

NHTD/TBI Waiver Transition: Services and Workforce Subcommittee
October 23, 2015, 9:30 am – 12:00 pm

Welcome and introduction, Rebecca Corso, Deputy Director, Division of Long Term Care

- The date of the next Waiver Transition Workgroup meeting has to be moved. It was previously scheduled for Wednesday, November 18, 2015. However, due to an event being held by the Governor's office, the Workgroup can no longer use the room on the scheduled date. The new date of the meeting will be Monday, November 30, 1:00-3:00 pm, Room 6 on Concourse. Notice will be sent to the workgroup.

Review of Subcommittee Meeting Agenda, David Hoffman, Bureau Director, Bureau of Community Integration and Alzheimer's Disease

- Introduction of meeting attendees, both in-person and phone participants.

Review of Updated Services Crosswalk chart, David Hoffman

- Review of all NHTD/TBI waiver services including proposed definitions, service utilization, proposed action, and applicable limitations to the service for the transition.
- **Note:** When the stated proposed action is to add a service to MLTC and/or MMC plans, the proposal is to add the service and the definition provided in the chart for all plan members, not just existing waiver participants.
- **Note:** Throughout the review of the crosswalk, rate/financing and provider qualifications questions were raised. These questions were taken and held for further discussion at a later date.

1. Assistive Technology

- Proposed action: Add Assistive Technology to MMC and MLTC plans; limit to \$15,000 per 12 month period, may exceed limit in special circumstances upon approval by the plan, which is consistent with the current TBI waiver limit.
- Discussion:
 - DOH to look into question from subcommittee member: If someone only needs PERS/Assistive Technology would they qualify for the 120 days of long term care necessary to trigger eligibility for MLTC?
 - Consideration to expand the proposed service definition in future years as Assistive Technology continues to change. The goal is to stay within the parameters of the CMS core definition.

2. Community Integration Counseling (CIC)

- Proposed Action: Add CIC to MMC and MLTC plans.
- Discussion:
 - A suggestion was made to add a clarification to the proposed service definition to match the current waiver programs. Family members and others involved in the care of a participant/plan member can participate in CIC, but the participant/plan member must be present at the counseling sessions as well. DOH will clarify definition.

3. Community Transitional Services (CTS)

- Proposed Action: Add CTS to MMC and MLTC plans; limit to \$5,000 per facility discharge, consistent with the current NHTD waiver limit.
- Discussion:
 - The proposed service definition states that the service would be available to "individuals transitioning from an institutional" setting. The

subcommittee suggested clarifying what is meant by an “institution” in this context (i.e., assisted living, shelters, prisons). Members are encouraged to review this definition further and provide feedback on types of institutional settings to DOH.

- The proposed limit on the service is \$5,000 per facility discharge, however, it may be necessary to include specifications of need and duration of facility stay into the limitations as well.
- Does CTS cover broker’s fees? Broker’s fees are currently covered by CTS in the waiver programs. DOH notes that MRT Housing Initiatives are still in development and the subcommittee should consider the outcome of these plans as they evolve. Subcommittee members are encouraged to stay informed/participate in the housing initiatives by signing up for RFA announcements through Grants Gateway.

4. Environmental Modifications (Home and Vehicle)

- Proposed Action: Add Environmental Modifications to MMC and MLTC; limit to \$25,000 per 36 month period.
- Discussion:
 - A request was made for DOH to provide plans, after the transition, a statewide list of approved contractors.
 - Discussion of how the \$25,000 limit was determined. DOH responded that the proposed limit is modeled off the current waiver program limits and that \$25,000 is higher than the current NHTD waiver limit of \$20,000 per 36 months.
 - Any mechanism to increase amount based on rate of inflation? Per DOH, that would be a plan decision.

5. Home and Community Support Services (HCSS)

- Proposed Action: Add HCSS to MMC and MLTC plans.
- Discussion:
 - Concern regarding the consistency of the definition of HCSS across providers/agencies, especially the definition of “oversight and supervision.” Further discussion and review of this issue is needed.
 - Discussion of the feasibility of HCSS staff to provide transportation to participants, including reimbursement; consistent statewide policies; liability and cost concerns for provider agencies; and the availability of reliable transportation and drivers. A suggestion was made to review OPWDD policies and services such as self-direction regarding mileage reimbursement and make consistent.
 - Additional discussion of HCSS rates, overtime and the increase in minimum wage in other industries. Concern was voiced regarding the high turnover rate of HCSS staff.
 - Question about how adding HCSS to both MLTC and MMC plans would affect Consumer Directed Personal Assistance Program (CDPAP), specifically pertaining to a qualifying self-directing other through CDPAP versus HCSS, assuring that safeguards are in place. This will need to be looked at.
 - Question regarding whether the managed care plans will distinguish HCSS versus PCA hours in relation to tasks and rate reimbursement.
 - Question about housekeeping only.

- Question about whether a Licensed Home Care Service Agency could be a HCSS provider.
6. Home Delivered/Congregate Meals
 - Proposed Action: No action.
 - Discussion:
 - Meals are already included in the MLTC Partial Capitation plans.
 - Not a current TBI Waiver service.
 7. Home Visits by Medical Personnel
 - Proposed Action: Discontinue service.
 - Discussion:
 - Home visits is a NHTD waiver service.
 - There were no recipients of this service between September 2014 and August 2015.
 - Not a current TBI Waiver service.
 8. Independent Living Skills Training (ILST)
 - Proposed Action: Add ILST to MMC and MLTC plans.
 - Discussion:
 - Suggestion to amend the proposed service definition to state that ILST is a time-limited service.
 - Question about whether assessment hours will be factored in and who would conduct the assessment.
 - Concerns were raised regarding the continuity of providers during and after the transition from the waiver to MLTC/MMC.
 9. Moving Assistance
 - Proposed Action: Discontinue service.
 - Discussion:
 - Suggestion to include this service definition to Community Transitional Services.
 - Not a current TBI Waiver service.
 - DOH noted that in the new MRT housing initiatives, there is more money for housing than through the waivers, and money may be available for a similar service.
 10. Nutrition/Nutrition Counseling
 - Proposed Action: No action.
 - Discussion:
 - Nutrition counseling is already included under MMC and MLTC plans.
 - Not a current TBI Waiver service.
 11. Peer Mentoring
 - Proposed Action: Discontinue service.
 - Discussion:
 - A subcommittee member stated that the lack of use of peer mentoring does not mean there is a lack of need for such a service.
 - A subcommittee member stated the definition of who can be a peer mentor makes it difficult to employ peer mentors. In addition, there are issues matching people with others who have similar disabilities.

- The State is funding peer mentoring through the Money Follows the Person program for individuals transitioning out of a nursing home.
- Independent Living Centers also provide the service state wide.
- Subcommittee member Lindsay Miller, Executive Director of NYAIL, will provide information about NYAIL MFP Peer Mentoring program at the next meeting.
- Peer mentoring is not currently a TBI waiver service.

12. Positive Behavioral Interventions and Supports Services (PBIS)

- Proposed Action: Discontinue service.
- Discussion:
 - Discussion of the reasoning behind the proposal to discontinue PBIS. The State noted that behavioral health services are carved into MMC and are available in MLTC through fee for service.
 - Concern regarding the availability of behavioral health services that are provided in-home or in the community as is the case with PBIS.
 - Concern that the behavioral health services are not consistent across NY State. The behavior plan created through PBIS provides a feedback loop/connection across providers involved in a participant's plan.
 - The following items need review and follow up:
 - a. Further discussion on the behavioral health services package needed.
 - b. Capacity of the plans to cover similar services.
 - c. The need for discrete training of providers; possibly integrating current providers.

13. Respiratory Therapy

- Proposed Action: No action.
- Discussion:
 - Respiratory therapy services are already included in the MMC and MLTC plans.
 - Not a current TBI Waiver service.
 - In addition, no recipients of this service between September 2014 and August 2015.

14. Respite Care

- Proposed Action: No action.
- Discussion:
 - Respite is already included in MLTC plans through Social and Environmental Supports and will be available in MLTC and MMC with the addition of HCSS.

15. Service Coordination

- Proposed Action: Add Service Coordination to MLTC plans; limit to individuals with a medical diagnosis and documentation of a cognitive deficit supported by a medical prescriber.
- Discussion:
 - Suggestion to clarify what is meant by a "cognitive deficit" and address the concern of a medical professional's ability to identify it.
 - Concern regarding continuity of providers during and after the transition.

- The proposed definition of service coordination needs further review and clarification.
- A question if SC will include face-to-face time with participants.
- The case load limit of service coordinators in MLTC and MMC needs further review.

16. Structured Day Program

- Proposed Action: Add Structured Day Program to MMC and MLTC plans.
- Discussion:
 - Concerns over new Federal Home and Community Based Services setting regulations and how this may impact this service.

17. Substance Abuse Counseling

- Proposed Action: No action.
- Discussion:
 - Substance abuse counseling is already a service under MMC and included through fee for service in MLTC.
 - Not a current NHTD Waiver service.
 - Subcommittee member mentioned the services available through OASAS programs and other resources. Concerns about OASAS regulations and cognitive focused substance abuse programs.

18. Transportation – Social

- Proposed Action: No action.
- Discussion:
 - Not a current NHTD Waiver service.
 - Available through MLTC with authorization.
 - Need further discussion of Social Transportation services.

19. Wellness Counseling

- Proposed Action: No action.
- Discussion:
 - Wellness counseling is not a finite service in MMC and MLTC, but is included in the Care Management For All model.
 - Not a current TBI Waiver service.

Additional comments on continuity of care and service providers:

- In an effort to maintain continuity of providers during the transition, the State proposes to:
 1. Provide a list of waiver service providers to managed care plans;
 2. Create specific training on waiver providers and why they are important to participants; and
 3. Encourage managed care plans to contract with waiver service providers.
- MLTC plan representative states that plans are not looking to “reinvent the wheel.” they are looking to leverage resources that are already available to serve this population.

Meeting adjourned at 12:00 pm.