

NHTD and TBI Waiver Transition Workgroup Meeting
September 14, 2016, 1:00 pm – 3:00 pm
One Commerce Plaza, Room 1613
Albany, NY 12210

It should be noted that since this meeting date, transition and CFCO timelines are amended.

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

- Introduction of Workgroup members.
- Review of meeting agenda:
 - Review draft timeline for transition implementation (Handout dated 9/14/16);
 - UAS Update, Raina Josberger, NYSDOH;
 - Open Discussion – Questions and Comments; and
 - Next Steps for Phase 2 – Communicating change as it occurs and training for constituents before and after the transition.

Review of Draft Transition Timeline, David Hoffman

- Phase 2 Workgroup meetings to be scheduled in October and November 2016 and January 2017.
- January 2017 Community First Choice Option (CFCO) will move to Managed Care (Mainstream and MLTC).
- Upon CMS approval, on or around October 2017, the enrollment of new providers and expansion of any existing providers will cease. Current contracts for the operation of the RRDCs terminate June 30, 2018.
- Upon approval of the transition plan by CMS, all pending Service Plans for existing waiver participants will be approved and announcement letters related to the transition will be sent to each waiver participant in December 2017.
- 60-day notices to be sent for voluntary enrollment in January 2018. New referrals for waiver services and intake meetings will cease on January 1, 2018, upon approval by CMS.
- With CMS approval, 30-day notices to be sent February 1, 2018.
- Implementation of mandatory enrollment into managed care will begin on March 1, 2018.
- Services to begin and full incorporation of CFCO and previous waiver services in Managed Care by April 1, 2018.
- The full transition of existing waiver participants will be effectuated by April 1, 2018 and access to state plan CFCO services for waiver participants will be fully implemented.
- Workgroup comments and questions:
 - A workgroup member asked if the final transition plan will be posted.
 - A workgroup member via webinar asked if any attempts will be made prior to January 1, 2018 to notify participants of the transition. The Department responded that there will be ongoing communication with current waiver participants regarding their transition and they will be notified prior to their January 1, 2018 transition.
 - A workgroup member requested the Department make the timeline available. The Department responded that it will be updated and posted on the MRT website.

UAS-NY Update, Raina Josberger

- The national workgroup with New York representation has been meeting to review the UAS – InterRAI as it is related to TBI and cognitive deficits.
- Additionally, IPRO has completed an external audit: Uniform Assessment System - New York Community Health Assessment and Functional Supplement Data Validation Audit.
- IPRO will be done with the reviews of the UAS and Plan of Care by the end of the year.
- Both workgroups include different representatives, and reflect diverse perspectives on level of care assessment. It could not be verified if the participant list involved in the UAS workgroups could be shared at this time.
- A workgroup member asked if after the study has been completed, will the reconsider the level of care algorithm. It does not appear at this time, that the algorithm requires amendment, but that is yet to be determined. NYSDOH remains committed that any individual who feels they were not appropriately assessed or they disagree with the assessment outcome that they seek a second assessment, as is currently available in NHTD or they exercise their due process rights and see a fair hearing.
- A workgroup member detailed an experience in which three different UAS assessments were completed at different times and each yielded a different score.
- A workgroup member asked if a UAS-NY assessment will be required for the two transition period into managed care. All existing waiver participants effective January 1, 2018 are ensured continuity of care for the first six months of the transition period. These waiver participants will be deemed eligible for Community Based Long Term Care (CBLTC) for two years as long as the member actively participates in services identified in the plan of care. After six months of the service transition, the plan will reassess the member for specific service needs.
- A workgroup member asked if the Department will be tracking the metrics of the remaining 700-900 people. This issue is not yet resolved; available metrics and available data systems will need to be assessed prior to addressing this matter.
- A workgroup member asked if the Department will be tracking those who are placed out of state, in homeless shelters, etc. At this time, the focus is on existing waiver participants at the time of the transition.
- A workgroup member expressed concerns that the possible decrease in the number of completed UAS assessments is due to the lack of available assessors. NYSDOH acknowledges that there are problems associated with finding assessors willing to complete the assessments within the established payment protocols. Other resources are being explored as potential assessment options.
- A workgroup member asked if CMS will need to sign off on using the UAS? It was explained that approval of a specific assessment tool is beyond the scope of CMS. CMS may seek confirmation of a tools validation and standardization. It was noted that CMS has already established the UAS as an assessment mechanism for the 1115 Waiver and it is currently in use for MLTC.
- Nursing Home Level of Care continues to be a requirement for 1915c and CFCO services. Existing waiver participants at the time of transition will be eligible for CBLTC for two years.
- A workgroup member asked if someone needs discreet oversight and supervision, will they be eligible for CBLTC? The Department recognizes that the waiver transition plan requires an amendment to the existing definition of CBLTC.

- A workgroup member sought clarification in regards to insurances approving Level II services as MLTC services as opposed to Level I services. The Department responded that they would need to follow-up in regards to Mainstream vs. MLTC criteria.

Open Discussion – Questions and Comments

- A workgroup member asked if participants will be notified of available service providers within a plan's network. Choice of providers is a critical element in the transition process. The Regional Resource Development Centers, Service Coordinators, and the plans will be available to help facilitate plan selection. Additionally, training will be available for participants and the Medicaid Choice staff in order to fully understand available plans and services.
- A workgroup member reported that there is information online broken out by region for MLTC and Mainstream for overall ratings of plans and Maximus updates this information yearly.
- A workgroup member asked if there is a Plan Directory? The Department responded that a Plan Directory does not exist yet, but they have provided Mainstream and MLTC with the current TBI and NHTD provider lists.
- A workgroup member expressed concern that if all MLTC plans are able to contract with current providers, how will a waiver participant know which plan to select. The plans will contract with current waiver providers based on the following criteria:
 - Life and safety issues;
 - Enrollment of at least 5 participants; and
 - The provider must employ licensed and qualified staff.
- A workgroup member asked how the plans are evaluated and suggested this information be made available to the workgroup. This information will be presented at a later date. In the meantime, there are available measures such as satisfaction surveys.
- An audience member asked if participants have the option to change plans once enrolled. In MLTC participants/plan members can change every month, as long as it is by the 20th of the month. For Mainstream Managed Care: As of the date in which mandatory enrollment is required, the enrollee is subject to a twelve month (12) month lock-in period following the effective date of enrollment, with an initial ninety (90) day grace period in which to dis-enroll without cause and enroll in another plan.
- A workgroup member asked what feedback was received from the draft transition plan public comments? "Common Elements of Comments: NHTD/TBI Transition Plan Waiver Services to Managed Care - September 14, 2016" was distributed at the meeting and the workgroup was advised that the document will be posted on the MRT Website.
- A workgroup member requested that the Crosswalk of Services be updated.
- Additionally, some of the Exemptions/Exclusions require updating.
- A workgroup member asked what mechanisms would be in place to track reimbursement and rates for plans, and if rates impact the quality of services. The Department responded that a presentation on rate setting and plan review will be offered at the next workgroup meeting. Additionally, there will be a guarantee to providers that the waiver rates in place at the time of transition will be provided to all existing waiver service providers. Also, the two-year continuity of care period may be utilized to adjust the Per Member Per Month (PMPM) rate.
- Several workgroup and audience members expressed concerns about the qualifications of providers. The Department responded that the qualifications will not

- be set by DOH, the MCO is responsible to hire properly credentialed and qualified staff.
- A Workgroup member suggested revisiting the SC qualifications and revising the qualifications for the supervisor.
 - A workgroup member asked if the Department will be providing responses to the draft transition plan public comments? The Department responded that the FAQs and other resource documents on the MRT website address the comments received. NYSDOH must demonstrate to CMS that it reviewed and adequately addressed the concerns of the public.

Meeting Wrap up

- The October 14, 2016 meeting date will be changed due to it falling on a holiday.

Meeting was adjourned at 3:05 pm.