Tug Hill Region RPC Board Meeting #3

May 3, 2017 – 10:00-12:00

Hilton Garden Inn Watertown

1290 Arsenal St. Watertown

10:05 – 10:15 - Call to Order

- **Co-Chair Pat Fralick called the meeting to order at 10:05AM**
- **Introductions:**
  - **Pete Griffiths** the new RPC Coordinator for the Tug Hill region to introduce himself.
  - New board member **Melissa Beagle** from TLS introduced herself.
  - New RPC Board member **Angela Doe** from United Helpers introduced herself.
  - The remaining members of the Board introduced themselves. (See attendance list at bottom of minutes)
  - Gallery Members: **James Button**, CLMHD, **Caitlyn Huntington**-OMH central office, **Pat Fontana**-Fort Drum Regional Health Planning Organization (FDRHPO), **Cathy Hoehn**, CLMHD

- **Meeting Minutes**-
  - Pat asked if there were any edits regarding the minutes from the last board meeting, none reported, **Richelle 1st motioned, Korin seconded**- all were in favor, none opposed, the minutes from the March board meeting were accepted and will be posted on the CLMHD website.

- **Vacant Board Seats**
  - Pat reviewed the current vacant positions on the board, including two youth advocate positions, and one Key Partner position
  - General discussion occurred around what types of providers the board is looking for, for the Key Partner board seat- A few people suggested someone from a faith based organization- There was also mention of recruiting an individual from counties that may be lacking in representation on the board (Lewis county). Barry Brogan mentioned that it may be helpful to look into someone from the jail or probation. There was also discussion about including a LDSS rep.
  - Pat Fralick, suggested that when a board member leaves their position, that they will have **30 days to suggest a new person within their agency to fill the spot on the board**- No one had questions on this policy and were in agreement with this suggestion

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- **Stakeholder work groups updates – 10:15-10:30**
    - Katie reported that stakeholder groups (CBO, MCO, P/F/YA, H/HSP) met once since the last board meeting. Each stakeholder group was asked to report out what they covered during these meetings:

1. **CBO-Jason Halstead** reported out the issues that were identified by this group
    - Medicaid Managed Care-Revenue rate code- proper claims testing has been done with MCOs by doing this some glitches have been able to be rectified- Recommendation: A forum that could be for direct billing staff to address some of these billing issues, could help to address some identified billing issues.
    - Health Home CMAs- The territory they cover is geographically very wide making it difficult to do their jobs efficiently
    - HCBS provider List- Designation list not update to date, OMH website is difficult to navigate, ex: finding 599 policies
    - Managed Medicaid and Medicaid- It is rare but sometimes people will have both straight Medicaid and Managed Medicaid; providers are not sure which one to bill
    - HARP-Confusion around who to go to get re-enrolled- need for ongoing training around this area
    - There is a low number of HCBS enrollees
    - Many HCBS providers are still on hiatus (waiting to see how things roll out before coming on board)
    - CMAs have large caseloads, making it difficult to meet with all clients, including travel time
    - Finding highly qualified staff has been difficult
    - OASAS 820- length of stay does not necessarily lead to better outcomes, worried about shortened length of stay and if they will lead to relapses
    - Disconnection between MCO's and Providers
    - Applications for HCBS providers, this process is unclear

- **Success stories**
    - Health Home services are being provided, being a downstream provider has been beneficial
    - Working with Optum around billing/auditing has been helpful
    - MCOs are working closely with providers to gather feedback
- **Community Outreach Plan**
    - Word of mouth, asking for input from other CBOs, potential use of listserv
    - Response to CBO group-Laura Zocco, from Central OMH field office- reported that the designation list has been updated on 4/28/17 and they are working on making this list more timely

2. **H/HSP- Susan Hodgson** reported out
    - Need for ongoing education around the role of the HH care managers
    - Timeframes around credentialing
    - MCO's still trying to figuring out telemedicine guidelines
    - Difficulty referring to inpatient services in the region
    - Standardization approach to payer systems- what are the metrics regarding VBP
- **Community Outreach Plan**
    - Word of mouth, used as community outreach tool – Will outreach community
    - Update on Community Outreach survey- At this time they have had one response

3. **P/F/YA- Richelle David & Kathy Connor reported out**
    - Need for education for those receiving services
    - Need for services in schools
    - Disconnect between people, providers, and school systems
    - HCBS referrals, not getting to peer providers who can provide these services
    - Peer groups not being recognized as a resource
    - Losing track of where people are and where they are receiving services (use to all go through SPOA)- don't have a single contact

- **Success story**
    - Art work displayed in a local venue by a previous consumer
- **Community outreach Plan**
    - Word of mouth, survey

4. **MCO - Jennifer Earl and Curt Swanson-Lewis** from MVP reported out
    - Talked about the difficulty in making a budget because there is not a sense of how many people are receiving HCBS services
    - Gap in time from HARP eligible to when they are HARP enrolled (4-5 months)
    - Asking for Bottom up referral process, taking referrals from the community to HARP
    - Network access for HCBS providers- looking for finding out who is active and who is on hiatus
        - Laura Zucco reported- Central region will outreach providers to see if they are on hiatus or active
    - Communication flow-between MCO and providers

Tug Hill Issues – 10:30 – 11:30

- RPC Logic Model- Pete Griffiths reviewed the RPC Logic Model
- Katie reviewed with the board the list of identified issues that have been complied over the last couple of months by the stakeholders (see "Tug Hill Issues Chart" at bottom of minutes)
- Board was asked to review the 16 identified issues and identified if they felt they were an issues that should be brought to the Chairs Meeting or is a Regional issue that this board can focus on, or both.

- **Activity**- Board members were asked to identify using a sticker if each issue is a state, regional or both
    - Katie and Pete calculated the results of this activity, Katie reported that out of the 16 issues, 8 were identified as state issues

Those 8 issues were:

1) MCO's are being asked increasingly to provide Health Home training, when the lead Health Home receives the funding to perform training/education. There is also confusion about the role of the HH Care Managers.
2) State designated provider list for HCBS providers is not up to date.
3) Based on the reimbursement rates for HCBS services and low numbers of those enrolled in HCBS services, it is difficult to think that this will be a sustainable mode.
4) Application for HCBS providers was unclear. Ongoing training around HCBS application assistance and how to come off hiatus status is needed.
5) Unsure of what metrics will be used to measure quality under a VBP model.
6) There are difficulties/challenges with EHR setup and cost of implementing and maintaining EHR programs.
7) It appears that MCO's are still trying to figure out telemedicine guidelines and this is causing misinformation amongst those that bill. It would be helpful if MCO's offered better guidelines for telemedicine billing.
8) There is concern over OASAS 820 redesign. The anticipated length of stay is not realistic to provide quality outcomes. Shortened length of stay may result in more readmits due to relapse.

- The board was broken into 3 multi-stakeholder groups and were asked to focus on identifying recommendations for the state identified issues:

Group 1 – 1,2,3

Group 2 – 4,5,6

Group 3 – 7 and 8

- During the breakout groups- groups were asked to compile action oriented recommendations for the state identified issues
- Groups Reported out on their recommendations for the state issues to bring to the Co-Chairs meeting on June 8th

Group One-Angela Doe reported out

- **Issue 1**- Develop an advisory board that includes Health Home providers and MCOs to address this issue- to increase collaboration between providers (downstream providers) and MCOs
- **Issue 2-** Providers encouraged to take responsibility for this issue- Can the state create a document that is easy to sort by county and type of service
- **Issue 3-** Due to low numbers of HCBS enrollees, there are concerns about sustainability- Focus on the rate vs service- Ex: around crisis and crisis respite- Rates for crisis respite rate looks ok (roughly 278 dollars), but then when you look at the regulations-need to have a psychiatric provider on 24/7, this then becomes more costly-Concerns arise about being able to continue to provide the services based on those regulations.
- No Shows- Could Peers be utilized to help decrease the number of no shows (they can help build that relationship)

Group Two- Barry Brogan reported out

Issues 4- Did not agree that the application is unclear, however there are other issues around the HCBS application- Question-how to come off hiatus? – There is a need for ongoing education on how to come off this status

Update website- re-engineering to clarify which managed care organizations have contracted with each HCBS providers and for what services

Ongoing education so agencies have the skill level to provide up to date information

Start Up Funds- Revisit to see if additional funds are available

Issues 5- VBP- what metrics will be used to measure quality?

Administrative metrics are needed to understand the business- what does it cost to deliver a unit of service- Looking for MCTAC to help providers in understanding these metrics

Quality Metrics- CAGs have listed their suggestions- There are currently 55 quality metrics- That is a large number, can this number be decreased?

Issue 6- revisit BHIT program, ongoing education for full integration, can additional resources be provided to help with agencies get connected to EMR/EHRs

DEIP- connectivity program, revisit this program

Are there resources for people who do no contract with OMH (those agencies that focus on social determinants of health agencies)

Will agencies be able to sustain the costs of an EMR with low number of HCBS enrollees?

Incentivize regions to reduce the number of EHRs in the regions- so data analytics can become more efficient

Group 3- Stephanie Pestillo reported out

Issue 7- Telemedicine-

1. Further clarification from OMH, DOH and OASAS on regulations, can they align to have similar regulations
2. Crosswalk between these three entities (all have different regulations)
3. Create algorithm for certain providers and situations- to make it easier to know how to utilize and bill for these services

Issue 8- OASAS 820 Redesign-

1. State issues training/guidance
2. Technical issues regarding this

- Pat Fralick Motioned to ask for approval to send this list of eight issues and recommendations to the June 8th RPC Chairs meeting
- Kathy Connor 1st, Susan Hodgson seconded, all in favor, none opposed
- Motion to approve, motion carried

RPC Survey – 11:30 – 11:45

- Pete Griffiths read recruitment script for RPC Survey
- People were asked to complete survey if they would like

Ad Hoc Work groups and Children and Families Subcommittee – 11:45 – 11:55

- Katie asked board members to complete interest survey for those interested in joining the ad hoc works group and children and families subcommittee

Results:

- HARP/HCBS – 1
- Health Home – 0
- Primary Care/Behavioral Health Integration – 3
- Value Based Payments - 2

Adjourn – 11:57

Pat Fralick asked to adjourn meeting

1st Richelle David, 2nd Melissa Beagle

Meeting ended at 11:57

Next Meeting:

Wed, August 9th, 10am – 12pm
Location: Hilton Garden Inn, 1290 Arsenal Street, Watertown, NY

TUG HILL/SEAWAY RPC BOARD MEETING ATTENDANCE LIST	
Project: Board Meeting	**Meeting Date: May 3st 2017 from 10 am to 12 pm**
Facilitator: Patricia Fralick, Jennifer Earl, Peter Griffiths, Katie Molanare	**Place/Room: Hilton Garden Inn, Watertown, NY**

Name	Agency	Stakeholder Group
Stephanie Pestillo	Fidelis	MCO
Curt Swanson-Lewis	MVP	MCO
Christina O'Neil	Samaritan Medical	HHSP
Susan Hodgson	St. Lawrence Health System	HHSP
Angela Doe	United Helpers	CBO
Melissa Beagle	TLS	CBO
Korin Scheible	MHAJC	CBO
Jennifer Barlow	Children's Home of Jefferson Co	CBO
Jason Halstead	CREDO	CBO
Pete Griffiths	Coordinator	RPC
Jennifer Earl	United Healthcare	MCO/Co Chair
Patricia Fralick	Lewis Co DCS	LGU/Lead
Katie Molanare	Coordinator	RPC
Laura Zocco	OMH	State
Marni Millet	OASAS	State
Richelle David	NRCIL	PFY

Name	Agency	Stakeholder Group
Kathy Connor	NRCIL	PFY
Michelle Fulton	MHAJC	PFY
David Bayne	Step by Step	PFY
Barry Brogan	North Country Behavioral Health Network	KP
Caitlyn Huntington	OMH	Audience
Pat Fontana	FDRHPO	Audience
James Button	CLMHD	Audience
Cathy Hoehn	CLMHD	Audience

Not in Attendance:

Roger Ambrose- Jefferson Co DCS
Suzanne Lavigne- St. Lawrence Co Interim DCS
Tracy Leonard- FDRHPO
Bettina Lipphardt- Bonadio Group
Christopher Emerson- US Care Systems
Nicole Hall- OMH
Doug Sitterly- OCFS
Vicki Perrine- Claxton-Hepburn Medical
Joey Horton- North Country Family Health Center
Philip Edie- Community Health Center of the North Country

Tug Hill Issues Chart	
	Health Homes
1.	Geographic challenges: Providers drive to meet clients who do not show for appointment, no reimbursement for this. Difficulty in connecting individuals to care management services due to geographic barriers (i.e. individuals don't have ability to get to CMA's due to transportation issues)
2.	Care Managers have large caseloads therefore cannot provide quality client experience; not realistic for HH Care Managers to meet with all clients due to case load size and also contributes to a break down in contact point.
3.	MCO's are being asked increasingly to provide Health Home training, when the lead Health Home receives the funding to perform training/education. There is also confusion about the role of the HH Care Managers.
	HARP/HCBS
4.	State designated provider list for HCBS providers is not up to date.
5.	Confusion around HARP enrollment/disenrollment-Participants don't know who to go to for reenrollment. When they have insurance again, the length of time (4-5 months) between identification of a member as a HARP eligible and the HARP enrollment is too long.
6.	There is a need for ongoing education/training regarding HARP/HCBS services across various stakeholders, including training for CMA's on how to engage this population and updating the community are what HCBS services are available in their area.
7.	Based on the reimbursement rates for HCBS services and low numbers of those enrolled in HCBS services, it is difficult to think that this will be a sustainable mode.
8.	As the HCBS process unfolds, many regions have found that there are not enough HCBS providers to support the full range of HCBS services. Many HCBS providers have indicated that they are not willing to staff up or come off hiatus until the flow of HCBS referrals begins to pick up.
9.	Application for HCBS providers was unclear. Ongoing training around HCBS application assistance and how to come off hiatus status is needed.
10.	HCBS referrals not getting to peer providers, sometimes resulting in consumers not receiving educational advocacy for their children. There is a need for education for Peer/Family Support providers in order to educate the peers and families they work with about HCBS/HARP.
	Value Based Payments
11.	Unsure of what metrics will be used to measure quality under a VBP model.
	Billing/Technology
12.	Expectations of MCO's around billing not clear. New Revenue codes and rate/value codes have changed resulting in denials that are more frequent. Providers unclear how to effectively bill in Managed Care.
13.	There are difficulties/challenges with EHR setup and cost of implementing and maintaining EHR programs.
14.	It appears that MCO's are still trying to figure out telemedicine guidelines and this is causing misinformation amongst those that bill. It would be helpful if MCO's offered better guidelines for telemedicine billing.
	Access to Services
15.	There are limited numbers of Inpatient beds across the region and therefore referrals are limited.
16.	There is concern over OASAS 820 redesign. The anticipated length of stay is not realistic to provide quality outcomes. Shortened length of stay may result in more readmits due to relapse.