

NHTD/TBI Waiver Transition: Services and Workforce Subcommittee
December 14, 2015, 10:00 am – 12:00 pm

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

- Introduction of meeting attendees, both in-person and phone participants.
- Review of meeting agenda:
 1. Community First Choice Option (CFCO) discussion; and
 2. Service Coordination discussion.
- Today's discussion is an open forum for questions and issues regarding the agenda topics. Department staff from Managed Long Term Care (MLTC), Mainstream Managed Care (MMC), and CFCO are in attendance to answer questions from the workgroup.

Workgroup Discussion - Mark Kissinger, Director, Division of Long Term Care

- The CFCO State Plan Amendment (SPA) was approved by the federal government and is effective retroactive to July 1, 2015. The CFCO SPA and other information regarding the program can be found on the MRT website:
https://www.health.ny.gov/health_care/medicaid/redesign/community_first_choice_option.htm
- A Subcommittee member asked if CFCO is only available to individuals enrolled in MLTC plans. The Department responded that any individual who meets the basic eligibility requirements may be able to access CFCO services. The basic requirements include:
 1. The individual lives in their own home or in the home of a family member;
 2. The individual is Medicaid eligible without deeming or spousal budgeting; and
 3. The individual is assessed as needing an institutional level of care.
- CFCO spans multiple State agencies, including the Department of Health, the Office for People With Developmental Disabilities (OPWDD) and the Office of Mental Health (OMH). The process for accessing CFCO services is still being determined by these agencies.
- The level of care determination is based on various assessment tools to accommodate the various state agencies affected by the CFCO SPA. The Department intends to use the UAS and/or other tools currently utilized by the agency pending the full implementation of CFCO.
- If the TBI/NHTD waiver programs do not transition to managed care as intended in 2017, the waiver applications may need to be amended to avoid duplication of services that are offered through the State Plan through CFCO.
- A Subcommittee member asked if an individual would be able to receive supervision and cueing as a discrete service under CFCO. The Department responded that it may be possible as long as there was a functional need for supervision and cueing to assist with ADLs, IADLs, or health-related tasks.
 1. The Department requested examples to determine if supervision/cueing would be covered under CFCO without hands-on care.
 - In the case of food shopping with a participant/member, CFCO may cover supervision/cueing as a service.
 - In the case of supervision/cueing to assist a participant/member who wanders, the Department believes that this service may fall under the description of "life safety" as described on pages 4-5 of the SPA.
- The Department expects that a contract amendment with managed care plans would take place in the first or second quarter of 2016. However, it has not committed to a date given the complexity of coordinating efforts across the various state agencies affected by

- CFCO. Currently, eligible managed care members could request CFCO services and receive them through fee-for-service.
- The intention of CFCO is not to limit the services that are currently available to participants/members.
 - A Subcommittee member requested a crosswalk comparing TBI/NHTD waiver services to CFCO services. The Department agreed to provide the workgroup with this information.
 - Discussion regarding the proposal to continue the role of the Regional Resource Development Centers (RRDCs) during and after the transition of the waivers to managed care.
 1. The RRDC could continue to function and develop a recommended plan of care for non-State plan services (i.e., Community Integration Counseling (CIC), Independent Living Skills Training (ILST), Positive Behavioral Interventions and Support Services Supports (PBIS), and Service Coordination (SC)) as a recommendation to the managed care plan. The managed care plan would have the ultimate authority to approve or deny the recommended services.
 2. A Subcommittee member indicated that communication between the RRDCs and the plans is instrumental to service provision, and questioned how that flow of communication will work. It was requested that the Department provide a flowchart to illustrate how individuals would interact with the managed care plan and the RRDCs to create a plan of care once waiver services have transitioned to managed care. The Department agreed to work on a document to share with the workgroup.
 - Discussion of Personal Care Aide (PCA) services under CFCO.
 1. It was suggested that the definition and scope of a PCA may need to be amended to include oversight and cueing services which would require a regulatory amendment.
 2. A Subcommittee member suggested that language may be required to delineate a case that requires a PCA to perform hands-on care and one that only requires oversight and cueing.
 3. It was again cautioned that the reach of CFCO is much broader than just the Department. All the agencies, including OPWDD and OMH, would need to be at the table for this type of discussion.
 - Any service provided under the auspices of CFCO has to be provided by an aide. In some cases a particular element or task contained within a service may be covered under CFCO as long as an aide is performing the service, i.e., ILST. Additionally, Structured Day programs may be considered Community Habilitation if the services are provided by an aide and follow the HCBS federal guidelines. However, the Department noted the difficulty in defining this service because of the federal regulations. This is another example of the need for coordination across affected state agencies to determine the appropriate course of action.
 - A Subcommittee member requested a list of the managed care plans by region and by number of waiver participants enrolled in each plan. The Department agreed to prepare this list.
 - A Subcommittee member requested the list of individuals who participated in the development of CFCO. The CFCO Advisory Group can be found here: http://www.health.ny.gov/facilities/long_term_care/cfco_membership.htm.
 - A Subcommittee member asked how an individual would access and/or utilize RRDC after the transition to managed care.

1. The Department has proposed that an individual seeking additional services such as Service Coordination will be required to meet Nursing Home Level of Care (NHLOC) and have a diagnosis of a moderate cognitive impairment.
 2. If individuals met NHLOC plus a moderate cognitive impairment, they could potentially only receive Service Coordination.
 3. It is proposed that a physician would need to conduct an assessment and make a diagnosis of a moderate cognitive impairment based on the DSM-5, and/or ICD-10.
- A Subcommittee member requested that there be an orientation for managed care plans to introduce the waiver programs and the role of the RRDCs.
 - A Subcommittee member requested a list of providers for both waivers so plans could see the implications for contracting after the transition. The Department agreed to provide this information.
 - The Department stated its proposal for two-year continuity for providers after the transition in 2017 that was previously shared at the November 30, 2015 workgroup meeting. It is proposed to require managed care plans to contract with current waiver providers that offer services to five or more active participants. In addition, providers are required to have the appropriate licensure to perform the service or be supervised by someone who holds the appropriate license.
 - A Subcommittee member requested a crosswalk of the participant protections within the behavioral health home and managed care models vs. the current waiver populations. Additionally, the workgroup is seeking to identify the changes to the managed care model contract.

The meeting was adjourned at 11:30 am. The subcommittee was reminded to continue to send questions, concerns, and ideas to the Department through the transition mailbox at waivertransition@health.ny.gov. The Department intends to have a draft transition plan prepared for the next workgroup meeting on January 27, 2016.