



**Mohawk Valley Regional Planning Consortium**  
**Board of Directors**  
**September 4th, 2020 10am-12:00pm**  
Via GoToMeeting

**Meeting Agenda**

1. Welcome & Introductions

Susan Matt

Sue welcomed the group at 10:05am and introduced herself as co-chair.

a. New Board Members

Sue introduced new board members: State Rep- Gail Keeler, OASAS; HHSP- Geoff Peck, NLH; & Danielle Martin, CNY HH; MCO- Ivette Morales, Fidelis.

Jacqui completed roll call by stakeholder group. There is no quorum as only 2 MCO providers were present. Jennifer Earl was able to join at 10:20 to confirm quorum.

2. Approval of Minutes

Susan Matt

Jacqui requested any edits to the 2<sup>nd</sup> quarter minutes. Jacqui will send out to approve electronically due to lack of quorum.

Revisited when quorum was obtained. Motion: Sandy; Second: Jen Earl; None opposed. Minutes approved.

3. Election 2020

Jacqueline Miller

Jacqui reviewed the election process from last year and how the board had designed the staggered election process. It had been proposed to postpone 2020 election until 2021. Jacqui shared who would be up for election in 2020 and asked those who are on the line if they are willing to continue on. Jacqui posed the question if they would like to push all elections out a year or to combine 2020 and 2021 elections. Steve suggested to extend everyone by a year. (Quorum was reached at this point).

Motion to postpone all elections by one year: Michael Country; second John Arcuri. None opposed.

4. By-Laws Vote

Jacqueline Miller

a. Quorum for minute approval

Sue wanted clarification on what would be acceptable number of board members to approve minutes. Steve clarified that it would be a "simple majority" and reviewed the wording in the bylaws. Motion: Lisa V; Second: Colleen K. Jacqui clarified that this is just for approval of prior meeting's minutes. None opposed.

b. Electronic voting

Jacqui reviewed the language to allow electronic voting due to virtual nature of board meetings. Sandy asked how discussion would occur surrounding the item being voted upon. Jacqui noted that electronic voting would occur

through Survey Monkey where a Comment option would be available. Jen Earl noted the state process of posting “public notice” and allowing a timeframe for comment followed by vote. Sue clarified a proposal would be sent to the group with a designated time period to allow for discussion, followed by the electronic vote. Discussion occurred regarding the appropriate timeframe for comment resulting in 7 business days. At that point it would go back for edits or vote for approval. Steve suggested this may not be the appropriate place in the bylaws to include this process and suggested moving it to Article VII: Voting Process. Jacqui will move the language to Article 7 Motion: Jen Earl; Second: Sandy; none opposed.

## 5. RPC Updates

Jacqueline & Katerina

### a. RPC Cohort strategy

Kat shared the new cohort strategy for the RPC. Agile Cohorts have been designed to allow multi-coordinator collaboration on larger issues. The four cohorts have been identified as: Children and Families; VBP/Managed Care; Behavioral Health Workforce; SDOH. The SDOH group is focusing on discharges in rural area related to housing. Kat affirmed that Jacqui’s primary responsibility is still the Mohawk Valley while her statewide expertise will be in Children and Families.

### b. Statewide RPC co-chair meeting

Kat shared that the meeting will occur once this year on October 29<sup>th</sup> and is a meeting that includes state agencies, co-chairs, and RPC staff. This year’s format will be different due to pandemic. The meeting will be virtual and broken into 3 segments: RPC work done throughout this year, panel discussion (likely telehealth related), and breakout sessions focused on three areas of interest: APM/VBP, C&F, BH workforce/Lived Experience. Breakout sessions will be run by a co-chair and a state partner.

## 6. OMH Field Office report

Joe Simko

Joe provided information regarding the developments regarding the future of telehealth as the executive order expires today (9/4). No updates have been issued but an extension is expected. OMH is working to get parameters in place for telehealth expansion including revision of current regulations. OMH is encouraging providers to get administrative actions in place if interested in applying for permanent telehealth under current regulations; only licensed practices able to apply. Some changes are being offered such as providers being located outside of NY as long as they are still a part of NYS provider agency, recipient could be temporarily located outside of NYS, looking to expand who can provide services and what services can be provided, removal of restrictions regarding ACT and PROS, and allowance of telephonic services beyond current flexibilities in place. Telephonic will be dependent upon federal guidance. Sandy asked if codes would be changed to allow for greater billable units. Joe responded that many decisions on regulations are dependent on extensions but hoping for flexibility on future policy. Sue discussed option for more

frequent but shorter sessions as being an option. Joe noted that OMH is taking all of the feedback that they can to support the future changes.

Joe shared that supported housing funding is being exempted from the 20% withholds that counties are facing due to provider's need to pay rent for the housing units.

The application to CMS regarding Adult HCBS transition has been submitted. Joe gave a brief overview that this transition would alleviate care management and plan of care requirements and allow for greater referral opportunities, while not limiting services.

#### 7. Statewide telehealth dashboard

Jacqueline Miller

Jacqui shared the dashboard of Statewide State of Emergency- Telehealth Remarks from providers since March. She reviewed the Topic Areas that remarks were sorted by: access, service delivery, workforce, re-entry and client engagement in the workplace, telehealth sustainability, revenue cycle management during and post COVID, and client experience and feedback. Additionally, remarks were sorted by population: adult, child, adult and child, and administrative. 96 remarks were collected. Jacqui reviewed the dashboard including top remarks by population.

#### 8. Post-Pandemic landscape

Steven & Susan

Steve opened discussion on the financial sustainability of organizations, particularly rural agencies. He noted created options and networking between organizations may be necessary going forward in 2021. Sue shared a concern that she sees a huge benefit in telehealth but believes a hybrid model would be the most beneficial, particularly when doing assessments. The experience is changing for clinicians and telehealth can't be the only mode of delivering services. Steve supported a hybrid approach especially in rural areas. Michelle shared concern that withholds will affect ability to pay travel for staff to provide in-person services.

Steve asked if providers are seeing an increase in demand for services. Michelle said they are seeing an increase especially as school start backs. Michelle also noted that she has a great concern about maintaining staff while individuals are expected to work from home and coordinate education at home for their children.

Kelly shared that MVBHCC has reported a large increase in service demand.

Steve brought up rent moratorium ending soon. Jacqui presented this to the group and asked for feedback on rent issues with recipients of services. Sue shared that homelessness is down overall in her county, many individuals receive additional assistance or protections currently.

#### 9. Children & Families

Steve & Jacqueline

Steve provided updates on the C&F Subcommittee. The most recent meeting was a combined COVID discussion. Continued/future conversations: accurate designation lists, cross-system opportunities.

Steve opened it up for additional topics for the C&F to explore or include in the co-chairs meeting. Sue shared that access to services is a large issue. It is misleading and a disservice to families to offer services when they are not available or they will be waitlisted. Steve noted increased need in non-Medicaid clients further creates barriers.

Jamie S. commented that the parents are experiencing many difficulties with burnout and there is no real way to provide respite or services that allow the parents to have a break. Steve asked if it's hourly or extended respite services. Jamie said that the parents he works with would value even shorter breaks.

Jennifer P. said that peers at ICAN have discussed the ability to support students with academic needs. Return to school models have created a barrier where YPA cannot access the children as easily as pre-pandemic. Children will be lacking many of the supports that they received in the school setting. Discussions surrounded ability to utilize telehealth with schools.

Joe added that children's providers may be getting a survey from the state on their ability to provide services to help identify what the issues are (eg staffing, capacity, workflow/referral process). Steve referenced the children HCBS de-designation process and Joe noted that these two processes are related.

#### 10. Ad Hoc Workgroups Planning & Leads

##### a. HH/HARP/HCBS

Sandra Soroka

##### i. ARS

Discussed amendments to the transition plan: removing crisis services from waiver, removal of NEMT due to lack of use, opening up of peer services, focus on recovery and empowerment, removal of barriers to access HCBS – any licensed community provider could refer vs HH or RCA only, no rate adjustments

##### ii. 60 miles

Sandy did not provide an update.

##### b. COPE/Peer workforce

Jennifer Pedersen

Conversation occurred between Jacqui, Jen, and Emily. Southern Tier hosted a peer panel event that Jen and Jacqui were invited to attend to hopefully engage conversation on future of COPE. Jen noted that there are common themes across the state for Peer Workforce being shared at the PFY statewide meeting and at the panel. There are very specific needs for each type of Peer (SUD/OMH/Youth/Family). One of the greatest struggles is to balance personal struggles with peer work stressors. The pay rates for peer workforce are not sustainable. Conversation occurred at the panel event to share how to engage peer workforce to collaborate within the community. Jacqui shared that another concern is non-peers supervising peer workforce. Item will remain on hold until after state co-chairs meeting.

#### 11. OASAS Update

Davia Gaddy

Gail Keeler introduced herself as a new program manager for Fulton and Montgomery. She presented updates on possible telehealth extension, still accepting applications for permanent telehealth designation. Telephonic services for peer services is a separate process subject to federal approval. Recertification reviews are being conducted virtually, providers were notified 8/18, process remains the same, just virtual. July

quarterly withholds were initially about 30% but have been recalculated to 20%, still considered withholds, not cuts, no info regarding 4<sup>th</sup> quarter. Issued guidance for OTP clinics on opening new locations. 8/25 issued reopening guidance for residential and OTP. The biggest revision is additional information to follow if a COVID outbreak occurs or the region reverts back to a previous reopening phase. If local DOH issues more strict guidance, the provider must follow more stringent restrictions.

Sue asked about RFA recently released that is specific to RPC region. Gail did not have additional information to share but offered to follow-up on any specific questions. Kat spoke that the RPC and CLMHD are looking more into what the RPC role is with this. Kelly noted that the MVBHCC is working to collaborate with providers in the process. Jacqui will share Kelly's information with the group.

#### 12. Key Partners

Jacqueline Miller

Three KP vacancies still exist. Jacqui opened up conversation on who would be appropriate to fill these seats given the discussions that have occurred during today's meeting.

#### 13. Next Steps

Steven, Susan, & Jacqueline

Jacqui will share additional information regarding OASAS RFA.

Continued conversation on COPE/Peer Workforce.

Updates following co-chairs meeting in October.

C&F meeting in two weeks will include topics discussed today.

HHH as well.

Next meeting November 13<sup>th</sup>.

Jacqui will send out updated bylaws.

New board member orientation 10/16 1-2:30.

#### 14. Open Floor

Sue would like to hear what MCOs are experiencing with COVID.

John shared that CDPHP that they are experiencing many of the same struggles. There was a dip in hospitalizations from March to April, starting to increase again. CDPHP was making outreach calls to high risk or high utilizers to check in. Things are now normalizing, including BH access center calls. Adult hospitalizations are a little higher than this time last year. Expect to see an increase in children as they return to school. Telehealth has been extremely beneficial.

Colleen reiterated many of the same experiences as CDPHP. Significant increase in telehealth claims from April to August in both BH and physical health. Decrease in in-office visits. Exploring best practices for what services would be best telehealth.

Jen UHC has been very proactive in staying up to date on all the changes. Much of the same data increases/decreases as Excellus and CDPHP.

Motion to adjourn: caller 5 second: John Arcuri. None opposed.

### **Upcoming Meeting Schedule**

New Board Member Orientation: October 16<sup>th</sup>, 2020 1pm-2:30pm- GoToMeeting

4<sup>th</sup> Quarter BOD: November 13<sup>th</sup>, 2020 10am-12:30pm- GoToMeeting

*Minutes to be approved on November 13<sup>th</sup>, 2020 & will be available to the public within one week*

Contact RPC Coordinator, Jacqueline Miller at [jm@clmhd.org](mailto:jm@clmhd.org) or (518)469-2669, with comments.