



Mohawk Valley Regional Planning Consortium
Board of Directors
November 13th, 2020 10am-12:00pm
Via GoToMeeting

Meeting Agenda

1. Welcome & Introductions Susan Matt

Meeting began at 10:06am. Jacqui completed roll call.
2. Approval of Minutes Susan Matt

Sue welcomed the group. Minutes were sent out prior to the meeting. Sue asked for any edits to the minutes. There was not quorum in the LGU group but with the new bylaws, minutes can be approved without quorum. Motion: Jennifer Earl, Seconded: Bonnie Post, no oppositions, minutes accepted.
3. Bylaw Changes- Q3 Review Jacqueline Miller

Jacqui reviewed the changes made to the bylaws at the last board meeting and asked if she captured all of the edits. Tom Ryan stated there is confusion regarding if it is a vote per person or weighted by stakeholder group. Jacqui clarified the difference is that electronic voting is per person and voting during meeting is weighted. Tom suggested that the wording could be clarified from "may be" to another phrase. Jacqui noted there is no quorum today but a suggestion could be submitted and voted on electronically. Tom noted he is not a board member. Sue opened it to the board. No board members offered input. Bylaws will remain as written.
4. OMH Field Office report Joe Simko

Joe provided an update on the transition of adult BH HCBS to CORE. The state is awaiting approval from CMS. There are public discussions occurring regarding the transition at the NYAPRS conference next week and the NY Care (something) conference on 11/20. People can reach out to Joe for additional information. The new process will eliminate the need for individuals to go through a care manager for assessment and eligibility to access services.

Crisis residences have new regulations that require licensure. The three types of crisis residence services are adult supportive, intensive supportive, and child supportive. Providers need to complete application for each service type. This is similar to the same process that was done with mobile crisis. Additionally, stabilization services will be going through a similar process. Sue asked for clarification that once licensed they will be able to bill. Joe noted that the licensure may take some time but as long as they are contracted with MCOs they can bill.

Specialty care management has been a conversation to help increase enrollment in Health Home Plus. This topic is being presented at a Care Management conference 11/19.

Telehealth continued for another month. Lots of support from governor's office. Reminder regarding Managed Care question/complaint process, Jacqui attached form to meeting docs. A lot of the questions are related to authorization and payment.

Sandy asked CORE acronym: Community Oriented Rehabilitation and Empowerment Services

Sue asked if there is a timeline on the implementation of CORE, such as dates for listening session. Joe has not heard of any plan. There is a commissioner meeting in the first week of December and believes it is in the dialogue phase.

5. Statewide RPC Co-chair

Meeting was held virtually on 10/29 through TelSpan. Was well attended. There were regional highlights and telehealth discussion with three breakouts. The final meeting minutes will be distributed to the board once approved.

a. Telehealth

Jacqueline Miller

COVID-19 remarks dashboard was presented by Jacqui at the meeting. Remarks were collected from mid-March to mid-June. They were then stratified into topic areas, population, and frequent comments. Board members can view the link. Jacqui highlighted the top comments. Katie Molanare then presented on a client engagement tracker developed in late March. CNY, MV, and WNY submitted data. Tracker looked at no-shows, intakes, and discharges. This information was compared to pre-pandemic data from January to March. Information is continuing to be collected. Amanda Saake from OMH OCA presented on COVID-19 telehealth services survey for families and recipients from OMH licensed programs. They had over 6k responses. The survey reviewed how individuals were receiving services and the mental emotional wellbeing of those who participated. Following these presentations, there was a panel plenary session regarding telehealth led by two state co-chairs. Topics included participants' access to telehealth, federal guidelines on audio only, client satisfaction and person-centered care, challenges and progress of technology with varying geographic areas of NYS. Steve added that there was fruitful conversation and the state partners acknowledged the silver linings of telehealth. Sue added that we started the discussion on best practices and when telehealth might not be the best option for all.

b. VBP

Susan Matt

There was a discussion on how VBP and APM have been on the table but not fully integrated into behavioral health yet. Sue noted that both OMH and

OASAS referenced bundled packages. The conversation also followed the readiness of MCOs to contract.

Sue asked if anyone has any VBP contracts currently. John Arcuri said CDPHP does not currently have any, there are some possible VBP arrangements but it is a work in process. CDPHP is hopeful that over the next year they will have some established that can serve as models. Sue noted that there aren't many MCO co-chairs and that they are vital to have in the discussion. Nicole Bryl with CHHUNY noted that they have approached a couple of payers regarding VBP, it is really up to the providers to present the payer with a proposal of costs, value, and measures. Steve said that Children's ACT in Oneida is a bundled payment arrangement for ICAN. Nicole B. said they are discussing what type of services they would want to bundle for kids with a specific payer and provider. Sue said there were two examples provided during the breakout, one was NYC but the providers were not ready to enter. The second was WNY who did a presentation for MCOs on a program on MAT that was from Vermont but MCOs aren't ready to move forward on a bundle payment arrangement for MAT. Joe Simko pointed out the CCBHC through SAMHSA are bundle payment rates which is a pilot type process federally. There are 13 providers in NYS but none in MV. Kirsten Vincent from WNY shared that they have 4 VBP contracts with 3 MCOs with their crisis intervention programming, being payed based on the number of their clients that Recovery Options is able to serve with different incentives and milestones. She noted that MCOs were really open to discussing. They have had two of these arrangements for 2.5 years now. Recovery Options Made Easy is a peer run organization that is total care, serving 20 counties in WNY.

i. What can the MV take a deeper dive on? Where's VBP in the MV?

ii. BHCC Report Out

Kelly Lane

Kelly said they've been hearing the same thing that MCOs aren't ready or that they're waiting for providers to submit. Looking at bundled payments, total cost of care. The network is looking at how they are becoming clinically integrated including how they are using data and partnering with other networks. Really looking at how they can use data, measuring performance and how that can be communicated to MCOs. In regards to what MV RPC can do, it's great that MCOs are at the table but wondering if the MCO representation is appropriate to have these deeper conversations that are necessary to proceed. Sue noted that what came out of that breakout session is that there has been a breakdown of the process. An RPC call or two around this specifically for the region would be vital in getting to the right place.

c. Peer Workforce

Kirsten Vincent

Kirsten provided an overview of the breakout. There was a very dynamic group and there is so much to cover within this topic. The group focused on attainability and sustainability of behavioral workforce. Accessibility in rural areas was a focus of discussion. The first topic shared was a dual OMH/OASAS peer certification. A framework was released the day before the meeting that the state is continuing to look at. The second topic was a care management training pilot from Syracuse University that was reviewed by Katie Molanare in CNY. The project looked at standardized training that could result in certification and to be made available across the state. The third item the group discussed was financial sustainability of peer services. Peer services are often reimbursed at a much lower rate. There are certain services in clinics that are not billable as peer services but peer workers provide these services. However, they are billable in the community setting. The RPC asked for rectifying this discrepancy.

OASAS presented on a survey regarding peers and telehealth. There was an ask by the RPC for increased access to telehealth peer services post-pandemic.

Sue was wondering how VBP contracts could be useful for peer workforce. Kirsten noted that their VBP contracts are for peer services and she could offer additional information if the group wants. Recovery Options is looking for other revenue options, like grants, when facing the 20% cuts. They are a hospital diversion program so they focus a lot on that cost savings. Steve noted that many peers are cross-trained and that can be utilized in VBP contracting, he noted how they are often well versed in probation, schools, etc.

i. What can the MV take a deeper dive on?

d. Children & Families

Steve & Jacqueline

Steve introduced the topic and noted that MV was well represented in the C&F discussion. Prior to the meeting the group was able to connect with the C&F leads from across the 10 RPC regions. Many of the concerns were the same that guided the breakout presentation. The main topic was around capacity of children providers within CFTSS and HCBS services. These services were highly anticipated but referrers and families were hitting barriers in accessing. It was also presented that some providers are only providing to a portion of a county and that many aspects of the designation list is inaccurate. Multiple regions had data from capacity surveys conducted by the RPC. The data was shared during the breakout. The MV has started piloting the services finder. The state partners shared great feedback on the suggested solutions and offered additional recommendations. There are a lot of great opportunities for C&F that can have major impacts. There is a need for a better tracking system between HH, CSPOA, and providers so that

children aren't lost in the system. The conversation was very solution focused with all state partners.

Jacqui shared the MV services finder pilot. Various board members expressed positive feedback. During the breakout, the RPC asked to share this with the DOH in a separate meeting. Steve noted they are hopeful to attract more provider participation in the C&F committee through the service finder participation. Clarification was provided on how providers will update. A monthly reminder is sent out to the providers. Sue shared concern that similar platforms have been utilized for other services but the continued updating is a barrier. Could the CSPOAs monitor the updating of the finder? Steve agreed that would be a good idea and will present it to the subcommittee at the next meeting on 12/16

- i. State co-chair break out- next steps for us
- ii. Services Finder

6. Ad Hoc Workgroups Planning & Leads

a. HH/HARP/HCBS

Sandra Soroka

Sandy provided an overview of the last meeting. The meeting started with an assessment and sharing of how providers are doing with telehealth. The group reviewed the proposed changes in the HCBS transition to CORE. There was some discussion on sustainability and ability to provide services in new environment. Jacqui noted there has been a decrease in participation in the workgroup. She will be reviewing the designation list. Additionally, she will be transitioning to Constant Contact to ensure accurate mailing lists.

b. COPE/Peer workforce

Jacqueline Miller

This group has struggled to restart. A lot of the conversations from the peer workforce breakout presented by Kirsten could fuel this workgroup. Steve suggested partnering up with another region's peer workforce group. Options include Central NY and Southern Tier. Sue noted that VBP and peer would be a valuable topic to explore in these groups. Emily noted that there is a statewide RPC PFY stakeholder meeting. Some conversation continued regarding dual certifications.

7. The well-being of our regional Service Delivery System Steven & Susan

Sue opened this topic as a check-in. MV is made of a lot of small providers and noted with cuts and additional expenses due to the pandemic, there is a lot of concern about providers not being able to sustain. She wanted to open this as an opportunity for agencies to share concerns and how there can be interagency support. Steve acknowledged that this can be a difficult topic to discuss among colleagues and perceived competitors but that there should be collaboration within a rural network such as MV. This is an opportunity to bounce ideas off of each other. He offered to meet in smaller groups by stakeholder or program type if people are more comfortable.

8. Mohawk Valley RPC in 2021

Jacqueline Miller

Looking back at what has been done in 2020 and where to go in 2021. Options include presenters, trainings, topics to discuss, etc. Jacqui opened it to the group to offer.

Sue would like to hear from MCOs and have a discussion on VBP from their perspective. Jennifer P noted that she would love to have a sit down with the MCOs. Colleen said it's a great idea and other regions have had breakout sessions, separate VBP groups. It makes a difference in how granular the regions want to get. Allow the MCOs to get together first to discuss what to share, as well as Kelly Lane. Kelly would be happy to participate.

Steve noted that the board meetings run better when workgroups are feeding the conversation. He made a request to send workgroup meeting invites to all board members and agencies can distribute to appropriate staff.

Nicole Bryl requested that there is more streamlining of initiatives as CHHUNY serves the entire state. How can there be more collaboration across state to avoid duplicating efforts?

9. Next Steps

Steven & Susan

Jacqui shared upcoming meetings and the 2021 board meetings.

10. Open Floor

Sue offered an opportunity for comments. Motion to adjourn: Sandy Second: Bonnie Meeting ended at 11:53.

2021 Meeting Schedule

Quarter 1- March 5th, 2021, 10-12:30pm
Quarter 2- June 4th, 2021, 10am-12:30pm

| Quarter 3- September 10th, 2021, 10am-12:30pm
| Quarter 4- November 19th, 2021, 10am-12:30pm

Minutes to be approved on March 5th, 2021 & will be available to the public within one week

Contact RPC Coordinator, Jacqueline Miller at jm@clmhd.org or (518)469-2669, with comments.