Common Elements of Comments: NHTD/TBI Transition Plan
Waiver Services to Managed Care September 14, 2016

The Transition to Managed Care

- Waiver participants are a discreet population and should not be integrated into managed care

Service Coordination and Care Management

- Define scope and nature of Service Coordination
- Conflict of Interest as related to Service Coordination and Care Management
- Specify scope, frequency, and intensity of services to be included in MLTC/MMC/CFCO
- Streamline administration of services
- Clarify service approval process
- Home visits should be an option in the transition plan
- Transportation

The UAS

- UAS – findings of current examinations of the tool should be included in the plan and a system for reassessment for those determined ineligible should be established
- UAS and individuals with cognitive deficits

Stakeholder Workgroups

- Convening Transition Workgroup meetings
- Stakeholder involvement – mailings, publish public comments, local meetings

CFCO

- Access to services/RRDC and MLTC administrative processes
- CFCO's impact on waiver services
- Clarification of the eligibility for CFCO
- Definition of IADLs/PCA Scope
- Cueing and Supervision under the CDPAP
- Exceeding soft limits due to medical necessity
- Referrals and Needs and Service Assessments
- Network Capacity and Plan Readiness
- Notification Requirements
- Information on implementation of CFCO should be made available to providers, managed care plans & consumers
- HCSS vs. supervision and cueing/personal care
- Recommends expanding the definitions and limitations of CTS, personal care (i.e. supervision and/or cueing) and IADLs

Rates

- Capitated payments
- Cost of community based care vs. institutionalization
- Overtime rule for homecare workers

Housing

- Housing/risk of institutionalization after the transition

Regional Resource Development Centers (RRDCs)

- Timeline for awarding contracts to the RRDCs
- Maintaining RRDCs' role
- RRDCs given a "consultative role" & are limited in their ability to advocate

Common Elements of Comments: NHTD/TBI Transition Plan
Waiver Services to Managed Care September 14, 2016

- RRDC assessment process

MLTC/MMC Referral and Services

- Referral process
- Auto-assignment process into MLTC/MMC products
- Person Centered Planning under Managed Care/Conflict Free SC & Care Management
- Not enough detail on scope of waiver services offered through MLTC
- Strongly supports the two-year continuity of care provision
- Dual eligible & spenddown requirements as related to access to services
- Requests an eligibility crosswalk for MMC/MLTC/CFCO/FIDA and NHTD/TBI Waivers
- Notification should be sent to service providers of a participant changing MLTC plans

HCBS Regulation Requirements

- SDP settings and heightened scrutiny process

Training

- Need for brain injury training for staff
- Educating managed care plans
- Training for staff

Participant Rights and Protections

- Protections for current participants
- Participants' rights and appeals process
- Monitoring, tracking and investigations of instances of neglect and abuse
- Monitoring and tracking system for participant outcomes after transition into MLTC/MMC

Provider Qualifications

- Grandfathering of SC, ILST, PBIS, CIC & SDP staff/agencies
- ILST qualifications in the most recent Provider Qualifications Chart is more stringent & requests it be modified

Contracting

- Contracts with MLTC & MMC plans
- Existing and new providers of CFCO services during and after the two-year continuity of care period
- Process of current waiver participants' transition into MLTC and eligibility requirements

Reassessment

- Face-to-face visits every 6 months with the SC and/or case manager is too long
- Questions regarding 6 month reassessment of service needs, conflict free evaluation and enrollment centers, training/qualifications of care managers and cost to MCOs

Out of State Placements

- Transitioning out-of-state institutionalized individuals back to NY