

**NHTD and TBI Waiver Transition Workgroup Meeting**  
**February 10, 2016, 10:00 am – 12:00 pm**  
**One Commerce Plaza, Room 1613**

Welcome and introduction - David Hoffman, Bureau Director, Bureau of Community Integration and Alzheimer's Disease

1. Introduction of in-person meeting attendees
2. Review of meeting agenda
  - a. HCSS in CFO – Definition and scope of services
  - b. Role of RRDC – Functional assessment/repeat UASNY; development of recommendations; self-referral; provider relations
  - c. Comparison and Coordination of Service Coordinator and Care Manager – Discussion
  - d. Discussion of Transition Plan draft
  - e. **Notice:** The February 17<sup>th</sup> Waiver Transition Meeting has been rescheduled to Friday, February 19<sup>th</sup> from 12:00 pm – 2:00 pm
  - f. **Handouts:** *February 10<sup>th</sup> NHTD/TBI Waiver Transition Powerpoint; Updated Flow Chart*
3. Mark Kissinger - Director, Division of Long Term Care  
Per request of the Workgroup, DOH provided a brief overview of the following programs: Mainstream Managed Care, Managed Long Term Care (MLTC), Community First Choice Option (CFCO), the 1115 Waiver, and Health and Recovery Plan (HARP).
4. Review of NHTD/TBI Waiver Transition Powerpoint - David Hoffman  
HCSS slide:
  - a. Discussion of CFCO not specifically including “oversight.” If “oversight” is put into the definition, the State Plan would have to be modified because it is already a state plan service.
  - b. Discussion of the waiver population having more “out of the ordinary” behaviors and need for oversight and supervision.
  - c. Discussion of Community Based Services expanding with CFCO to people with all disabilities, not just the waiver population.
5. Review of the role of RRDCs and flowchart - David Hoffman
  - a. Discussion of the self-referral option taken out of the flowchart by request of some RRDC's due to difficulties in knowing whether an individual is in a managed care plan or not.
  - b. Discussion of how RRDC's will be paid. RRDCs will remain on state contracts with a competitive procurement.
  - c. Discussion of the assessment process conducted by the RRDC. “Functional Assessment” has been changed to “Service Assessment” as to not confuse it with the assessment performed by the plan. After the initial assessment and once a provider is selected, the provider will meet with the member to develop a plan of service and a recommendation made to the plan.
    - i. If the plan denies the recommendation, the individual has rights to a fair hearing. The RRDC and Service Coordinator (if selected) would assist in preparing for fair hearing but not assist in the actual appeals process.
  - d. Discussion of ICANs involvement in the appeals process. DOH will forward more information regarding Independent Consumer Advocacy Network (ICAN) to workgroup attendees.

- e. Discussion of reassessments performed by the RRDC for managed care participants. It is anticipated that a member will be reassessed every six months or if there is a significant change in health status or level of need.
  - f. Referrals to the RRDC will include anyone in need of the services included on the flowchart. DOH removed “cognitive impairment” wording.
6. Review of the roles of Service Coordinator and Care Manager (slides) - David Hoffman
- a. Discussion of changing the Service Coordinator role to work cooperatively with the Care Manager to make sure participants receive the services they need in order to live safely in the community.
  - b. Discussion regarding concerns that Service Coordination is a continuous service and not episodic. DOH will look into adding the explicit language of “ongoing.”

Open issues:

- a. Model contract language
- b. Details on CFCO
- c. Use of the UAS
- d. Eligibility process
- e. Qualifications for providers
- f. Training/education/outreach
- g. Incident reporting
- h. Utilization management/tracking/reporting
- i. Finance and rate setting
- j. Post 2 year period
- k. Transportation
- l. Possibly look at the RFQ for plans as applicable to this transition as related to the Behavioral Health transition

The next meeting is re-scheduled from February 17, 2016 to February 19, 2016 (12:00 pm – 2:00 pm). DOH will circulate more information on ICAN to the workgroup. The meeting was adjourned at 2:00 pm.