



## Notes of Policy Committee

September 24, 2019

Present: Barry Brogan, Anne Marie Snell, Ann Abdella, Courtney Shaler, Richard Merchant, Nancy McGraw, Susan Williams, Sylvia Getman, Sara Wall Bollinger

Excused: Claire Parde, Derrik Chrisler, Rob Wingate, Liz Urbanski Farrell

Barry took roll call and welcomed attendees.

1. Motion to accept the notes of September 3<sup>rd</sup> [Courtney/Barry] passed.
2. Prep for meeting with DOH October 7<sup>th</sup>

### Thoughts

- Population health and disease prevention are different from social determinants of health
- 30 prevention & public health programs (including RHNs) are still not back to 2016 funding
- We need funding to implement quality CHA/CHIP every three years
- Prevention Agenda is for everyone, not just Medicaid recipients

### Purpose of meeting

- Build relationship between NYSARH & DOH
- Position NYSARH as a significant entity
- Learn from DOH participants what their goals, needs, plans and strategies are

### Meeting Outcome Goals

- Secure a second meeting in spring with the Prevention Agenda priorities have been determined to outline some three-years strategies NYSARH could partner with DOH to implement

Action: Barry/Sara will prepare a summary of key points and circulate it to the Committee for comment by 10/2

Action: Sara will make a NYSARH informational packet for each DOH attendee

### 3. DSRIIP 2.0 Opportunity for Comment

#### Discussion

- Value-Driving Entities (VDE) are likely, but not necessarily current PPSs.
- Innovation Pilot in North Country may be VDE
- VDEs are supposed to be self-sufficient in three years
- MCOs need to be a part of the VDE – what happens to competition between MCOs in a single regional market?
- The goal is “System Reform” - \$ is not supposed to fund direct services
- Staff engagement and retention are highly related to quality of care
- Burdensome documentation required by MCO’s reduces morale for both professional and paraprofessional providers
- Concern about *another* new overlay “Social Determinants of Health Networks” for Value-Based Payment [suspect this is a effort to replicate WNYICC]

#### Comment Areas

- Heavy on behavioral health – this is good
- Need greater emphasis on long-term care; No amount of system reform is going to substitute for decent Medicaid rates
- Broaden “opioid” to “addiction”; meth is a problem; don’t forget alcohol, tobacco and vaping
  - Support MAT
- Ensure meaningful engagement with community-based, grassroots and culturally appropriate organizations
  - Reference CBO Consortium of Upstate NY
- Incentivize MCOs to share their analyzed data
- Prioritize quality-of-life factors for staff in long-term care, behavioral health and I/DD services. Low pay is only one reason for high turnover - regulations, documentation, lack of opportunity, inflexible schedules, limited access to training etc. are also important.

Meeting adjourned.

**Next Meeting: Tuesday, October 22nd at 9AM**

Respectfully submitted,  
*Sara Wall Bollinger*