



Long Island RPC Children and Families Subcommittee
Quarter 4 Meeting
Thursday 11/12/20 10:30 am – 12 pm
Held through Go To Meeting

Introductions: Meeting convened at 10:33 am.

RPC Capacity/Wait List Survey – Gave an update on de-designations and new providers since the last meeting. Broke down current providers by county and CFTSS target population based upon November updated list from DOH. Reviewed September 2020 Survey Data & 3 Survey Data Review.

- Maryann Braithwaite – LIFO – For the MH population do they meet requirements for Palliative Care.
- Danielle Toto- Palliative Care is very specialized for children with a serious chronic medical condition or at risk of death prior to age 21. The service is not necessarily going to be used by the MH population.
- Maryann will look at seeing what is occurring across the state with Day Habilitation.
- Andrea Hopkins – DOH has created a survey that will be completed by Care Management Agencies to help with understanding HCBS access issues. Health Home Care Managers will fill out a survey when they cannot connect a family to a service.
- Maryann – is there data on how many times a service is being requested, so we see the need/demand. Info on what the need is would be helpful. Unsure of exactly how DOH will be using the information from the survey.

State Co-Chairs C & F Review – Alyssa reviewed the information that was presented to State Co-Chairs during the Children and Family Breakout Meeting.

- Maryann – having DOH request providers to complete the survey may help to increase response rates. Alyssa clarified that the survey is through the RPC and not DOH. If DOH is supporting this effort, they can in some way strongly urge providers respond. If surveys go out with their signature or signifying that DOH is supporting it, more providers may complete it. OMH LIFO would do this to help increase Long Island's rate. Suspect non-reporters are not known to the Long Island region.
- Marge – where is NYC in the survey? Alyssa stated that this was a regional decision. Marge state that NYC should be doing it and that collecting all the data is important so money isn't taken away from the services.
- Fran – wait lists as reported are often worse than what is reported. Since FSL has de-designated 11 months ago, they have children still not receiving HCBS Services due to waiting. There are 9 (out of 18) youth that have not been re-established with a

respite provider in 11 months. They'll be doing monthly meetings with HCBS providers around challenges with operationalizing services. If services were viable with the rates, there would be providers. Until the rates support the services, there will be no services.

- Maryann – collecting information may help with the rates. There was a CFTSS call for the region on 11/4/2020. Opportunity to talk with Central Office regarding CFTSS implementation and ongoing support. Encouraged providers to be more vocal on these calls. Discussion on having ongoing meetings with providers.
- Fran - Wondering if data has been collected on youth who are designated HCBS and hospitalizations. Do we know what the actual costs are? Assume there are a lot of youth who are not receiving services. Compare hospitalization rates now as compared to when Waiver was a program. Can also compare hospitalization rates for those designated who are receiving waiver services versus those not receiving any or waiting on services.
 - Faith Moore – unsure of the status of the collection of this data. Can take it back and ask.
 - Asked if any information is available about how many children are deemed HCBS eligible and receiving a service. Faith Moore will bring this back as well. Faith reminded the group that a child must receive a service to remain HCBS eligible.
 - Care Managers are reporting these children to the Health Homes. The children who are family of one can also use Care Management as a service while they wait for services.
 - Fran - Important to look at how many kids aren't getting a service and are now ending up hospitalized as a result of lack of capacity and access in the system.
 - Kristina Porter – seeing a trend of hospitalizations and out-of-home placements for kids who are on waiting lists. The child has been connected and could be receiving services, but they are on waiting lists. Even if they could discharge home with the services starting, “the ship has almost sailed” and the safe option is residential. Seeing an increase in stays in the hospital with residential being the safe discharge plan.
 - Heather M– Health First has started to look at their HCBS eligible youth and if these children are receiving the service(s). What they're finding is that the majority of HCBS eligible children don't have an authorization for an HCBS Service and no claims. Trying to figure out why there are no authorizations and then if there is an authorization, why no claims. Concerned from an MCO perspective. Is the rule still waived about not needing a service due to COVID-19 State of Emergency?
 - Faith Moore will check this and get back. Leon Marquis stated he will also look in to this.

Mohawk Valley Service Finder Pilot: Jacqueline Miller, Mohawk Valley RPC Coordinator demonstrated the Service Finder her region created. Service Finder has more live up to date info and includes information on their wait list numbers/timeframes and if they are accepting referrals.

- Feedback from group was that they would like to try the service finder program in Long Island.
- Providers agreed that they would be willing to input and update data.
- Would be helpful for Care Managers to assist with referrals.
- Alyssa will work on getting Long Island setup in the program.

Regional Problem-Solving:

- Open discussion on regional opportunities to problem-solve the capacity and access issues.
- Town Hall Event – can have providers present and explain the HCBS and CFTSS Services. Clinics/schools can also present their services for cross-system information. MCO's felt this would be helpful. Goal will be for Q1 in 2021.
- Learning Collaborative – getting providers together to learn from each other to help each other grow and learn best practices. Can look at creating a universal LI CFTSS referral form to assist with making referrals.
 - Providers were open to the collaborative and the universal form.
 - Universal referral portal regionally would be beneficial.
 - MAPP assists with this for CMA's, so something similar for HCBS/CFTSS referrals would be helpful.

Next Meeting: 2/11/2021 – 10:30 am – 12 pm. Will discuss in-person meetings in 2021 after February's meeting.

Meeting adjourned at 12:00 PM

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