

A red-tinted image showing the top of the Statue of Liberty on the right and a perspective grid of lines extending from the left towards the center.

Redesign Medicaid in New York State

Albany Guardian Society Long Term Care Update

*Mark Kissinger, Director
Division of Long Term Care, Office of Health Insurance Programs
NYS Department of Health*

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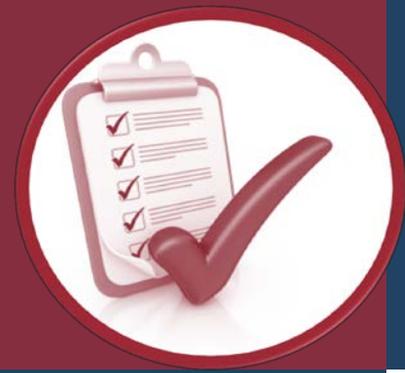


Background

- ❑ In 2011, Governor Andrew M. Cuomo established a Medicaid Redesign Team (MRT) which developed and initiated significant reforms to the State Medicaid program, including a critical initiative to provide “Care Management for All” by transitioning New York State’s long term care recipients into managed care.
- ❑ The MRT embraces the “triple aim” of: ***improving care, improving health, and reducing costs.***

Background

- ❑ The Division of Long Term Care is responsible for the following initiatives that integrate services and improve health outcomes for individuals in need of long term services and supports (LTSS):
 - ❑ **MRT #90 Managed Long Term Care (MLTC)** – seeks to help people who are chronically ill and who need health and long term care services, such as home care or adult day care, stay in their homes and communities as long as possible.
 - ❑ **MRT #101 Fully Integrated Duals Advantage (FIDA)** – seeks to integrate and provide care coordination for physical healthcare, behavioral healthcare, and long term supports and services for certain dual eligibles (Medicare and Medicaid).
- ❑ DOH recognizes that these changes impact community-based providers and organizations.



Managed Long Term Care (MLTC)

MLTC

MRT #90 Mandatory Enrollment in MLTC:

- ❑ Approval was granted by the Centers for Medicare and Medicaid Services (CMS) to fully implement the transition and enrollment of individuals requiring community-based long term care into Managed Long Term Care (MLTC) Plans or Care Coordination Models.
- ❑ Expands MLTC for Medicaid members who are also eligible for Medicare (dual eligibles) and currently receiving community-based long term care services.
- ❑ Benefit package includes home care, personal care, social supports, and transportation services.
- ❑ The costs of skilled nursing facility services are included in the capitation payment, providing a financial incentive for the Plans to keep their members healthy and living in the community.

MLTC Transition of Care

Initial transition into MLTC from Fee-For-Service (FFS) Medicaid:

- ❑ Each enrollee who is receiving community-based LTSS that qualifies for MLTC must continue to receive services under the enrollee's pre-existing service plan for at least 90 days after enrollment, or until a care assessment has been completed by the Plan, whichever is later.
- ❑ Plans must strive to maintain recipient/worker(s) relationship.
- ❑ Any reduction, suspension, denial or termination of previously authorized services shall trigger the required notice under 42 CFR §438.404 which clearly explains the enrollee's right to file an appeal.

MLTC

- ❑ In order to have a successful transition and achieve the goal of integration, strong partnerships have been forged between stakeholders, the NYS Department of Health (NYSDOH), local districts, and the Enrollment Broker, NY Medicaid Choice.
- ❑ MLTC enrollment has steadily increased over the past decade:
 - ❑ Enrollment has increased from approximately 10,000 in 2004 to more than 126,000 as of March 2014.
 - ❑ The number of Plans has grown from 16 to 46.

MLTC

- ❑ MLTC is improving outcomes and the feedback is favorable.
- ❑ The NYS Department of Health 2013 Managed Long Term Care Report found that:
 - ❑ 86 percent of enrollees' overall functional ability was stable or improved over a 6 or 12 month period;
 - ❑ 84 percent of MLTC Plan members rated their health plan as “good” or “excellent”;
 - ❑ 90 percent would recommend their Plan to a friend; and
 - ❑ 86 percent rated their care manager and home health aide/personal care aide as “good” or “excellent”; and
 - ❑ Fewer than 2 percent of MLTC members were admitted to a nursing homes.

MLTC Oversight

NYSDOH Oversight and Expectations of MLTC Plans:

□ Plans must:

- Follow all policy directives issued by the Department.
- Report appeals, grievances & critical incidences.
- Provide the Enrollment Broker, NY Medicaid Choice, with information on cases that are live-in or 24/7 and those reduced by 25%.
- Report network and enrollment information quarterly.

□ NY Medicaid Choice must:

- Complete satisfaction surveys for new enrollees.

MLTC Population

Mandatory Population:

- ❑ Dual eligible, aged 21 and over, receiving community-based long term care services for over 120 days.
- ❑ Duals between 18 and 20 remain voluntary.

❑ MLTC excludes the following:

- ❑ Nursing Home Transition and Diversion waiver participants;
- ❑ Traumatic Brain Injury waiver participants;
- ❑ Nursing Home residents;
- ❑ Assisted Living Programs; and
- ❑ Dual eligible that do not require community-based long term care services.

Types of MLTC Plans

Enrollees have a choice of three MLTC Plans

- ❑ Partially Cap (Medicaid)
 - ❑ Benefit package is long term care and ancillary services including home care and unlimited nursing home care.
- ❑ Program of All-Inclusive Care for the Elderly (PACE) (Medicare and Medicaid)
 - ❑ Benefit package includes all medically necessary services – primary, acute, and long term care.
- ❑ Medicaid Advantage Plus (MAP) (Medicare and Medicaid)
 - ❑ Benefit package includes primary, acute, and long term care services (excludes specialized mental health services).

MLTC Enrollment Phases

- ❑ Phase 1: the five counties of New York City: New York, Kings, Bronx, Queens, and Richmond counties.
- ❑ Phase II: Nassau, Suffolk, and Westchester Counties.
- ❑ Phase III: Rockland and Orange Counties.
- ❑ Phase IV: Albany, Erie, Onondaga, and Monroe Counties.
- ❑ Phase V: Other counties with capacity.
- ❑ Phase VI: Previously excluded dual eligible groups contingent upon development of appropriate programs.

MLTC Enrollment Status

Statewide Enrollees in MLTC: 126,208 (As of 3/1/14)

- **NYC: Partial Cap: 102,468, PACE: 3,718, Medicaid Advantage Plus: 4,644 = 110,848**
- **ROS: Partial Cap: 13,188, PACE: 1,818, Medicaid Advantage Plus: 354 = 15,360**

TOTAL:

Partial Cap: 115,674, PACE 5,536, Medicaid Advantage Plus: 4,998 = 126,208

Number of Actively Enrolling Plans: 46

- **Partial Cap: 30 (25 Serve NYC)**
- **PACE: 8 (2 Serve NYC)**
- **Medicaid Advantage Plus: 8 (8 Serve NYC)**

MLTC

- ❑ In December 2013, enrollment started in Albany, Erie, Onondaga, and Monroe counties.
- ❑ As of March 1, 2014, enrollment in these counties include:
 - ❑ Albany = 199
 - ❑ Onondaga = 691
 - ❑ Monroe = 832
 - ❑ Erie = 476
- ❑ NYSDOH did not seeing any major concerns with access in these counties. There were some coding problems with some LTHHCP cases which were resolved.

MLTC

- ❑ NYSDOH developed training with NY Medicaid Choice which will continue for local social services in the mandatory transition process.
- ❑ Training has identified the districts' ongoing role during the transition, established clear communication mechanisms with MLTC Plans, NYSDOH and stakeholders to ease transitions and address potential systemic issues, as well as ensuring informed choice by stakeholders and enrollees.
- ❑ NYSDOH established a mechanism for ongoing policy directives to MLTC Plans for clarification and consistency in MLTC transitions and ongoing implementation and expansion. The policy directives are also posted on MRT Website.
- ❑ To assure transition efforts are effective NYSDOH developed a Member Services survey of all MLTC Plans on a semi-annual basis to assure information shared with potential enrollees is accurate and helpful.

MLTC Notification

- ❑ NYSDOH collaborates with counties to prepare for the transition in partnership with NY Medicaid Choice.
- ❑ Dual eligibles in the county presently receiving Community-Based Long Term Care receive an announcement letter explaining the upcoming changes in the delivery of services. Letters and outreach to consumers continue for 60 days.
- ❑ NY Medicaid Choice provides counselors to assist enrollees and educate potential MLTC enrollees.
- ❑ Additionally, NY Medicaid Choice provides outreach and education to Providers regarding the change in delivery of services. Informational workshops are provided by NY Medicaid Choice in each county.
- ❑ There is a date identified, by NYSDOH and the transition counties, when the county will close the “front door” or no longer accept requests for CMLTC programs included in MLTC.

MLTC Upstate Expansion Plan

- Preparations are underway for next phase of the transition, as Plan capacity is established, the Department proposes to roll out Mandatory Managed Long Term Care in the remaining counties as follows:
 - **May:** *Rensselaer, Cayuga, Herkimer and Oneida*
 - **June:** *Greene, Schenectady, Washington and Saratoga*
 - **July:** *Dutchess, Montgomery, Broome, Fulton, Madison, Schoharie and Oswego*

MLTC Upstate Expansion Plan

- **August:** Warren, Delaware, Niagara, Otsego and Chenango
- **September:** Essex, Clinton, Franklin and Hamilton
- **October:** Jefferson, Lewis, St. Lawrence, Steuben, Chautauqua, Cattaraugus and Alleghany
- **November:** Yates, Seneca, Schuyler, Tioga, Cortland and Chemung
- **December:** Genesee, Livingston, Ontario, Orleans, Tompkins, Wayne and Wyoming

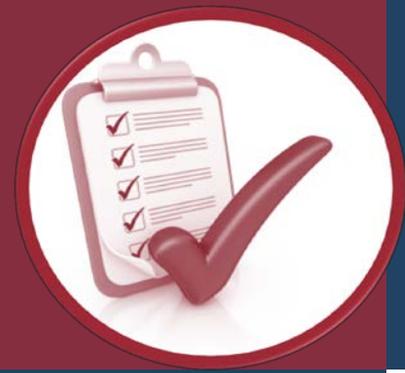
MLTC Expansion Plan

- ❑ Anticipated start dates of the previously excluded dual eligible groups begin enrollment upon development of appropriate programs:
 - ❑ Nursing Home Transition and Diversion waiver participants in 2015;
 - ❑ Traumatic Brain Injury waiver participants in 2015;
 - ❑ Nursing Home residents, new to custodial status only, in September 2014;
 - ❑ Assisted Living Program participants date to be determined; and
 - ❑ Dual eligibles that do not require community-based long term case services date to be determined.

Participant Ombudsman

Participant Ombudsman (PO):

- ❑ The PO will act as a resource and advocate for Participants and their families/caregivers who transition to MLTC Plans.
- ❑ The PO will be an independent, conflict-free entity that provides Participants in MLTC, FIDA, and Mainstream free assistance in accessing care, understanding and exercising rights and responsibilities, and appealing adverse decisions.
- ❑ The RFA was released on February 28, 2014.
- ❑ Application were due April 11, 2014, and are under review.



Fully Integrated Duals Advantage (FIDA)

FIDA

- ❑ A key component of “care management for all” is the Fully Integrated Dual Advantage (FIDA) demonstration project, a partnership between CMS and NYSDOH.
- ❑ Through this effort certain dual eligible individuals residing in the FIDA demonstration region will be enrolled into fully-integrated managed care products.
- ❑ The Memorandum of Understanding between CMS and NYSDOH was signed on August 26, 2013.
- ❑ Demonstration period is from October 2014 through December 2017.

FIDA

❑ FIDA Eligible Populations:

- ❑ Age 21 or older;
- ❑ Entitled to benefits under Medicare Part A and enrolled under Parts B and D, and receiving full Medicaid benefits; and
- ❑ Reside in a FIDA Demonstration County: Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk or Westchester.

❑ Must also meet one the following three criteria:

- ❑ Are Nursing Facility Clinically Eligible and receiving facility-based LTSS;
- ❑ Are eligible for the Nursing Home Transition and Diversion Waiver; or
- ❑ Require community-based LTSS for more than 120 days.

Populations Not FIDA Eligible

- ❑ Residents of an OMH facility or of psychiatric facilities;
- ❑ Individuals under the age of 21;
- ❑ People receiving services from the OPWDD system;
- ❑ Individuals expected to be Medicaid eligible for less than six months;
- ❑ Individuals eligible for Medicaid benefits only with respect to tuberculosis-related services;
- ❑ Individuals under 65 (screened and require treatment) in the Centers for Disease Control and Prevention Breast and/or Cervical Cancer Early Detection program and need treatment for breast or cervical cancer, and are not otherwise covered under creditable health coverage;
- ❑ Individuals receiving hospice services (at time of enrollment);
- ❑ Individuals eligible for the family planning expansion program;

Populations Not FIDA Eligible

- ❑ Individuals with a "county of fiscal responsibility;"
- ❑ Residents of ICF/IIDD;
- ❑ Individuals who could otherwise reside in an ICF/IIDD, but choose not to;
- ❑ Residents of alcohol/substance abuse long-term residential treatment programs;
- ❑ Individuals eligible for Emergency Medicaid;
- ❑ Individuals in the OPWDD HCBS waiver program;
- ❑ Individuals in the Traumatic Brain Injury (TBI) waiver program;
- ❑ Residents of Assisted Living Programs; and
- ❑ Individuals in the Foster Family Care Demonstration.

QUESTIONS?

Contact Us:

Mark L. Kissinger
MLK15@health.state.ny.us

or

518-402-5673

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