



**NHTD and TBI Waiver Transition Workgroup Meeting Summary
Meeting #1 – August 24, 2015, 1:00 – 3:00 pm
Empire State Plaza, Conference Room 6**

1. Welcome and opening remarks – Mark Kissinger, Director, Division of Long Term Care
 - Mark provided an overview of the Workgroup’s focus and intentions as the transition to Managed Long Term Care (MLTC) approaches for the Nursing Home Transition and Diversion (NHTD) Waiver and the Traumatic Brain Injury (TBI) Waiver programs.
 - The transition of the NHTD and TBI waiver programs is set for January, 2017.
2. Overview from the Centers for Medicare and Medicaid Services (CMS) – Dominique Mathurin.
 - Dominique provided a high level overview of what CMS requires in the transition of the waiver programs to MLTC.
 - The State must assure CMS that the needs of the waiver participants will be met during the transition period and after.
 - The 1115 and 1915c waivers will both need to be amended.
 - Prior to amending the waivers, CMS reviews the transition plan. The transition plan is expected to address:
 - How the participant will experience the transition
 - Enrollment dates and deadlines
 - Access to services
 - Continuity of care issues
 - Review of sample notifications
 - Network capacity in managed care plans
 - Qualifications of MLTC providers as compared to TBI/NHTD waiver services providers
 - More information about CMS Home and Community-Based Services (HCBS) guidelines can be found at cms.gov with the search term “HCBS.”
3. PowerPoint presentation, “Nursing Home Transition and Diversion (NHTD) Waiver and Traumatic Brain Injury (TBI) Waiver Transition to Managed Care Workgroup Meeting” – Mark Kissinger, Director, Division of Long Term Care and Rebecca Corso, Deputy Director, Division of Long Term Care

- Change on Slide 23 – Draft NHTD/TBI Transition Timeline – to read that the effective date of TBI/NHTD services under MLTC plans will be April 1, 2017. Transition activities begins January 1, 2017.

4. Questions and discussion

Main concerns:

- MLTC Care Management service compared to the waiver program's Service Coordination benefit
- Benefits offered through waiver services compared to MLTC plan benefits
- Use of the Uniform Assessment System for New York (UAS-NY) to determine eligibility for services
- Housing subsidy program

Workgroup comments

- Is there a public comment period for the transition plan after the State submits the plan to CMS?
 - Dominique Mathurin responded: Public comment on the transition plan only happens prior to the submission of the plan to CMS. The State notes whether or not it took the comments into consideration during the revision period prior to submission to CMS and how the transition plan was revised to incorporate the comments.
- Are there savings assumed with the transition and is the aggregate cost test used in the waiver programs carried into the MLTC plans?
 - Mark Kissinger responded: There are no savings inherently associated with the transition. MLTC operates under the Medicaid Global Cap and the waiver population becomes part of the overall cost calculation under MLTC. There still needs to be proven cost neutrality under the 1115 waiver.
 - Comment on response: There is concern over access to programs/services under MLTC, oversight should be provided to insure access to services is not an issue.
- Discussion of the formation of subcommittees to address the details of the transition. Four or five groups were suggested including:
 1. Services – access to services from the participant's point of view
 2. Workforce/providers
 3. Financial incentives – per member per month payments, service authorization standards
 4. Housing
 5. Outreach – informing participants of the transition

The workgroup decided that the above subcommittees, with the exception of housing, would be formed. The UAS will be addressed within the

services subcommittee. Subcommittees will be open to the public. Anyone interested in joining a subcommittee should email waivertransition@health.ny.gov.

- Discussion of the UAS-NY and its ability to accurately assess individuals with cognitive impairments, especially within the TBI population. Need to address the issues with the UAS so that it does not eliminate people who have historically received services under the waiver programs.
 - Agreement that this is an important issue and needs to be addressed within one of the subcommittees.
 - Follow up concern regarding the services for behavioral health needs.
 - Valencia Lloyd, Director Division of Health Plan Contracting and Oversight responded that behavioral health services are still being developed within the mainstream population and through HARPS which will be effective October 2015.
- Multiple comments addressing the concern that case management offered under MLTC is not the same as Service Coordination under the waiver programs.
- Multiple comments addressing the change in benefits as result of transitioning to MLTC.
 - The benefits will be laid out in a crosswalk document and presented to CMS before the transition plan can be approved.
- Question regarding what will happen to the individuals currently receiving waiver services as they transition to managed care?
 - Mark Kissinger responded that all waiver participants will be notified several times of the transition process, they will select plans or be auto assigned and they will continue to receive all services in place at the time of the transition for ninety days or until a new plan of service is developed whichever comes later. Access to services should continue until everyone is transitioned into MLTC.

Comments/questions submitted through the WebEx

- How many people are eligible under the waiver programs?
 - Maribeth Gnozzio, Project Director, TBI Waiver Program read the enrollment numbers and demographics from documents available on the MRT #90 website - http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm
- The issue of Service Coordination vs Care Management was presented again as well as the comparison of benefits between MLTC and waiver programs. Benefits will be addressed in the crosswalk which will be presented to the workgroup.

- There was discussion regarding housing subsidies and if the subsidy will remain for those who qualify until something else is in place.
 - Mark Kissinger emphasized that NYSDOH is committed to maintaining the housing subsidy for individuals who currently have it that transition into managed care.
 - While there are no housing programs specific to MLTC and Mainstream Managed Care, there are currently a number of housing initiatives associated with the Medicaid Redesign Team. Therefore some additional housing opportunities may be available for those that are eligible. Any other housing requests would need to be discussed during the budget process.

Audience/Workgroup questions and comments

- Concern was expressed from an audience participant regarding the cognitive issues associated with having a TBI (service coordination, ILST, housing subsidy) and advocating for the current waiver services to remain. Although a person may appear as not needing assistance, they require significant support that waiver services provide.
- Will there be safeguards for person-centered, consumer-driven services under MLTC?
 - Mark Kissinger responded that there will be oversight mechanisms which will be discussed at the next meeting.
- The need for robust, independent systems for investigation into abuse and neglect cases was expressed.
 - Concern that there would not be sufficient oversight of serious incidents in a managed care environment.
- Concern that specific services will only be available to the existing waiver population and not open to all new managed care recipients in need of comparable services.
- The Workgroup should include self-advocates from each waiver program.
 - Mark Kissinger responded that anyone who wants to be on the committee is welcome to join.
- Additional discussion regarding how the transition will occur for participants
 - Service Coordination vs Care Management services differences
 - Will service coordinators continue to have a job within MLTC?
 - What can the waiver participants expect through the transition?
 - How can service coordinators prepare participants for the transition?
 - Service coordinators should be trained on how to locate housing.

- Mark Kissinger responded that these issues will be addressed in detail at future meetings.
 - Question regarding who is representing the managed care plans in this process.
 - The plans will be involved in the transition process.
 - Comment regarding the need to increase provider training and information to meet the special needs of the current waiver populations:
 - Mark Kissinger responded that the plans have the ability to train staff and provide specialized services.
 - Valencia Lloyd added that comparable training is addressed in the transition of behavioral health services into managed care. The plans are willing to work with NYSDOH in order to have trained staff and effective services.
 - Does the Workgroup have the ability to add new services that may be needed?
 - Mark Kissinger responded yes, but the workgroup needs to remain focused on the task of transition of the waivers and not go beyond its scope.
 - Why was the TBI population was excluded from FIDA?
 - Mark Kissinger responded that the advocates had concerns regarding FIDA and sought to have TBI waiver participants excluded from the demonstration.
 - A member of the audience suggested that NYSDOH should penalize providers/plans for nursing home re-entry.
 - Additional concerns raised about the UAS-NY and its ability to assess cognitive impairment related to TBI. A member of the audience expressed that the PRI/SCREEN should continue to be used as the tool to assess nursing home level of care as it is related to TBI waiver services.
6. Closing remarks by Mark Kissinger. Everyone was encouraged to provide comments to the workgroup mailbox at: waivertransition@health.ny.gov. and to monitor the MRT website: http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm.