

NHTD/TBI Waiver Transition: Services and Workforce Subcommittee
November 6, 2015, 10:00 am – 12:00 pm

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

- Review of meeting agenda:
 1. Continuing discussion of waiver services from October 23, 2015 subcommittee meeting,
 2. Workforce qualifications discussion, and
 3. Community First Choice Option (CFCO) discussion and presentation.
- This will be the last subcommittee meeting to take place before the Transition Workgroup meeting on November 30, 2015.
- Introduction of meeting attendees, both in-person and phone participants.

Community First Choice Option (CFCO) Presentation, Mark Kissinger, Director, Division of Long Term Care

- Mr. Kissinger announced that NYSDOH's Community First Choice Option (CFCO) has been approved by CMS. CFCO provides additional FMAP (+6%) to states to expand state plan home and community based attendant services and supports to individuals in need of long term care for activities of daily living (ADLs), instrumental activities of daily living (IADLs) and health related tasks.
- CFCO discussion:
 1. Mr. Kissinger stated that CFCO will affect the entire State Medicaid Plan. CFCO is not a stand-alone option. It is part of the State Medicaid Plan.
 2. The State Plan Amendment (SPA) is retroactive to July 1, 2015.
 3. Mr. Kissinger asked that everyone look carefully at the CFCO State Plan Amendment (SPA). It has big implications, expands the State Plan benefit package, and provides an additional Federal Medical Assistance Percentage (FMAP) to invest back into the New York State system.
 4. A subcommittee member asked if there was a timeframe for bringing together the details of CFCO implementation. Mr. Kissinger responded that it is actively being worked on but the timeframe for full implementation may be a year or more.
 5. A subcommittee member added that people on the waiver now currently receive State Plan services.
 6. A subcommittee member questioned if CFCO and the waivers would overlap and result in the duplication of services. For example, oversight and supervision under CFCO and HCSS under the waivers. Mr. Kissinger responded that many of the waiver services will now be considered CFCO, but that designation would be invisible to the service recipient and provider. The designation will be noted in the Department's claiming process to CMS.
 7. Concern was presented regarding the qualifications in the CFCO SPA for Service Coordinators (SCs) as compared to qualifications of current Service Coordinators for the waiver programs. The qualifications are very similar but different. If a current waiver Service Coordinator does not meet the qualifications listed in the SPA, then the services that the current Service Coordinator provides would not be eligible for the CFCO program.
 8. A question was asked: "Are you required to give up the waiver in order to receive CFCO services?" The answer is "no".
 9. Everyone is encouraged to stay up-to-date on CFCO through future communications from the Department.

Additional Discussion regarding Services Crosswalk, David Hoffman, Bureau Director, Bureau of Community Integration and Alzheimer's Disease

- Mr. Hoffman advised the group that the meeting minutes from previous subcommittee meetings are posted to the MRT 90 website.
- The group discussed Service Coordination and caseload limits:
 1. Currently, caseload limits are at the discretion of managed care plans.
 2. Recommendations can be made to plans, but currently NYSDOH does not dictate to a plan a specific caseload limit.
 3. A meeting participant stated that there is no research regarding appropriate case load limits so there are varied opinions regarding optimal caseload limits. Mr. Hoffman stated that there is research in social work literature, but the studies vary in their recommendations and may be related to specific service populations.
 4. Managed care plans include members across a spectrum of need and base caseload limits on a hierarchy of need for those members. In effect, there are weighted caseloads.
 5. It was presented that care coordination and service coordination are two different services.
 6. Mr. Hoffman requested that the subcommittee provide data to NYSDOH that supports specific caseload limits so that it may be shared with managed care plans.
 7. A subcommittee member stated that we should talk to care coordinators from the Plans.
 8. A subcommittee member stated that the evidence is in the Serious Reportable Incidents (SRIs), that there is correlation between higher caseloads and SRI's.
 9. A subcommittee member asked what the current Service Coordinator caseloads are under the waivers. In the current TBI manual, the limit is 17, but the TBI waiver renewal application cap is at 20. These numbers were not based on empirical studies.
 10. A current TBI waiver service provider indicated that there is no requirement that a provider maintain the maximum caseload limit. A provider can always choose to serve fewer individuals and adjust their own caseload.
- Discussion regarding Service Coordination and proposed cognitive deficit eligibility criteria:
 1. A subcommittee member asked how documentation to support that an individual has a cognitive deficit will be presented in order to garner Service Coordination as a service. Mr. Hoffman responded that the service would need to be supported by a physician's order. It would be similar to the current requirements to obtain Home and Community Support Services (HCSS), which the individual may already have as a current waiver participant.
 2. The group indicated that additional language in the service definition will be required in order to clarify how this service is approved and accessed.
- Additional questions/issues related to services were presented:
 1. It was requested that NYSDOH provide definitions to support the need for oversight and supervision as it relates to Home and Community Support Services (HCSS).
 2. There was a question if assessment hours will be included in the approval of Independent Living Skills Training (ILST) services. There was discussion that the UAS-NY does not adequately address these training needs and that currently ILST assessments are detailed and offer an in-depth assessment of the individuals ADL/IADL strengths and weaknesses.
 3. There was discussion if Peer Mentoring should continue as a service, even though it is generally not utilized within the waiver construct. It was presented that there are

alternative resources that may address this service need. It was decided that prior to discontinuing the service, other resources that offer this service need to be examined. A presentation is being prepared for the Transition Workgroup meeting on November 30 by NYAIL.

4. In a prior meeting, it was determined that Substance Abuse Counseling could be discontinued if existing service resources were trained in its service delivery as related individuals with TBI. There will be additional discussion regarding training options.

Discussion related to Workforce Qualifications

- In preparation for the transition to managed care, Mr. Hoffman stated that it is the Department's intent to: (a) provide lists of current waiver service providers to the managed care plans; (b) recommend that plans review existing provider qualifications and expertise and consider utilizing existing providers as we move into managed care; and (c) facilitate trainings and training materials to assist plans in transitioning to a new service population, recognizing that current service providers have the expertise to serve waiver participants that are transitioning to managed care and may be a tremendous training asset to the plans. The Department is committed to facilitating that conversation as the transition progresses and prior to January 1, 2017 implementation date.
- A suggestion was made to amend managed care contract provisions to allow plans to apply licensure provisions to the provider agency and not separately credential individual staff members.
- A suggestion was made to allow an education exemption similar to what is offered to certain OMH providers under Chapter 57 of the Laws of 2013. This exemption is set to expire in 2016, but may be extended. NYSDOH should consider including NHTD/TBI waiver providers in the extension. This action is needed because there will be a resource need when the new populations are added to the managed care environment. Current waiver providers should be contracted with for a two year period after the 2017 transition date in order to ensure continuity of services.

Proposed agenda items for Transition Workgroup meeting on November 30, 2015 were discussed:

- Suggested agenda items include: (a) NYAIL Peer Mentoring presentation; (b) CFCO presentation/discussion; (c) presentation of services the subcommittee proposes to include in the transition; and (d) provider qualifications from the Department's perspective.

Meeting Wrap-Up

- Suggested items for continued discussion:
 1. Continuity of care extending past the proposed 90 days for providers and waiver participants,
 2. UAS and nursing home level of care as eligibility criteria for certain services,
 3. TBI related training curricula for managed care plan staff,
 4. Housing, as it impacts service delivery and nursing home transitions, and
 5. Tracking of participants as they transition into managed care.
- It was presented that there still needs to be additional clarification of the eligibility requirements for each of the managed care options vs waiver eligibility and CFCO.

Meeting was adjourned at 12:00 pm.