

COMMUNITY HEALTHCARE ALLIANCE
Virtual CHA Zoom Meeting
November 18, 2020 @ 2:00 PM

Attendance: Patty Marth, Kenneth Garavaglia, John Lees, Matt Bauder, Paul Berlet, Kevin Brockel, Carl Kist, Sue Lettera, Jennifer Moll, Paul Iannacone, Nolan Steffen, Suzanne Makary, Marjorie Kiefer, Christine Higgins, Rikki Swavely, Jenny Reilly, Marissa Turner, Chelsea Jones, Jaleh Mohallatee, Jeremy Shutts, Kristy Bernard, Mike Ditty, Jodi Matthews, Rochelle Reimert, Veronica Lefurgy, Tamra McGee, Jenny Duval, Alexis Harvey, John Mooney, Dominique Gray, Pat McGarry, Marie Lisby, Rosemary Fraley, Janet Romero, Alicia Rohrer, Tom Walker, Ronnie Colbert

I. **Review of September 16, 2020 meeting minutes.** Minutes are approved.

II. **Provider Forum**

Over the summer months, consistent with then decreasing numbers of COVID infections, a return to in-person services was within reach for more families and providers. This Fall, across the Commonwealth and nationally, a surge in COVID+ cases is experienced ahead of holiday gatherings. Providers shared insights and needs

- **Alexis Harvey, KidsPeace IBHS:** The new statewide mandate that all people need to be wearing a mask in the home when there's someone outside the household strengthens and reinforces a safety need for services delivered in the home. Alexis reported experiencing family resistance on the topic of wearing PPE. Alexis expressed hopefulness that this new mandate will help with safety.
- **Suzanne Makary, Innovations Partial Program, St. Luke's** – Individuals are required to wear face shields as well as masks when receiving services in-person, and strict adherence to six-foot distance between chairs, etc. The individuals do not have objection to these safety measures. Telehealth groups are promoted for safety.
- **Jaleh Mohallatee, Community Services Group Partial Program** – Individuals are receptive and responsive to all guidelines and safety measures, including the need for reducing in person hours in order to sanitize, social distancing requirements, other safety measures, etc. Partial is offered half days. One of the more interesting trends is a recent increase in referrals for individuals that aren't quite appropriate and that have a higher need than the program is designed to accommodate. The program is working with referral sources, members, etc. with changing demand.
- **Alicia Rohrer, Access Services** – IBHS Services are primarily delivered in the home settings or daycare settings. Staff have been able to support kids whenever they are doing their online schooling and has been going well. Telehealth is used if the family is not comfortable with the face to face settings, or when a staff member is in quarantine, etc. All psychologist staff are also back to face to face evaluations with the families.
- **Rochelle Reimert, Salisbury Psychiatric Rehabilitation Services** – The program is seeing a contraction of members served attributed to some residential programs keeping members in the home. Telehealth support from the LifeLine providers is not the same level as was earlier in the pandemic, so a new wave of technology barriers is impacting the program.
- **Bill Leiner, Jr., New Vitae** – Extra precautions are being taken. The program is moving back toward more Telehealth and are restricting visiting to our personal care homes and requesting apartment programs to limit visitation. The Fall surge has also meant that a lot of COVID testing of individuals is happening to assure safety. New Vitae Wellness and Recovery was awarded funding to serve veterans with opioid addiction challenges whereby they can engage in services and reside at one of our PCH or apartment programs. THIS IS A TIME LIMITED program – 10 months is maximum stay. Folks working with qualified veterans may contact: Bill Leiner wleiner@newvitaewellness.com or call 610 751-2745
- **John Mooney, Step by Step Outpatient Programs** – John has an urgent need for providers that can meet the drug and alcohol and co-occurring needs of individuals with Medicare Primary insurance. Please call John if you accept Medicare Recipients for Outpatient SUD services. (610) 867-0688. The CHA discussed possible funding solutions and inquired whether the SCA might be an option to fund given the fewer Medicare providers, and a growing need for services. Matt will continue to discuss this issue with Lehigh County SCA. The challenge in County funding is payor of last resort requirement.
- **Kenneth Garavaglia, KidsPeace Clinical Café** – The Clinical Café Series is a 10-month series of workshops that cover a variety of clinical topics. There is no meeting in December, but the November meeting saw 210 participants. This is a tremendous increase due to the ability to offer trainings through a Zoom workshop format. CEUs are available for master's level practitioners, as well as Nursing CE credits and Act 48 credits for educators. The series is expected to resume beginning in January, date TBD, with an ethics course kickoff.

III. **Member Forum**

Ronnie Colbert reported on member experiences during the pandemic. Ronnie described people helping people, while maintaining appropriate social distancing in programs and personal protective equipment. Challenges in adapting to the new surge means many will need to continue taking safety precautions and need reminders and compassion. Technology and access to technology as well as knowledge about how to use things like Zoom tools, is important.

IV. Provider Advisory Committee – Still vacant. Seeking representation from Adult Community Services. Please email Matt/Kristy. The position also represents stakeholders at the Advisory Boards for Lehigh and Northampton counties.

Janet Romero, Step by Step – Discussed a gap in how ASAM alignment is impacting substance use treatment providers ability to pay qualified staff. Staff education and credentialing level means that the cost to implement ASAM assessments vs. reimbursement level is upside down. It was noted statewide many outpatient programs saw this impact in their bottom line, and that, as well as COVID has resulted in many drug and alcohol programs shuttering doors this year. Some positive steps were noted in certain tax credits and online trainings have been helpful, reducing the overall agency cost. Janet requested continued attention on the topic.

Jana Morris, Recovery Revolution – Related to what Janet shared, there are also changing requirements (ASAM Service Descriptions) for many levels of care as part of ASAM alignment. Outpatient, IOP/PHP, and the staffing requirements for various levels of care – means there is much work to be done in program and a lot of other outpatient programs having to rework policy and procedures to align with ASAM. Some of them are easier done than others and does create a financial burden.

The result is alignment with private insurance, medical assistance and SCA requirement. These changes will have a positive impact on the system and benefit agencies ultimately, due to alignment of expectation. Roll out of the changes will occur throughout 2021.

V. Children’s Advisory Committee – **Pat McGarry**. Discussed Alternative Payment Agreement extensions and support to Magellan Medicaid providers.

VI. Magellan

(Patty Marth - Reporting for Magellan’s Compliance)

- Provided Overview of 08/14/20 OMHSAS Bulletin, suspending certain regulations due to the COVID-19 emergency declaration period.
- Discussed 10/22 update memorandum. This OMHSAS directive removes the requirements to obtain signatures within 60 days after the end of the disaster emergency declaration period. Requirements for obtaining verbal consent and documentation of verbal consent remain and must be a part of the medical record for every occurrence of a new or updated treatment plan. Providers were strongly encouraged to obtain signatures electronically.
- DDAP released new resources for ASAM criteria on intensive outpatient, partial, and medically managed intensive outpatient.
- CMS sent out a reminder that state plans must include a MAT medication benefit and drug mandatory coverage starting 10/01/20.
- DHS Bulletin regarding complex case planning for children and youth under 21. The purpose of the bulletin was to provide guidance to all children serving state and county agency Family and Youth advocacy organizations, and both physical and behavioral managed care organizations that are involved in the case planning for children and youth with complex needs up to the age of 21.
- Patty reviewed the Compliance Alerts for August (Electronic Health Records), September (OMHSAS Memo Regarding ‘Public Health Suspended Regulation List’), and upcoming November email blast (2020 Compliance Forum and OMHSAS Public Health Emergency Regulations Update). For more information <https://www.magellanofpa.com/providers/communications/provider-announcements/compliance-alerts/>

(Mike Ditty – Reporting for Magellan’s Network Dept.)

- BHRS/ABA Group Provider notice: If your program is currently operating ABA-BHRS services as a group provider, a DHS enrollment requirement is that providers be enrolled and then credentialed as a facility organization under IBHS. Please contact Mike with any questions. MSDitty@magellanhealth.com

(Carl Kist – Reporting for Magellan’s Clinical Dept.)

- The transition to IBHS full implementation continues – date for full implementation is January 17, 2021. At this time there are 10 contracted IBHS providers and 17 locations across the six counties within Magellan’s six-county network, and 48 providers have received licenses.
- Magellan is offering IBHS referral sources webinar, scheduled for December. A recording of all IBHS trainings is maintained on Magellan’s website. Here is the link to the slides for December training for referrals <https://www.magellanofpa.com/media/5058/magellan-stakeholder-ibhs-meeting-12172019-final.pdf>
- Magellan released an updated IBHS access survey. Please alert Carl or write to the IBHS mailbox if you require a copy of the twice-per-month access survey. This information demonstrates updated availability of IBHS services.
- Magellan is updating Provider Search with IBHS information.
- Stakeholder are requested to contact all IBHS related questions to IBHS@MagellanHealth.com

(John Lees – Member and Family Advocate)

- John discussed his role in advocacy for members and families. Please see the MFA flyer, and please consider making a referral for individuals and families in need of support. John is preparing an annual report of activities and will be available for discussion in January 2021 as a year end review of member needs, issues, and trends. The Member and Family Advocate acts as a point of connection between Magellan and members, their families, and other support individuals. John can also help to educate members about Magellan, advocate to meet their treatment need, and help them navigate services. <https://www.magellanofpa.com/media/5339/familyadvocateflyer-march-2020.pdf>
- John Lees can be reached at 610-814-8025 or JGLEes@MagellanHealth.com

(Tom Walker – Strategic)

- Tom reported out on two issues discussed in past CHA meeting.
 - At this time, Deep Transcranial Magnetic Stimulation (dTMS) is not a part of the state’s in plan services and has not been planned to discuss at this time. The Field Office will take interest in dTMS back to the department for consideration.
 - Tom reported that providers with enrollment issues can reach out with specific questions to Tom. The state team will provide individualized education on topics material to navigating enrollment concerns with the state PROMISE system and have asked Tom to collect any issues that are provider specific. There is no universal state training on enrollment, due to the complexities and types.

VII. Northampton County Update – Kristy Bernard

Discussed planning for a new Reinvestment Program focused on helping members access childcare, clothing, transportation, getting jobs, and things that are not currently covered under the state plan. The hope is to tie these services as supplement to the Community Based Organization plans which will be described in more detail at the next CHA meeting in January 2021. There is agreement between both counties to work on housing as a social determinant of health under the state’s new plan and process.

VIII. Lehigh County Update – Matt Bauder

Matt described the Counties role in overseeing and funding the Community Based Organizations described in the changes to the HealthChoices program. Lehigh County referenced the Housing Reinvestment Plan; with commodity services being supplied by The Lehigh Conference of Churches. This will be a key feature in integrating the housing plans, with new Community Based Care Management approaches to address social determinants of health. Although the new plans are expected to start January 1, 2021, the reality is that changes in contracting can’t happen until after January 1st, so there will be delay in implementation due to the timing.

CARES Act Funding – The Lehigh County CARES Act funding requests were received and the financial awards are expected to be pushed out to providers in the very near future.

First Episode Psychosis – Matt reported on the First Episode Psychosis program offered by Child and Family Focus. The program has identified a location to base services out from. More information will be reported to the CHA team.

Next Meeting: November 18, 2020