



LI RPC HHH (Health Home/HARP/HCBS) Workgroup – Q4 Meeting

Thursday 12/17/20

Held through Zoom

MINUTES

Meeting began at 1:35 PM

- **Introductions** – Attendance taken through the chat feature. Alyssa began the meeting and went over housekeeping issues.
- **H Codes Conversation** – Caitlin Stein-Miner, OMH Central Office – Presented on H Codes and reviewed the different H codes.
 - Andrew – if local DSS is handling the Medicaid, but they are on the exchange can we assist them with manually enrolling in HARP?
 - Caitlin – Yes. They need to be present. You can call on the phone and speak with a NYS Health Exchange Broker. They have a process if someone is going to be a representative. You are there to assist, so you may need to clarify your role. The individual needs to be the only one on the call when they are confirming who they are. They need to start the call and then they can add you to the call for you to assist them.
 - There's a way to connect with a Broker that is more individualized and personal. Can zoom with you and the client. They can walk you through the pages.
 - Can also assist the client with doing it online. It can get confusing, so you may need to call the line for help.
 - Bridget– reinforced that it has been difficult to go through the process. Would be helpful for OMH to write down the steps. Some success, but also difficulty. Difficult to do a 3-way call, as the call gets dropped when they need to be the only one on the call. Hoping OMH can simplify the process. Caitlin stated that DOH has control of this and OMH has been working to educate on how Care Management helps with this process.
 - Caitlin - If you can write up what you've seen and send to the LIFO to move up to Central Office to discuss specific issues with DOH. Need this each time it happens, so they see it's a continued issue.

- Bridget - Clients don't always answer the questions the right way and when a Care Manager tries to assist, they are often told they can't help.
 - Alex – Issue with minutes and data to be on these long calls. Is there anything we can do to support this?
 - Caitlin – there were projects with the pandemic in the State of Emergency. Unsure if those are still in place. Will look back at these resources and send it to Alyssa.
- As moving HCBS in to CORE, will most likely not pay attention to H2, H3, H5 & H6. These will most likely be retired.
- Will continue to look for H9, H1 and H4 with CORE transition.
- *Is there an H Code that tells us a particular provider?* – Only in MAPP for the Health Home. Psyckes may give you some information for Case Management. Plan member can always call the plan and you can get information about who is working with them.
- *If a patient has an H code, how do we know if they can access subacute rehab benefits?*
 - Refer to the table of prepaid benefits and the Medicaid Managed Care contract.
 - Go to OMH Page → Behavioral Health Resources → Policy Guidance → Medicaid Managed Care Organization Guidance & Standards → Medicaid Managed Care Model Contract → Appendix K
 - Chart will show you what is covered. Can look at the definitions for further explanation of what each service means.
 - Should not have issue with access to Rehab when they are in HARP.
 - Will send info to Alyssa for easy location.
 - Questions about H codes can go to the LIFO.
 - For the H Code Chart: Go to OMH Page → Behavioral Health Resources → Policy Guidance → Data and Planning → NYS HCBS Access Dashboard for H Codes
- Bridget – Is the settings rule going away with CORE?
 - Yes, the settings rule will be eliminated with transition to CORE. Will need to pay attention to not duplicating services.
- **HCBS Capacity & Access Survey Results** – Alyssa reviewed the results from the survey. Openings were sent back in October.
 - Asked if survey needs to go out again in 2021.
 - Donna - Helpful to time it around the transition to CORE.
 - Marge – same situation in Mid-Hudson. Concerned about de-designations with CORE. Agrees with a survey being done around CORE transition.

- **LI HCBS Service Directory** – Alyssa previewed the LI Directory. Encouraged providers to have a referral email to help with the referrals getting to agencies. Staff turnover and position changes can cause delays in referrals.
 - Which CPST has prescribers on the team? – MHAW does.
 - Feedback – looks good and helpful
 - Alyssa will email it out to the designated providers for review. Once that is done, it will be sent out to everyone and linked to the RPC webpage.
 - Email providers once a month to check on contacts and keep it up to date.

- **Central Nassau Guidance New Program Presentation** – Empower Life on Long Island: COVID-19 Emergency Response for Suicide or “Suicide Prevention Grant”. Diana Rizzo presented on the program.
 - Open to any client at CNG
 - Different aspects of the Grant including trainings, Suicide Assessments, additional staff to wrap-around the clients for support. The additional staff can work with any existing services.
 - Andrew - Health Homes can refer to this?
 - If they come in to any aspect of the agency they are given the Suicide screening. If they show up as a risk, they will be linked to the program.
 - Alyssa will send the flyers out after the meeting.

- **HCBS November 2020 Dashboard Data:** Presented by Xian Li from OMH Central Office.
 - Reviewed November Data
 - Enrollment Rate in HARP is about 80% (about 150,000 members)
 - Enrollment Rate in Health Home for HARP members is about 30%
 - Looking at services paid – cumulatively statewide it’s about 10,000 unique members who received a service. There is about 6% of members who received a service in one year.
 - Seeing a positive trend in recipients served

- **State Partner Updates/Open Floor**
 - OMH LIFO – Leon – Still waiting on CORE approval from CMS. LI Adult HCBS Provider Forum next week 12/22 from 2-3 PM.
 - No issues brought up.
 - Look for next meeting in February around CORE transition.

Meeting ended at 2:32 PM.

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