

August 14, 2017

1115 MRT Waiver Public Comment Day Upstate NY

Location: School of Public Health, Rensselaer, NY

Welcome and Introduction

Jason Helgerson welcomed everyone to the 1115 MRT Waiver public forum and provided an overview of the public forum process; Kalin Scott provided an overview of the 1115 MRT waiver and Jason Helgerson provided an update on the Delivery System Reform Incentive Program (DSRIP). Kalin highlighted two pending amendments: The Children's Behavioral Health System Transformation and the OPWDD 1915c transition to 1115 waiver.

Co-Chairs

Ann F. Monroe – introduced panel members & explained the purpose of public forum. Ann encouraged people in attendance to provide input to improve functioning and to get maximum benefit out of the 1115 waiver.

William Toby Jr. – Absent

Project Approval and Oversight Panel (PAOP) members present:

Ann Monroe, Sheryl Sutler, Judy Wessler and Jacqueline Treanor for Sylvia Pirani

Summary:

Two speakers provided public comment.

Public Comment:

1. Shelley Skellington – Circare, Central, NY
 - Works with many Spanish speaking consumers and has encountered language barriers for the Spanish speaking population
 - The providers that she works with insist that her clients bring their own interpreter with them to appointments.
 - If her clients had access to language interpreters, Ms. Skellington asserts this would cut down on emergency room visits and unnecessary hospitalization.
 - Judy Wessler pointed out that NYS DOH Article 28 Patient Bill of Rights requires interpretation services.
 - Ms. Skellington highlighted the need to focus on health equity for the most vulnerable populations in New York State, particularly the immigrant population.
 - New York's immigrant coalition is working to ensure interpretation services are available.

- Jason Helgerson stated that DOH will follow-up with the PPS in their service area to ensure culturally competent care is being provided; PPS' should be enacting strategies to make services more culturally competent.
2. Briana Gilmore – Community Access, New York City
- Advocate for comprehensive crisis response program in NYC and across the State
 - Ms. Gilmore stated that since 2012 comprehensive crisis response saved NYS thousands of dollars in Medicaid funding;
 - Community Access utilizes flexible funding to pay for any Medicaid member to use crisis respite program;
 - Community Access started billing crisis respite services through HCBS; however only 75% to 80% of what was needed was provided to sustain adequate funding model.
 - Would like to see Crisis Respite in 1115 waiver
 - Managed Care Organizations have no way to pay for crisis respite; Mr. Helgerson stated there was a mechanism in place for MCO's to pay "in lieu of services".
 - Jason Helgerson stated that these services are offered through HARP
 - Ms. Gilmore stated that the HCBS rate was constructed without any input from their organization.
 - Mr. Helgerson suggested that OMH be brought into the discussion recognizing the services are covered, but seems like the finances are not working.

Judy Wessler shared testimony from the Communities Together for Health Equity a New York City consortium of Community Based Organizations. Ms. Wessler will forward the testimony in writing.

A video recording of the public forum is archived on the NYS DOH website for future viewing as well as a written summary of comments from this meeting. Jason Helgerson announced that another Public Forum will be held in New York City in November 2017.

The Department of Health to date has received five additional comments submitted via email.