

NHTD and TBI Waiver Transition
Summary of Meeting with Managed Care Plan Representatives and Stakeholders
January 21, 2016, 3:00 pm – 4:30 pm
Empire State Plaza, Meeting Room 6

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

Summary of NHTD and TBI Waiver Transition process, David Hoffman

1. Overview of the populations served in the TBI and NHTD waiver programs.
2. The enrollment of waiver participants into Managed Long Term Care (MLTC) or Medicaid Managed Care (MMC) plans is scheduled to begin on January 1, 2017. Service provision through MLTC or MMC plans for the transitioned population is scheduled to begin on April 1, 2017. NYSDOH intends to share a draft transition plan with the Workgroup on January 27, 2016. It is scheduled to be posted for public comment by April 1, 2016.
3. The NYSDOH has proposed the following to ensure continuity-of-care during the transition:
 - a. Establish a two-year continuity-of-care period for waiver service providers. Managed Care Organizations (MCOs) will be required to contract with current waiver service providers for a minimum of two years:
 - i. If the service provider is serving five (5) or more current waiver participants;
 - ii. If the service provider continues to service participants unless a health/safety concern exists; and
 - iii. As long as the service provider assures that there are appropriately licensed personnel to provide and/or supervise services.
 - b. The current waiver rate structure would remain in place for the two-year period.
 - c. Current waiver participants will have an individualized transition plan and will have the choice to maintain his/her existing services and the providers of those services for 90 days or until the managed care plan completes an initial assessment, whichever date is later. They will have the option to keep the same providers for up to two years, if his/her needs remain the same after the 90 days, and if the provider meets the conditions listed above.
 - d. NYSDOH has committed to continuing the housing subsidy for waiver participants currently receiving a subsidy after the transition to managed care.
4. With the approval of Community First Choice Option (CFCO), many of the waiver services will be included in the managed care plan benefit package as a Medicaid State Plan service with the exception of Community Integration Counseling (CIC), Independent Living Skills Training (ILST), Positive Behavior Interventions and Support Services (PBIS), and Structured Day Programs (SDP).
 - a. CIC, ILST, PBIS, SDP will be available to the transitioning population and to other plan members who are eligible.
 - b. CFCO services can be accessed through fee-for-service through 2016 and will be included in managed care plan benefits in 2017.
5. The Regional Resource Development Centers (RRDCs) will continue to have a role in the coordination of services after the transition. NYSDOH is seeking input from the managed care plans and other stakeholders to develop a model to allow the plans and the RRDCs to work together to benefit the plan member. There was discussion regarding the current role of the RRDCs in the waiver programs and the potential role after the transition to managed care.

- a. NYSDOH clarified that the managed care plan would have final approval of a member's plan of care. The RRDC could assist in the facilitation of service planning for the four services not included in CFCO (CIC, ILST, PBIS, and SDP).
- b. The RRDCs are funded through a contract with NYSDOH. It is proposed that a similar arrangement would be in place after the transition.

Additional information regarding the transition of the waiver population to MLTC/MMC

1. There is no real savings target with the transition of the NHTD and TBI waiver populations to managed care.
2. It is estimated that approximately 70 percent of the waiver participants are dual eligible (Medicare and Medicaid eligible) and will transition to a MLTC plan.
3. Potential quality metrics in MMC/MLTC to be considered for the transitioned waiver population include non-institutionalization, utilization of the 4 remaining waiver services (CIC, ILST, PBIS, SDP), and satisfaction in the community. There was discussion regarding specific metrics and how those would be mandated and tracked. In some instances, the Money Follows the Person (MFP) program tracks critical incidents for MLTC and other programs. Continued discussion needed on this topic.
4. NYSDOH has made commitments to train all constituents with help from the provider community so managed care plans are knowledgeable regarding this specific population.
5. NYSDOH provided a list of all current NHTD and TBI waiver service providers and will provide an electronic copy to plan representatives.

Questions/Concerns

1. The on-boarding process for current waiver service providers (i.e. how will credentialing, billing, education, contracting, etc. work?). There was a suggestion to create uniform credentialing for all managed care plans in an effort to streamline the process for plans and waiver providers.
2. Concern from provider community representatives about the cyclical nature of the needs of the waiver population – If someone's health improves under managed care, and services are reduced as a result of their improved condition, there is concern the person is likely to decompensate.
 - a. Plan representatives stated plans are accustomed to serving individuals with episodes of increased need and increased costs.
 - b. It was suggested to include the Office of the Medicaid Inspector General (OMIG).
 - c. Continued discussion regarding how to best handle these cases and potential mechanisms to catch these individuals (i.e., earmark a TBI diagnosis as an exemption to MLTC eligibility criteria). More discussion needed on this topic.
3. Concern that the UAS-NY does not accurately capture the needs of the waiver population. Per NYSDOH, the UAS is currently the best tool available.
4. Questions regarding rate setting for plans to include the waiver participants transitioning into managed care. There is a specific subcommittee tasked with developing rates for the transitioned population and services. Continued discussion on this topic is needed.
5. Plan representatives expressed the need for information regarding how the systems (i.e., billing, credentialing, etc.) will be affected by the transitioning populations and service providers. Continued discussion on this topic is needed. NYSDOH will share the current waiver service codes and rates with the plans.

NYSDOH will schedule tentative weekly meetings in February with this workgroup to continue the discussion of the transition of NHTD and TBI waiver participants into managed care plans.