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Regulatory Modernization Update

Cardiac Need Methodology Workgroup Meeting

The second meeting of the Regulatory Modernization Initiative Cardiac Need Methodology Workgroup will be **Wednesday, November 8, 2017** from **10:30 a.m. to 3:00 p.m.** at 90 Church Street, New York, NY. Interested parties should RSVP with “Cardiac” in the subject line to RegulatoryModernization@health.ny.gov.

Long Term Care Need Methodology Workgroup Meeting

The first meeting of the Long Term Care Need Methodologies and Innovative Models Workgroup will take place on **Tuesday, November 7, 2017** from **12:30 p.m. to 3:30 p.m.** in Meeting Room 6, on the main level of the Empire State Plaza in Albany. The workgroup will provide feedback to the Department on regulatory reforms to facilitate provision of innovative models of care to meet the needs of communities, including rural communities. Lora LeFebvre, past SUNY

Associate Vice Chancellor for Health Affairs will be leading the discussion along with Mark Kissinger, Special Assistant to the Commissioner, NYS Department of Health.

Those attending the Workgroup meeting will have the opportunity to sign up to deliver brief remarks to the Workgroup during the meeting. Interested parties should RSVP with “LTC” in the subject line to RegulatoryModernization@health.ny.gov.

Attendees and other interested parties are also encouraged to submit written comments either before or after the Workgroup meeting to RegulatoryModernization@health.ny.gov.

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Governor Seeks to Increase Organ Donation

Governor Cuomo issued an [Executive Order](#) directing the Department of Health to work with all state agencies to provide the public with additional opportunities to become an organ donor through the new Donate Life Registry. In addition to the Executive Order, the Governor [signed](#) legislation (S.1206/A.5179), making "Lauren's Law" permanent in New York State. Lauren's Law required the Department of Motor Vehicles license renewal form to highlight the choice for New Yorkers to enroll in the NYS Donate Life Registry, and required customers to check one of the two boxes related to organ donation in order for their application to be processed.

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DSRIP Updates

1115 Waiver Public Comment Hearing and PAOP Meeting

On November 16, the DSRIP PAOP will meet from 9:30 a.m. to 12 p.m. at the New York Academy of Medicine, Reading Room, 1216 5th Ave, New York, NY. After the PAOP meeting, there will be a public comment session for New York's 1115 Waiver programs. The meeting will be [webcast live](#) and open to the public.

Any written public comment may be submitted through November 29 to 1115waivers@health.ny.gov. Please include “1115 Public Forum Comment” in the subject line.

The tentative agenda for the day is as follows:

9:30 a.m. – 12 p.m.	PAOP Working Session <ul style="list-style-type: none">• Mid-Point Assessment Update• DSRIP Independent Evaluator Overview• Prevention Agenda & DSRIP
1:00 p.m. – 4:00 p.m.	Public Comment

DSRIP Whiteboard Video: “Best Practices in DSRIP Year 3”

DOH posted a new Whiteboard video in which New York State Medicaid Director, Jason Helgeson, describes best practices currently happening among Performing Provider Systems (PPS) in DSRIP Year 3. Key categories include establishing an innovation fund for community-based providers, adopting best practices with data, addressing social determinates of health,

adopting a regional approach to crisis intervention, and mobilizing around high priority community health needs. Examples of each of the best practices are provided in the video.

The Whiteboard video is available [here](#).

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Medicaid Managed Care Providers: Enrollment in FFS Required By January 1, 2018

The Federal 21st Century Cures Act (Act) requires all Medicaid Managed Care (MMC) and CHIP providers to enroll with state Medicaid programs by January 1, 2018. All categories of service providers in managed care plan networks that are identified on the [eMedNY provider enrollment webpage](#) must submit a FFS enrollment application by **December 1, 2017**. Those providers that fail to enroll will be removed from managed care plan networks. Providers need only to submit one application as part of this initiative.

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Long Term Care Workforce Investment Organization

The Department of Health recently has concluded the review of Long Term Care Workforce Investment Organization ("[LTC WIO](#)") applications. The list of awardees can be found [here](#).

The Department has indicated that it intends to issue further guidance pertaining to Plan/WIO application structure in the coming weeks. Questions and input from stakeholder groups may be sent to MLTCWorkforce@health.ny.gov.

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Assembly Hearing on Nursing Home Quality of Care

The NYS Assembly Committees on Health and Aging will be hosting a [public hearing on nursing home quality and patient safety and enforcement](#) to examine the quality of care and patient safety in nursing homes, including an examination of state and federal oversight. The hearing will also examine the new federal regulations and proposed changes to them, the efficacy of long term care ombudsman programs, staffing ratios and staff training, as well as the system for receiving and addressing any complaints.

The hearing will take place on **Monday, November 20, 2017** at **11:00 a.m.** in the Assembly Hearing Room 19th Floor, 250 Broadway, New York, NY.

Persons invited and wishing to participate in the hearing should complete and return the [public hearing reply form](#) by **Wednesday, November 15**. Oral testimony will be limited to ten minutes, and all testimony will be under oath.

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July 2017 Medicaid Global Cap Report

The July 2017 Global Cap Report was recently posted on the on the Medicaid Redesign Team (MRT) [website](#). The 2018 state budget extended the Global Spending Cap through March

2019. Pursuant to legislation, the Global Spending Cap has increased from \$18.6 billion in FY 2017 to \$19.5 billion (including the Essential Program) in FY 2018, an increase of 5.2 percent.

Total State Medicaid expenditures under the Medical Global Spending Cap for FY 2018 through July resulted in total expenditures of \$7.052 billion, which was \$20 million *above* the \$7.032 billion target.

Medicaid spending in major Managed Care categories was \$40 million *over* projections. Mainstream Medicaid Managed Care was \$11 million *over* projections through July. Long Term Managed Care spending was \$29 million *over* projections. Medicaid spending in major fee-for-service categories was \$50 million (1.9%) *over* projections.

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Medicaid Drug Cap FAQs Posted

Additionally, a third set of Frequently Asked Questions (“FAQs”) regarding the Medicaid Drug Cap have been posted to the [Global Cap webpage](#). Additional questions may be sent via email to MADrugCap@health.ny.gov. Additional FAQ documents will be updated as new questions are submitted.

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NYS Medicaid DURB Board Meeting

On Thursday, the Drug Utilization Review (“DURB”) Board met in Albany. The purpose of the meeting was to review new clinical information and recommended changes to the preferred Drug Program (PDP), with respect to: Hepatitis B Agents (no prior review date); Hepatitis C Direct Acting Antivirals (DAA) (last reviewed September 16, 2017); Glucocorticoids-oral (last reviewed June 27, 2013); and Anti-Emetics (last reviewed June 16, 2012).

Preferred Drug Program Recommendations

The final DURB recommendations are below for your review. New additions to either preferred or the non-preferred list are **in bold**. Final changes to the PDP will be communicated in a Medicaid Update article once the Commissioner approves these changes. Notably, a number of Hepatitis C agents were recommended to be moved from preferred to non-preferred.

Class	Preferred	Non-Preferred	Notes
1. Hepatitis B Agents	Braclude (solution); Entecavir (tablet); Epivir-HBV (solution); Hepsera; Lamivudine 100 mg tablet; Tzeka	Adefovir dipivoxil; Braclude (tablet); Epivir-HBV (tablet); Vemlidy	
2. Hepatitis C Agents-DAAs	Epclusa; Mavyret ; ribavirin; Vosevi	Copegus; Daklinza; Harvoni ; Moderiba; Olysio; Rebetol; Ribasphere/Ribapak; Sovaldi; Technivie ; Viekira Pak ; Viekira XR ; Zepatier	Mavyret and Vosevi are new products. Mavyret is the only approved 8 week regimen for the non-naïve population.

			Harvoni is the only other FDA approved 8-week regimen, but the population must be naïve.
3. Glucocorticoids-oral	Dexamethasone tablet; hydrocortisone; methylprednisolone dose pak; prednisolone (solution); prednisone (dose pak, tab)	budesonide EC; Millipred; cortisone ; Orapred ODT; Cortef; prednisolone ODT; dexamethasone (soln , elixir); prednisone (intensol soln); dexamethasone intensol; Rayos; Dexpak; Uceris; Emflaza; Veripred; Entocort EC; Medrol (dose pak, tab)	
4. Anti-Emetics	Ondansetron (DT, soin, tab); Diclegis; Emend pack (oral)	Akynzeo; Sancuso; Anzemet; Varubi; aprepitant (cap, pak); Zofran (ODT, soin, tab); Emend (cap, pwd pkt); Zuplenz; granisetron (tablet)	No changes recommended.

The next meeting of the DURB will take place in November to review those agenda topics they did not get to at last week’s meeting. In addition, it is possible the DURB will be convened to make recommendations for supplemental rebates. Agendas for DURB meetings are usually posted 30 days in advance on the [DOH website](#). The Medicaid Drug Cap requires thirty days publication notice before a drug can be reviewed by the DURB for a recommendation for supplemental rebates.

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Children’s Medicaid System Transformation

New Children’s Services Guidelines for MMC Plans

The State recently shared new [guidelines for medical necessity criteria \(MNC\)](#) and a [utilization management grid](#) for the Six New Children’s Specialty State Plan Amendment (SPA) Services for MMC plans. The purpose of the documents is to provide plans with a framework to develop their MNC and policies and procedures regarding utilization management. Plans were reminded in the announcement that their MNC should not be more restrictive than the guidelines proposed by NYS.

The Six SPA services go into effect January 1, 2018 and transition to MMC July 1, 2018.

More information on the children’s Medicaid system transformation is available [here](#).

Managed Care Contracting Fairs

Registration is now available for MCO Contracting Fairs for Children’s behavioral health providers for [Albany](#), [New York City](#), and [Rochester](#). Registration is free but a MCTAC account is required. In addition to opportunities for networking and Q&A, OMH will present on “lessons learned” on contracting from the adult behavioral health transition to managed care. Dates and times for the three sessions are as follows:

Albany: November 6th, 9:30 a.m. to 12:30 p.m.
Albany Marriott, 189 Wolf Rd, Albany, NY

New York City: November 8th, 9:30 a.m. to 12:30 p.m.
NYU Kimmel Center - Eisner & Lubin Auditorium (4th floor), 60 Washington Square South, New York, NY

Rochester: November 16th, 9:30 a.m. to 12:30 p.m.
Memorial Art Gallery, 500 University Ave., Rochester, NY

October 11th Children’s Transformation Webinar

The State has posted the slide deck from the webinar hosted on the Children’s System Transformation October 11. The slides are available [here](#).

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VBP Update

Rochester VBP Bootcamp Registration Closes October 27

The VBP Bootcamp in Rochester will take place on November 3, 2017 at the Radisson Hotel Rochester Riverside (120 East Main Street, Rochester, NY 14604) from 8:00 a.m. to 4:30 p.m. Those interested in attending in person may register [here](#). The last day to register is October 27.

Managed Long Term Care LHCSA Template Agreements

New VBP Managed Long Term Care (“MLTC”) template agreements have recently been released by the department. These include an [amendment to the Participating Provider Agreement between MLTC Plans and LHCSAs](#) and the [DOH Response to Comments to the Template LHCSA Amendment](#). These and other related documents can be located on the [VBP library webpage](#) under the “VBP Managed Long Term Care” tab.

VBP Workgroup Meeting

The full VBP Workgroup met in Albany last Friday. The meeting included a review of VBP Quality Measure Reporting; the VBP Pilots; the Albany Promise early childhood program; and two new proposals related to sharing MCO rate payment information and monitoring data sharing between MCOs and VBP contractors.

VBP Measures

2017 Measurement Year Measure Reporting Guidance. Managed care plans are required to submit their QARR data and attribution files for VBP arrangements. VBP contractors are required to report all Category 1 measures.

The Workgroup presentation included a VBP Quality Measure integration timeline, which includes final recommendations after measures were subjected to feasibility review.

VBP Pilots

One pilot provider, the Hudson Headwaters network, has dropped out due to “data issues”. DOH discussed some of the work the pilots are doing to address the social determinants of health and agreed to post to the website all of the providers that are participating in the IPAs involved in the pilot programs. Bob Myers from OMH mentioned that OMH believes many VBP BHCCs include providers that will be able to leverage their existing supportive housing beds to provide value to VBP contractors.

MCO Rate Payment Information

DOH discussed a new proposal to make available to providers information about MCO rate schedules and stimulus/adjustment information. The request stems from some prospective VBP Innovators who indicated they would like more information about MCO rates. Other providers expressed support for this proposal and said they would welcome more detail about MCO rates.

Data Availability between MCO and VBP Contractor

DOH proposes to monitor and randomly sample the type of information or data that is shared between MCOs and VBP contractors, per the MCO Contracts that are submitted to the State. New proposals will be posted for public comment. If accepted, they will be added to the VBP Roadmap.

Future VBP Arrangements

Jason Helgerson and some members of the Workgroup discussed the possibility of VBP arrangements that provide an integrated family-based delivery system for children and parents.

VBP QIP Monthly Meeting

The VBP QIP monthly update meeting was held last Thursday. The State announced that nearly 1/3 of VBP QIP facilities do not believe they will be able to achieve the 80% VBP Level 1 contract submission requirement by March 29, 2018 that is required to generate the next QIP payment. Attribution continues to be a roadblock for many facilities and DOH advised smaller providers to work together in an IPA arrangement as a potential workaround. VBP QIP facilities asked if the State would delay the March 29, 2018 submission but the State is holding to the March 29 deadline, and advised facilities they should be actively discussing arrangements with plans.

The State reviewed the on-menu VBP arrangement checklist. According to the state, if at least one category 1 measure is missing, the arrangement is considered an “off-menu” arrangement. The checklist requires shared savings/losses to correspond to the minimums defined in the VBP Roadmap. It also notes at least one category 1 P4P quality measure must be used to measure shared savings. DOH has asked MCOs partnering with VBP QIP facilities to complete the on-menu checklist when submitting these contracts for review and asked MCOs to indicate/annotate where in the contract the various checklist provisions may be found.

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Medicaid Pharmacy Advisory Committee Meeting

Last week, the Medicaid Pharmacy Advisory Committee (PAC) met in Albany. The meeting included updates from the Bureau of Narcotic Enforcement the State Board of Pharmacy; DOH's Office of Health Insurance Programs regarding the Global Cap and efforts to recoup claim adjustments from pharmacies, MAC Appeals updates, SPA status updates, and a discussion on controlled substances prescriptions/7 day's supply, an update on DSRIP VBP managed care contracting; a presentation from OMIG on mandatory compliance programs; and an update from CMS, and a discussion from DOH on the naloxone co-payment assistance program (N-CAP).

Bureau of Narcotic Enforcement (BNE)

According to BNE, New York is the number one "e-prescribing" state in the country, based on "Surescripts" data. Since its implementation in 2013, the prescription monitoring program (PMP) has received 73 million searches, 13% of which were conducted by pharmacists.

Update on MAC Appeals

The Department of Health announced that there are currently 19 open complaints regarding the MAC Appeals process enacted two years ago. 18 of the 19 complaints are from the same pharmacy.

Update on VBP and the Global Cap

DOH staff provided an update on the Medicaid Global Cap and VBP implementation. A representative of OHIP indicated that CMS will be taking a look at VBP contracts in 2018 to ensure they meet VBP roadmap specifications.

Update on Outstanding Pharmacy Liabilities

As part of the State's ongoing efforts to collect outstanding accounts receivable from Medicaid providers, DOH is looking to recoup between \$2.5-\$3 million from as many as 500 pharmacies throughout the state.

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Future of Integrated Care

Session 4 Meeting and Registration

The fourth Stakeholder meeting to discuss the future of integrated care in NYS will take place Thursday, November 16 in Albany, **from 11:30 a.m. to 2:00 p.m.** Stakeholders are invited to either attend in person at **One Commerce Plaza (99 Washington Avenue), 16th floor, Room 1613, Albany, NY**, or via webinar/conference call. Space is limited and only two people from each organization are permitted to attend in person. Individuals that plan on attending in person are asked to RSVP no later than close of business, **November 14** with the first and last names of attendees to futureofintegratedcare@health.ny.gov.

Webinar registration for the meeting is available [here](#).

Topics covered at Session 4 will include: 1) Payment and Rate Considerations, 2) Outreach, Education, and Engagement of Participants and Providers, 3) MCO/Plan Requirements and Qualifications, and 4) Enrollment.

There is only one more Session scheduled, a December 8th meeting in NYC. The focus of the fifth and final session will be (1) geographic scope; (2) consolidation of existing programs; (3) platform for integrating with Medicare; and (4) considerations for transition.

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Health Home Update

Care Management Assessment Reporting Tool (CMART) Specifications Document Update

The CMART Specifications Document has been updated to incorporate a few minor changes. The new PDF titled “Health Home Care Management and Reporting Tool (HH-CMART) v3.3 Specifications” can be found [here](#).

As noted in the updated specifications document, the file upload on HCS to submit CMART data has been renamed to “CMART File upload”. Health Homes will need to go to “All applications”, under C, in the HCS and click on the new “CMART file upload” to send in future submissions.

The HH-CMART is a tool for the collection of standardized care management data for members assigned to, receiving outreach from, or enrolled with Health Homes. The data provides DOH with information about care management services regarding the volume and type of interventions, the number of assessments, and the number of plans of care for all members.

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Regulatory Updates

Department of Labor

Home Care Aide Hours Worked

The Department of Labor (“DOL”) recently issued a notice of [emergency rulemaking](#) that would align NYS regulatory requirements with DOL’s interpretation and enforcement of New York’s minimum wage law as applicable to 24-hour “live in” home care attendants. The regulation clarifies that the DOL residential exception, which provides that residential employees need only be paid for 13 hours of every 24-hour shift (“13 hour rule”), applies to non-residential home care aides who maintain their own residence and therefore might not actually “live in” the home of his or her employer.

This emergency regulation has been issued in response to recent Appellate Division rejections of DOL’s longstanding interpretation applying the residential exception to the home care industry. While the emergency regulation would relieve home care employers from the obligation to pay aides for the entirety of a 24-hour shift going forward, it does not address home care aides who may be entitled to back-pay from hours work prior to issuance of the emergency rule.

The emergency rule is effective as of **October 6, 2017**, and is scheduled to expire on **January 3, 2018**.

Department of Financial Services

Establishment and Operation of Market Stabilization Mechanisms for Certain Health Insurance Markets

The Department of Financial Services recently extended [emergency rulemaking](#) creating a supplemental risk adjustment mechanism for the small group market. The changes, which relate to family tiers and using MLR instead of statewide average premium in determining risk adjustment, will result in those plans receiving federal small group risk adjustment funds receiving approximately 25-30% less in RA funds and those payers of risk adjustment funds paying 25-30% less into the RA pool. The extended emergency rulemaking contains no changes from the initial emergency adoption published in the September 28, 2016 edition of the *New York State Register*.

The Department intends to adopt the provisions of this emergency rule on a permanent basis, and previously published a notice of proposed rulemaking in the [May 3, 2017 issue of the NYS Register](#).

Department of Health

Physician and Pharmacies; Prescribing, Administering and Dispensing for the Treatment of Narcotic Addiction

The Department of Health recently extended [emergency rulemaking](#) that that would allow nurse practitioners and physician assistants to treat patients dependent on opioids with buprenorphine in an office-based setting. The emergency rulemaking contains no changes from the proposed rulemaking issued on August 16, 2017.

Medical Use of Marihuana

The Department of Health recently issued a notice of [emergency proposed rulemaking](#) that would allow a number of healthcare facilities to become a designated caregiver for a certified patient in NYS's Medical Marihuana Program. Designated caregiver facilities would include general hospitals, residential health care facilities, adult care facilities, community mental health residences, private and public schools, psychiatric hospitals, and Article 31, 32, and 16 mental health facilities. The emergency proposed rulemaking includes procedures for the application for issuance and renewal of a registry ID card

The Department will be accepting comments on the proposed rulemaking until December 11, 2017. Comments may be submitted by mail or [electronically](#).

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Legislative Spotlight

Bills that have passed both houses of the Legislature continue to be delivered to the Governor in “batches” over the next several months. Once a bill has been delivered to the Governor, he has 10 days (excluding Sundays) to either sign the bill into law or veto the bill.

The following bills were signed by the Governor:

- [A.7509-A/S.4788-A \(Gottfried/Hannon\)](#): This Bill authorizes the substitution of interchangeable biological products and establishes minimum requirements for the substitution by pharmacists.
- [A.8264/S.6572-A \(Cahill/Seward\)](#): This Bill authorized the continuation of the “grandfathering” legislation that allows stop loss, catastrophic and reinsurance coverages to remain in effect for small groups, if such coverage were in effect on January 1, 2015,

despite a general prohibition which would prevent insurers from selling this kind of coverage to groups with between 51 and 100 employees or members as of January 1, 2016. The legislation also extends the exception permitting municipal corporations and schools that are currently members of municipal cooperative associations to continue as members of such cooperatives without applying insurance provisions applicable to small groups to the larger cooperative. As a result of this Bill, businesses between 51-100 covered members and municipal corporations, as long as they kept their coverage in effect, will continue to be permitted to self-insure their employees through 2019.

- [S.5016-A/A.6549-A \(Lanza/Cusick\)](#): This Bill required that comprehensive emergency management plans developed by municipalities shall include input and assistance from home health care and hospice services providers. The Bill provides that input from home care and hospice providers may include procedures to grant providers essential access during an emergency.
- [S.6053/A.8051 \(Hannon/Gottfried\)](#): This Bill prohibits health insurers from requiring a prior authorization determination for services provided in a neonatal intensive care unit (“NICU”) of a general hospital. The Bill expressly provides that health insurers are permitted to subsequently deny a claim for NICU services if the services are determined to be not medically necessary.

The following bills were vetoed by the Governor:

- [A.6371-B/S.5171-B \(Simanowitz/Felder\)](#): This Bill would have authorized pharmacists to refill non-controlled substance prescriptions in a quantity greater than the initial quantity of the prescription, up to a 90-day supply.
- [A.5950-A/S.2411-A \(Lavine/DeFrancisco\)](#): This Bill would have established a tax credit, beginning in 2018, of up to \$2,750 for a newly constructed principal residence, or, for a renovated principal residence, 50% of the amount expended, not to exceed \$2,750, for universal visitability, allowing individuals to make residences accessible and user friendly for senior citizens and others with limited mobility. Eligibility requirements for claiming the tax credit would have been established through guidelines by the Department of State Division of Code Enforcement and Administration.
- [S.4557-B/A.6120-B \(Ortt/McDonald\)](#): This Bill would have established a process for Medicaid beneficiaries to access complex rehabilitation technology (“CRT”) comparable to the current process applicable to Medicare. The Bill would have also required the Department of Health to update Medicaid billing codes for CRT with the new codes added for CRT to the Medicare billing system. For Medicaid managed care, the Bill would have required that DOH establish minimum benchmark reimbursement rates to be paid by managed care plans for CRT.

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Upcoming Calendar

<p>Monday, October 30, 2017</p>	<p>Assembly Hearing on Healthcare in NYS Correctional Facilities</p> <p>11:00 a.m.</p> <p>Legislative Office Building, Hearing Room C, Albany, NY</p>
<p>Monday, November 6, 2017 (NYC)</p>	<p>HCBS Provider Organizational Culture Training (RSVP-Only)</p> <p>The Department of Health and Public Consulting Group will be conducting two training sessions for Home and Community-Based Services (“HCBS”) provider executive-level staff on “Creating a Shift in Organizational</p>

<p>November 8, 2017 (Albany)</p>	<p>Culture”. Included will be an overview of the HCBS Final Rule, its intersection with other regulations, person-centered planning, and a discussion on achieving individual and systemic change within your organization. This training will be held in-person in Albany and New York City.</p> <p>Location: New York City Date: Monday, November 6, 2017 Time: 1:00 p.m. to 3:00 p.m.</p> <p>Location: Albany Date: Wednesday, November 8, 2017 Time: 1:00 p.m. to 3:00 p.m.</p>
<p>Tuesday, November 7, 2017</p>	<p>Regulatory Modernization Initiative- Long Term Care Need Methodologies and Innovative Models Workgroup</p> <p>12:30 a.m. to 3:30 p.m.</p> <p>Empire State Plaza, Meeting Room 6, Albany, NY</p> <p>Individuals interested in attending are asked to RSVP at RegulatoryModernization@health.ny.gov with "LTC" in the subject line. The meeting will be available via webcast here.</p>
<p>Wednesday, November 8, 2017</p>	<p>NYS Medicaid Evidence Based Benefit Review Advisory Committee (EBBRAC)</p> <p>10:30 a.m. to 3:00 p.m.</p> <p>(Audio only link will be posted closer to the meeting)</p>
<p>Wednesday November 8, 2017</p>	<p>Regulatory Modernization Initiative-Cardiac Need Methodology Workshop#2</p> <p>10:30 a.m. to 3:00 p.m.</p> <p>90 Church Street, 4th floor, Conference Room A/B, New York, NY</p> <p>Individuals interested in attending are asked to RSVP at RegulatoryModernization@health.ny.gov with "Cardiac" in the subject line. The meeting will be available via webcast here.</p>
<p>Monday, November 20, 2017</p>	<p>Assembly Hearing on Nursing Home Quality and Patient Safety and Enforcement</p> <p>11:00 a.m.</p> <p>Assembly Hearing Room 250 Broadway, 19th Floor, New York, NY</p>

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