REGIONAL PLANNING CONSORTIUMS

CAPITAL REGION

OCTOBER STAKEHOLDER MEETING

NYS Conference of Local Mental Hygiene Directors, Inc.

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REGIONAL PLANNING CONSORTIUMS

GOALS FOR THIS MEETING

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

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)

Melissa Staats – NYS OMH

Bureau of Stakeholder Engagement

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(BI-WEEKLY CLAIMS DATA REPORTED BY MCO's)

MH & SUD Claims Stats				
Plan name	Total Claims	Total Pended Claims	Total Paid Claims	Total Denied Claims
Plan 1	19,477	0%	75%	25%
Plan 2	309	2%	94%	4%
Plan 3	25,143	5%	84%	11%
Plan 4	87	2%	71%	26%
Plan 5*	12,882	19%	65%	16%
Plan 6	51,279	0%	97%	3%
Plan 7	221,674	1%	92%	7%
Plan 8*	405,722	2%	83%	15%
Plan 9	7,366	8%	95%	4%
Plan 10	32,394	6%	65%	29%
Plan 11	51,597	0%	66%	34%
Plan 12	20,103	6%	75%	19%
Plan 13	34,917	20%	63%	18%
Plan 14	2,294	15%	69%	16%
Plan 15	20,781	10%	55%	35%
Total (07/01/2016-09/26/2016)	906,025	2.9%	82.6%	14.5%
Last Report (07/01/2016-09/12/2016)	761,339	2.9%	82.0%	15.1%

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(CURRENT CLAIMS VOLUME vs. FFS HISTORICAL DATA BASELINE)

ROS Current claims vol. vs. Historical FFS baseline (Jul. 01-Sep. 26)								
Service Type	ACT	CDT	CLINIC	Inpatient & CPEP	IPRT	PH	PROS	Total
Plan reported Vol. (2016)	250	1,826	160,133	2,201	1	229	3,541	168,181
Historical Baseline (2015)	1,123	7,854	155,402	5,357	50	1,663	10,188	181,637
Plan reported vol. as % of Baseline	22%	23%	103%	41%	2%	14%	35%	93%
Notes:								
• *Clinic and Inpatient baseline include FFS claims and Encounters.*								
• *Two health plans are excluded for this comparison because of data integrity issue.*								

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(HARP ENROLLMENT)

HARP Enrollment with Capitation Paid as of 2016-10-06	
ROS	Enrollment with Capitation
ROS	29,355

(SNAPSHOT – WEEKLY HARP STATS)

WEEKLY HARP STATISTICS	9/30/16-10/6/16		Cumulative Total
	Phase III	Phase IV	
HARP Enrollments			
# of Opt-Ins	10	4	514
# of Passive Enrollments	0	1,887	36,483
Total Enrollments	10	1,891	36,997
Total Opt-Outs	33	92	4,427

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(HCBS PAID CLAIMS AS OF 10/07/2016)

HCBS Paid Claims from MDW (OMH View)

HCBS Service Group	Num. of Claims	Num. Recip.
HCBS Brief Assessment	552	518
HCBS Full Assessment	377	334

(HARP ENROLLMENT NUMBERS AS OF 10/01/2016)

STATEWIDE

- As of the end of September 2016, out of a total of 75,540 HARP Members, 24,330 are enrolled in Health Home (or 32.2%) statewide.

REST OF STATE FIGURES

- For ROS only, these numbers are 27,312 Total # HARP Members, 9,978 of which are HH Enrolled (or 36.5%).

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REGIONAL PLANNING CONSORTIUMS

(REVISIT - WHAT IS AN RPC?)

Kathy Alonge-Coons

CAPITAL REGION RPC LEAD

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.

- **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.

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.

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.

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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.

REGIONAL PLANNING CONSORTIUMS

CAPITAL REGION - RPC

Albany, Schenectady, Rensselaer, Greene, Saratoga & Columbia

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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.**

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 RPC will formulate an issues agenda, use data to inform their discussions, collaborate together and resolve the issues identified within their region. The board will come together on a quarterly basis.

ACCESS: This 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 (Up to 6 reps), 1 VOTE (20%)
- community-based providers, (Up to 6 reps), 1 VOTE (20%)
- peers, youth & families (Up to 6 reps), 1 VOTE (20%)
- managed care organizations in the region (Up to 6 reps) 1 VOTE (20%)
- hospital and health system providers (Up to 6 reps) 1 VOTE (20%)

TOTAL - 5 VOTES (100%)

- state field office staff (Valued Partners in each region – Will advise the RPC around time-sensitive issues requiring input from NYS. (Ex-Officio, meaning 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)

James Button – RPC State Project Director

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 H/HSP. 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, HOSPITALS & HEALTH SYSTEMS VOTE FOR HOPSITALS & HEALTH SYSTEMS)

- **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)
- 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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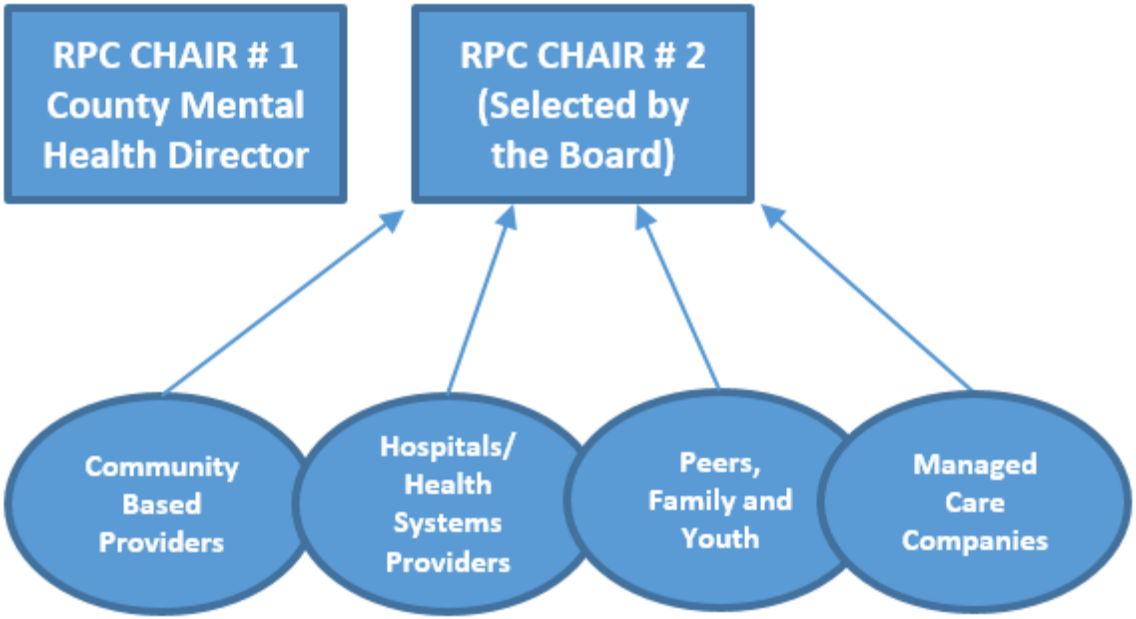
RPC CHAIRS MEETING

(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."

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, NYS OMH, NYS OASAS ad NYS 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

(2016 STAKEHOLDER MEETINGS)

RPC MEETINGS 1 & 2

The RPC will meet twice in 2016. The first meeting occurred in July 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
JULY 17th

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

MEETING 2
TODAY

RPC VOTING PROCESS
TIMELINE

- DEADLINE FOR NOMINATIONS IS NOVEMBER 7TH
- VOTING WILL BEGIN ON NOVEMBER 14TH (VOTING PROCESS LASTS 2 WEEKS)
- RPC BOARD ANNOUNCEMENT WILL BE MADE IN EARLY DECEMBER
- 1ST BOARD MEETING WILL TAKE PLACE IN EARLY JANUARY 2017

RPC BOARD MEETING (DECEMBER 2016 – JANUARY 2017)

AFTER THE BOARD IS SEATED, THE BOARD WILL:

- Select a co-chair
- Confer on appointments of key partners
- Receive training from MCTAC
- Discuss the children & families committee (only standing committee)
- Discuss forming other subcommittees and/or AD HOC groups
  - (EX., JUSTICE SYSTEM, NETWORK ADEQUACY, DATA)

- Note: The children & families committee will be chaired by an RPC board member. It will be populated by child serving entities and peers/youth/families.

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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 RPC process. You can provide input and raise issues via 5 different ways:

- **Board Co-Chairs**
- **Your County Mental Health Director**
- **Your Stakeholder Group's Board representatives**
- **RPC Coordinator**
- **Membership on Subcommittees and Ad Hoc Work Groups - Each Region's Board will establish Subcommittees and Ad Hoc groups to address specific areas and needs relevant to that region.**

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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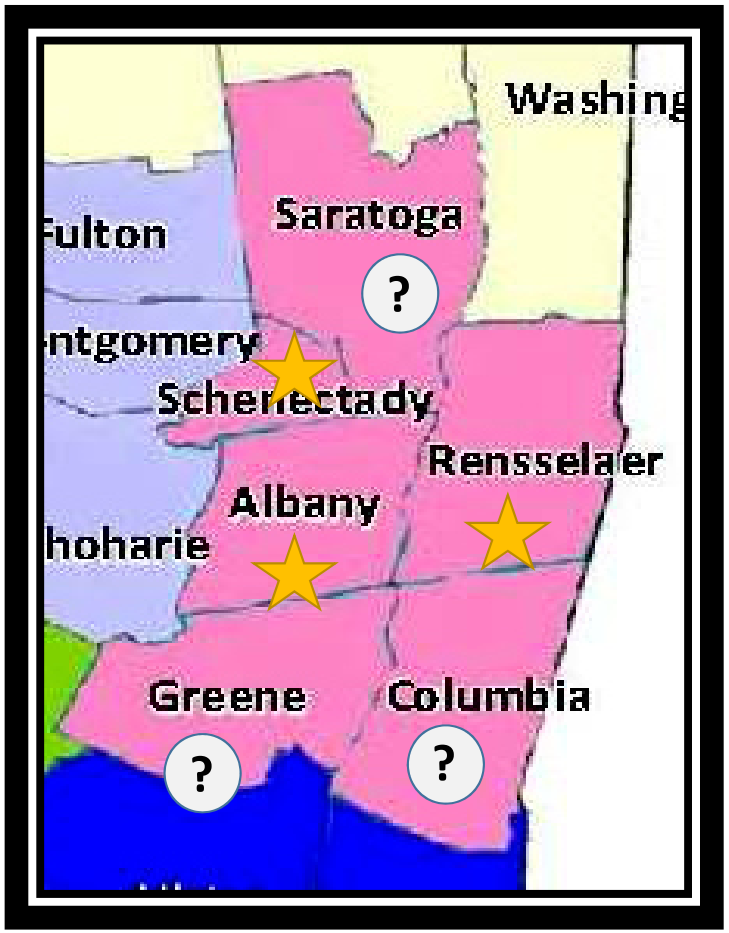
REGIONAL PLANNING CONSORTIUM

(RPC SLATE DEVELOPMENT)

REGIONAL PLANNING CONSORTIUMS

UPDATES – COMMUNITY BASED PROVIDER SLATE

	Mental Health	Substance Abuse	Children's Services	Housing	HCBS
Albany	x	xx	x	x	x
Columbia		x	x		x
Greene		x	x		x
Rensselaer	x	xx	x	xx	x
Saratoga		xx	x		x
Schenectady	x	xx	x	x	x



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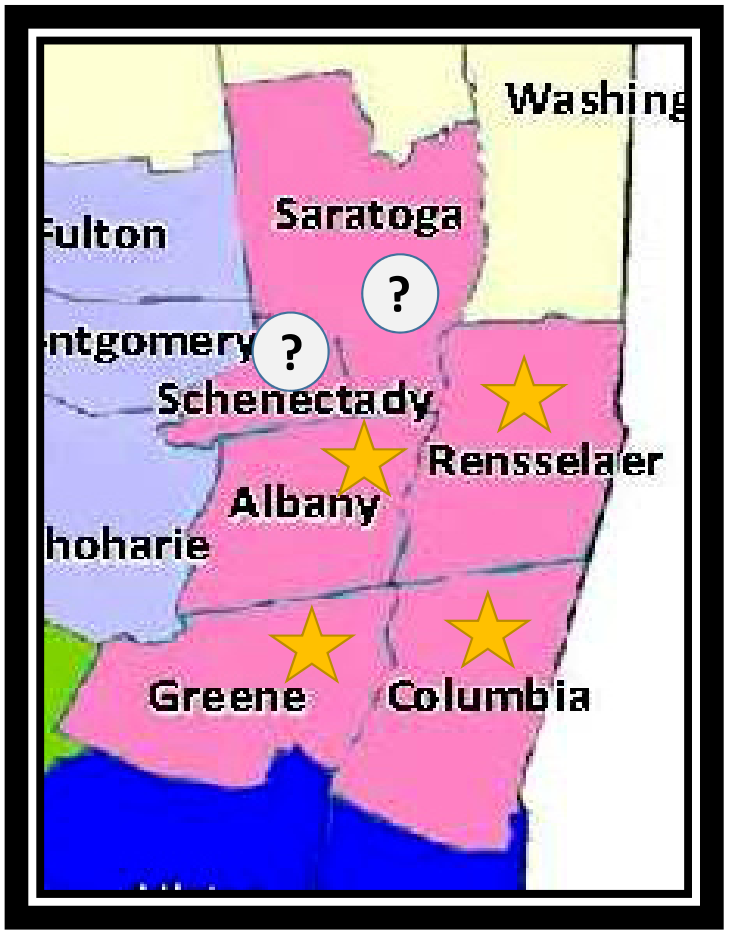
UPDATES – HOSPITALS/HEALTH SYSTEMS SLATE

	Hospital	Primary Care/FQHC	Health Home
Albany			
Columbia	X		
Greene	X		
Rensselaer			
Saratoga			
Schenectady			

REGIONAL PLANNING CONSORTIUMS

UPDATES – PEERS/FAMILY/YOUTH ADVOCATE SLATE

	Peer Advocates	Family Advocates	Youth Advocates
Albany		X	
Columbia	X	X	
Greene	X	X	
Rensselaer		X	
Saratoga			
Schenectady			



STAKEHOLDER BREAK OUT GROUPS

Cathy Hoehn, RPC Initiative Coordinator

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

FOR MORE INFORMATION ABOUT THE CAPITAL REGION RPC:

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THIS SLIDE DECK CAN BE FOUND ON OUR WEBSITE (UNDER THE RPC TAB)
www.clmhd.org