



11.30.15 NHTD and TBI Waiver Transition FAQ

- 1. The home care medical services don't make sense to carve out to Fee-For-Service (FFS) Medicaid since in home medical care would be part of any normal benefit plan for MLTC and Medicaid for any member who is unable to travel for care? I am confused as to why this is 'out'.**
 - A. Home Visits by Medical Personnel will not be provided as FFS, as this service currently exists within the MLTC/MMC benefits package. It will no longer be provided as a discrete service of Home Visits by Medical Personnel, a current NHTD waiver service that is not utilized.

- 2. Can you list the 4 non-state plan services that are proposed to continue to be coordinated by the RRDC?**
 - A. The four non-state plan services that are proposed to be continued include: Community Integration Counseling (CIC), Positive Behavioral Intervention Services (PBIS), Independent Living Skills Training (ILST) and Service Coordination (SC).

- 3. Would those non-state services like SC, PBIS, CIC and ILST be provided by agencies as they are now, or through a contract with a MLTC?**
 - A. These services will be provided by existing waiver service providers contracted with the MLTC/MMC plans.

- 4. Will Service Coordinators still have same number of caseloads or will caseloads be expanded?**
 - A. As we have discussed, managed care plans implement weighted caseloads based on the hierarchy of members' needs. There are currently no plans to dictate a caseload ratio to the managed care plans.

- 5. When you are speaking of the "provider" are you referring to the MLTC agency or their contracted home care agencies for the 2 year continuity of care?**
 - A. The provider referenced relates to the current provider of one of the current NHTD or TBI waiver services.

- 6. Are you saying that the providers have to have 5 waiver participants in order to accept these clients?**
 - A. Yes. Managed Care Organizations would be required to contract with a currently approved NHTD or TBI waiver service provider for a two year period if the waiver provider is serving five or more waiver participants at the time of transition. The provider is expected to serve participants unless a health/safety concern exists; and the service provider must assure that there are appropriately licensed personnel to provide and/or supervise services.

- 7. Will the Conflict Free Evaluation and Enrollment Center (CFEEC) be involved in the enrollment process for TBI eligible beneficiaries?**
- A. For current beneficiaries of the NHTD and TBI waivers, CFEEC will not be involved in the transition to managed care. It is assumed that individuals currently in the waiver are eligible for MMC or MLTC. After the waiver ceases in 2017, individuals not currently receiving waiver services would go to CFEEC for evaluation and enrollment into a managed long term care plan to receive long term services and supports.
- 8. Will the Managed Care Organizations (MCOs) be responsible for ensuring someone's continued eligibility for service? How frequently?**
- A. Yes, after the transition to managed care occurs, the MCO would be responsible for ensuring continued eligibility and authorization of services based on the individual's needs. MLTC/MMC plans are required to complete a re-assessment of the individual at least every six months or whenever a significant change in the member's condition warrants a change in the plan of care. The assessment is conducted by nurses employed or contracted with the MCO.
- 9. Do these participants have the same UAS evaluation as other MLTC participants?**
- A. Yes.
- 10. What will happen if the UAS does not demonstrate the same level of care that the client is currently given?**
- A. Currently, all 1915c waiver participants are required to be nursing home level of care in order to receive services. MLTC requires that an individual demonstrates need for Community-Based Long Term Care (CBLTC) Services for more than 120 days. These services are defined as: Nursing Services in the home, Home Health Care (which is further defined as traditional CHHA services such as therapies or home health aide service in the home), Personal Care Services in the home, and Private Duty Nursing.
- 11. Do you have a powerpoint presentation for this meeting?**
- A. The power point was made available prior to the meeting to the individuals who RSVP'd to the meeting. It is also available on the MRT 90 website at https://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm.
- 12. What does NYAIL stand for? Please provide the Peer mentoring contact information.**
- A. NYAIL stands for the New York Association on Independent Living. Lindsay Miller, Executive Director, can be reached at lmiller@ilny.org. You may also visit the website at www.ilny.org or call 1-844-545-7108 to learn more.