



Capital Region RPC: HARP/HCBS/Health Home Ad Hoc Work Group

May 12, 2020, 1-3PM

GoToMeeting

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1. **Introductions:** (Name, agency/organization, title, identify if HARP, HCBS provider/services providing, or Health Home)

 2. **Regional Check-In:**
 - Challenges and Successes
 - ◆ Amanda- MHA- Workforce Development- training for online/virtual platforms
 - ◆ **MCO's:**
 - John- CDPHP- Telehealth- seem to be going well, positive feedback from providers, not many issue with claims/ payments, provider relations able to remedy issues quickly, hoping there will be a lot more telehealth going forward both for physical and behavioral health, forced providers outside comfort zone with telehealth, providers that were hard to get appointments with have been more accessible to see new patients faster.
 - Eric- Fidelis- Echo what John said about Telehealth, any issues- provider relations available, if still issues please go to Eric, some increase in member engagement being seen both Health Home and Care Management/HCBS, landscape post version- any Telehealth included will be positive for growth of programs.
 - ◆ **Health Homes:**
 - Lindsay-RSS- Echo what John and Eric are saying with Telehealth, able to reach clients more frequently, opportunity to continue this flexibility on how services are provided post state of emergency- success reaching people because there is no place to go? Wanting and needing contact right now, post-COVID is unknown if will have same level of engagement/success.
 - ◆ **CMA's**
 - Amy- Unity House- Health Home/HARP- successful, able to re-engage people haven't heard from in few months, HARP assessments over phone, everything going well for now
 - Jen- RSS- Things going well by phone, lot of success doing HARP assessments via phone.
 - LaShay- Challenge- what providers are still accepting new referrals and offering HCBS services telephonically- hoping to get that information out of meeting today
 - Kailyn- Parsons Health Home- A lot of luck with getting assessments done over the phone, when it comes to referring to other agencies for services- having hard time finding anyone offering them, one client put out several referrals and only 1 response that agency was not accepting referrals
 - Andrea- RSS- No response when referring outside agency, whether or not referral is accepted, trying to get an agency to take it, when sending to agency not getting confirmation it's received, accepted, communicating that client is starting services, not getting responses when things are sent out, annual plans of care, even before COVID was a problem, agencies just not responding, next time around when do have referral don't go to agency that did not respond
 - Unity House and Northeast Career Planning- waiting to hear back.
 - Amanda- Sounds like regional issue- comes up somewhat regular
 - Andrea- RSS- Courtesy to send an email back even saying it is received.
 - Amy- Unity House- Oversee referrals, times faxes are coming to building, delay in when being received as they are working remotely now, not taking HCBS referrals, not related to COVID, just have staffing issues, just don't have any opening, responding but could be delay
 - Tina- OMH- During state of emergency, point people may not be in office or re-assigned to another task, are you getting the right point people for HCBS?

- Amanda- Great question- HCBS providers on the line- open to creating temporary document of whether or not accepting referrals, if there is waitlist, and best way for CMAs to send referrals as many are working remotely.
- Tina- OMH- In follow up contacts finding people are shifting around, physical locations changing, suggest calling leadership in this time with shifting responsibilities.
- Lindsay- Pulling together list of HCBS providers-
- Amanda- Yes, document was created a while back- Kat/Colleen, needing to be updated, all HCBS providers and contact info
- Lindsay- Unrealistic that traditional ways of referrals are going to stay the same, having old school phone call capability is probably best way right now
- Colleen- Do have updated list to share if helpful
- Amanda- Think it would be send it out for addendum during time of telework
- Colleen- Another point person or way referral should be made during this time, update and disperse to group
- Amanda- Keep eye out for email from Colleen, get it out sooner rather than later, any HCBS providers on the line had a change in how accepting referrals, put in chat box so that we can provide updated information so that people can grab any updated info that will hopefully be a little bit of a help, any other issues? CMA waiting to hear back from Northeast Career Planning- contact Jeremy he will follow up for you.

◆ **HCBS Providers:**

- Amy- Unity House is not accepting referrals
- Jen- RSS- Not sure, Brandy s not on line but does not believe accepting new referrals
- LaShay- Brandy confirmed with me last week that they are (RSS) in fact, not accepting referrals
- Jeremy- Northeast Career Planning- Staff changings, have to follow up with supervisor Kiki Garg if interested send referral to Kiki's email and she can advise- will put email address in chat box for all
- Betsey- Columbia County Dept. Of Human Services- Check with clinic, think we were offering CPST, will email and find out
- Amanda- MH- Accepting referral but have waitlist, small waitlist for TSR, rehabilitation, peers waitlist is long, will accept, keep on waitlist and do outreach calls periodically while on waitlist. Sounds like this is an issue to tackle for HCBS network, new issue
- Michael Cole- Columbia County- Clinic hasn't received CPST referral recently, could provide but have not- no referrals, peer support- no referrals, but have vacancy to fill
- Kat- Given questions around the uncertainty as to who is providing services and who is not, Survey to group as to who is active/providing what, keep regular pulse to help group flow referrals, those that can't accept can pass them on to others that do
- Amanda- Would be helpful. Question posed in chat to group- State guidance, HCBS having to accept referrals during crisis, Brandon- elaborate?
- Brandon- Do HCBS have to accept referrals if have capacity to do so at this time?
- Tina- OMH- Yes, it's a lot that everyone does but to continue to serve everyone, staffing shortages, staff getting sick but yes, if able to should be, general directive, can search for specific guidance.
- Amanda- Providers speak to how and why they think Telehealth is so successful? Why is telehealth working, what are you hearing, what is your experience?
- Lori- Going to start calling out on people, was me that asked the questions, try to stay mute but will start calling out
- John- CDPHP- MCO feedback, case managers are working with members getting them linked, what we are hearing is that it seems as though providers have a lot more availability, they have less no shows, availability is just a lot more, may not answer questions
- Lori- Helpful, shed light on productivity levels, myriad of reasons as to why availability
- John- Few other things we are hearing- transportation issues taken out of it, some individuals work with- severe symptoms- easier and healthier to do telehealth because they don't have to

leave the home, want to help people get back in to community but not ready, telehealth really helpful for those

- Lori- John- any data analytics on cost saving for transportation
- John- Transportation- no, we don't pay for transportation
- Lori- True, what about cost avoidance might have been, more productivity in a different way.
- John- In meeting yesterday, dashboard that was created around COVID-19/Telehealth, haven't dove in to yet but we are tracking several things around telehealth just not sure what data is and how it will be relevant what that data is, in Fall have more data to report on
- Tim- Catholic Charities- Transportation is big reason telehealth works, less time in the field/in the car, less driving, time to make calls instead
- Lori- How many hours has the shift meant for productivity or client engagement, have x number of more encounters, rough idea of what that might look like
- Tim- Can't say off hand, what time and travel would equate to in number of assessments
- Lori- May be helpful to track, value in data, hearing increased connectivity and engagements across the state- has to equate to something
- Kat- Important if anyone is tracking time in a week- time saving on travel, look at reimbursement piece- 60 miles rule was focus- right now this is no longer an issue it seems, what is this looking like in your organization.
- Amanda- Able to provide more engagement with HCBS enrollees, biggest reason been so successful is responsive, because I can provide services over the phone, member calls with issue it can be addressed immediately, taken act of transporting out to provide service, able to respond quicker
- Lori- Quality of service being delivered this way? Working and improving- clarity around quality of service delivery
- Amanda- For us, not as good as in person, feel in person services are first and foremost, but better than no services and good supplement to in person services
- Lori- Future look something of a hybrid with clients have access opportunities, especially where is effects no show rates
- Amanda- From where I sit a hybrid would really be nice, able to meet people where and when they want to be met, including face-to-face, many individuals hard to commit to that face-to-face, incorporate both
- Amy- Unity House- Like the idea, folks seem to do better over the phone, open to engaging that way, folks that seem more willing to engage in person, very individual to the person and their preferences, like the idea of hybrid.
- Amanda- Reminds me of conversation having on HCBS rolled out- a lot of individuals were not engaged even though agencies were reaching out- for me, creepy to think someone I don't know coming in to my house, my safe space, developing a relationship or service plan over the phone, how will relationship and services look with this person is much more person centered.
- Kat- Last time gathered informal talk about taking temperature from client's perspective, nothing formally developed, any had opportunity to have satisfaction survey or informal conversations with client's to share?
- Amanda- MHA- We haven't.
- Tim- Catholic Charities- Positive feedback, telephonic or tele video doesn't replaced face-to-face model however use in the proper context in proper reasons has the ability to enhance clinical services, clients haven't had anything negative to say about it, folks having social isolation to begin with, connecting phone or video helps them, helps them stay connected, way of future hybrid model, case managers- members seem to enjoy it.
- Amanda- Anyone on why they think telehealth is successful?
- Brandon- Echo what everyone else say, finding clients at home, able to reach them, they really like them calling, look forward to phone calls, someone checking in, many clients with mental health issues, appreciative of contact, idea of hybrid is way to move forward.
- Kat- Brandon- in many different counties and regions, seeing any differences, challenges?

- Brandon- Initially thought rural areas would be more difficult to connect clients to services- just the opposite, lower number of HCBS providers have partnership with CMAs in Capital Region, HCBS providers have been collaborating with case managers around client goals, kind of like North Country- more success getting and staying connected.
- Kat- Another question for care managers providing services- any change in physical health of clients?
- Brandon- Care managers' report increase in physical health appointments- telehealth, 1 client has had more contact via telehealth than within the last year.
- Kat- Anyone else?
- Tim- Catholic Charities- Some issues with few clients getting access to primary care physician, same issue with 2 different clients but may just be provider specific issue and not across the board.
- Lori- Colleen, you're recording this hopefully be able to pull all notes down, invaluable information, doing collective detailed spreadsheet in Smartsheets which is really drilling down individual comments and categorizing and compiling across the state, laundry list where gather comments, very thorough to gather information across the state, no consolidated location to do this to drive recommendations or changes to state agencies, if anyone has any additional things wanting to discuss, fluid, each week is different, encourage all of you to stay in contact with Colleen to push information forward and gather it.
- Amanda- Anybody reviewing/ tracking level of engagement as lock down continues? Engaging at same level as when this all started? We have, been able to look at it and see, concern starting to surface that telehealth novelty will wear off and engagements levels will return to pre-COVID numbers
- Danielle- Unity House- Engagement has been going well, clients enjoy access, we have not really looked at data- emergency based, trying to make sure people have phone minutes, toilet paper, milk, etc., first few weeks ok but now schools are closed, people aren't returning to work
- Amanda- Waves of emergency state- work remote, no toilet paper, summer is cancelled, able to get toilet paper for clients, big accomplishment for agency.
- David- When do people- when parts of state open up, are people going to be thinking I can go out and do whatever, others- very worried, worried about returning to work, being subjected
- Lori- Re-entry piece very frightening, not enough guidance on step by step processes, from one region to the next, some counties are stating that they have more formative plans, others not even there yet, disconcerting, don't know how fluid and or specific the guidance will be coming forward, enormous task to handle, such diverse population across regions, more agency wide specifically how offices will look, what will be required, specific guidance, any one from State on call that can shed some light? We are all waiting.
- Marcie- Coordinator Mid-Hudson region, re-entry in our region- children going back to school, wearing face mask, all the change, effects of children's mental health
- Tina- OMH- Marcie- good you are on as well, segway into virtual provider forum OMH is setting up, regional, Hudson river providers, includes capital region RPC attachment area, these kinds of things, the opening up, if news is still valid parts of upstate opening later this week, parts closer to city on line with NYC- beginning to mid-June for re-opening, provider and audience lead discussion, all touch base with each other, connect, discuss all you are seeing and doing, learning, regions experiencing different impacts- May 20th @ 9:30 webinar- did everyone receive invites- I didn't generate.
- Amanda- Anyone who didn't get put email in chat box and will send copy.

3. Issues Tracker:

- Review and Update
 - Amanda- Collect issues that were common to group- regionally issues, develop best practice or if needed regulatory relief, push to board and look at from State level.

- Reviewed Issue 1: Pose to group- still an ongoing issue? John- Short term and intensive crisis respite still seems to be void in community, RSS The Living Room service filling hole in community, providing support, don't just assess for hospitalization, plans to expand to other counties, prior to pandemic agencies applying to OMH grant funding around crisis respite type services, unsure if was halt due to pandemic, once resurfaces hopefully will fill the void, 97% ER diversion rate. Amanda- Experience with participants utilize RSS Living Room?
- Jen- RSS- Supervise Schenectady Living Room- 97% diversion rate-still operating, will see face to face in emergency and doing over the phone services.
- John- Looking to expand to Columbia County area
- Jen- Yes, currently Schenectady and Albany, looking to get funding for Rensselaer and other regions.
- Colleen- Update- crisis funding is on hold, pause due to pandemic, nothing awarded or announced as of yet, no new updates.
- John: Nonexistent, if other grant funded program able to come to fruition going to help wider variety of provider's in need, State has rolled out plan with crisis services available to members, would be fair to those individuals who have Medicaid/HARP to provide services available to them.
- Amanda- Polling option for this? Send out and poll the audience.
- Colleen- Discussion around the issue, continue process, if still relevant, hone in and then send survey to narrow down? Feedback on best way to go about?
- Tim- Sounds good to me.
- Amanda- Go through bring to everyone's memory then send survey monkey to gather response.
- Kat- Workgroup meeting in another region, polled group, able to rank based on priority, focus what work can look like within workgroup, at last HHH meeting had come up with few areas to explore more, including 60 mile which is probably on back burner but also peer waiver, not on issue tracker.
- David- Send spreadsheet with Survey Monkey.
- Colleen- Spreadsheet itself will be updated and send out, using as guideline to get it updated, go back, make sure most up to date, send with survey monkey, able to rank and review issues, re-prioritize.
- Amanda- Wondering if people are feeling like people are thinking priority right now is just survival, toilet paper, food, business working, maybe priority isn't any of these issues right now, something to explore more in the fall
- Colleen- Have category- other issues or focus is on current situation, other or option of what might be helpful to focus on in immediate time, get everyone's individual feedback.
- Amanda- Weird place we are living, manage present, think about where will be in 3 months, managing staff anxiety, when and how to bring people back. Might be something spend some time in future meeting coming up with what are agencies doing, their return plan, how are we supporting staff, barriers, brag and borrow that we did earlier- share information, forms, best practices. Use mic to show support- green yes red no.
- Review Issue 3: Amanda- a lot done on state level to make form more useful, mic color change, is this still an issue people are having? Still an issue. Tease down in to that- what is barrier?
- Review Issue 4: Amanda- Good news, one of issue is 60 mile barrier, obviously something that is on the back burner.
- Review Issue 5: Amanda- 2 fold issue- OMH housing, got good guidance, still missing guidance from OASAS regarding their allowable residential settings, still circulating, trying to get clearer guidance, know this is something we have talked about- can rank how is priority now.
- David- Reached out to some people at OASAS and nobody knew what I was talking about.
- Amanda- A lot trickier to categorize their residential programs than it is for OMH, slowly chip away at on State level.
- John- Luck emailing OASAS, not timely always but have been able to answer specific questions.

- Review Issue 6: Amanda- Still an issue green mic for polling, still a couple, put it on, see if we can drill down deeper.
- Review Issue 7: Amanda- Poll audience, yes, still an issue. Not knowing what HCBS services are.
- Review Issue 8: Amanda- Health Homes vs. Substance use struggles, delivery of services, still something people are struggling with. Tease some of this out with survey.
- Review Issue 9: Amanda- Primary Care uninformed- Not whether or not primary care are knowledgeable- individuals who are removing themselves from HARP product or advocating to stay on because providers are unknowledgeable, poll audience- put on survey- may no longer be an issue in our region.
- Review Issue 10: Amanda- Woven into other issues- individuals opting out of HARP due to confusion.
- Amanda- Add communication back from HBCS partners- hearing back in timely way, POC, referrals, make some solutions around

4. Other Updates: Amanda- nothing more, conclude meeting early

- Brandon- Wanted to say hearing great things about what everyone is doing-Everyone is doing great!

5. Next Steps: Send out issue tracker and Survey Monkey for feedback and input.

PLEASE NOTE: ALL SCHEDULED DATES THROUGH 5/15/2020 WILL BE HELD VIA GO TO MEETING

Upcoming Meetings – 2020 Schedule-

Location:

Unity House
2431 6th Ave.
Troy NY 12180

Dates:

~~March 10th 1pm-3pm~~

~~April 16th 2pm-3pm GoToMeeting~~

~~April 30th, 2pm-3pm GoToMeeting~~

~~May 12th, 1pm-3pm GoToMeeting~~

July 14th, 1pm-3pm

September 8th, 1pm- 3pm

November 10th, 1pm-3pm

Questions about this process can be answered by your RPC Coordinator:

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