MLTC Program Changes and Future Initiatives

March 24, 2011
1:00PM to 2:30PM

Purpose of Today's Meeting

- Future Direction of Managed Long Term Care
- Discussion of MRT Proposals
- ATB Cuts
- Dialogue – Next Steps

Mandatory Enrollment in MLTC and other Care Coordination Models (Proposal #90)

- Mandatory Enrollment Begins – April 2012
- Elimination of NH Certifiable Requirement
- Elimination of Designation Requirement
- Provision for MLTC Partial Cap Expansion
- Health Home Conversion
- Establish Workgroup

Mandatory Initiative for April 2012

- 1115 Waiver approval needed from CMS
- Require all dual eligibles who need community-based long term care services for more than 120 days to enroll in Managed Long Term Care or other approved care coordination models.
- Elimination of Nursing Home Level of Care Requirement upon Enrollment
  - Impact on Partials, MAP, PACE
  - Establish Documentation Requirements
- Model Contract Amendments
- MLTC and Care Coordination Model

Initiate Mandatory Enrollment in New York City

- Working with Enrollment Broker – distribute educational materials
- Consumer Choice versus Auto Assignment
- Transition of Existing Recipients – Refine process with HRA
- Establish methods to ensure continuity of care plan and service provider

Statewide Mandatory Enrollment

- Establish access and capacity standards for expansion of mandatory enrollment
- Upstate expansion will be county by county, as sufficient MLTC plan and care coordination model capacity is developed

Elimination of MLTC Designation Requirement

Effective April 1, 2011

Proposal allows up to 75 MLTC Certificates

Current Status of Designations

- 23 Operational
- 2 in Application Status
- 50 new plans could be established

Policy Change

- Allow MLTC Partial Cap Plan Expansion
- State will begin to accept applications for:
  - Service Area Expansions
  - New Line of Business for MCOs
  - New COAs

Health Home Conversion Effective October 2011

- MLTC plans are expected to qualify as Health Homes under federal Affordable Care Act.
- Care management functions will qualify for 90% FMAP
- Available for eight quarters from initiation
- Need to:
  - Establish Standards relating to MLTC participation
  - Submit State Plan Amendment

Establish Workgroup

- To evaluate and promote transition of persons in receipt of home and community based long term care services into managed long term care plans and other care coordination models
- To be established by the Commissioner during April, 2011

Modify Role of LDSS in MLTC Enrollment (Proposal #141)

- MLTC Enrollment Criteria remains the same until April 2012
- Pre Enrollment Approval by LDSS will be phased out for Partial Cap and MAP by Sept, 2011
  - Applicability to PACE will be explored with CMS
- Model Contract Amendment Required
- Revisions to plan materials must be processed
- Training of Enrollment Broker/other Local Entities

Modify Role of LDSS - Continued

- Retrospective Audit Activity
  - Identify who will conduct Audit
  - Establish documentation requirements
  - How to deal with adverse findings

Dual Eligible Initiative (Proposal #101)

- Anticipate receipt of 18 month planning contract with CMS for "State Demonstrations to Integrate Care for Dual Eligible Individuals"
- Conduct analysis of Medicare / Medicaid data on Duals
- Engage Stakeholders
- Develop Demonstration Proposal and submit to CMS for implementation in Year 3

Wage Parity and Contracting Requirements (Proposal #61)

- Impact of Wage Parity – Effective January 2012
- Home Care Agency Contracting Requirements for Managed Care Enrollees
  - Effective April 2012 for MLTC
  - Only home care agencies with a certified provider agreement with DOH or its designee
  - Home care includes services provided by home health aides, personal care aides, home attendants or other personnel providing assistance with ADLs or IADLs

Uniform Assessment Tool (Proposal #69)

- To replace SAAM Tool for MLTC
- Target Date for implementation – 2012

Benefit limits/changes

Effective April 1, 2011

- Enteral Formula (Proposal #24)
  Enteral formula limited to nasogastric, jejunostomy, or gastrostomy tube feeding; or treatment of an inborn error of metabolism
- Footwear (Proposal #30)
  Limited to children, diabetics, or use in conjunction with a lower limb orthotic brace
- Compression Stockings (Proposal #42)
  Limited to pregnancy or treatment of open wounds only

Benefit limits/changes

Effective October 1, 2011

- PT/OT & Speech (Proposal #34)
  Limit to 20 visits in 12 month period, similar to current limits for Family Health Plus

Implementation of 2% Across-the-Board Rate Cut

- This proposal is to be implemented by reducing the projected April 1, 2011 rate increase by 2% by reducing the trend factor for MLTC rates.
- Recommendations from health plans for implementing reduction.

Medicaid Redesign Team Proposal #90
Mandatory Enrollment in Managed Long Term Care and Other Care Coordination Models

Year 1 – 2011-2012 - Voluntary MLTC Enrollment Criteria	**Not Eligible to Enroll**
Dual Eligible and Non-Dual Eligible Nursing home certifiable Age 18, 55 or 65 depending on plan type Resides in the community upon enrollment Meets health and safety criteria Needs the long term care services of the plan for at least 120 days	Residents of residential health care facilities Inpatients or residents of a facility licensed by OMH, OASAS or OPWDD Enrollees of another managed care plan capitated by Medicaid Enrollees in a Home and Community-based services waiver program Participants in a Comprehensive Medicaid Case Management Program or OPWDD Day Treatment program Hospice participants
Year 2 – 2012-2013 – Mandatory Enrollment Criteria	**Excluded from mandatory enrollment in MLTC or Care Coordination**
Dual eligibles in need of community-based long term care services for more than 120 days Age 21 and older (Age 18-21 may voluntarily enroll) Non-dual enrollees currently in service will be grandfathered	Residents of residential health care facilities People in the following programs: -Traumatic Brain Injury Waiver -Nursing Home Transition and Diversion Waiver -Assisted Living Program -Those receiving services through OPWDD -Hospice participants Inpatients or residents of a facility licensed by OMH or OASAS
Year 3 – 2013- 2014 – Mandatory Enrollment Criteria	
Dual eligibles in some or all of the previously excluded groups could be required to enroll depending on models developed by NYS and approved by CMS.	