



Capital Region RPC: HARP/HCBS/Health Home Ad Hoc Work Group

March 10, 2020 1 PM – 3 PM

Unity House, 2431 6th Avenue, Troy, NY 12180

1. Introductions:

- (Name, agency/organization, title, identify if HARP, HCBS provider/services providing, or Health Home)
 - i. Announcement of New Capital Region RPC Coordinator: Colleen Schoner, starting 3/18/2020
 - ii. Actively recruiting a CR BOD member to chair the HHH subcommittee

2. Regional check-in:

- Challenges and successes within HARP/Health Home/HCBS since last meeting (10 minutes)
 - i. Brandon Barton has 50 applications for peers—alliance does not require peers to be certified
 - ii. Peer certification Test is challenging “What would you do if the client is telling you something different than they are telling the treatment team”.
 - iii. 20 peers employed but not through HCBS—client centered specialist
 - iv. Potential to have waiver for peer specialists?—Raise to BOD
 1. CRHC would push for the waivers for case managers with much data to support argument and was successful
 2. Took months but but were able to achieve desired outcome with persistence
- Linda Lewis-Ask the board to look at the requirements for empowerment and the credentialing for the peer staff person and what would the waiver look like--- assist with addressing workforce issues and access issues -
 - i. How many people are not being served because there is not peer specialists
 - ii. What “in lieu of services” are people being referred to because there isn’t peer HCBS services
 - iii. Do we need to look at a peer supervision waiver—how does HCBS peer supervision differ from traditional employer driven supervision in agencies that have employed peers for decades with detainment
 - iv. Asked Tina OMH—do we have ideas on what a peer waiver would look like for HCBS services?
 1. Linda: yes- have done this for decades...would the state entertain a workgroup for what the state would entertain as a waiver for the peer workgroup
 - a. Tina thinks there is a possibility of this taking form if well thought out—noted this is what the state looks for in innovation

3. Recap of January 2020 meeting

- See attached

4. Updates from State HCBS Workgroup

- Amanda unable to attend to provide update: Kat read a note from Amanda: Amanda brought up the issue the CR was seeing with some HH/HCBS claims not being paid when a client from county A is temporarily living in county Z for treatment because it is not their county assigned to their Medicaid
 - i. Not seeing this in other regions per the Statewide HCBS group—will dig deeper to see if this is a unique CR or provider issue

5. Updates to the CR RPC Directory:

- *Ensure information is up to date for agencies/contact sources*
- *Add supervisors to the directory*
 - i. *Passed around the room for edits*
 - ii. *CHRC noted they have 7 new CMAs not on the list—Lindsay to email Kat to update*

6. HCBS Settings Confusion with OASAS:

- Sarah Krassenbaum, Adult BH HCBS Lead, OASAS, via phone from 1:30pm-2pm (Thanks, Sarah!)
- Brief overview of the CMS HCBS setting rule
- CMS HCBS Setting—living in a place with little to no privacy
 - i. TREATMENT APARTMENT PROGRAM CONGREGATE CARE LEVEL II
 - ii. Not knowing the type of housing and what their standing is in regards to the rule is a common occurrence for the clients per the providers working with them
 - iii. HCBS collaborative services between OMH/OASAS—
 - iv. OASAS HOUSING- SME RESIDENTIAL TREATMENT
 1. DIFFERENT VS. OMH IN LANGUAGE
 2. ALMOST ALL RESIDENTIAL TX IS NOT APPROVED FOR HCBS
 3. RESIDENTIAL REINTEGRATION WHEN IN THE reintegration phase OR RESIDENTIAL SUPPORTED LIVING IN A SCATTERED SETTING is approved
 4. PERMANENT SUPPORTED HOUSING IS ABSOLUTELY ENCOURAGED because the client is only having a “check in” with staff and not supervised by staff
 5. HALFWAY HOUSES not approved
 6. RESIDENTIAL REINTERGRATION HOUSING- ASK THE CLIENT
 - a. Do they know if they share their kitchen
 - b. Living independently and having someone stop by occasionally to check in—HCBS eligible
 - c. Confusion around billing for HCBS- if services are rejected and it should not be, then please bring to OASAS
 - d. Only 46 programs statewide do not violate the HCBS settings rule
 - e. Review the list from the OASAS Residential TX directory for Capital Region with the group and confirm with Sarah which sites are allowed

7. Can an assessment be done in a setting that is excluded—the assessment has to be part of their discharge process per OASAS
 - a. Need to be part of the discharge process—once they are discharged from rehab services they can be assessed
 - b. Part of the assessment is where the person is currently living...
 - i. (should we look at the possibility of having this to be updated to the assessment)
 - ii. OMH setting—we do the assessment in the rehab and congregate care level II to make sure there is not gap in services
 - iii. OPPORTUNITY FOR OMH/OASAS TO convene and discuss
 1. Tina and Sarah will look into this

7. 60 Mile rule for HCBS:

- Break out into counties to map out HCBS providers home base location to capture 60 miles round trip catchment area
 - i. Passed around county list to indicate which cities/towns/villages are the most frequent residential areas being served by agencies to highlight how many other areas do not see services
 1. Task group to convene to dig deeper into this
 2. Potential to bring to state- co chairs in May with BOD support
- Cost associated with travel does not reimburse enough
- Closing of services because of this
- HCBS provider dropped three of the clients because of fiscal issues with the 60 mile rules –Alliance
- Interagency communication in cases of services being dropped for people because there are no HCBS services—question posed by Tina OMH

8. SDEs, RCAs and Infrastructure/Quality Funds:

- Update from Capital Region MCOs on the SDE and RCA process
- Read the update from John CDPHP—reach out to discuss any sustainability concerns if they have not already connected with CDPHP

9. OMH Field Office Updates:

- State oversight reviews of adult HCBS programs
 - i. State is starting to review statewide the designated HCBS providers
 - ii. OMH field offices will do on –site reviews or desk reviews... 50 Hudson River Field Office providers—sent letters to providers asking for desk reviews (policy and procedures and about 5 days advance notice)
 1. If there are any red flags- could have a follow up on site review
 2. Large claim volumes may be an on-site review

3. Not a licensed program but trying to ensure there is a quality piece and be able to provide TA if needed
- Psyches webinar for adult HCBS providers- April 8th, 2020
 - Brandy RSS asked question to OMH—if renewal assessment and POC is not received by the HCBS provider from the CM, what does the HCBS provider do?
 - i. Some MCOs will approve authorization without the assessment and POC (CDPHP yes, Fidelis no)
 1. Reach out to the field office per Tina
 2. Have Fidelis get trained—submitted a POC to a Fidelis CM and they did not know who they are
 3. HCBS ISP is now attached to the plan of care? Fidelis requires every 3 months reauth and CDPHP requires every 6
 - ii. What is the OMH guidance? Services should not stop because they are waiting on a reassessment to ensure they are still eligible
 - iii. Tina asked if there is any concern with recertification for HARP through the NYSOH vs. local DSS for the magi
 - iv. Lag in psyches data? Epaces? Emedny? –clients were notified by mail of the change in recert with is not an effective way for communication with this population
 1. Tina looking into the report being ready to run as asked by Lindsay CRHC

10. HCBS Provider Capacity:

- HCBS slots remaining a concern? HCBS claims dropping off after the assessment finds people eligible?
 - i. RSS trying to hire additional staff but currently has capacity for referrals in all areas
 - ii. MHAGC- PSR openings, Habilitation openings, waiting list for Peer Empowerment
 - iii. Unity House- zippo capacity-- IS posting for jobs on the peer board job posting site

11. Education about HCBS/HARP/HH/RCA for non-behavioral health community providers

- What does this look like?
- Who should it involve?
- What is the target?
 - i. NYPARS might have a grant and potentially could ask David on how to do this
 - ii. MCO and David (NYAPRS) work together?

12. Success Story:

- Review any success stories within the work group (5 minutes)
 - i. RSS has helped get people employed through HCBS (limited schedules with childcare but still getting connected)
 - ii. Had someone go back to college



Capital Region RPC: HARP/HCBS/Health Home Ad Hoc Work Group
January 21, 2020 1 PM – 3 PM
MHA CG- Care Coordination, Columbia County, 190 Fairview Ave., Hudson, NY 12534

Upcoming Meetings – 2020 Schedule

Location:

Unity House
2431 6th Ave.
Troy NY 12180

Dates:

~~March 10th 1pm-3pm~~

May 12th, 1pm-3pm

July 14th, 1pm-3pm

September 8th, 1pm- 3pm

November 10th, 1pm-3pm

Questions about this process can be answered by Kat Gaylord, KG@clmhd.org