

Questions presented at the December 7, 2017 NHTD/TBI Waiver Transition Workgroup Webinar

Q: Will we have access to this PowerPoint??

A: The PowerPoint will be posted on the MRT #90 website.

Q: Where is the Service Coordination information located?

A: Please refer to Slide #6 from the December 7, 2017, Waiver Transition Stakeholder meeting PowerPoint.

Q: Will providers need to contract with Community First Choice Option (CFCO)? If so, should providers be pursuing this now, and who are the contact individuals?

A: This information will be presented by the CFCO Workgroup. More information will be forthcoming.

Q: Regarding the timeline: Who is approving the “Service Plan” for waiver participants on Nov 1, 2018? Will there be continuity of care, and if so, will it be 90 days?

A: The RRDC will continue to approve Service Plans until the Transition is fully implemented. Please see slides 13 and 14 from the December 7, 2017 Waiver Transition Stakeholder meeting PowerPoint.

Q: What is the plan to reimburse providers for the \$3/hour increase in wages to Home and Community Support Services (HCSS) workers due to the wage parity requirement over the years? Given that the next increase is 1/1/18, providers need to plan accordingly.

A: This information will be provided by the Rates Unit as Transition planning continues.

Q: As participants/members transition back to traditional models of Substance Abuse Programs, who will be responsible for providing training to those programs especially since the Traumatic Brain Injury (TBI) population did not normally find success in the past traditional model?

A: The RRDC will continue to serve as a resource and will provide training to providers and participants as needed. Additionally, Managed Care plans may use professionals within their networks with expertise and experience in providing services to individuals with TBI.

Q: How can we be included in the Community First Choice Option (CFCO) discussion/updates?

A: Questions may be directed to the CFCO mailbox at: CFCO@health.ny.gov. FAQs are also available on the Department Medicaid Redesign Website.

Q: Who will be responsible to obtain the Uniform Assessment System-NYs (UAS-NYs)?

A: The Managed Care Plan Manager will assist with getting the UAS-NY assessment completed. The UAS-NY is currently used across long term care services. It will continue to be used with waiver participants who receive Managed Care services. As such, a listing of Managed Care Plans can be found at:

https://www.health.ny.gov/health_care/managed_care/plans/mcp_dir_by_cnty.htm. This link shows the Managed Care Organization (MCO) plans by county.

Q: Is there a list of Managed Long Term Care (MLTC) agencies?

A: The listing of Managed Long Term Care (MLTC) plans by county can be found at: https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/plan_directory/index.htm

Q: Will there be a specific rate cell for members who transition from the waiver, similar to what is currently being proposed for long-term nursing home residents?

A: We have had presentations from the Rate Setting team regarding this in previous Workgroup meetings. These presentations are posted on the MRT #90 website. NYSDOH will review the information posted and clarify as we move closer to the transition date.

Q: Will there be further clarification between the role of a Service Coordinator versus the Managed Care plan Care Manager?

A: At the last Transition Workgroup, there was a panel discussion that included representatives from Waiver Service Coordinators and Managed Care Plan Managers (Mainstream and MLTC). A workgroup member and NYSDOH is developing a Needs Assessment to further identify additional supports the Care Manager and/or Service Coordinator (SC) will provide after the participant transitions to Managed Care .

Q: How will the Service Coordinator support clients with selecting a Managed Long Term Care agency? Is there a list so that we can review them?

A: The list is available at: https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/plan_directory/index.htm and participants will be provided information as the transition proceeds.

Q: Can you please address Conflict of Interest (COI)?

A: Conflict of Interest (COI) criteria as related to waiver services will be reviewed via webinar within the near future.

Q: Is Service Coordination considered a service?

A: Yes, it is an enhanced benefit.

Q: Will there be a Request for Proposals process for selection and assignment of RRDCs? If yes, what will be the timeframe for this process?

A: There will be a new procurement for the RRDCs sometime in 2018. We anticipate the contract term will be for five years. The RFA will be posted for the public.

Q: How does this change effect the housing subsidies?

A: We intend that anyone who receives housing support at the time of transition will continue to receive that subsidy unless there are significant changes in the individual's situation (i.e., moves out of state; qualifies for Section 8/HUD). Note that housing is not a waiver service and housing support is contingent on available State funds.

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Q: Will the reimbursement rates be developed in accordance to the cost of living & minimum wage increase?

A: This will be discussed/reviewed with the Rates Unit as the transition process continues.

Q: Do you have a date for the Conflict of Interest (COI) webinar?

A: The Waiver Unit is working with Centers for Medicare and Medicaid Services (CMS) to finalize details and a date will be announced shortly.

Q: Will Service Coordination as a continued service under Managed Care be provided by a separate Care Coordination entity much like the Office for People with Developmental Disabilities (OPWDD) Care Coordination Organization (CCO) model? If not, how would it work?

A: This model will be more fully developed as the transition process proceeds and Conflict of Interest (COI) criteria is fully implemented.

Q: For those of us currently receiving Waiver services, will we get to retain our current team?

A: We will work to ensure continuity of services and providers, but staff assignments change for numerous reasons.

Q: Will Service Coordination not be considered Care Management and therefore not be subject to Conflict Free rules?

A: Care Management and Service Coordination will be defined as two separate services that support each other.

Q: The Uniform Assessment System-NY (UAS-NY) is not effective at recognizing comprehensive cognitive deficits, can this be addressed?

A: The UAS-NY is the assessment tool used for numerous long-term care services.