



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

September 8, 2020, 1-2:30PM

**GoToMeeting Access Code: 421-622-741**

- 1. Introductions:** (Name, agency/organization, title, identify if HARP, HCBS provider/services providing, or Health Home) Brandy Kotary, Program Director Employment & HCBS, RSS; Amanda Pierro, HCBS Coordinator/Program Director MHA Columbia-Greene, Elizabeth Walker, HCBS Coordinator, MHA Columbia-Greene, Andrea Orokos, HARP Assessor, RSS; Jen DeCresente, Oversees Care Management Programs, RSS; Brandon Barton, HARP Program Manager, Alliance for Positive Health; Melany Bradshaw, Program Manager, OASAS; Albany Co. Dept. of Mental Health HARP Assessor; Amy Palma, HCBS Services, Unity House; Lauren Selmon, Community Liaison, CHRC Health Home; Linda Lewis, Unity House; Denise Luczak, Health Homes and RCA, Unity House; Matt Waskoiewicz, HCBS Services/adult HARP, Northern Rivers; Timothy Rheingold; Tina Labthavikul-Smith, OMH; Michael Kelly, Trinity Alliance; David Gabrielsen; Jacob Malison, HCBS Program Manager, Northern Rivers; Jacklyn Perez, MHA Columbia-Greene; Kailyn Clapper, Parsons Adult Health- HARP Care Manager, Northern Rivers; Richelle Scrom, United Healthcare
- 2. State Report Out:**
  - OMH- Tina Labthavikul-Smith; ARS transition: plan for ARS, State plan, State waiver amendment package was submitted to CMS on 2<sup>nd</sup> of September, don't have anything beyond that on ARS, CMS has yet to look at an approve, don't know what that timeframe will be for CMS approval; Adult HCBS listserv notice sent out this morning, Governor extended executive order to October 4<sup>th</sup>, applies to tele-mental health waiver for services, OMH is encouraging folks that have not applied for tele-mental health waiver to apply, regulations were already in place prior to pandemic, when State of Emergency is lifted and in effect the waiving of tele-mental health restrictions, only those providers that have applied to OMH/State for tele-mental health on operating certificate will be able to provide, will be not just telephone but will need to have telephone audio and video capabilities, is archives MCTAC webinar that took place about 3 weeks ago if you have not viewed, highly suggest you do, was about tele-mental health application process. Will send Colleen links/location of training and information.
  - OASAS- Melany Bradshaw; Updates mirror OMH, working in tandem together, Executive order was extended, encouraging folks to get permanent telehealth applications in sooner rather than later, started virtual certification review process to keep social distancing, beginning in September, will begin conducting virtual reviews, letter was sent out in August, will be unannounced, same as in person review, follows same structure just done via phone, email and WebEx, still could be in person but reserving for dire safety concerns at this time, withholds in July were in 30% range, after re-calculation lowered to about 20%, seeing them as withholds, not cuts, still no information about 4<sup>th</sup> quarter yet, last week OASAS released guidance on establish OTP addition location known federally as medication unit, must already be certified in OTP by OASAS to apply, requires SAMSA and OASAS application to apply, updated June guidance in August for residential outpatient and OTP's, working alongside OMH and DOH on this, similar in way they look, biggest difference, gives more clear instructions in case we start seeing outbreaks again, how to revert back to old phases if that occurs.
- 3. Regional Check-In:**
  - Current State: re-opening, in-person meetings, telehealth updates: Brandy K- Thought it would be helpful to do check-in to see how people/agencies are operating re-opening, are people starting to meet with participants in person or is still all telehealth, how are agencies going about that? I know at RSS it is kind of different for every program but do have option to meet in person if necessary, screening people and staff, some participants do need services and support in person to accomplish goals, some do not so we are still doing majority of telehealth, any other agencies meeting in person. Catholic charities care

coordinator is doing in person visits, mix of telehealth and in person, if there is a need to see the person we will see them, trying to get signatures for all verbal consents for when we were working remotely. Brandy K- anyone else, any other agencies handling differently? Elizabeth W- HCBS at MHA CG are doing very limited in person, following protocols, only for those whose needs cannot be met through telehealth. Brandy K- how do staff feel about providing in person services? Elizabeth W- Think it varies, not putting any pressure on staff that don't want to do it. Brandon B- Have not started in person with clients, phase 1 getting back to see, lots of apprehension for staff, PPE kits for staff to keep in car, masks, gloves, hand sanitizer. Brandy K- Sure, we are doing similar for residential staff that have more of a need to see in person, including thermometers to screen those that we are meeting with. Good to hear where everyone else is at in the process, really playing by ear doing things safest way possible. Are people still engaging in telehealth, is it still working well? LaShay- Clients seem to enjoy it, clients that had a hard time leaving their house to attend appointments, for them it's been very useful. Brandy K- HCBS participants tends to be high need and have trouble engaging in traditional services, able to meet them where they are at has been useful. LaShay- Hopes telehealth is still an option for HCBS providers after this is over. Tina L-Smith- OMH, Flexibility when state of emergency does expire- highly encourage provider to apply for tele-mental health, some of you, unlicensed folks providing telehealth now, would not be able to do so post State of Emergency as is not in compliance, Supervisors are licensed, some supervisors supervising peers are qualified, they themselves can apply, called AA process for tele-mental health, if HCBS agency with care management involved or other licensed programs, more likely that your agency will be able to apply and have staff that is allowed under part 596. Melany- Same goes for OASAS providers, does not covers peers as that is under OMH, will provide link for application process in chat box.

#### 4. HCBS Survey:

- Present & Review Data, Open Discussion: Colleen R- Mid-August link was sent out and data was collected, will send out PDF to group after today, ability to zoom in on screen may be helpful, broke down by agency responded, point person for referrals, are they accepting referrals, can see, staffing is an issue kind of across the board, allows you to see who is designated and providing services with accepting referrals, do on an ongoing basis to collect data, see trends and to use to update on quarterly basis to provide to everyone, any feedback, are we missing anything? Should we be collecting any other data? Brandy and I discussing how can we ensure or know that care managers are receiving this information and know what the most up to date process is. Does anyone have immediate questions or comments while reviewing? A snap shot of what we already thought was happening in our region. Brandy K- often hear care managers don't know where to refer people more agencies accepting referrals that what I have heard. Every couple months to have this check-in to get up to date information. Any care managers have any thoughts or do you feel like you already know who is and isn't accepting referrals. Colleen R- Chat box, providers in Region that didn't respond, hoping that by being able to send this put and them see what we are trying to do with the data and assist care managers and agencies with connecting folks to services, that it would encourage them to participate, doing more than once hoping to gain more involvement from other agencies and provide the information back to connect clients to services. If you know anyone from these agencies that didn't respond or just weren't able to attend today, we encourage you to ask or encourage them to participate in survey and work group as well. Matt W.- I thought we completed for Northern Rivers, when you do send this out we can respond to the questions, we've done several for both children and adults in various regions, if you could send over results or responses to know that it was completed when we do it that. I thought we completed this one but it looks like we didn't, hard to remember which have been done and haven't. Colleen R- Sounds like what I am hearing is that it would be helpful once survey is completed can send over that it was completed and the responses received. Matt W- Yes if you could send it over to me so I can ensure that it was completed. Colleen R- Looks like Amanda and Tim have agreed to reach out to other agencies that haven't responded to try to engage so thank you. Next meeting is November 10<sup>th</sup>, likely will send it out mid-October to get responses so that we are able to update the spreadsheet prior to the meeting.

5. **Other Updates:** Future Meetings & Open Floor: Colleen R- anything going on regionally or within your agency that would like to share. How are agencies responding to back to school and remote learning? Even from a staffing perspective, that you agency is working with or has policies in place to accommodate this? Brandy K- Will be watching numbers closely, provide services out in Oneonta, see new and big spike, have pulled back from in person there for the time being, admins really paying attention to the numbers day by day and that numbers may go up with kids going back to school and following what the Governor is doing with things too. Colleen R- Any issues with kids being home and being able to engage clients, this was an issue discussed before? Brandy K- Sometimes had that problem before COVID with kids being home ,was hard to find time to meet with them, approach it as if they are able to focus and have a conversation we do, also flexible as to when we call people, afternoon or evening, try to accommodate that. Amanda P- MHA just continuing to be flexible, staff that need more telehealth that in person, adjusting and accommodating on a case by case. Matt W- Similar, case by case and working with all families and providers to see what is most comfortable and safest, day by day, moment by moment, depending on what direction the State and Federal government is giving us. Amanda P- Down in Columbia Green people struggling with lack on in person and things being closed, some programs trying to offer in person opportunities following OMH's guidance.
6. **Success Story:** Review any success stories within the work group: Tim R- Client that I had connected to HCBS services, specifically psychosocial rehab, significant other committed suicide during pandemic and I actually spoke with her today and it has been a life saver and she is very grateful for the service, the timing was perfect.

**PLEASE NOTE: ALL SCHEDULED DATES THROUGH 12/31/2020 WILL BE HELD VIA GO TO MEETING**

**Upcoming Meetings – 2020 Schedule**

**Location:**

Unity House  
2431 6th Ave.  
Troy NY 12180

**Dates:**

March 10<sup>th</sup> 1pm-3pm  
April 16<sup>th</sup> 2pm-3pm GoToMeeting  
April 30<sup>th</sup>, 2pm-3pm GoToMeeting  
May 12<sup>th</sup>, 1pm-3pm  
July 14<sup>th</sup>, 1pm-2:30pm  
September 8<sup>th</sup>, 1pm-3pm  
November 10<sup>th</sup>, 1pm-3pm

**Questions about this process can be answered by your RPC Coordinator:**

**Colleen Russo**  
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**518-396-9413.**