



FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors

AGENDA

March 13, 2020 1pm - 4:00pm
St. Bernard's - 120 French Road - Rochester

-
- Call to Order & Welcome – Margaret
 - Confirm Quorum – Beth
 - A Word about Attendance & Sign In Sheets
 - Introductions (Name, stakeholder group, agency/organization, if any) - Board & Guests:

New 2020 – 2022 Board! – Welcome to New Members
Board members and guests introduce themselves
 - Approve November 8 Minutes (attached) - Margaret
 - Finger Lakes RPC Board Elections Update - Beth
 - RPC Board CoChair
 - Key Partners
 - FLPPS – Nathan Franus
 - Common Ground Health – Melissa Wendland
 - Rochester RHIO – Denise DiNoto
 - Monroe County Medical Society (effective mid-year) – Christopher Bell
 - BHCC's?
 - FLPPS Update - Nathan Franus
 - Albany CoChairs Meeting – October 4 – final Minutes included with Board Materials

Questions?

Contact **Beth White, RPC Coordinator** at bw@clmhd.org or 518-391-8231
or **Margaret Morse, RPC CoChair** at mmorse@co.seneca.ny.us

Finger Lakes RPC Board Agenda – March 13, 2020

- Child Mental Health Inpatient Admissions Parity Information - Margaret
 - Excerpts from Presentation to RPC Cochairs by Dr. Flavio Casoy (attached)
- Children & Families Subcommittee Report - Beth
 - CFTSS/HCBS Sustainability Learning Collaborative Moving Forward
 - Quarterly Update (attached)

- Quarterly Event Report (event flyer attached) - Beth

February 26 – "Workforce Integration of Peer and Community Health Worker Roles: A needs-based toolkit to advance organizational readiness"

39 Attendees

Resource Compendium – thanks to Rita Cronise, Matthew Petite and CLMHD

- Workgroups – Work in Progress - Beth
 - Clinical Integration
 - Education re Role of Peers: Collaboration with NYC continues
 - SUD Bed Coordination
 - Finger Lakes SUD Bed Finder
 - Expansion to Another Region – North Country/Tug Hill Collaboration – project underway
 - Addition of 819 Beds – have received info from some participants
- Issues Focus for 2020 - Beth
 - Continue Efforts for PA's to practice fully in Article 31 Clinics
 - Update re Discussions with State Partners - Beth
 - Stakeholder Group Meeting 2/28 – Shawn Rosno
 - Issue Rankings from last meeting (attached)

"1" = Most Critical

1. Peer services need to be reimbursable across all payors and billable in mental health programs beyond HCBS services
2. Workforce investments to reduce turnover and shortages
3. Supervisor qualifications for children's HCBS and CFTSS too stringent – not attainable/sustainable

Questions?

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Finger Lakes RPC Board Agenda – March 13, 2020

4. Family choice of providers is not functionally occurring for children's HCBS and CFTSS services
5. Need Best Practice Prescribing Practices for Opioids for medical practices, including dentists and veterinarians
6. HCBS assessment process still too long and cumbersome
7. Psychiatrists should not have to review and sign all treatment plans, and not as frequently as every 3 months (Note: this was discussed at the Albany CoChairs meeting and is already being considered by OMH in their current review of the Part 599 regs)
8. Regulatory requirement that prohibits initiation of Suboxone without in person visit (cannot utilize telemedicine for this)

Break – 10 Minutes

Discuss Top Two Issues - Margaret

- #1 – Peer services need to be billable across all payors and billable in mental health programs beyond HCBS services

What Can We Do Regionally?

Suggestions from Last Meeting's Breakout Groups



Workgroup including providers, MCO's, and peers to sell as VBP service "HHUNY Method" – having peers "on call," ready to deploy to agencies when needed

Having a "peer" supervisor rather than a non-peer supervisor

Connect with resources that support peers to make stronger case for funding

Explore value based reimbursement

Research what is working/not working

Define ROI – need to work to define (Data available – Mathematica 3P (??))

Refer to State CoChairs Agenda – Key Item for referral

Advocacy

Questions?

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▪ #2 – Workforce investments to reduce turnover and shortages

What Can We Do Regionally?

Suggestions from Last Meeting's Breakout Groups



Potential to add telehealth to be able to work from home = flexibility
Learning Collaborative re engaging/training
Clinic center practice – provider/staff support
Team Based Care (promotion and management)
Create regional training around time management & stress reduction
(some smaller agencies may not be able to afford their own training)
Develop career ladders
Help employees pay for school/loans

- Identify Next Steps
- ***2020 RPC Board Meeting Dates***

All meetings are on Friday from 1-4pm

Friday, **March 13** from 1-4pm: St. Bernard's

Friday, **May 15** from 1-4pm: Ontario County Training Facility

Friday **Sept 11** from 1-4pm: Ontario County Training Facility

Friday **Nov 13** from 1-4pm: St. Bernard's

- Wrap Up & Adjournment

Questions?

Contact **Beth White**, RPC Coordinator at bw@clmhd.org or 518-391-8231
or **Margaret Morse**, RPC CoChair at mmorse@co.seneca.ny.us



FINGER LAKES REGIONAL PLANNING CONSORTIUM

11 New Board Members!

RPC CoChair: Margaret Morse

RPC CoChair: Ellen Hey

RPC Coordinator: Beth White

Community Based Organizations

Heather Wensley, Senior Director of Integrated Health Partnerships, Villa of Hope - **Children's Services**
Ann Domingos, CEO, CASA-Trinity - **Rural Provider**

Not with Us Today - Lori VanAuken, Executive Director, Catholic Charities Community Services - **HCBS**

Hospital and Health System Providers

Craig Johnson, COO, Huther Doyle Memorial institute - **Health Home Lead Agency**

Peers, Family and Youth Advocates

Rita Cronise - **Peer**

Jeannine Struble (not new, but elected to a new stakeholder group) - **Family Advocate**

Managed Care Organizations/HARP's

No changes

Directors of Community Services - LGU's

Michele Anuszkiewicz – **DCS Livingston County**

Diane Johnston – **DCS Ontario County**

Kelly Wilmot - **Monroe County**

Key Partners

Denise DiNoto - **Rochester RHIO**

Not with Us Today - Christopher Bell - **Monroe County Medical Society**

Ex Officio – no changes



FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors

RPC CoChair: Margaret Morse

RPC CoChair: Ellen Hey

RPC Coordinator: Beth White

Community Based Organizations

Mental Health: Sally Partner, VP of Strategic Growth and Advocacy, Catholic Family Center

Substance Use Disorders: Jennifer Carlson, CEO, FLACRA

Children's Services: Heather Wensley, Senior Director of Integrated Health Partnerships, Villa of Hope

Housing: Valerie Way, Vice President of Programs, East House

HCBS: Lori VanAuken, Executive Director, Catholic Charities Community Services

Rural Provider: Ann Domingos, CEO, CASA-Trinity

Hospital and Health System Providers

Hospital: Mandy Teeter, Vice President of Behavioral Health, Rochester Regional Health

Hospital: George Nasra, Psychiatrist, Division Chief, University of Rochester Medical Center

Hospital: Mary Vosburgh, Vice President of Nursing, Arnot Health

FQHC: Ellen Hey, Chief of Quality, Finger Lakes Community Health, Board CoChair

FQHC: Open

Health Home Lead Agency: Craig Johnson, COO, Huther Doyle Memorial institute

Peers, Family and Youth Advocates

Peer: Jennifer Storch

Family Advocate: Jeannine Struble

Peer: Rita Cronise

Family Advocate: Jeffrey Hoffman

Youth Advocate: Julie Vincent

Youth Advocate: OPEN

Managed Care Organizations/HARP's

Excellus Health Plan: Colleen Klintworth, Behavioral Health Gov't & Community Affairs Manager

Fidelis Health Care: Andrea Hurley-Lynch, Supervisor, HARP Care Managers

MVP Health Care: Angela Vidile, Director, Behavioral Health

United Healthcare Community Plan: Jennifer Earl, Government Liaison

YourCare Health Plan: Kim Hess, Chief Operating Officer

Well Care of New York: Ivette Morales, Clinical Program Development Manager

Directors of Community Services - LGU's

Livingston County: Michele Anuszkiewicz

Monroe County: OPEN

Ontario County: Diane Johnston

Schuyler County: Shawn Rosno

Seneca County: Margaret Morse, Board CoChair

Yates County: George Roets

Key Partners

Common Ground Health: Melissa Wendland, Director of Strategic Initiatives

Finger Lakes PPS: Nathan Franus, Director - Behavioral Health Programs

Monroe County Medical Society: Christopher Bell

Rochester RHIO: Denise DiNoto

Ex Officio

OMH Western Field Office: Christina Smith, Director & Chris Marcello, Deputy Director

OASAS Field Office: Colleen Mance, Program Manager

LDSS: JoAnn Fratarcangelo, Schuyler County Commissioner of Social Services

LDSS: Kathryn Muller, Steuben County Commissioner of Social Services

BHO: Debra Walker, Beacon Health Options



FINGER LAKES REGIONAL PLANNING CONSORTIUM

Board of Directors

MINUTES

November 8, 2019 1pm-4:00pm
St. Bernard's - 120 French Road - Rochester

-
- Call to Order & Welcome – George:

George welcomed the group at 1:08 pm

- Confirm Quorum – Beth:

Beth confirmed that there is a voting quorum present for the meeting.

- Introductions (Name, stakeholder group, agency/organization, if any) - Board & Guests:

Board members and guests introduced themselves.

- Approve September Minutes (attached) – George:

Shawn Rosno moved to approve the minutes, and Sally Partner seconded. Motion approved unanimously.

- Finger Lakes RPC Board Elections Update – Beth

- Town Halls in September & October – 37 total Attendees
 - During the townhalls, issues were identified to focus on in 2020. Those identified issues will be discussed during the breakout groups today.
- Most Board member running for reelection - only one contested Board seat
- Reminder – Nomination Acceptance Forms and Organizational Bios due by Monday for Board election Ballot
- First Meeting of 2020 – Vote on RPC CoChair and Key Partners
 - Nomination Forms included in Meeting Materials

Questions?

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or **Margaret Morse, RPC CoChair** at mmorse@co.seneca.ny.us

- Key Partner Recruitment – Possible Key Partners
 - Salvation Army
 - St. Joseph's Neighborhood Center.
 - Monroe County Public Assistance Department
 - Monroe County DSS
 - Partnership for Ontario County
 - Departments of Health
 - Interfaith Social Support Group
 - Criminal Justice System – discussed several possibilities, i.e. Legal Aid, the various MH & Drug Courts, etc.
 - NAMI
 - Nominations for Key partners will be due by January 31st. RPC CoChair is also up for re/election. Any CBO, HHSP, MCO, or PFY board member is welcome to nominate themselves. George Roets will be stepping down as DCS CoChair. Margaret Morse will be new DCS CoChair.

- Albany CoChairs Meeting – October 4 – George:

George and Beth debriefed the group on the October Co Chairs meeting. All RPC board CoChairs and Coordinators attended, plus State Offices (i.e. OMH, OASAS, DOH, OCFS). Below are some topics discussed.

- There were updates around transportation and open access clinics. Some RPC regions are coordinating with MAS to develop a committee to further discuss the transportation issues and define what “urgent” means.
- Transportation to pharmacies was also discussed. So far there have been no movement past the discussion, so the issue was closed. Mohawk Valley is currently looking into other ways to compensate for the delay in transportation to pharmacies (i.e. by mail).
- PA Scope of Practice in Article 31 clinics: This issue was initially presented in 2018. The lack of prescribers in the State remains a serious challenge. Several meetings have been held with OMH medical officers and staff. The topic is being worked on slowly. OMH is open to suggestions but remains unwilling to eliminate the waiver requirement outright. OMH is looking at a “phased” approach; what needs to change now vs later. The OMH commissioner is interested in this topic and there’s clear engagement by OMH but no timeline for when any substantive changes may occur.
 - Treatment plans were mentioned in this topic also. How often psychiatrists are required to review and sign treatment plans. Could

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- other medical professionals review treatment plans to free up psychiatrists for more clinical practice. There is a lot of willingness from OMH to explore this. The discussion is not limited to only clinic programs.
- 820 Residential Issues: Was presented by the WNY region.
 - Changing of MA from State to County – Lapse in Coverage: OTDA has been engaged by OASAS on this topic. Counties are not required to handle cases this way. Possible confusion; working to correct that.
 - Video Interview for Public Assistance Benefits: Erie County pilot. Cuts down on time for client (From 3-4 hours to 45 minutes)
 - Requirement of 3rd Party Assessor for Level of Care Determination: This is not necessary and a waste of resources. OASAS has agree to pursue remedy.
 - Regional initiative updates:
 - CNY/WNY discussed workforce, specifically around care management and counselors.
 - Long Island discussed the Peer workforce.
 - Finger Lakes presented the SUD Bed Finder.
 - NYC gave an update on Value Based Payments. In conjunction with the RPCs, NYC has secured funding to assist providers with VBP. Interest in finding out if there a hospital system helping with that.
 - Children & Families Subcommittee Report – Nicole: Nicole gave an update on the committee. Only one meeting this quarter in September. 35 people attended. CFTSS referral form discussed. Information was provided from the OMH roundtable meetings. Regional C-YES meetings will be held; updates coming soon. Transition timeline was reviewed. Issues identified:
 - CFTSS referral form: What is actually required? Needs to be standardized
 - Staffing & Supervisor qualifications: High waitlists due to lack of staff. Off hours staff is a challenge. Turnover is increasing.
 - Losing HCBS services due to ineligibility: Families are defaulting to CTFSS services as a result.
 - Upcoming: Reviewing the new SPOA process, systems of care, and children services networking events.

Agencies in the area are de-designating from providing children services. It's becoming an issue. OMH and OCFS are very aware and looking to help. Is more education needed? Or is it a capacity issue? Does this include IDD providers?-There are not enough providers who can serve dually diagnosed clients.

- Quarterly Event Report – Beth: Beth reviewed the outcome of the below events

Questions?

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- September 17 – Presentation of Peer Services to HH Care Managers – 50 Attendees: 7 Peer providers presented their services to the care managers to help them better understand their services. Presentation included powerful testimony from peers regarding the value of these services. Positive feedback from the attendees on the value of the event.
- Workgroups - Year in Review – Beth: Beth reported out on the workgroups below. Each of these workgroups will meet again before the end of the year to discuss if the group will continue into 2020.
 - Clinical Integration: Presentations by numerous providers and systems regarding their clinical integration efforts. May 2019 day long Symposium presented at St. John Fisher College supporting behavioral health providers sharing needed information with other system providers. Understanding why it is important and how to have confidence in doing it.
 - Education re Role of Peers: Collaboration with NYC, the group has been able to match resources available to help organizations. Outreach has been made to employers of Peers to utilize the available resources. Response has not been good, but one provider is looking to move forward with the tools. That provider will provide feedback to the group on how helpful it was. Is the OASAS toolkit mandated?-More to come on that.
 - SUD Bed Coordination: See updates below.
 - Finger Lakes SUD Bed Finder Demo – Pilot Extension
 - Rochester Regional Meeting
 - Expansion to Another Region – North Country Presentation – Dec 20
 - Addition of 819 Beds
- Focus for 2020 – Issue Identification Breakout Groups: Beth provided groups with the list of issues that had been identified in the two recent Stakeholder Town Hall meetings. Groups will break into three groups for the next 35 minutes and were instructed to identify what might be done regionally to address these issues and to rank them according to the best combination of "most critical" and "highest potential for regional solutions."
- Report Out from Break Out Groups:
 - Group 3: George was scribe/reported out. **Issue two**: The value of Peer services. Utilizing the “HHUNY” method-having Peers be on call, rather than paid staff. Have peers be supervised by another peer. Develop a workgroup on how Peers can be involved in treatment planning. **Issue six**: Importance of family choice. Providers educate families on having choice. **Issue four**: Providers need to invest in their workforce. Utilize

Questions?

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learning institutions and provide lower rate trainings. Encourage workforce to continue with education and trainings. There are resources in the region for more centralized trainings. **Issue five/three:** Request that DOH change the policies for supervision qualifications. HCBS assessment, if changes, could cause other hold ups within the process. MCOs noted that RCAs use the same assessment tool that Health Homes would use. HCBS assessment is the same across the board versus the comprehensive assessment which varies. **Issue eight:** Team based approach to provide quality care. Signing the treatment plan doesn't lined up with the "quality care" value to physicians. **Issue one:** Not as much of a priority. **Issue seven:** This is a non-issue. There is a waiver for Suboxone. It is not a required to have an in-person visit, specifically for Suboxone.

- **Group 2:** Margaret was scribe/reported out. Workforce is the main issue over all the issues. All the other issues fall under the umbrella of workforce. There is need to loosen up regulations to allow the workforce to grow. It's outdated. Regionally, advocacy would help for regulatory changes. Make better connections with the universities. The group discussed that both Adult and Child HCBS are in "trouble" and need to be corrected before the State loses the workforce momentum. The group also noted that the issues be expanded to determine whether they are viable for regional action.
- **Group 1:** Jennifer reported out/Ellen was scribe. Similar discussions to the other groups. **Issue one is highest rank:** expanding to include pharmacies in the issue, as well as, "opioid enhancers." Lack of trainings on opioids overall. Providers need to think outside of the box on how clients will get opioids. Suggest outreach to dentists and veterinarians who are high volume prescribers of opioids but who do not necessarily see the impact of abuse and how their prescribing patterns might contribute to the epidemic. Guidelines for opioid treatment in general is needed. **Issue two:** could be both regionally and statewide impactful. OMH Field staff aware of this issue. Collect data around this issue to bring to the co-chairs meeting. Utilizing NYAPRS for this issue. Common Ground working with Ontario and Yates counties around this, collecting data. **Issue three:** Issue was skipped. **Issue four:** adding peers to services. Similar thoughts to other groups. Utilizing "merging" models. **Issue five/Issue six (ranked 3rd and 4th):** Needs further development to elevate to co-chairs. Underfunded. **Issue seven:** Being addressed. **Issue eight:** Being addressed.

Beth will collect notes and consolidate rankings to focus continued discussions and possibly develop new workgroup around top issues.

Questions?

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- **2020 RPC Board Meeting Dates**– Beth-
 - Preliminary Dates are Identified – Polling Invites will go out in coming week
- Wrap Up & Adjournment – George

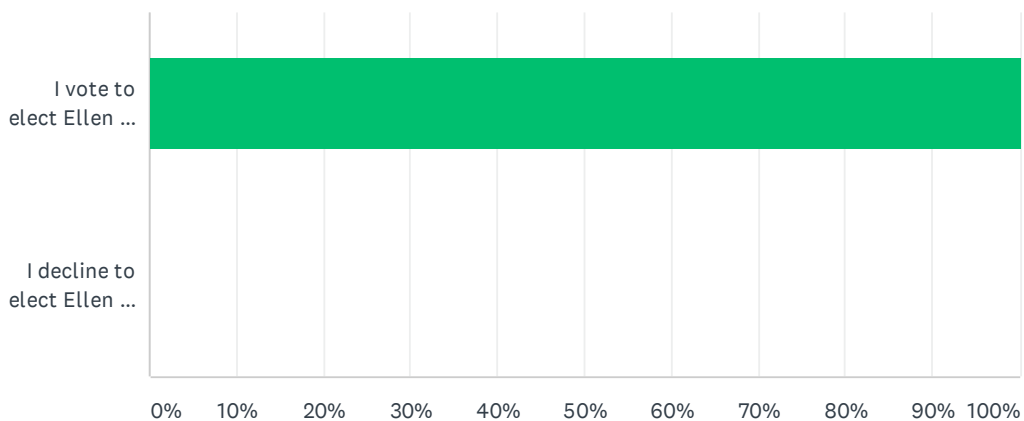
Hearing no objection, George adjourned the meeting at 4:02 pm.

Questions?

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Q1 CANDIDATE FOR BOARD COCHAIREllen Hey - Chief of Quality
 Finger Lakes Community HealthEllen Hey is the Chief of Quality at Finger Lakes Community Health. She is a Family Nurse Practitioner with experience in Woman’s Health, Military Health and Primary Care. Her focus is to assist with practice transformations. She has been on community boards and assisted with evaluating, planning, and executing agendas. Finger Lakes Community Health (FLCH) was established in 1989 as a stand-alone health program for migrant and seasonal farm workers in the Finger Lakes region of NY. Over the following years, program expansion occurred as the health care needs of other populations in the geographic area became apparent and as farm workers settled into local communities in other jobs. FLCH is currently both a federally qualified health center (FQHC) and a migrant health center designee of the US Health Resources and Services Administration (HRSA)and has 8 primary care clinics. FLCH offers medical, dental, behavioral health, and pharmacy services and a broad range of telehealth services, including specialty care, mental health services, and dentistry. The FQHC. In addition, FLCH has both mobile medical and dental service programs for agricultural workers and their families at housing sites, Head Start centers, and school and summer school sites.
 Please Vote to Elect or Decline to Elect Ellen Hey as Board CoChair.

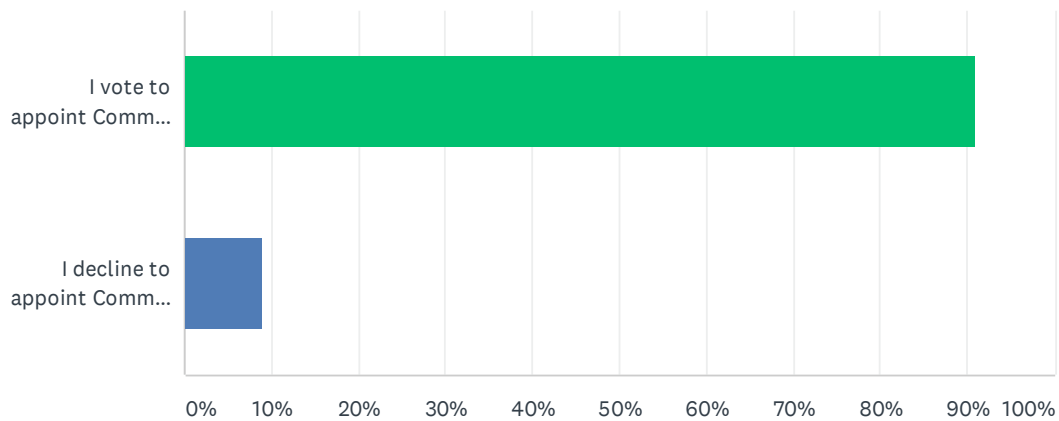
Answered: 22 Skipped: 0



ANSWER CHOICES	RESPONSES	
I vote to elect Ellen Hey as Finger Lakes RPC CoChair.	100.00%	22
I decline to elect Ellen Hey as Finger Lakes RPC CoChair.	0.00%	0
TOTAL		22

Q2 CANDIDATE FOR KEY PARTNER Common Ground Health
Melissa Wendland – Director of Strategic Initiatives
 Located in Rochester, N.Y., Common Ground is the health research and planning organization for the nine Finger Lakes counties of Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates. Common Ground maintains a comprehensive collection of health and health care data and provides the expertise needed to make sense of that information. We document trends and measure progress for programs and the region as a whole. We bring attention to health inequities faced by marginalized communities in rural, suburban and urban areas. These insights are shared widely through reports, an online data visualization library and partner engagement. Common Ground has built the capacity to spearhead health improvement initiatives for underserved populations lending measurement expertise, connecting partners and providing leadership insights.
Please Vote to Appoint or Decline to Appoint Common Ground Health as a Key Partner

Answered: 22 Skipped: 0



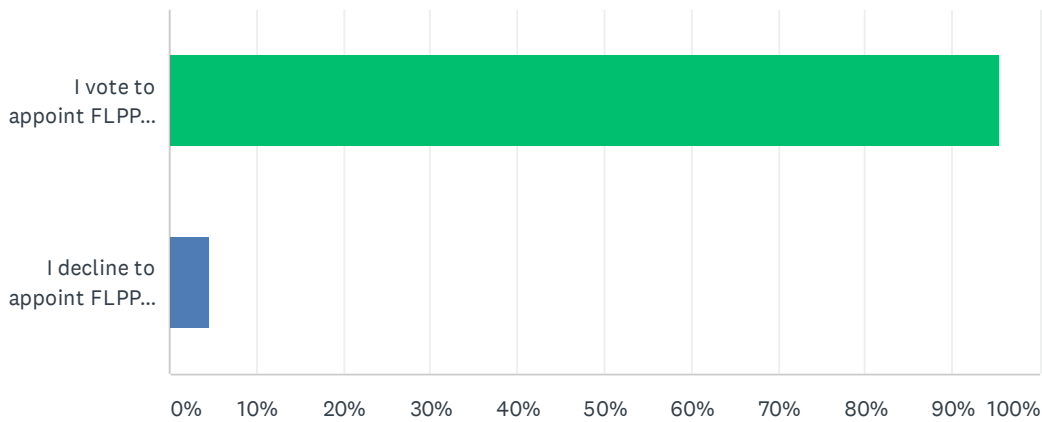
ANSWER CHOICES	RESPONSES	
I vote to appoint Common Ground Health as a Key Partner representative to the Finger Lakes RPC Board.	90.91%	20
I decline to appoint Common Ground Health as a Key Partner representative to the Finger Lakes RPC Board.	9.09%	2
TOTAL		22

Q3 CANDIDATE FOR KEY PARTNER Finger Lakes Performing Provider System (FLPPS) Nathan Franus – Director of Behavioral Health Programs

The Finger Lakes Performing Provider System (FLPPS) is a partnership comprised of 19 hospitals, 6,700 healthcare providers and more than 600 healthcare and community-based organizations in a 13 county region (Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming and Yates counties). Over five years we will use the Delivery System Reform Incentive Payment program (DSRIP) to demonstrate how we, as a region of clinical and community providers, can design a system to improve population health and clinical outcomes, while lowering system costs and improving patient satisfaction. We are in the fifth year of our implementation. Our main office is located at 2100 Brighton Henrietta Townline Road in Rochester, New York.

Please Vote to Appoint or Decline to Appoint FLPPS as a Key Partner

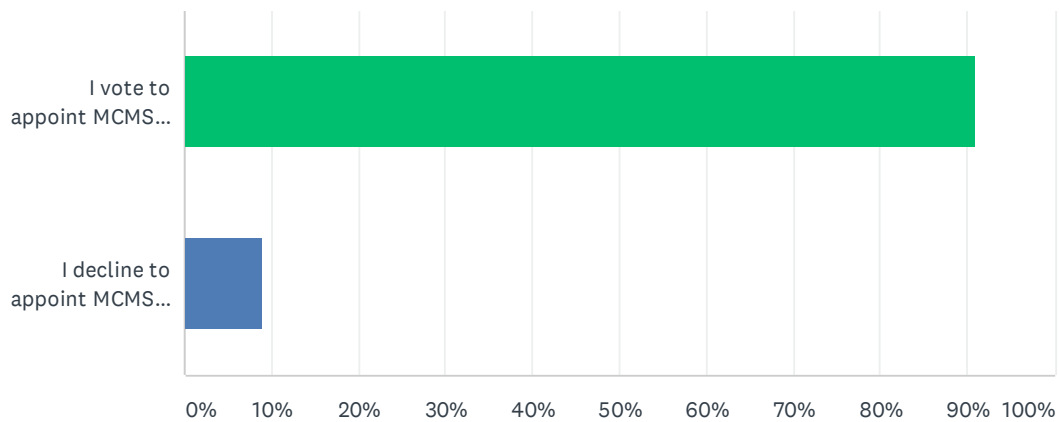
Answered: 22 Skipped: 0



ANSWER CHOICES	RESPONSES	
I vote to appoint FLPPS as a Key Partner representative to the Finger Lakes RPC Board.	95.45%	21
I decline to appoint FLPPS as a Key Partner representative to the Finger Lakes RPC Board.	4.55%	1
TOTAL		22

Q4 CANDIDATE FOR KEY PARTNER Monroe County Medical Society (MCMS) Christopher Bell – Executive Director Established in 1821 in Rochester, New York, Monroe County Medical Society is a non-profit, professional organization whose 1,250 members are physicians, residents, and medical students. The society advocates for physicians and patients for the betterment of the medical profession and the health of the community. Monroe County Medical Society encompasses the 7th District Branch of the Medical Society of the State of New York and serves the New York State counties of Monroe, Livingston, Ontario, Seneca, Steuben, Wayne & Yates Counties. Headquarters are located in Rochester, NY. Please Vote to Appoint or Decline to Appoint MCMS as a Key Partner

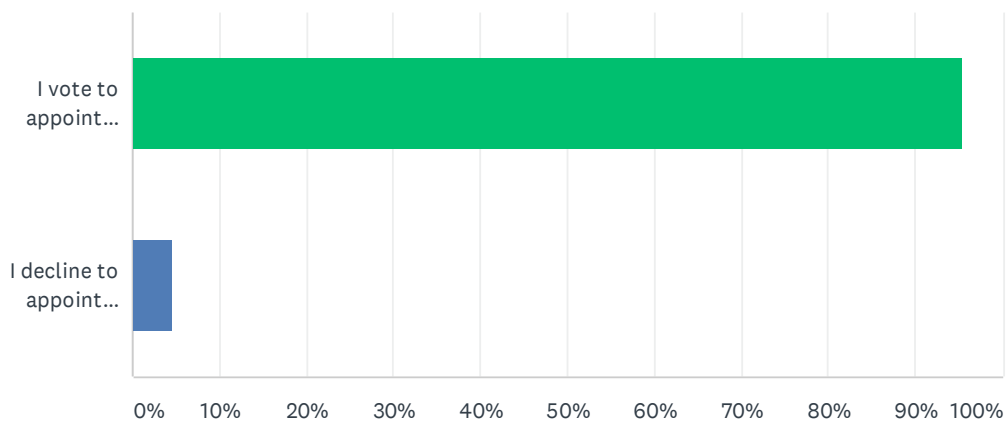
Answered: 22 Skipped: 0



ANSWER CHOICES	RESPONSES	
I vote to appoint MCMS as a Key Partner representative to the Finger Lakes RPC Board.	90.91%	20
I decline to appoint MCMS as a Key Partner representative to the Finger Lakes RPC Board.	9.09%	2
TOTAL		22

Q5 CANDIDATE FOR KEY PARTNER Rochester RHIO Denise DiNoto - Director of Community Services Rochester RHIO (Regional Health Information Organization) is a secure, electronic health information exchange (HIE) serving authorized medical providers and over 1.5 million residents in Monroe, Allegany, Chemung, Cayuga, Genesee, Livingston, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates counties in upstate New York. What is health information exchange? The service allows a medical care team to share records across institutions and practices, making patient information available wherever and whenever needed to provide the highest quality care. Through our work locally and with New York State, the RHIO is recognized for our progressive, innovative approach to supporting collaborative health care. The mission of the Rochester RHIO is to provide the greater Rochester medical service area with a system for a secure health information exchange that allows for timely access to clinical information and improved decision making. The primary goal is to share patient healthcare information in a secure environment to improve patient care and to reduce system inefficiencies. Please Vote to Appoint or Decline to Appoint Rochester RHIO as a Key Partner

Answered: 22 Skipped: 0



ANSWER CHOICES	RESPONSES	
I vote to appoint Rochester RHIO as a Key Partner representative to the Finger Lakes RPC Board.	95.45%	21
I decline to appoint Rochester RHIO as a Key Partner representative to the Finger Lakes RPC Board.	4.55%	1
TOTAL		22

Q6 In order to ensure that only eligible individuals cast votes, please enter your Name and Email Address below. Your vote is confidential, but not anonymous. Only the RPC Coordinator will see your name. Ballots that do not include this information will not be counted.

Answered: 22 Skipped: 0

ANSWER CHOICES	RESPONSES	
Name	100.00%	22
Company	0.00%	0
Address	0.00%	0
Address 2	0.00%	0
City/Town	0.00%	0
State/Province	0.00%	0
ZIP/Postal Code	0.00%	0
Country	0.00%	0
Email Address	100.00%	22
Phone Number	0.00%	0

Regional Planning Consortiums

State Co Chair Meeting – October 4, 2019

Minutes

RPC Co-Chairs Meeting Welcome

Opening Remarks were provided by Kathy Coons, CLMHD Chair/Capital Region Co-Chair

A brief overview was provided by Kelly Hansen, Executive Director, CLMHD, of the RPC Due Diligence research process applied to issues raised at the State level.

Updates on Issues presented at 11/30/18 Chairs Meeting

Agenda Topic: Medicaid Transportation (Southern Tier RPC)

Definition of Urgent for purposes of same day behavioral health transportation services - Open Access/Same Day Transportation – Southern Tier

Emily Childress (RPC Coordinator) summarized the issue:

- Open Access hours have been established in many Mental Health & Substance Use Disorder (SUD) Clinics to allow same-day appointments, address crises, and reduce wait times.
- Medicaid recipients who rely on Medicaid Non-Emergency Medical Transportation (NEMT) struggle to access these clinics and appointments on the same day.

In a recent survey, behavioral health providers, consumers and DCS's reported:

- Agencies reporting a wait time or delay in transportation disclosed **a wait time of at least 5 hours** for same day transportation
- Agencies responding to the survey are located in every county of the Southern Tier Region and actually account for 75% of Outpatient SUD providers in the region.

Recommendations at the time were:

- Allow Medicaid Members, previously approved for NEMT, to call to schedule rides for urgent/same day behavioral healthcare needs.
- Expand definition of Urgent for Same Day Transportation and allow for access to Behavioral Health facilities that can assist in avoiding hospitalization.
- Provide Internal Education for MAS Staff
- Educate Clinic Staff
- Educate Members

Since the last meeting, a Task Force has been created to develop the behavioral health specific definition of "urgent" to be used in authorizing same day transportation.

Three Regional MAS Events have taken place to educate providers about same day transportation policies and procedures, with another scheduled for later this month. These have been very well received.

Regional Planning Consortiums

State Co Chair Meeting – October 4, 2019

Minutes

Emily shared experiences other States have had making same day transportation more efficiently accessible to behavioral health clients.

Next Steps: Task Force will establish behavioral health definition of "urgent" for use in same day transportation processes.

2015 Form Authorization – Southern Tier

Emily briefly reported that providers have been very pleased by the MAS expansion of providers who can authorize transportation on the 2015 form.

MA Transportation - Pharmacy Prescription pick up - Mohawk Valley

Jacqueline Miller reported that this issue has been closed as the result of no apparent solution being available to address this challenge. The region will be pursuing the possibility of using mail order delivery of prescriptions to address the issue.

Agenda Topic: Physician Assistants and Article 31 Clinics – Finger Lakes RPC

George Roets, RPC Co-Chair, reviewed the initial issue that PA's in Article 28 primary care settings or FQHC's can diagnose a behavioral health condition and prescribe medication but cannot do so in an Article 31 mental health clinic.

Update

Beth White (RPC Coordinator) reported that, since the initial presentation:

- Meeting was held with local Directors of Community Services who operate Article 31 Clinics.
- Not all Article 31 patients are SMI. Estimates of non-SMI population are 25-33%. Particularly in rural areas where the Article 31 clinic may be the only MH resource in a community, they may see patients with fairly straightforward presentations of depression or anxiety.
- DCS's emphasized that Physician Assistants practice under the license of the supervising physician. It is this physician's responsibility to ensure that the PA's scope of practice is identified and appropriate to the PA's skill, education and training as defined by NYS.
- Meeting was held Aug 16 with OMH Medical Director, Dr. Flavio Casoy, and staff. The issue was reviewed, and several key aspects were discussed. With graduated PA responsibilities determined by the supervising physician, new PA's could begin by renewing prescriptions for stable patients assessing and prescribe for non-SMI Patients.

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These two functions alone would free up considerable psychiatrist time for more complex presentations.

Mr. Roets discussed how, in the face of extreme shortages of prescribers:

- PAs are untapped, underutilized resource.
- The NCBH Medical Director Institute recognizes PAs as key to expanding psychiatric care.

Sue Matt, FL RPC CO-Chair, also shared that the value of having this level of medical practitioner in an Article 31 clinic, as many of the patients are not well established with primary care providers.

- Deaths in SMI population are not related to mental health but related to physical health.
- There is a dire need for primary care, and this could provide opportunity for them to get it.
- We are missing an opportunity to develop a workforce here.
- When Nurse Practitioners started Mental Health was not a specialty – it evolved.

Beth White acknowledged OMH's awareness and concern about the prescriber shortage as evidenced by their current discussions regarding the current requirement that psychiatrists sign off on treatment plans every three months, even when no medication is part of the services being delivered. She encouraged OMH to remove the current barriers to PA scope of practice as an important means to utilizing psychiatrists at their highest and best use.

Comments:

- Moira Tashjian, OMH, clarified that the current requirements regarding PA practice reside in regulation, not just in the guidance. She indicated that OMH is in the process of reviewing these regulations and is considering the psychiatrist shortage in their discussions.
- Steve Helfand, NYC RPC Board Member, spoke in support of the request to allow PA's to prescribe in Article 31 clinics without a waiver: not just access issue, but also sustainability issue. This has been largely political – who has had stronger lobby.

Mark O'Brien, Western Region Co-Chair, spoke in support of the PA issue and also about the need to revise the three month treatment plan review by psychiatrists as it does not add value to the client's treatment and wastes precious prescriber resources.

- Child psychiatrists especially difficult to find
- Needing psychiatrists for treatment plan revisions – the reality is this is a rubber stamp
- We are taking psychiatrist time away from really seeing patients to just sign plans
- Treatment plans don't really change that much or that fast to warrant every five weeks

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- No evidence based clinical value add to having psychiatrist do this
- Clinics losing a ton of money because of it, because can't bill without treatment signature
- Push back 3 months to 6 months? Then looking at reasonable length of time
- And/or- why psychiatrist if no medication? Not looking at rest of record anyway

Additional Comments:

Moira Tashjian, OMH, reported that Tom Smith, Chief Medical Officer for OMH, is meeting with the Commissioner to discuss this request. The Finger Lakes region will be meeting with Dr. Smith for further discussions after that meeting has taken place.

Next Steps: Meetings with Dr. Tom Smith

Agenda Topic: 820 Residential Redesign Issue Presentation - Western Region RPC

Interruption of client's MMC status (from State MA to County MA) upon admission to 820 Stabilization or Rehab program

Margaret Varga, WNY RPC, reported that workgroup has been in place for about a year and a half. There is a problem in collecting reimbursement for residents who are connected to Managed Care for Medicaid through the health commerce system due to a process at some, but not all, local social service departments.

- This is having an impact with managed Medicaid clients upon admission to 820 beds. When admitted, if the client was enrolled in managed care through the State exchange, their managed care case is closed and then reopened as a County enrolled managed Medicaid case. They are initially enrolled in fee for service Medicaid then transitioned back to MMC through the county application process – this is the problem as FFS Medicaid does not cover 820 services. This results in a coverage gap that prevents the provider from being able to bill managed care for the stabilization and rehabilitation elements of care during the period of time it takes to reopen the case, sometimes amounting to as much as 30 days of non-reimbursed care.
- This has contributed to the financial challenges experienced by 820 providers. Pat Lincourt, OASAS, reported that, though some 820 providers had projected deficits, they have all been resolved. Most 820's now reported to be breaking even or seeing surpluses.
- Pat clarified that the 820 services are available to all managed Medicaid clients, not just HARP members. Regarding the coverage gap that has been identified, she explained that some LDSS commissioners reported that they believed that they "had to" dis-enroll applicants for public assistance from the State enrolled managed Medicaid, but that this is not necessarily correct. Pat has a meeting with OTDA and DOH to pursue resolution. While she feels confident that a resolution can be identified at the Central office level, she was not certain about how this eventual fix might be communicated through the various County Administrations. First step will be with OTDA, then with others.
- Beth White, FL RPC, commented that, once a solution has been identified, that the RPC's can provide assistance getting the word out to the various regions and convening groups that may need to come together to have the issue resolved locally.

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Review OTDA requirement for 3rd party assessment when client is referred to higher level of care

- Margaret Varga discussed the difficulties of clients who have just been admitted to 820's having to have a third party assessment to justify their placement even though they have already had a LOCADTR determine the placement in that level of care.
 - Pat Lincourt indicated that this requirement may actually derive from State law, but they are really committed to pursuing this issue.
-

Request for support to expand counties' capacity to use video interviews for Public Assistance eligibility when admitted to 820 stabilization programs

- Margaret Varga talked about potential of using on site video conferencing for the Public Assistance interview. Erie County currently has a pilot project under way. Under the traditional process, it can take 4-7 hours for the interviews at DSS but using video technology at the 820 sites with 820 staff in attendance, it can be completed in under an hour. Clients report feeling more comfortable being supported by the 820 staff during this process.
- Margaret Varga confirmed that the ZOOM and SKYPE interviews being used in the pilot project are compliant with current NYS telemedicine regulations.
- She shared a statement from a former 820 staff member about the difficulties of having the client leave the site for the PA interview. As a staff member from an 820 stabilization site wrote:

"In the year I have worked here, we have had only one patient elope while at her DSS interview, but there have been many times patients have been seen by members of our staff wandering the city after their interview unsupervised, which causes issues when they return to the facility. We've had multiple patients who have been so upset with how they were treated at DSS during their interview that they decline to continue with their application. Without public assistance, these patients cannot go on to long term treatment. We've had patients return not having completed the entire interview process because they did not feel like they could trust themselves in that environment and needed to get back to our facility before they used. Many times, patients return having been criticized by the caseworker for their aftercare plans. I know that patients feel more comfortable going through this process with me in the room and I have deescalated many of them during the interview. I do believe the caseworkers are aware of my presence in the room and take less liberties during the interview. The in-person interview is an incredibly stressful process imposed on an extremely vulnerable population and anything we can do to move towards more in-facility interviews would be exceedingly valuable."

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Comments:

- Pat Lincourt noted that utilizing this process requires a waiver, but Erie County has applied for it and any other interested Counties may as well.
 - Pat Lincourt confirmed that OASAS will be addressing all three of the above issues with OTDA.
-

Regional Initiatives

Central NY: Regional Collaborative Focus on Work Force: Front Line Staff

Katie Molanare, CNY RPC Coordinator: presented results from 2 well responded care management (CM) workforce surveys on assess benefits, requirements, and challenges. The CNY RPC is approaching its follow up stages from the survey. The Region has established a CM Round Table and hosted a Townhall meeting which focused on frontline and another on Supervisors of care managers.

Major themes and results from Survey:

- Longer in the field the longer they plan on staying in the field

Top 3 Opportunities/concerns:

1. **40%** of CMs hired do not have a background in Health or Human Services

CMs, LMSWs LCSWs are the **top 3** hardest job vacancies to fill

2. **69%** of CMs have student loans, **80%** claim loan forgiveness assistance would keep them in their job. Not utilizing a 401k but putting money into their student loan pay-off
3. Current onboarding/training topics: confidentiality, cultural consciousness, EHR, PCC, Patient Engagement.

Wish List: community resources available, government sponsored programs, dealing with Emergency situations, trauma informed care, active listening, MH First aid, number 1 requested: personal safety, health literacy, universal training.

Kirsten Vincent (Western Region RPC Co-Chair): Clinicians/Counselors- Survey Master's level:

- Results show that **68%** say the love their jobs, only **2%** said they want to leave BH Care field, **37%** said there was nothing that would make them leave their jobs.
- Fewer than **30%** gave reasons they would leave their job. However cited areas that prior education would be beneficial: Emergency Situations, knowledge of resources in the community, link clients with government & other community services, how to use EHRs.
- More training on specific interventions such as DCT, CBT group therapy, documentation, psychopharmacology, ensuring all field experience includes "hands-on"/direct clinical experience.

Comments:

- OMH (commenter not noted) - is working with 13 schools in state to create an evidence based program. If something missing is open to conversations. Workforce Development: dean's consortium (academic setting not noted). Looking at opportunities to take what we know and infuse it in other levels of education- i.e. community college or bachelor's level.

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- Scott Ebner, Central RPC Co-Chair, stated that there should be focus on these jobs not high tech/high paying jobs. Workforce isn't as well positioned and is not going to get a Master's-level. There are a number of disconnects that will be further discussed in future slides.
- Moira Tashjian, OMH: Looking at Residential programs with minimal education what kind of Human Services certificate can be built.

Multi Regional Workgroup Requests:

- Expanding educational requirements for those able to complete the HARP assessment within Health Homes
- Request that the State clarify the guidelines that individuals with a CASAC are not able to conduct a HARP or OLP assessment when provided under an OASAS licensed program
- Wish list development of Care Manager Training Institute that would include provide a certificate that would be recognized statewide. For sustainability having a training institute would be incredibly beneficial. Syracuse University (SU) is piloting a Care Coordination Program/Certificate (which is funded by PPS). SU sees it as an opportunity to sell the Master's Degree- exposes people to the potential to do that. Realign our benefits to allow these people to go back to school. Pilot funding ends the sustainability will significantly decrease. Look at community colleges could provide that sustainability.
 - Make a set of competency skills. A community training program to decrease the burden on agencies. If there was a foundation training across the state to decrease burden on agency and also create a network.
 - Internal conversations on CM career path: where it begins and where/how to support that. How do we build that from the entry level CM positions? The State is very interested in hearing suggestions.

Comments:

- Kelly Hansen, CLMHD: DSRIP 2.0 opportunity to leverage our collective thoughts and move it through the DSRIP funding.
- Susan Miller, MH RPC Co-Chair: PPS in MH do a tremendous amount of training for all levels. Have a certificate program currently. HH in the region focus on education of the workforce. Look at these for best practices.
- Jeremy Darman, OMH: CPI-Modules online looking for feedback.
- Marcie Colon, MH RPC Coordinator: does them in person in Mid-Hudson
- Pat Fralick, Tug Hill RPC CO-Chair: Tug Hill trying to entice people in the high school that want to understand what human services is about. Guidance counselors didn't even understand it. Basic level of information and knowledge had to be transferred to those supporting the children. How can we inform the schools and expose, within regulations, students to a potential career in human services- what does a career path look like?

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Closing comments: Katie Molanare, CNY RPC Coordinator

- CM coalition institute was positive- need State contact to further conversations
- New Waiver sent out eligibility assessment- who should be doing this and criteria (Melissa Wettengel to send out)

Next Steps: Set up a call to find out about different programs that OMH is doing

Regional Solutions to NYS Peer Workforce Issues – Long Island Region

Melissa Wettengel, LI RPC Coordinator, presented on the three approaches being taken by their RPC Lived Experience Workforce Group to "*Work collaboratively toward a robust, supported, and effective lived experience workforce on Long Island.*"

She reviewed their three initiatives:

- Initiative A: Toolkit Pilot
- Initiative B: Supervision Learning Collaborative
- Initiative C: Professional Community of Practice (CoP)

Comments:

- Pat Lincourt, OASAS: OASAS has created a Readiness Survey for providers around the Peer workforce. Currently working with Susan Bandeau
- Response:
 - Melissa Wettengel: Long Island is connected with Susan Bandeau. Readiness Survey is great and OASAS has been very helpful Susan Bandeau's team reached out to RPC Lived Experience Workforce Group re CRPA recruitment challenges on Long Island. One OASAS provider on LI RPC Board has significant experience employing CRPAs; provider states has taken OASAS Readiness survey and still having difficulty with peer model. This provider test driving NYC Toolkit because the say the assessment appears more comprehensive, and it includes the tailored technical assistance.
 - Possible next step for RPC to follow up with Susan per Pat Lincourt?
 - Sandy Soroka, Mohawk Valley RPC Co-Chair: Many behavioral health organizations understand the struggles that Peers face entering the workforce. HR education would be important and should be targeted.
- Response:
 - Melissa W: The tool kit mentioned during the presentation would be very helpful for that purpose. It would be great for organizations to become familiar with the toolkit. Melissa agreed with Sandy about including HR. But not sure agree all behavioral health orgs understand struggles – we do not have all organizations at RPC table. Wider shift in thinking comes with State recommendations.
- Comment by Jeremy D (OMH) - Amanda Saake, new OMH Director Office of Consumer Affairs (replaced John Allen) who is currently not in attendance would be helpful in this discussion. She is currently looking at issues and gathering feedback. OMH recently included language about

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valuing lived experience, along with our mission statement, in all OMH job postings. Looking to integrate those with lived experience more into the State.

- Melissa W: This is not a supply issue- it's more about quality. How can the State help in generating demand for the Peer workforce? Was trying to make point here about HCBS (which is largely peer support at this point). We've been focused a lot on process which is critical, but if we can support workforce and increase quality of service, we create a demand that will raise utilization rate.
-

Finger Lakes SUD Bed Finder

Beth White, Finger Lakes RPC Coordinator, shared a new resource developed to better coordinate access to SUD treatment beds.

- Local provider consortium referred issue to RPC – perception of “not enough beds,” when there are in fact open beds. Could regional coordination address this?
- Website provides “real time” information on availability for:
 - Inpatient Detox
 - Outpatient Detox (program slots, not beds)
 - Inpatient Rehabilitation
 - 820 Residential (Stabilization & Rehabilitation only)
- All Finger Lakes region providers of the above services are participating in the pilot with the exception of the two State operated ATC's who have been invited to participate and are welcome to join at any time.

Providers currently using this resource:

- Substance Abuse Providers
- Managed Care Organizations
- Recovery Programs
- Mental Health Providers
- County SPOA's & Clinics

Beth White described the differences between this resource and the search website provided by OASAS:

- OASAS information is only updated once per day

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- FL Bed Finder shows "Beds on Hold," in addition to "Open Beds."
 - Information is provided in a much more user friendly format.
 - Beth White shared data showing that this site is update by providers as frequently as 15 times per day. The site is being used regularly during evenings and weekends as an important resource for open Access and other 24 hour admitting sites.
 - This is a pilot project whose next questions will address expansion of the site to 819 Community Residence/820 Reintegration beds and advisability/possibility of making it available to a broader audience, including consumers and families.
-

NYC RPC: Value-based Payment (VBP) Activities

Yoshi Pinnaduwa reported on behalf of the NYC RPC:

- Yoshi began by sharing that NYC has no specific ask but would like to share some of the activities that have going in in NYC.
- Yoshi shared that there have been two major “buckets” of work regarding Preparation for VBP:
 - Large networking event held for health care systems
 - Assisting BH providers in VBP readiness by providing assessments and trainings for various organizations, including short term tech assistance
 - Training/Networking events began in June 2017 BHCCs. These events included networking with MCOs, PPS and Lead HHs as well as provider associations.
 - November 2018 began strategy session to discuss how to collaborate moving forward and challenges faced in the process and recommendations to address those challenges.
 - While follow up was difficult because of staffing needs there is a great focus on follow up at this time. There is a follow up meeting planned for December 2019.

Comments:

- Yoshi shared that OMH appreciated that providers appear to have an increased awareness for the need to collaborate in order to accomplish the goals.
- NYC conveyed that there has not been many VBP arrangements with behavioral health with respect to primary care
- NYC RPC continues to provide direct technical assistance to providers to increase VBP readiness
- NYC RPC has been assisted in getting contracted BH providers VBP ready and will follow by assisting non-contracted providers.
- NYC RPC has developed an application for technical assistance which includes assistance with data collection, workflow and other technical needs.

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NYC RPC recommendations: We promote partnering/needs of population served and identify metrics that will have a true impact.

- Steven Helfand, NYC RPC Board member, suggested that the RPC has been catalyst for the conversation which continues to grow and recognizes that not all agencies have resources for technical assistance. There is a continued need to get the right people to the table and unaffiliated agencies trying to get involved.

OMH Guidance for Under 18 Inpatient Mental Health Admissions

Excerpts from March 5, 2020 presentation to RPC CoChairs by

Flavio Casoy, MD – Medical Director, OMH Special Projects

New York State (NYS) is overseeing and enforcing parity laws to make sure mental health and substance use disorder services can be readily accessed by the people who need them, when they need them.

It is important to know that, in combination, these New York State and federal laws require most comprehensive health insurance plans to cover medically necessary mental health services and manage your mental health or substance use benefits as they manage medical and surgical benefits, without additional limitations.

This means that insurance plans are forbidden to require you to “fail first” at a lower level of care before they cover treatment recommended by your doctor or therapist, such as inpatient hospitalization.

New Statute

- **No prior authorization**
- **No concurrent review for first 14 days**
- **Hospital must notify plan in within two business days**
- **Initial treatment plan required - suggested template available below**
- **Expectation that provider and plan actively communicate to coordinate care and plan discharge in first 14 days**
- **There may still be retrospective reviews**

Dr. Casoy urges stakeholders to reach out to OMH if they experience problems accessing children's inpatient mental health care under these new guidelines:

NYS OMH Managed Care Mailbox: OMH-MC-Children@omh.ny.gov

Guidance Memo:

[Prohibition Against Preauthorization and Concurrent Review During First 14 Days of an Inpatient Admission for a Mental Health Condition for Individuals under 18](#)

Template Notification Form and Initial Treatment Plans:

[Addendum A: Two-Day Notification and Initial Treatment Plan – fillable PDF](#)

For more detailed information go to: <https://omh.ny.gov/omhweb/bho/parity.html>

Finger Lakes Regional Planning Consortium

Children & Families Subcommittee - Quarterly Summary

C&F Subcommittee met once this Quarter

February 14, 2020 – 29 Attendees

Subcommittee Summary of Activities

- Transition Timeline & Updates
 - Youth Peer Support & Training and Crisis Intervention start January 1, 2020
 - Voluntary Foster Care Agencies to Medicaid managed care moved to July 1, 2020

Rate enhancements have been enacted for YPST & FPSS to support development of these services. Details can be accessed via link in January 2020 System Transformation Update

- Due to RPC Statewide Feedback to State:
 - Staff and Supervisor Qualifications – Requested Changes sent to CMS
 - See details in January 2020 System Transformation Update (attached)

- New HCBS Resources
 - Quick Reference Guide to Resources
 - HCBS Workflow Table of Responsibilities

- Common CFTSS Referral Form Update
 - Monroe County & Providers adopted a common form from RPC template
 - Other counties/providers in region welcome to adapt it for their use
 - Link to online form: <https://www2.monroecounty.gov/mh-CFTSS>

- CFTSS/HCBS Sustainability Learning Collaborative Beth
 - Collaborative offering of RPC and CCSI, with funding support from FLPPS
 - Six regional children's services providers signed up to participate in April

System Transformation Update

2 Guidance Documents

Recently released guidance:

- [Care Management Requirements for HCBS Eligible Children](#) and
- [Medicaid Status Impact on HCBS Eligible Children](#)

Supporting Webinar: [Understanding Care Management Requirements and Medicaid Status Impact Regarding HCBS Eligible Children/Youth](#)

Other Guidance:

- [Children’s Waiver EMOD, VMOD, AT and LDSS Contact List](#)
- [Children’s HCBS POC Workflow Policy](#) and supporting forms
- [Health Home Monitoring: Reportable Incidents Policies and Procedures](#)

[Department of Health website](#)



This Issue:

1. Children’s Transformation Timeline Update
2. Guidance Documents
3. Webinars & FAQs
4. Your Solutions in Action

Resource: Care Manager HCBS Quick Reference Guide

Thank you for providing feedback on the Children’s Transformation. Based on your recommendations, the changes on page 2 are pending CMS approval!

1 Children’s Transformation Timeline Update

Children and Family Treatment and Support Services (CFTSS) — Two CFTSS go into effect: *Youth Peer Support and Training (YPST)* and *Crisis Intervention (CI)*. [Rate schedules for YPST and Family Peer Support and Services \(FPSS\)](#) have been updated to reflect rate enhancements for a limited time to encourage increased provider capacity for these services.

Foster Care — The Voluntary Foster Care Agency (VFCA) Medicaid Managed Care transition date has been moved to July 1, 2020 to ensure a smooth and effective transition. Components that will take effect on July 1, 2020 include: Public Health Law Article 29-I for VFCAs, Core Limited Health Related Services and Other Limited Health Related Services provided by Article 29-I VFCAs added to the Medicaid Managed Care Benefit Package, and children/youth placed in foster care with a VFCA are no longer excluded from enrollment in Medicaid Managed Care.

Current Timeline	Date
CFTSS YPST and Crisis Intervention services goes into effect	Jan. 2020
Foster Care Population and VFCA Benefits Transition to Medicaid Managed Care*	7/1/2020

*Dates subject to timely CMS approvals

3 Webinars & FAQs

- [Understanding Care Management Requirements and Medicaid Status Impact Regarding HCBS Eligible Children/Youth](#): reviews guidance and provides clarification regarding HCBS requirements for care managers to ensure HCBS eligible children/youth obtain the services as required to maintain waiver eligibility and discusses information regarding Medicaid eligibility related to the 1915(c) Children’s Waiver and the recently approved 1115 waiver – including eligibility for “*Family of One*” children/youth.
- [Capacity Management Refresher](#): updates and reminders regarding the capacity management process for HCBS, highlighting the importance that Health Home care managers communicate with the Capacity Management Team.
- [Children’s HCBS Plan of Care \(POC\) Workflow and Service Authorization](#): review of HCBS POC Workflow Policy and Service Authorization for HCBS as a Managed Care benefit – including communication between service providers, care managers, and MCOs.
- [Preparing for Managed Care for Youth Peer Support and Training \(YPST\) Providers](#): provides a service overview, discusses managed care billing and contracting, and reviews medical necessity/UM, referrals, and recommendations for YPST.

Children's Medicaid Health and Behavioral Health System Transformation Update

Did you know?

The [NYS Children's Health and Behavioral Health Services Billing and Coding Manual](#) was updated on October 22, 2019

Starting in January 2020 the [Children's HCBS Provider Manual](#) and the [CFTSS Provider Manual](#) will be updated quarterly to incorporate any new guidance, policies, resources, or clarifications – making them the best resources for information related to the Children's Transformation

➤ Sign up for our listservs below:

[Health Homes](#)

[Children's Managed Care](#)

[Medicaid Redesign Team \(MRT\)](#)

4 Your Solutions in Action

Thank you providers, care managers, families, and all stakeholders! Please continue to send suggestions and solutions to BH.Transition@health.ny.gov. Based on your recommendations, the following staff and supervisor qualifications are pending CMS approval:

Guidance documents will be updated and formal notification of these changes will be made, if they are approved.

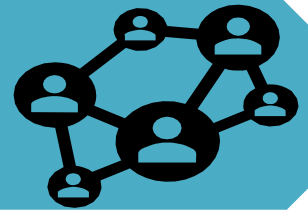
CFTSS

- **Community Psychiatric Support and Treatment (CPST):** *additional allowable staff qualification* - practitioners with a bachelor's degree and three years of applicable experience in a related human services field may perform any of the CPST activities
- **Community Psychiatric Support and Treatment (CPST):** *additional allowable supervisor qualification* – Licensed Masters Social Workers may provide supervision
- **Psychosocial Rehabilitation (PSR):** *reduced staff qualifications* – practitioners must have a minimum of one (originally three) years' experience in children's mental health, addiction, foster care, or in a related human service field
- **Psychosocial Rehabilitation (PSR):** *additional allowable supervisor qualification* – Licensed Masters Social Workers may provide supervision
- **Family Peer Support (FPS):** *reduced supervisor qualifications* – individuals must have a minimum of three (originally four) years' experience providing FPS services, at least one year of which is as a credentialed Family Peer Advocate with access to clinical consulting as needed
- **Youth Peer Support and Training (YPST):** *reduced supervisor qualifications* – individuals must have a minimum of three (originally four) years of direct YPST service experience with access to clinical consultation as needed OR a credentialed Family Peer Advocate with three (originally four) years of experience providing FPS that has been trained in YPST services and the role of the Youth Peer Advocate

HCBS: Children's Waiver

- **Respite:** *revised supervisor qualifications* – in an OPWDD-certified setting, supervisors in the provision of Respite in the Children's Waiver must have over 3 years' experience in the certified setting and such provision is under the oversight of a licensed professional, Qualified Intellectual Disabilities Professional (QIDP), or a master's level professional in a Behavioral Health field.
- **Palliative Care – Bereavement and Expressive Therapies:** *added generic provider agency qualifications* – practitioners must work within a child serving agency or agency with children's behavioral health and health experience, designated through the NYS Children's Provider Designation Review Team to provide the services referenced in the definition. This requires agencies to have the appropriate licenses, certification, and/or approval in accordance with State designation requirements by OMH, OASAS, OCFS, or DOH.





Home and Community Based Services

Quick Reference Guide for Care Managers to access HCBS guidance, manuals, rates and other important information

Prepare to Meet with Child/Family

Discuss Child/Youth Needs

Is the Child/Youth HCBS Eligible?

What HCBS would be beneficial?

What HCBS providers can you refer to?

Follow-Up with Provider Referral

Update POC

Prepare to Meet with Child/ Youth/Family	As a Care Manager, where can I find helpful materials to educate myself BEFORE meeting with the child/youth/family to discuss HCBS?
HCBS Provider Manual	FINAL Home and Community Based Services Provider Manual (PDF) – April 1, 2019
HCBS Services Overview	<ul style="list-style-type: none"> Caregiver/Family Supports and Services, Community Self-Advocacy Training and Supports, and Respite: https://ctacny.org/training/childrens-aligned-hcbs-series-webinar-1-caregiverfamily-supports-and-services-community Prevocational Employment and Supported Employment: https://ctacny.org/training/childrens-aligned-hcbs-series-webinar-2-prevocational-employment-and-supported-employment Community Habilitation, Day Habilitation, and Palliative Care Services: https://ctacny.org/training/childrens-aligned-hcbs-series-webinar-3-community-hab-day-hab-and-palliative-care Adaptive and Assistive Equipment, Vehicle Mods, Environmental Mods, and Non-Medical Transportation: https://ctacny.org/training/childrens-aligned-hcbs-series-webinar-5-adaptive-and-assistive-equip-vehicle-mods Interim HCBS: Family Peer Supports, Youth Peer Supports and Training, and Crisis Intervention: https://ctacny.org/training/childrens-aligned-hcbs-series-webinar-4-fpss-ypst-and-ci-interim-hcbs
Discuss Child/Youth Needs	I have a Child/Youth who is interested in HCBS, where can I find helpful materials to discuss with the child/youth/family to educate them on HCBS?
HCBS Brochure	Children's Home and Community Based Services Brochure (PDF) – April 17, 2019 (Translations coming soon)
HCBS Consumer Web Page	Direct a parent to the Information for Consumers/Medicaid Recipients page: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/info.htm
Children/Family Webinar	The Children's Health and Behavioral Health System Transformation in NY, Children/Family Webinar, Feb. 26, March 21, 2019: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/childrens_transformation_slides_for_consumers_3_21_19.pdf
Managed Care Complaints?	1-800-206-8125 or email: managedcarecomplaint@health.ny.gov
Is the Child/Youth HCBS Eligible?	How do I determine if the child/youth is eligible for HCBS? Once eligibility is determined, how does the child/youth enroll in the Children's Waiver?
REVIEWING HCBS Level of Care (LOC) Eligibility Determination	Children's Aligned HCBS LOC Eligibility Determination – April 23, 2019 (PDF)
Eligibility Forms	<ul style="list-style-type: none"> Freedom of Choice – DOH-5276 (PDF) Licensed Practitioner of the Healing Arts (LPHA) Attestation – DOH-5275 (PDF) Childhood Medical Disability Report – DOH-5151 (PDF)

	<ul style="list-style-type: none"> • Questionnaire of School Performance – DOH-5152 (PDF) • Description of Child’s Activities – DOH-5153 (PDF) • Disability Review Team Certificate – DOH-5144 (PDF)
Notice of Determination	<ul style="list-style-type: none"> • Notice of Decision For Enrollment or Denial of Enrollment in the New York State 1915(c) Children’s Waiver (PDF) • Notice of Decision For Discontinuance in the New York State 1915(c) Children’s Waiver (PDF)
Children and Youth Evaluation Services (C-YES)	<p>The Children and Youth Evaluation Service (C-YES) is a statewide program that determines whether a child/youth (under age 21) is eligible for Home and Community Based Services (HCBS) for children who do not currently have Medicaid or for children who opt-out of the Health Home Serving Children’s program. To make a referral or learn more information – C-YES</p> <ul style="list-style-type: none"> • C-YES Referral Form Instructions (PDF) – April 18, 2019 <p>C-YES is available to answer any questions you may have about HCBS and/or our services. Call C-YES at 1-833-333-CYES (1-833-333-2937). TTY: 1-888-329-1541.</p>
Plan of Care	How do I develop and maintain the HCBS Plan of Care (POC)?
Children’s HCBS Planning and Plan of Care Development	https://ctacny.org/training/childrens-hcbs-planning-and-plan-care-development
HCBS Service Plan Guidance	HCBS Service Plan under the 1915c Children’s Waiver (PDF) – May 15, 2019
Additional Resources	Who do I contact if I have questions?
Email for Questions you have for the State related to HCBS	Children’s Behavioral Health Transition Mailbox: BH.Transition@health.ny.gov
Capacity Management Email	Capacitymanagement@health.ny.gov
Behavioral Health Managed Care Email	OMH-Managed-Care@OMH.ny.gov
Managed Care Email (for general managed care questions)	omcmail@health.ny.gov
Children’s Health Home Questions	hhsc@health.ny.gov

Invites You to a Special Event February 26, 1:30 – 3:30

Registration Required at Eventbrite – [Register Here](#)

**Workforce Integration of Peer and Community Health Worker Roles:
A needs-based toolkit to advance organizational readiness***

Hear about One Local Agency's Experience Utilizing this Remarkable Resource!

Catholic Charities Community Services Presenters

Executive Director Lori VanAuken

Human Resources Director Barbara Poling

Clinical Services Program Supervisor Jacqueline Compagnoni

What did They Learn?

What Changes have They Already Made as a Result?

How Can YOU Benefit from this Resource?

ALSO

Be Among the First to Preview

New National Practice Guidelines for Peer Specialists and Supervisors

(released by iNAPS in October)

An online self-assessment tool for supervisors to educate themselves, their staff, and the organization on the essential values of peer support

Presented by Rita Cronise

Distance Faculty, Rutgers University

Academy of Peer Services

AND

Release of Resource Compendium

Don't Know Where to Start with So Many Available Resources for Employing Peers?

Review of Catalogued & Indexed Resources

Courtesy of Finger Lakes RPC Peer Role Workgroup

*Many thanks to the NYC Peer and Community Health Workforce Consortium, New York City Department of Health and Mental Hygiene, Office of Consumer Affairs for the development and sharing of this toolkit

FINGER LAKES REGIONAL PLANNING CONSORTIUM - BOARD OF DIRECTORS MEETING

BOARD MEMBERS SIGN IN - MARCH 13, 2020

Go To Meeting - ✓ indicates present on call

BOW
Kat Gaylund
Jason Teller
Cheryl Kraus
 25 BOB
 1 BW
 3 guests
 29

Group	Name	Sign In	Group	Name	Sign In
LGU	Margaret Morse	✓			
LGU	George Roets	✓	MCO	Colleen Klintworth	✓
LGU	Shawn Rosno		MCO	Angela Vidile	
LGU	Michele Anuszkiewicz	✓	MCO	Andrea Hurley-Lynch	✓
LGU	Diane Johnston	—	MCO	Jennifer Earl	✓
LGU	Kelly Wilmot	✓	MCO	Kim Hess	
			MCO	Ivette Morales	✓
CBO	Sally Partner	✓			
CBO	Val Way	✓	EX OFFICIO	Christina Smith	—
CBO	Jennifer Carlson	✓	EX OFFICIO	Christopher Marcello	✓
CBO	Ann Domingas	✓	EX OFFICIO	Colleen Mance	✓
CBO	Lori VanAuken	✓	EX OFFICIO	Debbie Meyer	✓
CBO	Heather Wensley	✓	EX OFFICIO	Kathy Muller	
			EX OFFICIO	JoAnn Fratarcangelo	
Peer	Jennifer Storch	✓			
Peer	jeannine Struble	✓	KEY PARTNER	Melissa Wendland	✓
Family	Julie Vincent	✓	KEY PARTNER	Nathan Franus	✓
Family	Jeffrey Hoffman		KEY PARTNER	Christopher Bell	
Youth	Rita Cronise	✓	KEY PARTNER	Denise DiNoto	✓
Youth	OPEN		KEY PARTNER		
HHSP	Ellen Hey	✓			
HHSP	George Nasra	✓			
HHSP	Mandy Teeter	✓			
HHSP	Mary Vosburgh				
HHSP	Craig Johnson	✓			
HHSP	OPEN				