



Meeting Notes

1. Welcome and Introductions

Attendance was completed by chat box or e-mail. Emily introduced Justin Lynady, Addictions Program Specialist 2, at OASAS as our new representative.

2. Updates

No state or regional updates were shared as Emily has been sending out multiple updates each week.

3. Reopening Transition Discussion

a. Current Status:

Tasha, ACBC, HH: staggered staff re-entry, 25% staff in office, have not seen anyone face to face unless medically necessary, still getting many referrals and actively enrolling, continuing to expand services

Kim, CCBC, HCBS: never stopped seeing face-to-face, did do a lot of TH initially, May was 50/50, 3 day work week now transitioned to 4, next week starts 5 days a week, billing has taken a significant hit- down to 1/3, frequency is same but duration shorter, lots of referrals, initially low cancellations but now seeing an uptick

Johanna, Circare, HH: decrease in referrals but now rising, increasing community visits vs office visits

Ixchel, CCTT, HCBS: also doing OPWDD services, starting in-person visits, had been laid off, trying to keep visits outdoors but maintaining engagement and social distancing/masks

Kim, CCBC, HCBS: staff take their own lawn chairs to sit outside with clients, just starting to transport in a minivan with masks, if they can't wear a mask it must be TH

Heather, MHASt, HCBS and HH: not seeing face-to-face yet, starting to bring staff back into main office week of 6/22 on a staggered schedule, not opening to clients or visitors right away, only face-to-face if emergent and approved by supervisor, crisis programs have been up and running entire time

b. Concerns/Barriers/Successes

Johanna, Circare, HH: concerns around childcare for staff, so still allowing for work from home

c. Future Opportunities

Emily shared that a board member had offered to share their agency's sample policy on reopening the physical location. She will follow up with that board member and share the policy, if available.

4. Active Issues/Issue Identification

The group had previously discussed creating an Active Issues Log to be used to track discussions and work done by group. The new log is located at the end of this document and will be continued to be developed.

a. Barriers in Workflow

This issue had been previously identified by this group and the RPC board. The board has asked the workgroup to identify specific barriers in the workflow to move forward in the due diligence process in developing the barrier as an issue. Emily pulled the workflow barriers identified in a

previous HHH Workgroup meeting and the group had discussion around each and determined if it was still a barrier worth pursuing.

- i. Barrier: geographical issues related to lack of service providers
Nicole, ACBC, HH: most clients want CCBC services (waitlist, especially for peer supports) once they are able to get services
Maribel, MHAST, HH: lack of providers is still prevalent, language interpretation services needed
Kim, CCBC, HCBS: staff contacted all on waitlist not too long ago, all referrals are contacted within 2 weeks, peer support has about 22 people on wait list and there is not a lot of client turnover in this program, programs got bogged down when RCAs came in and received a lot of referrals, reasonable waitlists, suggest PSR referral vs Peer, some agencies are going to have to drop off given deficits
This barrier will remain as an issue.
 - ii. Barrier: no transportation reimbursement
This barrier was discussed at the last HHH meeting and was deemed not to be an issue for this region.
 - iii. Barrier: billing MCO for HCBS services
Laura, OMH: Asked if denials are occurring when using Crisis Response Modifier for HCBS services; Kim, CCBC, HCBS: says “no”
No other comments were offered. Determined not to be an issue at this time.
 - iv. Barrier: LOSD from MCO to HH is inconsistent or incomplete
Johanna, Circare, HH- nothing in a while
Nicole, ACBC, HH- haven’t experienced
Determined not to be an issue at this time.
 - v. Barrier: waitlists for HCBS
Discussed above as part of conversation regarding lack of service providers in the region.
- b. Emily opened the floor to other issues the group would like to address.
- i. Transportation: While NEMT transportation has been heavily discussed previously in this workgroup, the COVID-19 pandemic has alleviated many clients’ need for transportation. Those that are still scheduling rides for clients have found there to be no recent issues.
 - ii. HCBS: It would be greatly beneficial for clients and all service providers (HH and HCBS) if when individuals are approved for HCBS services, they be approved for all services, not specific goals or services. Currently, there is a lot of back and forth between CMAs and service providers.
 - iii. Language Access: Accessing interpreter services remains a struggle (identified by a HH provider). Laura, OMH: suggest reaching out to MCOs for vendors and policies.

5. Next Meeting: September 8th

6. Open Floor

Emily offered for anyone on the line to share any updates.

CCBC is still moving forward with Peer Institute which has been postponed until July. However, they are still looking for more participants.

In Attendance:

Erica Yanowiak, Tasha Taylor, Nicole Hime, Regina Maggio, Robin Cotter, Beth Solar (RPC), Noah Cooper, Alicia Demaree, Kimberly DeSantis-Johns, Ixchel Branagan, Rupert Kinzelmann, Jennifer Williams, Claire Isaacson, Johanna George, Jennifer Northrop, Justin Lynady, Jaclyn Sardone, Garrett Smith, Morgan Jackson, Ariana Vigo, Carrie-Lee Buchanan, Heather Nower, Nancy Glasgow, Kelly Kerins, Lori Kicinski (RPC), Kat Gaylord (RPC), Tiffany Moore (RPC)

Southern Tier RPC - HARP/Health Home/HCBS Workgroup

Active Issues Log

Updated: 6/12/20

	Issue	Date Identified	Work Completed	Next Steps
1	Lack of HCBS service providers, largely due to rurality of region	6/18/2019		
2	Delayed processing time and inaccurate denials from MAS for NEMT	1/7/2020		
3	Convolutd process for HARP individuals to access services, when approved for HCBS should be approved for all services	6/9/2020		
4	Language access is a barrier for individuals receiving services	6/9/2020		