



Meeting of the
Needs Assessment Committee
Amanda Lugg and Marcy Thompson, Chairs
April 9th, 2020, 10:00AM -12:00PM
Zoom Videocall

Members Present: Marcy Thompson (chair), Amanda Lugg (chair), Paul Carr, Maria Diaz, John Schoepp, Leo Ruiz, David Klotz, Randall Bruce, Lisa Best, Rob Walker, Tim Frasca, Jennifer Irwin, Micah Domingo, Bettina Carrol, Claire Simon, Maiko Yomogida, Jonathan Reveil, Mytri Singh, Fay Barrett, Billy Fields, Robert Steptoe, Finn Schubert

DOHMH & PHS Staff: Nadine Alexander, Rolando Torres, Guadalupe Dominguez Plummer, Ashley Azor, Samantha Repka, Graham Harriman, Bettina Carroll, Cristina Rodriguez-Hart, Jose Colon-Berdecia

**Welcome/Introductions/Moment of Silence/Public Comment/
Review of the Meeting Packet/Review of the Minutes:**

Ms. Lawrence opened the meeting with an icebreaker. Introductions with pronouns were conducted and Mr. Fields led the moment of silence. The committee reviewed the meeting packet. The March minutes were presented and accepted with no changes.

Presentation: Medicaid Behavioral Health Services

Samantha Repka presented on Medicaid behavioral health services. Key points that are not included in the slides follow:

- *Mrs. Repka* is the Medicaid Project Manager in the Division of Mental Hygiene at NYC Department of Health.
- The Medicaid program is run at the state level in partnership with federal agencies.
- At the city level, *Ms. Repka* tracks how people are impacted by policy
- HARP – Health and Recovery Plans
 - Also coordinates pharmacy benefits – though this may be removed
 - Most insurers offer a HARP plan
 - If you qualify for Medicare cannot join
 - Cannot join if you're in a plan from the office for people with developmental disabilities
 - State uses a data algorithm that determines whether a HARP is a good fit: psychiatric use, substance use therapy, ED visits, etc. to determine eligibility
 - Persons enrolled in SNPs i.e. for HIV, can dual enroll in HARP
- Persons in HARP able to access all Medicaid benefits
- Receive additional services – coordination of housing, transportation and medical services
- Assessments are the gateway tool – can get it done if you're in a health home.
- Additional services are available in home for HARP members
- After eligibility assessment, may not qualify for any or all of services – very lengthy process
- Waiting for updated numbers, but as of 9/2019 - only 20% qualify, and only 10% have received a service – which is an extremely small number
- State is doing a lot but more work is needed
- 71,000 individuals enrolled in HARP including people in SNPs
 - 16,000 are deemed eligible for an HCBS service
 - Some people are opting out of the assessment
 - Once deemed eligible, the uptake is small
 - Of the 16,000, approximately 1,000 have ever received a service

- The state acknowledges that more people should have received a service- services are by choice, but there are additional issues beyond people opting out.
 - Have done pilot projects that show that not all individuals want people in their home
- Do people have to apply for the services?
 - Everyone must be assessed for these services – yearly. Can opt out.
- I opted out of health homes so as not to have an additional case manager – Medicaid spend downs disqualify people – because they need to bill Medicaid and spend down must be consistent
 - It would be helpful for consumers to understand the process so as to make an informed decision about whether to pursue a HARP
 - Medicaid spend down requires a portion of my social security check to apply to Medicaid. Creates a donut hole.
 - NYS manages Medicaid for most folks – but the spend down is an issue for multiple people.
- Research shows higher rates of HIV among PLWH with SMI – where is data coming from? Specifically on service utilization.
 - Data team in BMH that looks at Medicaid claims data
 - Explore possibility of conducting a data match with the Medicaid data warehouse
- For HARP clients – there are specific Medicaid codes that help understand eligibility – takes a lot of time to coordinate with managed care health homes.
 - Medicaid rates for providers are very low – agencies cannot hire staff to provide additional services for HCBS service
 - Would be great to do a cascade of:
 - Who is enrolled in RWPA
 - Who is enrolled in health homes
 - Who has been screened for HARP
- Is there data on how many people in HARP have HIV
 - Did a quick look – not sure if data is publicly available
- How are people sure if they need help?
 - Providers are critical to this
 - For health homes -case mgrs are instructed to always go back and check in on access to HCBS services
- Can see layers of difficulty with Medicaid.
 - Can have ADAP pay for spenddown – but must be a specific receipt - it's a whole issue of getting the verification and then having it processed.
- Is there a forum or meeting with govt stakeholder serving the HIV pop looking at various data points that we are unaware of?
 - Each region has a regional planning consortium – NYCs is housed in DOHMH
 - Managed care, health homes, consumers, etc.
 - HIV SNPs are represented - Alan Rice of VSNY choice – they tackle some of these issues
 - Not about health homes specifically
- DSRIP is the only place that people are really having this convo