

NHTD/TBI Waiver Transition Update February 18, 2016

1. Q – Will waiver participants have access to the same services they have now?

A – Yes, all the services that were utilized will be available through the plans or other resources.

2. Q – How will participants access the following services after the transition of the waiver programs:

- **Community Integration Counseling (CIC)**
- **Independent Living Skills Training (ILST)**
- **Positive Behavioral Intervention and Support Services (PBIS)**
- **Structured Day Program (SDP)**
- **Service Coordination (SC)**

A – Once eligibility for managed care is established and the participant is enrolled in a plan they will be referred or can self-refer to the Regional Resource Development Center (RRDC). The RRDC will perform service assessments, and will assist with provider selection for those services. The providers will then make service specific recommendations that will be provided to the Plan Care Manager. This process will apply to Community Integration Counseling, Independent Living Skills Training, Positive Behavioral Intervention and Support Services, Structured Day Programs, and Service Coordination.

3. Q – Will participants have the same protections under managed care?

A – Yes, in fact they will have additional protections open to them including the Independent Consumer Advocacy Network (ICAN), and administrative reviews. Comparable rights and protections currently afforded to waiver participants will be conveyed to the managed care system.

4. Q – What about continuity of care?

A – DOH is proposing to establish a two-year, continuity-of-care period for participants and service providers.

- As a result, Managed Care Organizations will be required to contract with current service providers for a minimum of two years:
 - If the service provider is serving five or more current waiver participants;
 - If the service provider continues to serve participants unless a health/safety concern exists; and
 - As long as the service provider assures that there are appropriately licensed personnel to provide and/or supervise services.
- Current waiver participants will have the choice to maintain his/her existing services and the providers of these services for 90 days.

5. Q – Some participants have housing support as an adjunct to the waiver, what will happen to them?

A – NYSDOH has committed to maintaining the housing subsidy for individuals who are receiving a subsidy at the time of transition subject to appropriation as long as they reside in the community. Additionally, OHIP is developing new housing resources.

6. Q – In the future, how will eligibility be decided for Community Integration Counseling (CIC), Independent Living Skills Training (ILST), Positive Behavioral Intervention and Support Services (PBIS), Structured Day Program (SDP), and Service Coordination (SC)?

A – Eligibility for the services listed above will continue to be decided based on need presented in the service assessment completed by the RRDC and authorized by the plan.

7. Q – What about eligibility for participants who do not meet the required score for nursing facility level of care on the UAS-NY?

A – There are two parts to this answer:

First, there have been a number of concerns expressed about the UAS-NY regarding assessing persons with cognitive impairment. DOH takes these comments very seriously. We are studying the questions thoroughly and if it is found that adjustments to the tool or algorithm are warranted, adjustments will be made.

Second, in sampling of completed assessments to date, we found that approximately 28 percent of current TBI waiver participants and approximately 7 percent of NHTD participants did not score NFLOC on their first assessment. There are several possible explanations for this. As such, DOH implemented additional mandatory training related to cognitive impairment for all assessors. Additionally, DOH advised that a second assessment may be performed if there is a concern that the assessment outcome did not accurately reflect the needs of the individual.

8. Q – What about rates for these essential services?

A – DOH is proposing a two-year rate guarantee.

9. Q – There is concern about quality and tracking. How will DOH handle that?

A – DOH has strong quality assurance in place for all Managed Care Organizations. This will continue and we are committed to track current waiver participants in the event anyone is moved to an institutional placement. We take the Olmstead Plan and goals seriously and will continue to work to assure that people can successfully live in communities.

10. Q – What about the qualifications of providers?

A – DOH is committed to availability of high quality services. In order for that to occur we are requiring plans to offer two-year contracts with current providers who meet the waiver provider qualifications for the five services (CIC, ILST, PBIS, SDP, and SC) mentioned above.

11. Q – These populations are vulnerable and have specific characteristics. How will plans know how to address the unique needs of this group?

A – As part of the transition process, an extensive training and outreach program will be developed and implemented:

- Education will be involved to address the extended needs of the population.
- Outreach to members will include face-to-face education at the local level and phone support through call centers.
- The Maximus call center has multiple language lines and contracts with a translation company. Additionally, the RRDCs may assist in participant contact and outreach.
- Outreach calls/follow-up assistance calls continue throughout the timeline of the transition.
- DOH will train Maximus, the Managed Care Plans, and providers to effectively work with these specific populations.

DOH has offered all stakeholders the opportunity to have input to the content of the training when training materials are developed. Additionally, DOH has indicated that the Regional Resource Development Center (RRDC) will continue to have a role in the coordination of services after the transition to managed care. The RRDCs have demonstrated expertise and support when working with the target populations receiving services through the waivers.

12. Q – Sometimes the level of need for waiver participants may fluctuate. How can we avoid cycling participants in and out of Managed Care Plans and causing individual and system disruption?

A – DOH is studying the Managed Long Term Care definition of Community-Based Long Term Care (requiring more than 120 days of CBLTC for continued eligibility) as related to the transitioning population and is considering an amendment to the definition to include service coordination. This would allow many of those who might otherwise cycle through the managed care system to remain in care.