

NHTD and TBI Waiver Transition Workgroup Meeting
March 1, 2017, 10:00 am – 12:00 pm
One Commerce Plaza, Room 1613
Albany, NY

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

- Introduction of Workgroup members.
- Review of meeting agenda:
 1. Discussion of Training Audiences, Modalities and Content
 - Volunteers for sub-committees
 - Timeline
 2. Review Key Issues Outlined by The Alliance
 - General discussion
 3. Next Steps

The timeline has been adjusted: CFCO implementation is now January 1, 2018 which changes the transition of current NHTD and TBI participants into managed care to April 1, 2018.

Discussion of Training Audiences, Modalities and Content (Volunteers for sub-committees and timeline). There was discussion about next steps to prepare and inform participants and stakeholders about the upcoming changes leading to the transition to managed care. It was determined that training initiatives would be the first step in the process:

- Training sessions will be developed for three target audiences:
 1. Participants and family members.
 2. Providers: provision of services in a managed care environment, e.g., contracting and access to services.
 3. Plans/entities that work with the plans: managed care plans (MLTC/MMC), Maximus, ICAN, etc.
- Materials will include letters, fact sheets and flowcharts available in both electronic and paper products.
- Webinars will be presented live and then archived on the MRT website.
- In-person trainings will be provided for all audiences.
- The Department is requesting the help of this workgroup and other entities to craft the content of trainings and assist with the presentation of information.
- Volunteers:
 - Karen Thayer, SAIL, Adirondack RRDC
 - Traci Allen, The Alliance
 - John McCooey, Belvedere Home Health
 - Kathy and Ken Orleanski, Advocates/family representatives
 - Lucia Pons, Lower West Side Household Services, Inc.
 - Cliff Hymowitz, Waiver stakeholder
- A workgroup member suggested contracting with the Managed Care Technical Assistance Center (MCTAC) to assist with training initiatives. The Department responded that audiences and modalities need to be identified before discussing the resources to be used to deliver the message(s).
- A workgroup member expressed a concern that current waiver providers do not bill managed care plans and would not know how the process occurs. The Department responded that there are current waiver providers who are LHCSAs with current contracts with managed care plans. These issues will be addressed in the future as the implementation date nears.

- The Department suggested that it may convene working sub-groups within the next few weeks to address many of these issues
- The Department suggested managed care plans be represented in the sub-groups.
- A workgroup member suggested having a representative from UAS.
- A workgroup member expressed concern that not everyone in the waiver population will transition to managed care. Although the plans need to address those individuals who do not meet level of care requirements for certain plans/services, it is anticipated they will not be the majority of the current waiver population. NYSDOH anticipates that Mainstream and its related products as well as MLTC and its different plans will be able to accommodate these individuals. The 1915(c) waiver will not be an option, after everyone has transitioned. The Department clarified that dually eligible individuals go into MLTC and non-duals go into Mainstream; within these service systems, there are a number of products and services for a member to select.

Review Key Issues Outlined by The Alliance (Documents reviewed were The Alliance letter dated February 8, 2017 and NYSDOH's Response to The Alliance)/General Discussion

- Issue #1: "The Traumatic Brain Injury and Nursing Home Transition and Diversion 1915(c) Home and Community Based Services Medicaid Waivers are on extension. Both 1915(c) waivers need to be renewed prior to submitting a transition plan to CMS". The Department responded that the blackout at CMS is now over and are anticipating application approvals soon.
 - A workgroup member asked if the UAS will be the LOC tool used for TBI? The Department responded yes, the UAS went in 2013.
 - Temporary Extension for NHTD is through May 2017.
 - Temporary Extension for TBI is March 10, 2017.
 - The Department explained that the current discussions with CMS are regarding rate methodology and projections of institutional care vs. community care.
 - A workgroup member expressed concern that a lot of providers do not currently do cost reporting. The Department responded that there will be training for providers on cost reporting. Cost Reporting for the waiver providers will not be done through the current automated system; a new process is being worked out.
- Issue #2: "The current Uniform Assessment System for New York (UAS-NY) has not yet been evaluated to determine whether or not it accurately evaluates level of care need for individuals that have cognitive disabilities – specifically, those with traumatic brain injuries". The Department is preparing to announce the completion of the IPRO review and subsequent adjustments to the level of care assessment process to increase accuracy for persons with TBI. The April meeting will cover this topic.
- Issue #3: "Despite the workgroup's repeated requests, NYSDOH has not yet clearly separated and clarified the roles and responsibilities for Care Managers and Service Coordinators." The Department's response is that this issue was discussed in depth at the February 10, 2016 workgroup meeting and a copy of the Power Point presentation was provided. It is premature to develop contract language because the contract cannot be done until the transition plan is approved by CMS. Since MRT began, many populations have been moved in to Managed Care. The model contract language does not change that much for each population.
- Additional issues were discussed in response to a letter from the Alliance of TBI and NHTD Waiver Providers dated February 8, 2017. These discussions remain ongoing.

Meeting Wrap up

- The Department will send an e-mail notice once updates are made to the MRT-90 webpage.
- The Department will post an updated Transition Timeline.
- The guidelines for Serious Reportable Incidents (SRIs) may change (i.e., what is considered reportable and what is not). Providers will be held accountable by their contract(s) with the Managed Care plans, not by NYSDOH.

Meeting was adjourned at 12:06 pm.