



MINUTES

WNY Regional Planning Consortium

September 7, 2017

Mark O'Brien welcomed board and ex-officio members and thanked Anne Constantino for hosting today's meeting. Participants introduced themselves including agency affiliations. Ellery Reaves motioned to approve the minutes of the July 13th meeting with a second from Howard Hitzel. The minutes were approved with no changes.

Mark O'Brien reviewed the goals for the meeting. He shared that a review of regional items would be moved to the next meeting date if there was insufficient time for discussion. There were no questions regarding the responses received from state agencies about issues raised at the June 8th state co-chairs meeting.

WNY Field Office Staff Reports:

OMH: Chris Smith from the OMH WNY Field Office provided an update on the VBP planning grants. She reported that the application is being finalized and that the list of organizations submitting NOIs has been published. Chris suggested that there are opportunities for additional collaboration prior to the application submission. She also reported that there will be a webinar on 9/11/17 for those who have indicated their interest in applying for these grants; she will find out if this webinar is being recorded as DCS's will be at their bi-annual conference on that date.

Chris shared that the state is surveying HCBS providers to find out providers intentions regarding going off hiatus status and the current state of service provision. She shared that the increase in reimbursement rates is now in effect and that these are to be continued until service levels rise to an optimal level of persons served. It is unsure if agencies will be able to continue on hiatus or to start up a limited amount of services.

Chris also shared that the state continues to work on the children's plan amendment and on waiver programs. There are four (4) members of the Field Office that are reviewing applications and that they are working on a quick turn-around on any questions providers have re changes in regulations and service provision.

Crisis services are now a benefit under adult MMC. State guidance regarding this benefit will be forthcoming. Respite will also be included as a benefit and mobile crisis and triage will be reviewed. Jennifer Earl from United Healthcare referred to a national white paper on crisis services and asked if the state will be implementing any of the recommendations. She shared that some of the MCOs have questions regarding reimbursement for these services through MMC – would this be on top of current reimbursement programs? This question will be researched. Mark O'Brien shared that the PPS's are

working on coordinating crisis services throughout the region. Bruce Nisbet from Community Partners noted that there is a need to look at how to reimburse crisis services through commercial insurance. Screeners will need to learn how to incorporate questions regarding coverage; all agreed that this would be difficult but the ROI would be large.

Andrea Wanat from Millennium shared that they are working on distributing and training on a triage tool for crisis services. She noted that there is a need to look at funding for crisis services for those under age 18 and for screeners to differentiate the types of crisis. Kirsten Vincent from Housing Options indicated that these changes would precipitate changes in staffing for respite services.

OASAS: Jerry Puma from OASAS shared that there is an active RFP for open access centers. He stated that this is one time funding and that applicants must have a plan for sustainability. Anne Constantino had some questions regarding reimbursement for off-site services and billing for subset of the population in these types of programs – this issue will be explored further in the minutes.

Jerry also shared that there is an RFI for recovery high schools. He stated that 820 re-design is progressing and that there is no deadline at this time to convert programs.

Operation Rapid Capital has been having some “glitches.” Jerry shared that Native American artifacts have been found on the Renaissance Campus and that this holding up construction for service expansion.

BestSelf Behavioral Health will be providing mobile clinics for SUD services in underserved areas as part of a SAMHSA grant.

Sub-Committee/Work Group Reports:

Health Homes/HARP/HCBS – Bruce Nisbet

Bruce shared that there has been a change, effective October 1st, that outreach engagement efforts will only be reimbursed over a two (2) month period as opposed to three (3) months. He noted that the NYS Health Homes Coalition has been making recommendations to the state on how to mitigate these changes. Bruce reports that preliminary feedback he has received is that some of the recommendations may be adopted and that they are awaiting feedback from CMS regarding some of the proposed changes. Bruce indicated that if all of the state changes go into effect that it might mean up to a 40% reduction in reimbursement to CMAs. Bruce also shared with the board that the work group is recommending that the group be split and that HCBS/HARP be a separate ad hoc work group.

VBP – Tina Lamont

Tina reported that the VBP work group did a re-set of the agenda for the group. The group’s focus will be on collecting and sharing information. The primary question the group is asking CBOs is about how they are preparing for VBP implementation. Representatives from NFMCC and Millennium PPS have conducted surveys of their members/county and this group will build upon their work. Members of the group also requested that data regarding social determinants be requested from DSS and that further information/date regarding pharmacy costs and cost

bundling be obtained. Margaret shared that the 9/29 statewide call has been rescheduled and that she will forward the new date as soon as it is received.

Systems – Anne Constantino

Anne shared that the systems work group has been working on issues/barriers with DSS. She reports that the group has gone as far as it can working on a regional level and shared information about three (3) concerns that need to be addressed at the state level.

- (a) When individuals come into a crisis stabilization program that are new to Medicaid (or do not have active Medicaid) waiver services are not reimbursable under FFS. This results in the agency providing non-reimbursable services until the client is enrolled in MMC.
Question: Can there be forced enrollment into MMC for all new or re-activating enrollees?
- (b) Terminal Liability – the initial MCO is responsible for an episode of care. There are questions regarding how this is impacted by a long-term episode: how does this affect other services? What happens when a client moves from Medicaid to MMC? Could there be rapid enrollment into MMC?
- (c) Currently OASAS requires that an individual receive a second assessment by a CASAC when moving to a higher level of care. This CASAC is a 3rd party independent assessor. The work group shared that this does not make sense when the same tool (locadtr) is used by all agencies across NYS and therefore if the referring agency has completed the locadtr and it has been accepted by the receiving agency there should be no need for an additional assessment. This causes delays in treatment and possible loss of client engagement.
- (d) DSS requires that all individuals applying for Medicaid must apply in person for a face-to-face interview. Is it possible for there to do Skype interviews between DSS and crisis stabilization programs?
- (e) DSS and members of the work group agreed that most DSS departments have antiquated communication systems. Most DSS departments do not have the ability to receive information by encrypted email and/or to have designated computerized “drop boxes” to receive client information. This is an on-going concern that hopefully will be addressed on a statewide basis.

PFY Stakeholder Group – Kirsten Vincent

Kirsten shared that Housing Options and Restoration Society are working together to open a “Living Room” model for crisis diversion. The program is scheduled to open 10/1/17 and will be based at the Empowerment Academy on Elm Street in downtown Buffalo. Kirsten reports that the program will be open seven (7) days a week from 3-11PM. The program will be staffed by peers and will have a nurse on site at all times. There are procedures in place to transport a client to ECMC if needed. Bruce Nisbet noted that Spectrum will be operating an ambulatory detox program in support of this program. The program is next door to Terrace House and is near to Harbor House. Each program participant will develop an action plan to link to on-going services and treatment. Members of the board were very interested in hearing more about the model and requested that Kirsten keep them apprised; several indicated that they are interested in developing a program in other counties.

Margaret reviewed the duties and responsibilities of the Children and Families Subcommittee. She indicated that Vicki McCarthy has demonstrated a keen interest in serving as the chair of this subcommittee. With no other nominations, Vicki was unanimously elected as the chair. Marie Sly from the ECDMH will serve as the LGU lead. The kick-off meeting for the Subcommittee will be December 14th – after the morning RPC Board meeting. Margaret stated that she will be asking board members for assistance in developing an invitation list and asked that anyone interested in being involved with planning for the kick-off, town hall, and initial subcommittee meetings to contact her.

Issues for statewide co-chairs meeting October 2017:

Mark introduced the parameters for the issues that could be submitted for the next state co-chairs meeting; issues need to fall under VBP; HARP/HCBS; Health Homes; Primary Care & Behavioral Health Integration; OASAS 820 Residential Re-Design. He indicated that each region could submit up to three (3) issues and that at least one would be submitted to the state for discussion.

A list of ten (10) issues had been sent out to board members prior to the meeting. Some of these included issues that had been submitted to the State RPC but were not submitted for the co-chairs meeting – these issues had recommendations attached. Other issues were included that had been previously identified by the board and two new issues were included that had been identified by the HHH ad hoc work group. An additional issue was added during the meeting to address the MMC subpopulation accessing OASAS crisis stabilization services.

Members discussed each issue deciding if the issue could be addressed at a regional level, are being addressed by a different RPC region or stakeholder group, could be combined, or should be submitted as written.

Issue #1 – “Peers, families, and providers have questioned . . .” was referred to the new regional ad hoc work group addressing HCBS/HARP services. It was also noted that MCOs could contract for in lieu services if HCBS services are not available. Board members requested that additional information be provided on this subject at the next board meeting.

Issue #2 – “Stakeholders report concerns re sharing of information . . .” A Board member shared that this is being discussed at the FL and ST RPCs. It was also shared that there is language in mental hygiene law that under part 33.13 there is guidance re sharing information with LGUs. The Board decided to indicate their support for the FL and ST RPC recommendations in this area and will not submit this issue for consideration at this time.

Issue #3 - Providers have shared that Medicaid rates are not up-to-date and not reasonable in the current fiscal environment. Recommendation: Make an adjustment to the base payment rate (APG rate) to reflect current costs and add a trend factor going forward. This will provide bridge funding as the transition to VBP occurs. This adjustment in rates should also apply to primary care and dental health services.

Issue #4 and #5 have been combined – Stakeholders report that there continue to be difficulties accessing primary care and dental health services for BH clients. Recommendations: 1. DOH to review medical training programs and determine if new educational components need to be added to

curriculum to inform medical staff re positive health outcomes associated with integration of BH with primary care. 2. DOH and/or MCOs to send information to primary care practices regarding financial incentives available for integrating BH clients into their treatment services. 3. Offer training on how to incorporate best practices into medical practices, particular smaller practices. 4. Review reimbursement rates for seeing Medicaid clients within a primary practice model not affiliated with a hospital or for seeing Medicaid clients within a dental practice. 5. All "O" agencies to review standards and regulations re discharge for "noncompliance." 6. Provide additional training regarding standards via webinar to applicable providers

Issue #6 – “MCOs question if the state . . .” This question examined issues related to transportation reimbursement related to HCBS. This issue was deferred and will be discussed at the regional ad hoc HCBS work group.

Issue #7 – “MCOs have expressed concerns that the process to access HCBS services is lengthy and cumbersome.” This issue is deferred to the multi-region MCO stakeholder group and to the regional ad hoc HCBS work group.

Issue #8 – “Providers report that they have limited experience and resources in developing cooperative agreements and designing/adopting billing/record keeping systems for new services.” It was noted that BHIT pays for only part of the costs to implement EHR and that smaller agencies may not have the resources to continue to pay for upkeep and upgrades. Recommendations: 1. State to provide funding for development, implementation, and sustained upkeep of EHR.

Issue #9 - “Major changes will be . . .” This issue is deferred until the NYS Health Homes Coalition confirms which of their recommendations are adopted by NYS DOH.

Issue #10 – “The 2019 VBP Roadmap . . .” Recommendation: NYS DOH establish a readiness funding program similar to the OMH/OASAS BH VBP program.

Issue #11: As indicated in the report from the Systems ad hoc work group, there are issues related to access to care and reimbursement of services for new Medicaid clients in OASAS crisis stabilization programs. Current OASAS and DOH regulations place barriers to access to care by requiring in-person face-to-face interviews to apply for Medicaid, by requiring independent 3rd party assessments when moving to a higher level of care, and not reimbursing for waiver services when provided to a client covered under Medicaid FFS. Recommendations: 1. Allow for Skype or other technologies to interview clients for Medicaid coverage. 2. Eliminate 3rd party assessments by acceptance of universal use of OASAS locadtr. 3. Automatic enrollment in MMC for all clients in SUD programs.

Issues in bold type were considered for submission to the state RPC for the statewide co-chairs meeting in October 2017. Members were asked to vote by a show of hands for the three issues they wanted to see submitted to the state RPC. Issues 3, 4/5, and 11 were selected. At least one of these issues will be discussed at the October meeting.

The Regional Issues Framework discussion was deferred to the December 14th meeting due to lack of time.

Information Sharing from Board Members:

Andrea Wanat and Doug Hurlbut provided a brief overview of BH initiatives at their respective PPS's.

Board members indicated that they would be interested in hearing from MCOs about where they are regarding VBP and metrics. Margaret will reach to MCO representatives at the multi-regional MCO stakeholder meeting about putting together a presentation for the December board meeting.

With no other business Chris Syracuse made a motion to adjourn, seconded by Jennifer Earl.

Next meeting: December 14, 2017 10AM to 12:30PM, at the Quality Inn in Batavia, NY. The kick-off event for the Children and Families Subcommittee will take place later that afternoon, also at the Quality Inn.