization – Directors of Community Services (DCS) of the 58 Local Governmental Units (LGU's) in the state.

Each county has a DCS, you may also know them as your:

County Commissioner of Mental Health or County Mental Health Director

Under MHL, the County Director of Mental Health oversees, manages and plans for services and supports for adults and children with mental illness, substance use disorders and/or developmental disabilities in their LGUs.

NYS Conference

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REGIONAL PLANNING CONSORTIUMS

(UPDATE ON MEDICAID MANAGED CARE IMPLEMENTATION)

DOUGLAS RUDERMAN

NYS OMH

DIVISION OF MANAGED CARE

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1. Enrollment

HARP Enrollment (Capitation payments to MCOs)

HARP Enrollment with Capitation Paid as of 2016-11-03	
NYC or ROS	Enrollment with Capitation
NYC	44,400
ROS	34,794
Total	79,194

HARP Opt-outs (Enrollment Broker Reported) ROS and NYC

HARP Opt Out By Reason			
OPT-OUT REASON	REASON DESCRIPTION	CUMULATIVE TOTAL	
		NYC	ROS
16	I do not need the additional services that HARP	**14%**	**24%**
17	I do not understand what a HARP is	**0%**	**1%**
18	Gains eligibility for other specialty plan	**0%**	**0%**
19	Consumer choice; no reason provided	**13%**	**11%**
22	Prior care relationship	**1%**	**10%**
23	I do not want to be identified/labeled with special	**0%**	**0%**
20	Transfer/Disenroll out of HARP	**70%**	**53%**

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Reported Claim Denials ROS 7-1-2016 through 11-21-2016

Report by plans	ROS MH & SUD Claims Stats			
Plan name	Total Claims	Total Pended Claims	Total Paid Claims	Total Denied Claims
Plan 1	49,806	0%	79%	21%
Plan 2	693	3%	97%	3%
Plan 3	48,497	2%	89%	9%
Plan 4	277	0%	78%	22%
Plan 5	29,317	9%	67%	25%
Plan 6	114,946	0%	97%	3%
Plan 7	451,728	0%	93%	7%
Plan 8*	260,484	1%	83%	15%
Plan 9**	Missing Data	Missing Data	Missing Data	Missing Data
Plan 10	74,680	0%	62%	38%
Plan 11	156,269	0%	65%	35%
Plan 12	33,674	0%	81%	19%
Plan 13	80,725	12%	69%	19%
Plan 14	4,600	8%	82%	11%
Plan 15	53,182	0%	53%	47%
Total (07/01/2016-11/21/2016)	1,358,878	1.4%	81.9%	16.7%
Last Report (07/01/2016-11/07//2016)	1,208,165	1.6%	81.7%	16.7%
Note: We are following up with Plan 8 and 9 for data integrity issue.				

REGIONAL PLANNING CONSORTIUMS

FFS Comparison ROS 7-1-2016 through 11-7-2016

ROS Current claims vol. vs. Historical FFS baseline (Jul. 01-Nov. 07)								
Service Type	ACT	CDT	CLINIC	Inpatient & CPEP	IPRT	PH	PROS	Total
Plan reported Vol. (2016)	931	3,169	304,725	4,447	6	726	9,872	323,876
Historical Baseline (2015)	2,197	13,571	282,889	10,019	123	3,306	21,128	333,233
Plan reported vol. as % of Baseline	42%	23%	108%	44%	5%	22%	47%	97%
Notes:								
· *Clinic and Inpatient baseline include FFS claims and Encounters.*								
· *One health plans are excluded for this comparison because of data integrity issue.*								

FFS Comparison NYC 10-1-2016 through 11-7-2016

NYC Current claims vol. vs. Historical FFS baseline (Oct. 01-Nov. 07)								
Service Type	ACT	CDT	CLINIC	Inpatient & CPEP	IPRT	PH	PROS	Total
Plan reported Volume	9,998	53,728	1,507,196	19,466	2,389	2,499	23,925	1,593,107
Historical Baseline	16,688	114,509	1,506,805	46,249	5,191	13,499	42,648	1,703,693
Plan reported vol. as % of Baseline	60%	47%	100%	42%	46%	19%	56%	94%
Notes:								
• *Clinic and Inpatient baseline include FFS claims and Encounters.*								

Note: Data has been corrected to adjust for previously incorrect submissions from 1 plan.

REGIONAL PLANNING CONSORTIUMS

Assessment Data NYC as of 11-3-2016 – Based on claims lag

HCBS Claims from MDW (OMH View) as of 2016-11-23		
Row Labels	**Claims Vol.**	**Unique Recipients**
Assessment	**1,599**	**1,518**
HCBS Brief Assessment	1,218	1,179
HCBS Full Assessment	381	339
HCBS Service	**482**	**85**
Short-term Crisis Respite	379	52
Peer Support	38	9
Psychosocial Rehab	20	7
Education Support Services	16	8
Pre-vocational	13	4
Residential Supports Services	12	2
Intensive Supported Employment	2	1
Transitional Employment	2	2
POC	**1**	**1**
Plan of Care Development-Initial	1	1

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REGIONAL PLANNING CONSORTIUMS

REVISIT - WHAT IS AN RPC?

LONG ISLAND PARTNERSHIP

REGIONAL PLANNING CONSORTIUM

A Regional Planning Consortium (RPC) is a regional board populated with community-based providers, peers/family/youth, county mental health directors, regional healthcare entities and managed care companies from each region. The LI Partnership will focus on being inclusive and transparent.

There will be 1 RPC in each of the 11 regions

across New York State.

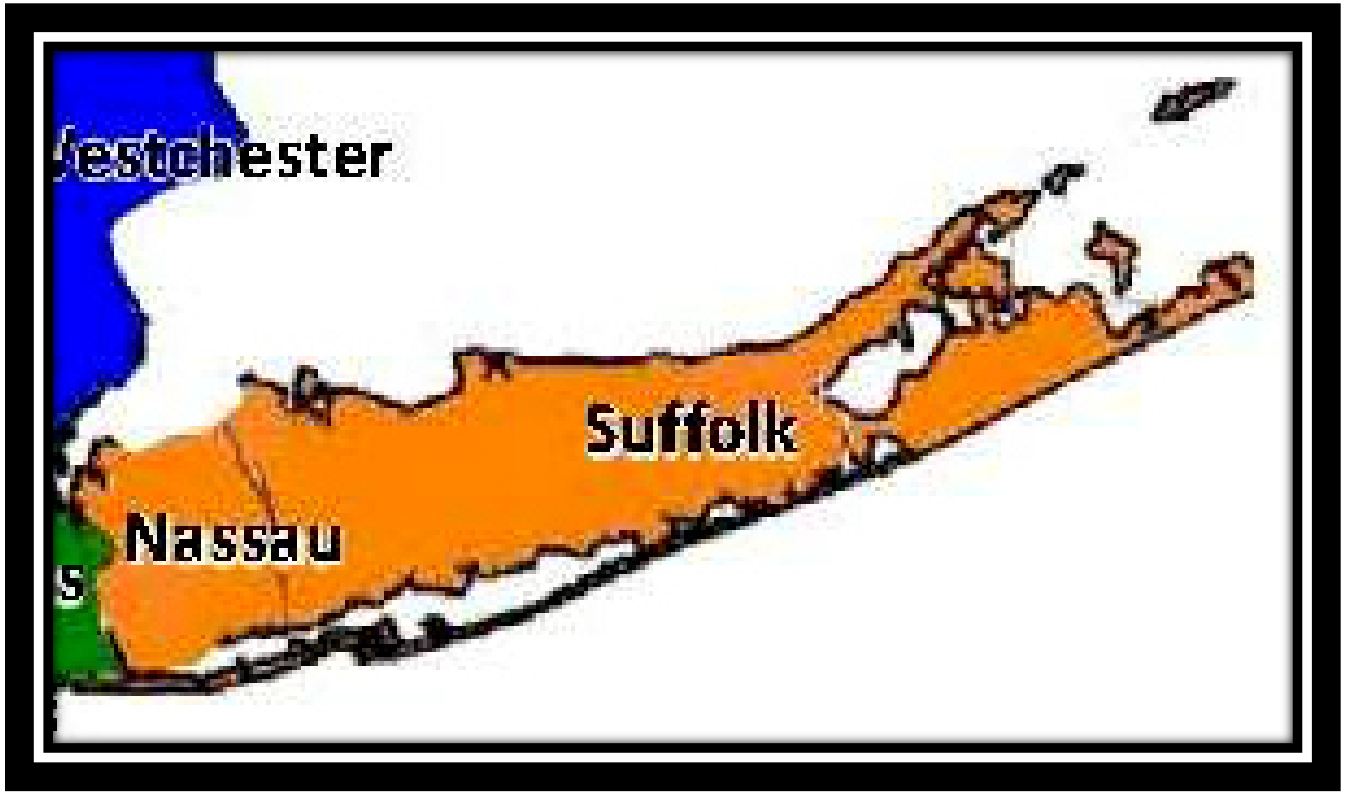
FOUNDATION: Each region will experience unique challenges and opportunities as the behavioral health transition to managed care occurs. These challenges require in person dialogue and collaboration to resolve.

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

LONG ISLAND PARTNERSHIP RPC

Nassau and Suffolk Counties



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RPC AUTHORITY & SUPPORT

AUTHORITY: The Regional Planning Consortiums 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.

BEHAVIORAL HEALTH TRANSITION TO MEDICAID MANAGED CARE

- **Adults in Mainstream Managed Care Plans:** All adult recipients who are eligible for Medicaid Managed Care will receive the full physical and behavioral health benefit through managed care.
- **Health And Recovery Plans (HARP):** Adults enrolled in Medicaid with select Serious Mental Illness (SMI) and Substance Use Disorder (SUD) diagnoses having serious behavioral health issues will be eligible to receive the enhanced benefits of a HARP

- **Children in Mainstream MCOs:** Children´s behavioral health services, including all six home and community based service (HCBS) waivers currently operated by OMH, DOH and OCFS, will be included in the Medicaid Managed Care benefit package in **2018**.

  The goals of the *transition are to improve clinical and recovery outcomes for participants with SMI and/or SUDs; reduce the growth in costs through a reduction in unnecessary emergency and inpatient care; and increase network capacity* to deliver community-based recovery-oriented services and supports.

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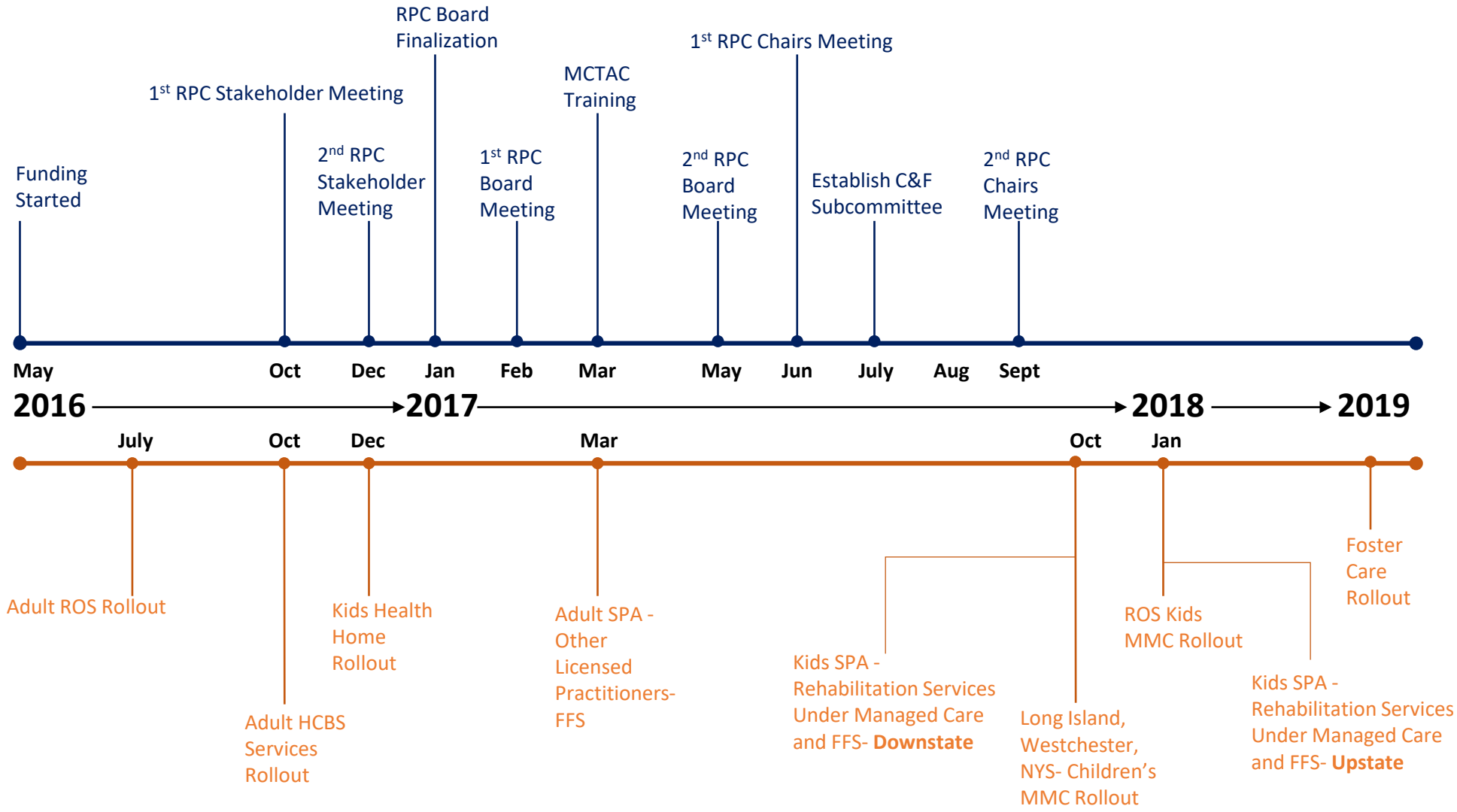
RPC and State MMC Timeline



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REGIONAL PLANNING CONSORTIUMS

- **INTRODUCTIONS OF MANAGED CARE ORGANIZATION REPRESENTATIVES**

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REGIONAL PLANNING CONSORTIUMS

(PURPOSE, OBJECTIVES & FUNCTION)

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.**

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RPC STRUCTURE & FUNCTION

STRUCTURE: In each region, the RPC will create a board comprised of:

- **county mental health directors**
- **community-based providers,**
- **peers, youth & families,**
- **managed care organizations in the region**
- **hospital and health system providers (HH Leads, FQHC's)**
- **state field office staff**
- **key partners (PHIPs, PPS, LDSS and LHD)**

FUNCTION: The LI Partnership will formulate an issues agenda, use data to inform their discussions, collaborate together and resolve the issues identified within their region.
- The Advisory Board will come together on a quarterly basis to review the work, recommendations of the Partnership and Subcommittees.

ACCESS: The Advisory Board meeting will be available to those who are not on the Board via GoTo meeting beginning in 2017.

RPC BOARD COMPOSITION

- county mental health directors (2 reps), 1 VOTE (20%)
- community-based providers, (Up to 8 reps), 1 VOTE (20%)
- peers, youth & families (Up to 8 reps), 1 VOTE (20%)
- managed care organizations in the region (Up to 8 reps) 1 VOTE (20%)
- hospital and health system providers (Up to 8 reps) 1 VOTE (20%)

TOTAL - 5 VOTES (100%)

- NYS Field Office staff (Valued Partners in each region – Will advise the RPC around time-sensitive issues requiring input from NYS. (Ex-Officio, = non-voting)
- Key Partners (PHIPs, PPS, LDSS and LHD) (Up to 8 will be appointed) (non-voting)

EQUITY VOTE: Each stakeholder group's vote is equal to that of another stakeholder group. Issues requiring a vote will be determined by majority vote.

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REGIONAL PLANNING CONSORTIUMS

(RPC ELECTION MECHANICS)

RPC ELECTION MECHANICS

- THE RPC BOARDS WILL BE BUILT USING A POPULAR VOTE PROCESS BY PEOPLE WHO ATTEND MEETINGS 1 OR 2. THE VOTE PROCESS IS STRUCTURED FOR CBOs, PEERS/FAMILY/YOUTH and HOSP/HS. KEY PARTNERS ARE APPOINTED TO THE BOARD.

- THERE IS AN OPEN NOMINATION PROCESS. PEOPLE CAN NOMINATE THEIR OWN ORGANIZATION OR OTHER ORGANIZATIONS BETWEEN THE FIRST & SECOND MEETING.

- VOTING WILL OCCUR AFTER THE SECOND MEETING, USING PAPER BALLOT or SURVEY MONKEY.

RPC ELECTION MECHANICS

- **ONE VOTE, PER AGENCY/ORGANIZATION.** ORGANIZATIONS MUST SUBMIT THE VOTER REGISTRATION FORM TO THE RPC COORDINATOR IN ORDER TO RECEIVE A BALLOT.

- **ORGANIZATIONS WILL ONLY BE VOTING FOR THEIR STAKEHOLDER GROUP** (I.E. CBOs VOTE FOR CBO BOARD REPS, HOSPITALS & HEALTH SYSTEMS VOTE FOR HOSPITALS & HEALTH SYSTEMS REPS, ETC.)

- **ONLY ONE PERSON** FROM EACH AGENCY MAY SERVE ON THE RPC BOARD.

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RPC BOARD MEMBER REQUIREMENTS

- BOARD MEMBERS WILL SERVE 2 YEAR TERMS
- ATTEND QUARTERLY MEETINGS (IN PERSON, NO PROXY)
- ATTEND ADDITIONAL MEETINGS AS NEEDED (PARTNERSHIP MEETINGS, STAKEHOLDER GROUPS, SUBCOMMITTEES, ETC)
- BY VOLUNTEERING FOR BOARD CONSIDERATION, YOU AGREE TO REPRESENT THE COLLECTIVE VIEWS OF THE RESPECTIVE STAKEHOLDERS IN THE REGION
- BOARD MEMBERS SHOULD EXPECT TO SERVE AS AN ACCESS POINT FOR MEMBERS OF THE COMMUNITY WHO HAVE QUESTIONS OR WOULD LIKE TO BRING ISSUES TO THE ATTENTION OF THE RPC

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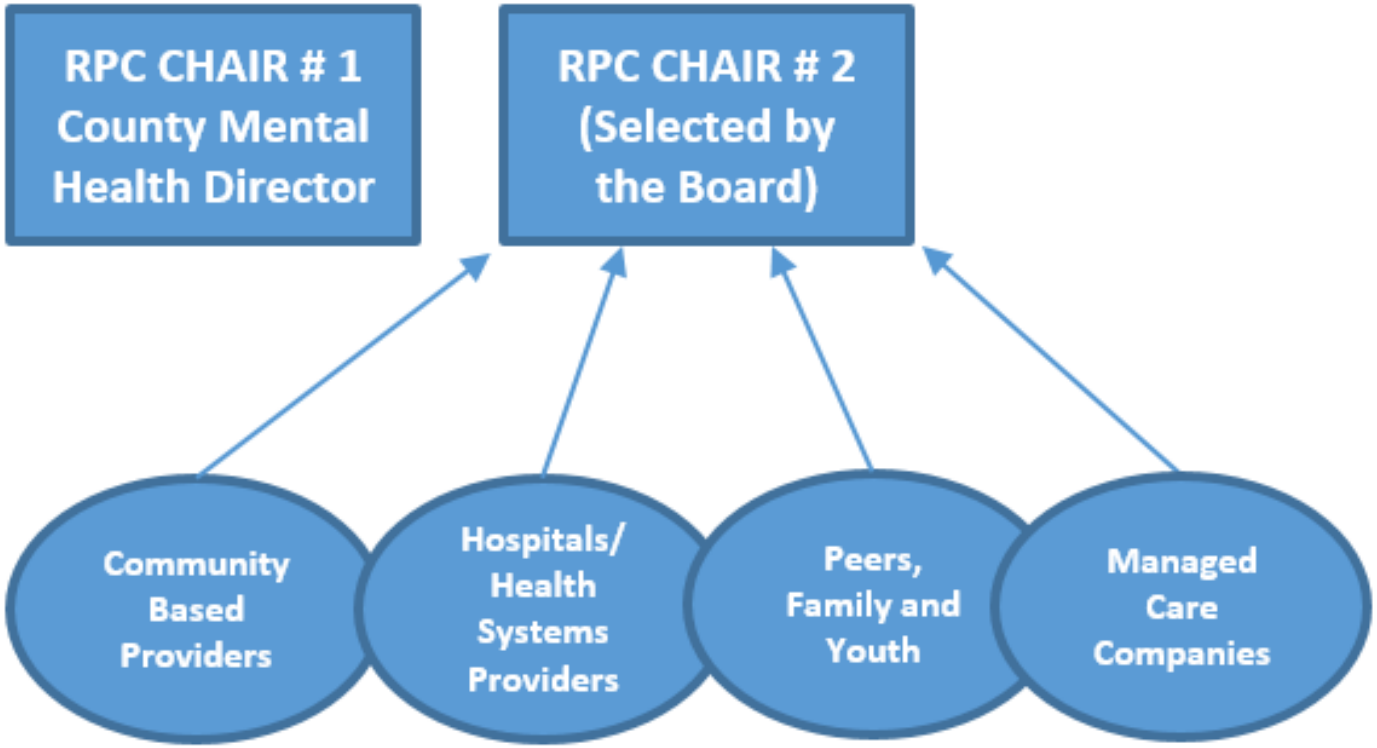
RPC CHAIRS MEETING

(STATEWIDE MEETING: PURPOSE, FUNCTION, RESPONSIBILITY)

RPC CHAIRS

Each RPC will be co-chaired by a County Mental Health Director (DCS) and another individual selected by the board in their region, excluding the County Mental Health Directors group. The DCS is already seated, given their statutory responsibility.

ROLE: The Chairs will facilitate the RPC meetings. They will also represent their RPC at RPC CHAIRS MEETINGS.



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RPC CHAIRS MEETING

PURPOSE

The purpose of the RPC Chairs Meeting is to create a collaborative dialogue between the 11 NYS RPC's and with NYS government. This forum will be used to resolve issues that cannot be resolved on the regional level.

"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."

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RPC CHAIRS MEETING

(FREQUENCY, ATTENDANCE & ACCESS)

FREQUENCY: The RPC Chairs Meeting will bring together the Co-Chairs from every region to dialogue with the state agencies on a quarterly basis.

ATTENDANCE: Leadership representatives from the Central Office(s) of NYS DOH, OMH, OASAS and OCFS will work together with the RPC Chairs to address and resolve issues occurring within the regions.

ACCESS: The Co-Chairs Meeting is an internal meeting.

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REGIONAL PLANNING CONSORTIUM

FIRST MEETING – 10/25/16

SECOND MEETING – 12/16/16

RPC MEETINGS 1 & 2

The RPC will meet twice in 2016. The first meeting occurred On October 25, 2016. The purpose of that meeting was to talk about the RPC and build the current slate of candidate (organizations) in each stakeholder group

MEETING 1
OCT 25th

At today's meeting 2 we have received a status update on the Medicaid Managed Care Implementation, clarify the voting process and finalize the slate for each stakeholder group.

MEETING 2
DEC 16th

RPC VOTING PROCESS

TIMELINE

- DEADLINE FOR NOMINATIONS IS DECEMBER 21st
- VOTING WILL BEGIN ON JANUARY 3rd, 2017.
  - (VOTING PROCESS LASTS THROUGH JANUARY 13th 2017)
- RPC BOARD ANNOUNCEMENT WILL BE MADE JANUARY 19TH 2017
- 1ST BOARD MEETING WILL TAKE PLACE ON FEBRUARY 22, 2017
- BOARD TRAINING WILL TAKE PLACE ON MARCH 29, 2017
- 2ND BOARD MEETING WILL TAKE PLACE ON MAY 17, 2017

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RPC BOARD MEETING (FEBRUARY 22, 2017)

AFTER THE BOARD IS SEATED, THE BOARD WILL:

- Select a co-chair
- Make appointments of key partners
- Receive training from the Managed Care Technical Assistance Center (MCTAC)
- Discuss the Children & Families Committee (Only standing committee)
- Discuss forming other subcommittees and/or AD HOC work groups
  - (EG., JUSTICE SYSTEM, NETWORK ADEQUACY, DATA, HOUSING)

- Note: The Children & Families Committee will be chaired by an RPC board member. It will be populated by child serving entities, experts, peers/youth/families and other interested stakeholders.

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ONGOING RPC PARTICIPATION

HOW TO HAVE YOUR VOICE HEARD

A seat on the Board is NOT the only way to participate in the LI Partnership. You can provide input and raise issues in multiple ways:

- **LI Partnership Meetings**
- **Board Co-Chairs**
- **Your County Mental Health Director**
- **Your Stakeholder Group's Board representatives**
- **RPC Coordinator**
- **Membership on existing committees and newly established Subcommittees and Ad Hoc Work Groups – The LI Partnership will establish Subcommittees and Ad Hoc groups to address specific areas and needs relevant to the LI region.**

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STAKEHOLDER MEET & GREET

(Meet & Greet)

Please use this time to network, catch up with colleagues and build new relationships. We will reconvene for Next Steps in about 15 minutes.

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REGIONAL PLANNING CONSORTIUM

RPC BOARD SLATE DEVELOPMENT

REGIONAL PLANNING CONSORTIUMS

UPDATES – COMMUNITY BASED PROVIDER SLATE

	Mental Health	Substance Use	Children's Services	Housing	HCBS
Nassau County	2	2	1		
Suffolk County	3	3	2	2	1
Total	5	5	3	2	1

REGIONAL PLANNING CONSORTIUMS

UPDATES – HOSPITALS/HEALTH SYSTEMS SLATE

	Health System Provider	Hospital	Primary Care/FQHC	Health Home
Nassau County	1	3	1	1
Suffolk County	1	3		1
Total	2	6	1	2

REGIONAL PLANNING CONSORTIUMS

UPDATES – PEERS/FAMILY/YOUTH ADVOCATE SLATE

	Peer Advocates	Family Advocates	Youth Advocates
Nassau County	3	1	
Suffolk County	3	5	1
Total	6	6	1

FOR MORE INFORMATION ABOUT THE LONG ISLAND REGION RPC:

James Dolan

LONG ISLAND REGION RPC CHAIR

(James.Dolan@nassaucountyny.gov)

Michael Hoffman

Long Island Region RPC Coordinator

(mh@clmhd.org)

THIS SLIDE DECK CAN BE FOUND ON OUR WEBSITE (UNDER THE RPC TAB)

www.clmhd.org

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STAKEHOLDER BREAK OUT GROUPS

-INTRODUCTIONS
-FORMS
-EXPECTATIONS OF BOARD MEMBERS
-ELECTION PROCESS

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