

NHTD and TBI Waiver Transition Workgroup Meeting
May 3, 2017, 10:30 am – 12:30 pm
One Commerce Plaza, Room 1613
Albany, NY

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

Community First Choice Option (CFCO): Update

Eric J. Henderson, Deputy Director, Division of Long Term Care

- First round of Stakeholder meetings and setting up the Steering Committee to begin next week. DLTC will complete a side by side comparison to see where there is overlap in committee membership. Once established, a second round of subgroup meetings (comprised of DOH and plan representatives) will begin. Eventually the various workgroups will be integrated. DLTC hopes to have this accomplished by the middle of the summer.
- Budget Update: The transition of the adult waivers to MLTC pushed to January 1, 2019 with a transition period between January 1, 2019 – April 1, 2019. There have not been any changes to the CFCO implementation date of January 1, 2018.
- For questions regarding CFCO, stakeholders are encouraged to reach out to the CFCO team at: CFCO@health.ny.gov.

Presentation: Uniform Assessment System - New York (UAS-NY) Community Health Assessment and Functional Supplement Data Validation Audit

Raina Josberger, Research Scientist, NYSDOH; IPRO Audit Representatives: Thomas LoGalbo, Director, Managed Care; Jeanne Alicandro, M.D., Medical Director, Managed Care; Dr. Patricia Gagliano (via telephone)

- Audit results were presented. Documentation reviewed for audit validation was from six months prior and included nursing notes, service plans, PRIs, UAS-NY comments, etc. It was difficult to validate verbal observations of the reviewer. Almost 88% of the reviews agreed with the UAS-NY findings.
- There were some concerns and questions regarding the 3-day window timeframe for functional status. It may or may not catch episodic issues. IPRO does not have the ability to change the assessment tool; it tested the tool and found the 3-day lookback was accurate.
- The goal of the audit was to validate the assessors, not the tool. They found most assessments were done by a nurse from a Home Care Agency (CHHA, LHCSA).
- The records used for audit were historical data from 2015.
- Recommendations from the audit: RRDCs should be consulted for case history prior to the assessment; assessors should review participant records in advance and this should become routine; an invitation should be made for family members to be present at the time of assessment; however, participants' rights should be considered; and additional training for assessors should be considered.

Next Steps in Response to Audit Findings

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

- UAS-NY Process Map will be posted. Some questions regarding this process were posed. NYSDOH will look at time frames related to the UAS-NY "alternate route" process.

- Recommendation from workgroup member: Take advice of IPRO and develop a cognitive tool add-on for evaluation. This could have the potential to help prevent the need for subsequent UAS-NY or visit with a specialist.
- Implementation of the UAS-NY for the TBI population will be required upon approval of the pending waiver application renewal. At the time of the participant's annual re-assessment, a UAS-NY will be required. Any adverse impact as a result of UAS-NY findings is subject to fair hearing, upon request of the individual.

Open Discussion: Questions and Answers

- Mr. Hoffman indicated there is more time to address issues related to the transition to MLTC now that the implementation date has been delayed. One issue that warrants further discussion is a comparative analysis between Service Coordination and Care Management.
 1. The next workgroup meeting will include a panel of Service Coordinators for the waivers and Care Managers from the managed care plans to discuss their roles in coordinating services for members/participants. A workgroup member suggested including CFCO in the discussion.
 2. Currently, the plan is to move Service Coordination as a distinct service into managed care. This discussion will facilitate that process and identify issues associated with the transition of services.
- There is no date set for the next meeting. An email will be sent when the documents from this meeting are posted.

Meeting adjourned at 12:35 pm