

**NHTD and TBI Waiver Transition Workgroup Meeting**  
**Meeting #3 – January 27, 2016, 1:00 pm – 3:00 pm**  
**Empire State Plaza, Conference Room 6**

Welcome and introduction, Mark Kissinger, Director, Division of Long Term Care

- Introduction of Workgroup members.
- Review of meeting agenda:
  1. Review Draft of Transition Plan,
  2. Review Draft of Flow Chart, and
  3. Open Discussion.

Review of Draft Transition Plan, David Hoffman, Bureau Director, Bureau of Community Integration and Alzheimer's Disease

- The transition plan presented is a draft of the plan that NYSDOH will submit for public comment and approval by the Centers for Medicare and Medicaid (CMS).
- The draft plan follows guidelines set forth by CMS, therefore, not all points discussed in the workgroup meetings will be included in the plan because they do not require CMS approval.
- With the approval of Community First Choice Option (CFCO), it is anticipated that the services included in the State Plan Amendment (SPA) will be included in the managed care packages beginning January 2017.
- A key change in the draft plan is the integration of Service Coordination (SC) and Community Integration Counseling (CIC) into Community Integration Services (CIS). The intent is to capture the key elements of the two services in one service. Additionally, there are new federal requirements regarding Conflict Free Case Management (CFCM). The intent is to ensure services do not impinge on CFCM requirements while allowing participants continued access to these key services moving forward.
  1. Discussion between the Workgroup members followed. Key points include:
    - Defining the qualifications of a CIS provider.
    - Defining the assessment tool and assessment process that would be utilized to determine the need for CIS.
    - Concern that the subcommittee recommendations are not captured in the draft transition plan.
    - NYSDOH committed to hold as many separate subcommittee meetings as needed and that can be staffed to allow for continued discussion of the draft transition plan until it is submitted to CMS for approval.
    - Concern from many members of the workgroup regarding the integration of SC and CIC into CIS. Requests were made to reinstate SC as a service separate from CIC.
    - Concern over quality assurance of the Regional Resource Development Centers (RRDCs) in order to ensure consistent operations across the state.
- As agreed upon by the waiver subcommittee, specific waiver services will not be transitioned into managed care including Peer Mentoring, Substance Abuse Programs, and Home Visits by Medical Personnel. CIS, Independent Living Skills Training (ILST), Positive Behavioral Interventions and Supports Services (PBIS), and Structured Day Programs (SDP) are proposed to be added to Mainstream Managed Care (MMC) plans and Managed Long Term Care (MLTC) plans through the RRDC model structure.

1. Discussion between the workgroup members followed. Key points include:
  - Defining duplication of services. Identifying federal regulations and state models that either prohibit or allow services included as state plan services through CFCO to be included in 1915c Home and Community Based (HCBS) waiver programs.
  - Determining when the model contract language between Managed Care Organizations (MCOs) and providers will be defined. Requests to include language from the behavioral health carve-in for this population and to include the transition workgroup in the development of the contracts.

Review of Draft Flow Chart, David Hoffman

- NYSDOH is proposing to continue the RRDC model for access to current waiver services not included in CFCO (CIS, ILST, PBIS, and SDP). The process is illustrated in the flow chart.
  1. Discussion between workgroup members followed. Key points include:
    - Requiring a competitive procurement process for a five-year contract period between the RRDCs and the NYSDOH.
    - Suggestion to allow individuals to self-refer to the RRDC for the services, rather than require them to go through the MCO or Care Manager.
    - Defining what the functional assessment would be to determine the need for these services and what entity would be performing the assessment.
    - Defining the roles of the RRDC, MCO, provider, and plan member in the appeal process, including internal appeals, fair hearing rights, and aid to continue.
    - Discussion regarding the UAS-NY and its ability to accurately capture the needs of individuals with a TBI. Concern regarding the ability of individuals with TBI to access these services as needed based on the outcome of a UAS-NY.
      - NYSDOH agreed to add information to the draft transition plan to address how to the needs of individuals who would not score as nursing home level of care on the UAS, but would otherwise decompensate without the services provided to them, will be met.
      - NYSDOH noted that the current assessment tools used in the waiver programs (PRI/SCREEN) were found to not accurately capture level of care in an audit by the Office of the Inspector General.
      - Discussion regarding necessary training requirements for UAS assessors and an appropriate assessment rate.
    - Concern over consistent access to quality services across the state in current the waiver programs and after the transition to managed care.
    - Defining the role of the RRDCs in the context of managed care.

NYSDOH committed to weekly meetings in February with the workgroup to revise the transition plan. Invitations for the meetings will be sent out via email. The meeting was adjourned at 3:00 pm.