

**NHTD and TBI Waiver Transition Workgroup Meeting**  
**March 3, 2016, 1:30 pm – 3:30 pm**  
**One Commerce Plaza, Room 1613**

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

- Review of meeting agenda
  - o Service Coordination and Care Manager Discussion
  - o Other Discussion on Transition Plan draft
  - o Handouts: *NHTD/TBI Waiver Transition Process Issue Status Chart*

Service Coordinator and Care Manager Discussion - David Hoffman

- Discussion of the proposed definition of service coordination. The previous recommendation to integrate with Community Integration Counseling (CIC) was rejected. The plan now is to continue with a distinct service but not duplicate the role of a care manager in a managed care organization.
- The workgroup discussed the following potential activities of a service coordinator after the transition to managed care:
  - o Act as a the primary advocate for the member;
  - o Provide moving assistance;
  - o Provide housing assistance;
  - o Assist with access to resources or benefits outside the scope of the managed care benefit plan (social transportation);
  - o Coordinate with local government agencies;
  - o Provide crisis intervention and management services;
  - o Assist with problem-solving, decision making, understanding cause and effect of behaviors and actions, and mitigating risks;
  - o Act as back-up for informal or community supports, or when there are gaps in other services;
  - o Coordinate Environmental Modifications services;
  - o Provide unbiased information, education, and prevention services;
  - o Assist in the maintenance of the member's health and safety;
  - o Assist with social and recreational needs;
  - o Assist with services to support independent living; and
  - o Face-to-face interactions with plan members.
- Concern raised regarding creating a defined task list for a service coordinator which could potentially limit the service. Service coordination will look different for members depending on their needs.
- Discussion of caseloads for care managers and service coordinators, including current caseload limits in the waiver programs versus caseloads determined by the acuity of plan members.
- Discussion of the eligibility requirements for members to access service coordination in managed care:
  - o The process has been outlined in the flow chart shared at previous workgroup meetings.
  - o Discussion of the diagnosis that would trigger eligibility, including traumatic brain injury or cognitive deficits.
  - o Suggestion to include the member's informal support system, or lack of, in the determination of need for service coordination.

- Concern raised regarding determining eligibility based on diagnosis because individuals often present differently and have different back-up systems that affect their need for services.
- Concern raised regarding the timeliness and ability of care managers to respond in an emergency situation.
- Discussion of the potential change in scope of service for service coordinators and the effect that could have on the rates. Potential changes to the rate structure for service coordination could be a result of:
  - Value-based payment structures;
  - Hourly versus monthly reimbursement rates; or
  - Quality payments.
- Discussion of quality of service.
  - DOH is committed to quality and will build additional metrics to monitor and track quality if necessary.
  - Suggestion to include continuing education requirements for service coordinators and care managers.
  - Suggestion to review the behavioral health carve-in for quality measures.

DOH will take the remainder of March to revise the draft transition plan. The plan will be posted for public comment on April 1, 2016. The next meeting will be scheduled after the draft plan is posted in April. The meeting was adjourned at 3:30 pm.