



LI RPC HHH (Health Home/HARP/HCBS) Workgroup – Q1 Minutes

Thursday 3/25/21
Held through Zoom

Meeting began at 1:05 PM

CHAMP Presentation – Bradley Baer from FCA presented on the CHAMP program and answered questions from the group.

CORE Transition – Goal is to initiate discussions with Managed Care Partners on the transition including, LPHA Recommendation, as well as Infrastructure Dollars

LPHA Recommendation

- Polled the group on whether agencies have an LPHA on staff to complete the needed recommendation.
 - 9 people fully prepared
 - 4 no
 - 7 unsure
- Managed Care Organizations – were unaware if this is being discussed within their organizations, but will look in to it and follow-up
- CORE providers can create the LPHA for the services that the individual was referred to.
- Individual’s providers can complete the LPHA, but if needed the CORE provider themselves can do it after the referral.
- Alyssa shared the current Children’s system LPHA for reference
- With multiple managed care organizations possibly being involved in this part, may want the plans to get together to discuss process for this so all plans on the same page and there aren’t delays.
- Currently in HCBS, you can have up to 3 assessment visits to make sure the referral is appropriate for the service. Preliminary discussions about this is that this would continue with CORE, so they would have those 3 visits to complete the LPHA.
- Question raised about looking at a universal LPHA recommendation for the State
 - This can be brought up in the monthly HCBS Provider meeting with Central Office staff.

Infrastructure Dollars

- MHAW was successful in use of infrastructure dollars. They were critical to making transition successful.
- Options – successful because of the infrastructure dollars. Were not able to use some of it due to not meeting metrics for the Outreach metric. Used it for staffing and hiring. Utilizing the funding made it sustainable.
- CTAC training next Tuesday will have more information on infrastructure dollars with CORE transition.
- They are supposed to be making it simpler and less complicated. Each plan was different with their reporting and requirements/tracking. It was a challenge administratively with the reporting.
 - This will be something that can be monitored to ensure consistency and problem-solving to decrease burden

Service Finder – Alyssa gave the group a demonstration of the Children’s Medicaid Service Finder and asked for feedback on if this would be helpful for CORE services.

- Polled group to see if it would be helpful
 - 100% responding said yes
- This could expose the access issues that do exist across the State
- Telehealth will help with access, especially without the restrictions it once had
- Only HARP members are eligible for CORE and they must be connected to a Health Home, which may increase Health Home utilization. They can still receive CORE if not enrolled in a Health Home
- Concern is information getting updated regularly
- FREE has utilized it and it has been helpful.
- Suggested waiting until the CORE transition to implement

HCBS Service Directory – Polled group on how often they would want to update the Directory

- We will start with bi-monthly for updates

State Partner Updates

OASAS – not present at the time

OMH:

- Hoping to hear from CMS this week or next about the CORE approval
- Timeline will be adjusted once it is officially approved

Open Floor

- MHAW – hosting a Pop-Up Vaccination site on 4/6 from 9 am – 2 pm. O-LOV qualifications to be eligible for vaccination. Should be live on the website this afternoon for staff or clients.
- HALI – creating a Regional Peer Network for Long Island. What it could mean is support as agencies try to build and retain peer staff. Overall goal is to raise peer workforce capacity. Can present once things are more formalized.
- Alyssa gave an update on RPC status

Meeting adjourned at 2:10 pm

Alyssa Gleason, M.S., NCC - Coordinator, Long Island Planning Consortium
Email: ag@clmhd.org Phone/text: (518) 396-6804