NEW YORK STATE OF OPPORTUNITY. Department of Health

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8.24.15 Waiver Transition Workgroup FAQ

1. **In terms of costs, are there federal and state savings assumed with the transition?**
   No, savings are not assumed with the transition.

2. **Will the aggregate cost test be continued into managed care?**
   Within the context of the 1115 Waiver, budget neutrality is an aggregate calculation in which all services offered through the 1115 Waiver must be cost neutral or less than what they would be absent the waiver.

3. **Will there be subcommittee meetings?**
   Yes.

4. **Can people be added to the workgroup?**
   Yes, if interested in being a member of the workgroup or subcommittee, please submit your name to the waiver BML at waivertransition@health.ny.gov.

5. **How will enrollees receive behavioral health services? Will HARP services be available?**
   Expanded behavioral health benefits and HARP enrollment will begin in October 2015 for individuals in comprehensive Medicaid managed care plans. Behavioral health inclusion in MLTC is being explored. Until such time as that is established, access remains Fee-For-Service (FFS). This issue should be discussed during the subcommittee process.

6. **Will the waiver services be included in the MLTC and Mainstream Managed Care (MMC) benefit packages?**
   This issue will be addressed in the Services and Workforce Qualifications subcommittee.

7. **Will there be reimbursement for the waiver services that are added to the MLTC and MMC benefit packages?**
   This issue will be addressed in the subcommittee meetings.

8. **What will happen to new individuals who otherwise would have been eligible for the NHTD or TBI waivers? Will they have access to the waiver services through MLTC or MMC?**
   This issue will be addressed in the Services and Workforce Qualifications subcommittee.

9. **Will there be a crosswalk between care management and service coordination?**
   The state will prepare a crosswalk of available services to be included in the transition plan.

10. **Will there be a workgroup on outreach materials?**
    Yes.

11. Are there pieces of the transition plan the workgroup can respond to?

The workgroup will develop the elements of the transition plan and DOH intends to share a draft of the transition plan at the workgroup's third meeting.

12. Once the state submits the transition plan to CMS, does the public get to comment on it?

No. CMS requires that a 30-day public comment period be completed prior to the submission of the transition plan to CMS. When submitting the transition plan to CMS for approval, the state provides a summary of comments received and indicates which comments were considered in the transition plan.

13. Will current individuals with housing subsidy be allowed to keep it after the transition to managed care?

Yes, NYSDOH is committed to continuing housing subsidies for individuals who receive one that transition from the NHTD and TBI Waiver programs into MLTC or MMC.

14. Will new people get a housing subsidy?

The State funded housing subsidies that are currently available to NHTD and TBI waiver participants will not be available to new individuals upon the transition to managed care. Individuals currently receiving these housing subsidies will be able to continue them after the transition. There is not a dedicated housing subsidy program for people in MLTC and MMC. However, there are MRT supportive housing programs in which people enrolled in MLTC and MMC may be eligible.

15. What are the safeguards for MMC and MLTC participants?

Enrollees in MMC and MLTC have rights and responsibilities pursuant to Article 44 and 49 of the Public Health Law. Enrollees and providers have the right to file a complaint against a Managed Care Organization (MCO) with NYSDOH at any time. In addition, plans must have a grievances and appeals system, and inform enrollees of the right to appeal plan decisions. Enrollees can request a fair hearing with the state Office of Temporary and Disability Assistance. Further, enrollees can contact the Independent Consumer Advocacy Network (ICAN) who will provide individuals with direct assistance in navigating coverage and in understanding and exercising their rights and responsibilities. Finally, consumers may contact NY Medicaid Choice, the state's enrollment broker, regarding education on plan options and to register complaints regarding the enrollment/disenrollment process.

16. What are the oversight mechanisms of plans?

The Department has several surveillance activities to ensure plans remain in compliance with state and federal laws and regulations, including but not limited to: operational surveys, member services "secret shopper" calls, provider directory reviews and validation, utilization management, etc. The Department also conducts extensive quality of care reviews and satisfaction surveys of enrollees. Plans must follow all contract requirements and policy directives issued by the Department. In addition, NY Medicaid Choice must complete post enrollment satisfaction surveys for new MLTC enrollees that are mandatorily transitioned. Finally, an independent organization conducts a satisfaction survey of MLTC enrollees. The state will continue to refine its monitoring and oversight of plans as new benefits and populations transition to Care Management for All.

17. **Will there be a fully independent investigation of abuse and neglect of people that transition from the NHTD and TBI waivers, since MCOs are not subject to the same regulations as required in the waiver programs?**
    Any investigations into abuse would continue today. MCOs are required to submit incidents of fraud and abuse, along with critical incidents. MCOs are expected to involve law enforcement agencies and/or refer incidents to Adult Protective Services as appropriate.

18. **What can individuals expect?**
    The transition plan submitted to CMS must outline what the enrollee can expect. This may be discussed further in the Outreach subcommittee.

19. **Will there be a template for person-centered plans or will each plan have its own?**
    The person-centered plans currently used by MMC or MLTC plans are developed at the plan's discretion. There is not a state template plans must follow.

20. **Will the issue of repatriation be discussed?**
    Yes, this issue should be discussed in the Services and Workforce Qualifications subcommittee.

21. **Will there be a high community rate cell included to pay MCO upfront?**
    This issue should be discussed in the Finance subcommittee.

22. **What are the requirements of MCOs to provide training on TBI?**
    Plans have the ability to contract with providers having experience serving the population and to train other providers and their own staff as appropriate. The Outreach subcommittee can develop recommendations for a training approach. The State will assist in educating the plans regarding this population.

23. **Why was TBI excluded from FIDA?**
    TBI participants were excluded from FIDA at the request of the advocacy community. TBI participants can join FIDA but must disenroll from the waiver first in order to join FIDA.

24. **Will the NHTD and TBI waiver participants be phased in?**
    This can be taken into consideration, however, the entire population is roughly 5,000.

25. **How will DOH assure that MCOs will comply with assuring that certain standing services remain in place such as HCSS, assistance with housing, funds for technology and respite? Can DOH continue to assure the funding of respite, housing subsidies, emods and other crucial community supports?**
    Assurances around preserving continuity of care will be addressed in the waiver transition plan submitted to CMS. Under previous transitions to managed care, appropriate waiver services were brought in to meet the needs of consumers. These services are covered in the existing MMC, HARP, HIV SNP and MLTC products. The Model Contract between DOH and the MCOs includes the terms by which that plans must provide the specified benefits. The Services and Workforce Qualifications subcommittee may provide recommendations on the benefit package, contract terms, policies and procedures and oversight that is needed for this transition.

26. Will questions be posted? Where/how can we access the slideshow that was presented today?
The questions and slides were sent to those who participated in the meeting. These materials are also available on the following website: https://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm.

27. How many people are in these waiver programs?
There is a total of 2,257 NHTD participants and a total of 3,083 TBI participants.

28. Who will handle incidents or episodes of misappropriation of services (i.e., services scheduled not being provided) in a managed care plan?
There are various mechanisms in place to address such concerns. Plans authorize delivery of services through subcontractors, and via plan contract monitoring mechanisms and would audit to assure delivery of authorized services. The plans have the responsibility to ensure contracted providers are providing quality services to their enrollees. Plans also have a duty to report any instances of fraud, abuse or professional misconduct. Critical incidents must also be reported. However, licensed providers and providers enrolled in the Medicaid program must act in a manner consistent with these requirements and are directly subject to state agency regulatory oversight already in place. In addition, enrollees may complain to either the plan via the internal grievance process, to the state complaint line, or to ICAN with regard to service misappropriation. Each entity would conduct investigations and involve others as appropriate. The Services and Workforce Qualifications subcommittee may provide recommendations regarding the roles of the care team and procedures to ensure needed services are accessed.

29. Do you have to have a cognitive impairment to qualify for NHTD waiver?
No, an individual does not have to have a cognitive impairment to qualify for NHTD. Please see the following link which outlines the NHTD program, including the eligibility criteria: http://www.health.ny.gov/facilities/long_term_care/waiver/nhtd_manual/.

30. How will care managers fulfill the role of a service coordinator if there is no limit of caseloads and no requirements for face to face contact?
The issue of case management versus service coordination will be discussed in the subcommittee process**.**