

Managed Long-Term Care

Understanding the Changes to Medicaid Home Care in New York State

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What is Medicaid Managed Long-Term Care?

Medicaid



Managed (Care)



Long-Term Care

The public health insurance program for the poor, operated by the State

A type of private health insurance company paid a fixed amount *per capita* to authorize and pay for all covered services ("capitation")

Home care
Adult day care
Physical therapy
Nursing home
Etc.



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Status in NYC as of 2/2013

- ▶ MLTC is the only** way *most* adult Dual Eligibles (have Medicare & Medicaid) Age 21+ may receive Medicaid long-term home care, including:
 - personal care (home attendant & housekeeping)
 - Consumer-Directed Personal Assistance Program (CDPAP)
 - Medical model adult day care
 - Certified home health agency (CHHA) care if for 120 days+
 - Private Duty Nursing
- ▶ Timing of roll-out different for some of these services, and different for clients:
 - **Current recipients** -- receiving services before 9/2012 or
 - **Newly applying** for Medicaid & home care in 9/2012 or after
- ▶ **LOMBARDI is still available as an option



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Current CASA recipients

- ▶ 24,000 CASA recipients have received 2 notices from NY Medicaid Choice (Maximus) since July 2012:
 1. "Announcement" Pre-notice "MLTC coming"
 2. 60-Day Enrollment Letter Packet
 - Notice directing individual to enroll in an MLTC plan within 60 days or she will be randomly auto-assigned to an MLTC plan. Includes a list of plans and a guide, all posted at <http://www.nymedicaidchoice.com/program-materials>
- ▶ Clients given a choice of 3 types of plans:
 - MLTC plans (aka "partial-cap")
 - Programs of All-inclusive Care for the Elderly (PACEs)
 - Medicaid Advantage Plus (MAP)
- ▶ Letters don't say it but Lombardi is still an option

Download copies at <http://www.wnylc.com/health/entry/114/#Enrollment>



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New York

Medicaid Choice New York State's Medicaid managed care enrollment program

1-888-401-6582
Ask • Choose • Enroll

P.O. Box 5009, New York, NY 10274-5009

July 8, 2012

John Sample
123 Main Street
Anytown, N.Y. 01234

Important! You Must Join a Managed Long Term Care Plan

Dear John Sample:

AB1234C

The Medicaid program has changed the way you get home care and other long term care services. Your local Department of Social Services, CASA office or home health agency will no longer approve these services. Instead, you must now join a Managed Long Term Care Plan. (It is also called a Plan).

It is important that you join a Plan by September 6, 2012. If you do not choose a Plan by this date, the Medicaid Program will select a Plan for you.

If you want help in choosing a Plan, please call ***New York Medicaid Choice***. This State program has counselors who will be glad to answer your questions about joining a Plan. If you want someone to speak to us on your behalf, please contact us to arrange this. You or the person you authorize can contact us for help in choosing a Plan **over the phone or TTY**.

New York Medicaid Choice – we are here to help.

Choosing your Plan is an important decision. You may want to share this letter with your family or someone who knows about your health care needs. If you have trouble reading or understanding this letter – a Medicaid Choice counselor can help.

(Please turn this page over)

Some people are exempt from joining a Plan. This means they do not have to join a Plan. In some situations, a person cannot join a Plan. Please see Page 21 in the enclosed Guide for more information.

Please contact *New York Medicaid Choice*. Counselors can:

- tell you about the different types of Plans, their services and how they work
- help you choose a Plan that works with your home care agency or other providers.

Please see the **Provider Worksheet** on Page 14 in the enclosed Guide. You can fill out this worksheet and have it handy when you call us.

Call: 1-888-401-MLTC or 1-888-401-6582. Monday-Friday from 8:30 am – 8:00 pm and Saturday, from 10:00 am- 6:00 pm. TTY Service: 1-888-329-1541.

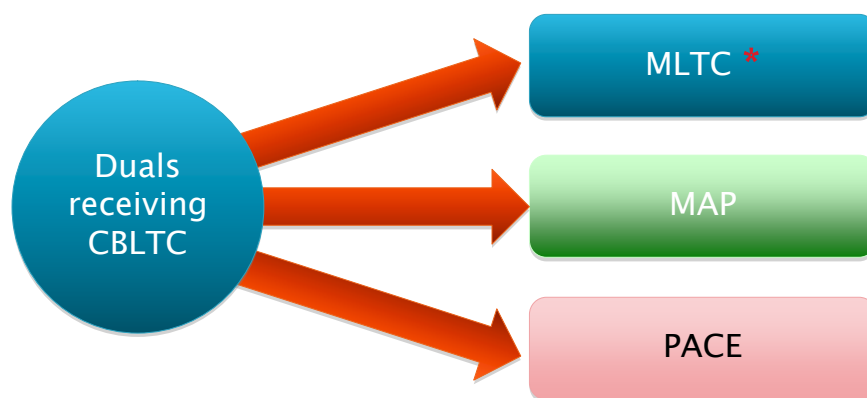
Two general types of MLTC plans in NYS

1. **Most managed long term care plans are “partially-capitated” (MLTC)**– the benefit package is solely Medicaid-only long-term care services and limited other health services – not all primary care. List follows.
2. **“Full Capitation” – includes all Medicaid AND Medicare services** – primary care, acute, hospital, behavioral *and long term care services* in the benefit package. **This means the client might have to change all their doctors/hospitals!**
 - a. Program of All-Inclusive Care for the Elderly (**PACE**)
 - b. Medicaid Advantage Plus (**MAP**)

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Client plan options



* Client will be assigned to MLTC if no selection made.

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Partial-Cap MLTC Plans NYC (enrollment Jan. 2013)

(all NYC-wide unless otherwise indicated) (Total NYC = 69,936)

VNS Choice	17,256
Guildnet (not Staten I)	9,417
ElderServe	7,255
Elderplan (HomeFirst)	7,020
CenterLight MLTC (formerly CCM Select)	6,723
Senior Health Partners (Healthfirst)	6,409
Independence Care System (not Staten I)	3,805
Wellcare Advocate MLTC (Not SI)	3,772
Amerigroup (HealthPlus)	2,466
Fidelis Care at Home	2,116
HHH Choices (not Staten I)	1,761
VillageCareMAX (not Staten I)	1,112
HIP/EmblemHealth MLTC	458
AgeWell New York (Parker Jewish – new MLTC)(Not Staten I)	115
Senior Whole Health (not Staten I)	103
Aetna Better Health (Brooklyn, Manhattan only)	91
United Healthcare Personal Assist	33
Archcare Community Life (Bx, Manhattan, Staten I only)	19
MetroPlus MLTC (not Staten I)	5

Brand new Feb. 2013 - Centers Plan for Healthy Living - citywide

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Medicaid Advantage Plus/ PACE enrollment – NYC (1/2013)

PACE	3,194
ArchCare Senior Life	230
CenterLight (formerly CCM)	2,964
Medicaid Advantage Plus (MAP)	2,834
Amerigroup (HealthPlus)	9
Elderplan	772
Guildnet Gold	371
HealthFirst Complete Care (Senior Health Partners)	1,039
HIP-MAP (EmblemHealth)	360
Fidelis MAP	103
Senior Whole Health of NY MAP	41
VNS Choice TOTAL	92
WellCare Advocate Complete	47

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New York City – Medicaid Managed Long Term Care Plans Offered in NYC (Feb. 2013) – MLTC, MAP, PACE

Company	MLTC PLAN	Medicaid Advantage PLUS	PACE	Medicaid Advantage – NO HOME CARE!! [†]
Aetna	Aetna Better Health [°] NEW			
Affinity				Affinity*
AgeWell (Parker Jewish)	AgeWell New York *			
Amerigroup (HealthPlus)	HealthPlus, an Amerigroup Company	HealthPlus NEW		
Archcare**	Archcare Community Life ** NEW		Archcare Senior Life**	
CenterLight (formerly CCM)	CenterLight Healthcare Select		CenterLight Healthcare PACE	
Centers Plan for Healthy Living	Centers Plan for Health Living MLTC NEW			
Elderplan (HomeFirst)	HomeFirst MLTC (a product of ElderPlan)	ElderPlan Plus LTC, Inc.		ElderPlan Medicaid Advantage (HMO SNP) NEW
ElderServe	ElderServe			
Fidelis	Fidelis Care at Home	Fidelis MAP		Fidelis Dual Advantage NYC
Guildnet	Guildnet	Guildnet Gold*		Guildnet Health Advantage HMO-POS SNP NEW
HHH Choices	HHH Choices Health Plan*			
EmblemHealth (HIP)	HIP/Emblem MLTC	EmblemHealth		EmblemHealth Medicare Choice Value/ HIP
Independence Care System	Independence Care System*			
MetroPlus	MetroPlus MLTC* NEW			MetroPlus MA Advantage*
Senior Health Partners (Healthfirst)	Senior Health Partners (Healthfirst)	HealthFirst Complete Care Senior Whole Health M/M Plus* NEW		HealthFirst Maximum*
Senior Whole Health	Senior Whole Health MLTC*			
Touchstone Health				Touchstone Prestige\$
United Healthcare	United Healthcare Personal Assist NEW			United Healthcare Dual Advantage
VillageCare	VillageCareMAX*			
VNSNY	VNSNY Choice	VNSNY Choice TOTAL NEW		
Wellcare	Wellcare Advocate*	Wellcare Advocate Complete* NEW		Wellcare Liberty MA# NEW

Plans cover all NYC Boroughs except those marked as follows:

* = does not cover Staten Island

** ARCHCARE Community Life MLTC covers only Bronx, Manhattan & Staten Island, and its PACE covers only Bronx and Manhattan

% AETNA Better Health MLTC covers only Brooklyn, Manhattan & Queens -- continued --
\$ Touchstone Health Medicaid Advantage does not cover Manhattan (and is NOT a long-term care plan!!)
Wellcare Liberty MA covers Brooklyn, Bronx and Queens only – and is not a long-term care plan!!

Contact Info for all plans posted at http://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm

and <http://www.nymedicaidchoice.com/program-materials> (look under Long Term Care plan headings ONLY)

¹ **Warning:** The last column shows **Medicaid Advantage Plans** – which are different than Medicaid Advantage Plus plans. Both offer Medicaid and Medicare services, but the Medicaid services offered by PLUS plans include Medicaid long-term home care, adult day care, etc. are offered. The regular Medicaid Advantage Plans – without the PLUS – do not offer any long-term care. Any dual eligible needing home care or long term care should not join these plans. One cannot enroll in both a Medicaid Advantage and MLTC plan.

Also, many of these companies ALSO offer **Medicare Advantage** Plans, which cover solely Medicare services, and mainstream **Medicaid Managed Care** plans, for Medicaid recipients *without Medicare*. The names may sound alike – be sure to check the type of plan. A Medicaid recipient who needs Medicaid home care MAY join a Medicare Advantage plan for his/her Medicare services. That same person may additionally enroll in an MLTC plan for her Medicaid long-term care services.

Services authorized by MLTC

- ▶ Home care:
 - Personal Care (home attendant)
 - Consumer-Directed Personal Assistance Program (CDPAP)
 - Home Health Aide, PT, OT (CHHA Personal Care)
 - Private Duty Nursing
- ▶ Adult day care – medical & Social
- ▶ PERS, home-delivered meals, congregate meals
- ▶ Medical equipment, supplies, prostheses, orthotics, hearing aids, eyeglasses, respiratory therapy, Home modifications
- ▶ 4 Medical specialties-Podiatry, Audiology, Dental, Optometry
- ▶ Non-emergency medical transportation
- ▶ Nursing home

Above are partial capitation only.

PACE, MAPlus include all primary and acute medical services



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Primary medical care not authorized by MOST MLTC Plans

- MLTC partially capitated plans DO NOT authorize primary, acute & specialty medical care, hospital inpatient or outpatient care, lab tests, prescription drugs
 - except for 4 specialties (audiology, dental, optometry, podiatry)
- **PACE** and **Medicaid Advantage Plus (MAP)** plans (full capitation) cover ALL these Medicaid and Medicare services
- **MLTC** Members use their **ORIGINAL MEDICARE** or **MEDICARE ADVANTAGE** or cards for these services



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Appendix A: Managed Long-Term Care Covered Services

List of Services	Partial MLTC	PACE	MAP
Care Management	●	●	●
Home Care (Nursing, home health aide, occupational, physical and speech therapies)	●	●	●
Optometry/Eyeglasses	●	●	●
Dental Services	●	●	●
Rehabilitation Therapies	●	●	●
Audiology/Hearing Aids	●	●	●
Respiratory Therapy	●	●	●
Nutrition	●	●	●
Medical Social Services	●	●	●
Personal Care (Assistance with bathing, eating, dressing, etc.)	●	●	●
Podiatry (Foot care)	●	●	●
Non-emergency Transportation to Receive Medically Necessary Services	●	●	●
Home Delivered and/or Meals in a Group Setting (Such as a day center)	●	●	●
Medical Equipment	●	●	●
Social Day Care	●	●	●
Prostheses and Orthotics	●	●	●
Social/Environmental Supports (Such as chore services or home modifications)	●	●	●
Personal Emergency Response System	●	●	●
Adult Day Health Care	●	●	●
Nursing Home Care	●	●	●
Inpatient Hospital Services		● - MC	MC
Primary Care and Specialty Doctor Services		● - MC	MC
Outpatient Hospital/Clinic Services		● - MC	MC
Laboratory Services		● - MC	MC
Prescription and Non-prescription Drugs		● - MC	MC
Chronic Renal Dialysis		● - MC	MC
Emergency Transportation		● - MC	MC
Mental Health & Substance Abuse		● - MC	MC
X-Ray and Other Radiology Services		● - MC	MC

●: Covered through Medicaid premium

● - MC: Covered through the Medicare PACE premium

MC: Covered through the Medicare Advantage Plan premium

What's the difference between PACE & MAP?

1. Both PACE and MAP plans cover ALL Medicare and Medicaid services. Member must use providers in the plan's network for all services.
2. PACE plans provide services through a particular site – a medical clinic or hospital (i.e. CenterLight uses Beth Abraham in the Bronx, other sites). Because all providers are linked, potentially more opportunity for coordinated care.
3. MAP plans are more a traditional insurance model. Plan contracts with various providers to provide care.

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Enrollment/disenrollment

- ▶ No lock-in!
 - Members can switch to a different plan at anytime
 - But, cannot go back to fee-for-service Medicaid/CASA for long-term care services
- ▶ Enrollment lag time
 - Generally, if you switch plans by the 19th of the month, the enrollment in the new plan will take effect the first of the next month.
 - However, contract appears to give plans ability to drag out disenrollment until first of the *second* month.

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New services under mandatory MLTC in NYC - 2013

- ▶ Jan. 2013 – NYC dual eligibles receiving **Medical Adult Day Care** begin receiving the same series of two notices from NYMedicaidChoice sent to CASA recipients earlier, requiring MLTC enrollment in 60 days
- ▶ In the next few months, these NYC dual eligibles will receive same letters as CASA recipients, requiring them to enroll in MLTC in 60 days
 - **CHHA** if received long-term (>120 days).
 - **private duty nursing**
- ▶ Once a client enrolls in an MLTC plan, if they require HHA, PT, OT, visiting nurse, etc. it must be provided by their MLTC plan (under contract with a CHHA or LHCSA)
- ▶ **Lombardi** – As of Feb. 2013, State still waiting for CMS permission to close Lombardi and require all Lombardi clients to enroll in MLTC. For now, Lombardi recipients may stay in Lombardi. New people needing Medicaid home care may still apply for Lombardi.

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Implementation outside NYC

- ▶ Phase II - Nassau, Suffolk and Westchester Counties –
 - January 2013 - 1200 **Personal Care & CDPAP** recipients and medical model **adult day health care** participants receiving series of enrollment letters.
 - Soon – Private duty nursing, long-term CHHA will receive letters
- ▶ Phase III -Rockland and Orange Counties – June 2013
- ▶ Phase IV - Albany, Erie, Onondaga and Monroe Counties – Anticipated December 2013.
- ▶ Phase V --Other counties with capacity – Anticipated June 2014.

DOH, "Mandatory Managed Long Term Care Enrollment Plan" posted at http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-02-26_mltc_enrollment_plan.pdf

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Exceptions from Mandatory Enrollment in MLTC

- ▶ Dual eligibles receiving these services do not have to enroll in MLTC. Down the road, they may be required to.
 - In Nursing Home Transition & Diversion, TBI, & OPWDD waiver
 - In Nursing home or Assisted Living Program;
 - Dual eligibles that do not require home care or other LTC.
 - Duals <21 or in MBI-WPD < 65 (working people w/disabilities)
 - HOSPICE recipients are EXCLUDED from MLTC – may still get CASA personal care to supplement hospice
- ▶ If they receive letters giving them 60 days to enroll in a plan, call NY Medicaid Choice 888-401-6582

If you can't get it straightened out, call Maximus Project Director Marjorie Nesifort. 1-917-228-5607.



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Continuity of Care – 60-day Transition Requirement

- ▶ CMS Waiver approval, granted Sept. 1, 2012 (called the Special Terms & Conditions) requires plans to continue previous CASA level of services for 60 days or until the plan's new assessment, whichever is LATER. See <http://wnylc.com/health/news/41/>
- ▶ By Day 30 of the 60-day period, Plan is supposed to assess client's needs and propose a new care plan, which could involve a REDUCTION in hours or services
- ▶ What happens on DAY 61?



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What happens AFTER 60-day Transition?

What are Appeal Rights?

- ▶ Before end of 60-day period, Plan must send client a written notice of new care plan to take effect on Day 61. That plan of care may reduce services below what the CASA had authorized previously.
 - Notice to client must explain appeal rights. Client has the right to “Aid Continuing” if appeals changes made by the plan in its 1st authorization after the 60-day transition period
 - “Aid Continuing” is the right to receive services in the same amount as PREVIOUSLY authorized while a hearing is held and decided about a PROPOSED reduction in services.
- ▶ BUT in SUBSEQUENT reductions by plan of its own services, plan does NOT have to provide aid continuing. Advocates think lack of Aid Continuing violates the Due Process clause of the U.S. Constitution.
- ▶ NEW – INTERNAL APPEAL – In MLTC, client must first request an Internal Appeal within the Plan. Only if she loses that may she request a state fair Hearing.

See APPEALS slide and <http://www.wnylc.com/health/entry/184/>.



Continuity of Care – Keeping Aide

- ▶ MLTC plans are required to contract with all, home attendant vendors current under contract with CASA**. The plan must pay the current HRA rate to any vendor willing to accept it
- ▶ But it appears that a plan would be permitted to decline contracting with a particular vendor, even if they would accept the HRA rate
- ▶ DOH has made it clear that ensuring continuity of the client-aide relationship is an important goal
- ▶ Plans can apparently enter into single-client agreements with vendors, and can use their “out-of-network” policy in some cases.
- ▶ This requirement is only effective ONLY until March 1, 2013.
- ▶ Complaints about MLTC plans unwilling to contract with a vendor in order for the client to keep her aide should file a complaint with DOH.
1-866-712-7197

**http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012_04_26_continuing_of_care_policy.pdf

Link posted on <http://wnylc.com/health/news/41/> “Final Continuity of Care Policy”



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Appeals vs. Grievances

MLTC has **two types of appeals**- may request orally or in writing:

1. **Grievances** – Complain to plan about quality of care or treatment but not about amount or type of service that was approved. EXAMPLES:
 1. chronic lateness or no-show of aide or nurse or care manager,
 2. can't reach care coordinator or other personnel by phone,
 3. delay in approving services, e.g. can't get dental appointment
 4. Transportation delayed in taking to or from MD, day care
 5. no response to request for increase in hours
2. **Appeals** – Object to AMOUNT or TYPE of service approved,
 1. Denial or termination of enrollment for allegedly being "unsafe" at home
 2. Denial, reduction or termination of any service.

See <http://www.wnyc.com/health/entry/184/>



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Spend-Down

- ▶ One difference between CASA and MLTC
 - Many CASA and CHHA clients failed to pay their full spend-down (because they couldn't afford to)
 - Although it was a legal debt for which the home care agency could sue, the agencies were prohibited from discontinuing services due to non-payment
- ▶ MLTC plans **MAY** disenroll a member for non-payment of the spend-down!
 - One more reason to help clients enroll in pooled income trusts
- ▶ Also, new applicants with spend-down should request "**Provisional Medicaid**" to prevent Medicaid being denied because they have not yet met the spend-down. If Medicaid is denied, an MLTC plan won't enroll them.*

<http://wnyc.com/health/entry/176/> (Scroll down to Tips for Applicants with a Medicaid Spend-down)



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Amount/standards for home care

- ▶ New York State could have, *but didn't*, change the amount of home care services available, or redefine the medical eligibility criteria
- ▶ There has been **NO CHANGE** in the amount or type of services available under MLTC versus under CASA/CHHA.
 - See next slide for examples.
- ▶ If an individual was medically appropriate for 24-hour care (even split-shift) under the CASA regulations, then that person should also receive 24-hour care under MLTC
 - MLTC plans routinely misinform the public about this point; this will require frequent advocacy to reinforce

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Standards for authorizing amount of hours

- ▶ Will MLTC plans be required to follow rules established through litigation, i.e.,
 - can't use task-based-assessment when client has 24-hour needs ("Mayer-III")
 - must provide adequate hours to ensure safe performance of ADLs (NYS DOH GIS 03 MA/003)
 - non-self-directing people eligible if someone can direct care who need not live with them (92-ADM-49)(Illegal "Back-up" requirement).
 - Cannot terminate services when hospitalized

See <http://wnylc.com/health/entry/114/> & <http://wnylc.com/health/entry/7/>

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Applying for Home Care After September 17, 2012

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Since 9/17/12, CASAs accept new M11qs only for these people --

1. Applicants **under age 21** who are not in a "**mainstream**" **Medicaid managed care plan**. **Age 18-21** may opt for MLTC instead of mainstream Medicaid managed care if medically qualify for nursing home placement.
2. Adult applicants age 21+ **who do not have Medicare** who are not in a "mainstream" Medicaid managed care plan. They *may* join an MLTC if the would medically qualify for nursing home placement.
3. Anyone receiving **hospice** services is not eligible for MLTC and may apply to CASA for personal care/home attendant services to supplement hospice care.
4. Traumatic Brain Injury (**TBI**) **Waiver** participants or applicants.
5. **Nursing Home Transition & Diversion Waiver** (NHTDW) participants or applicants.
6. **Lombardi (long term home health care waiver program)** participants or applicants (until about 1/1/2013).

CDPAP applications NO LONGER accepted at CASA since 11/1/12

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Tip: If Exempt from MLTC, Note on M11q why Filing it After 9/17/2012

- Write in big letters on top of the M11q that applicant is in HOSPICE, WANTS NHTDW, TBI waiver or LOMBARDI services.
- Otherwise, after Sept. 17th, the M11q will be rejected and client will be referred to choose an MLTC plan.
- M11qs go to Central Intake, not individual CASA offices.

CENTRAL INTAKE

NYC HRA Home Care Services Program

253 Schermerhorn Street 3rd Floor

Brooklyn, NY 11201

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Duals who already have Medicaid – How to Apply for Home Care in NYC after 9/17/12

If client is not exempt from MLTC (earlier slide) she doesn't go through CASA at all. She either:

- contacts New York Medicaid Choice for counseling on selecting a plan, or
- chooses a plan on her own and contacts the plan directly to enroll. This article may be helpful in choosing a plan -- **Tools for Choosing a Medicaid Managed Long Term Care Plan.** <http://wnylc.com/health/entry/169/>
- Client/family/advocate may call several plans to assess client's needs and propose a plan of care, before client agrees to enroll. See State DOH Q&A 8/21/12 # 39*.
- Enrollment would be effective the first of the following month, except that it may be delayed until the 1st of the next month if client enrolls after the 19th of the month.

http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-08-21_mlhc_faq.pdf

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If client doesn't have Medicaid

MLTC plan cannot start providing services until Medicaid approved. MLTC plan cannot give services "Medicaid pending." There are 4 options to apply for Medicaid.

1. **Apply through a CHHA** and ask CHHA to provide home health aide "Medicaid pending." (CHHA's more reluctant to do this now)(Find CHHAs at <http://homecare.nyhealth.gov/>).
2. **Ask an MLTC Plan to File the Medicaid Application.** Client not obligated to enroll in that plan once Medicaid accepted.
3. HRA **Community Medicaid** office*
4. HRA **Home Care Services Program Central Medicaid Unit**

Moved in 1/2013 to:

HRA HCSP Central Medicaid Unit
785 Atlantic Avenue, 7th Floor
Brooklyn, NY 11238 T: 929-221-0849

* http://www.nyc.gov/html/hra/html/directory/medicaid_offices.shtml

** Per HRA MICS Alert 9/6/12 and related info at <http://wnylc.com/health/entry/176/>



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MLTC is Prequel to Fully Integrated Medicaid Advantage (FIDA) for Duals

- ▶ In its proposal submitted to CMS to fully integrate Medicare & Medicaid services in 2014, State uses the mandatory MLTC program as the cornerstone.
- ▶ Even before kinks in MLTC are worked out, enrollees will be *passively enrolled* into the managed care plan run by their MLTC plan's company.
- ▶ Since MLTC does not provide primary medical care, improper to assume that Dual eligible plan associated with their MLTC plan will cover their doctors.
- ◀ Many other concerns raised by consumers

See <http://wnylc.com/health/news/33/>



Advocacy Concerns

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Advocacy Concerns – High-Need Clients

- ▶ **Meeting Needs of High Hour Clients.**
 - **Capitation Incentive to Give Low hours** – Many MLTC plans in NYC have done heavy marketing to enroll large numbers of low-hour clients. They receive same capitation rate for all clients. Their incentive is to deny approval for high hours of care.. based on cost.
 - **High-need MLTC client can't transfer** to Personal Care/home attendant program. Now, MLTC will be mandatory – will have to fight plan for more hours. Standards for 24-hour care unclear.

See more info at <http://wnylc.com/health/entry/114/>

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Advocacy Concerns – No “Conflict-Free” Eligibility Determinations

- ← New applicants for home care must contact MLTC plans individually, or be referred to one by NY Medicaid Choice. The PLANS, not HRA or any other entity, decides if the client is eligible for home care (capable of remaining in the home without jeopardy to health/safety, has someone to “direct” care if not self-directing)
- ← Plan has incentives to deny eligibility to clients who would need a lot of care or who are complicated – especially those with dementia & other mental impairments.
- ← Client has to shop around to find a plan to accept her.. Or appeal the denials of multiple plans..

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Advocacy Concern: Excess Nursing Home Usage

- ▶ MLTC benefit package includes nursing home care – must be in-network
- ▶ Wide variation among MLTC plans in rate of NH admission
- ▶ People with high-hour needs, or who are difficult to serve due to dementia, etc. are at risk of NH placement
- ▶ Although MLTC plan is at-risk for cost of NH care, members can “voluntarily” disenroll once in NH, and then apply for regular institutional Medicaid.
 - Can MLTC plans “game the system” – have very small networks of undesirable nursing homes, so that client reject those choices and disenrolls from MLTC plan. But the whole point of including NH care in the package is to incentivize plan to give more care at home and avoid the high cost of NH care..

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Reporting and State Oversight

- ▶ With State budget deficit, and pressure to cut administrative costs, State Health Dept. lacks staff to monitor plans adequately, collect and analyze data on quality and monitor avoidable institutionalization. State asked for \$\$ in waiver request for staffing.
- ▶ GOOD PART OF ST&C – “For initial implementation of the auto-assigned population, the plans must submit data for state review on a monthly basis reporting instances when the plan has issued a notice of action that involves a reduction of split shift or live-in [24-hour/day] services or when the plan is reducing hours by 25 percent or more. The plan will also report the number of appeals and fair hearings requested regarding these reductions.”*
- ▶ Plans must be required to monitor and report outcomes, quality measures, and nursing home placement
 - What penalties imposed on MLTC plans that use too much NH care? That engage in marketing abuses? That don't do adequate care management? Etc...

http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-08_partnership_amendment_stc.pdf p. 17



Reporting & State Oversight

- ▶ INSUFFICIENT quality data reported by MLTC plans
 - Reporting not sufficient re quality of life measures, ability to perform ADLs, incidence of falls, prevention of bedsores, falls and other adverse outcomes, and nursing home placement.
 - Plans have authority to deny community-based services and require placement in nursing home. No outside oversight of these determinations.
 - Timeliness of plans' assessments and initiating care
- ▶ Where quarterly reporting by plans does exist, State lacks staff or initiative to analyze and follow up on data, e.g.
 - disparity among plans in amount of home care authorized,
 - rate of nursing home placement varies among plans.



Advocacy Concerns

▶ CDPAP

- **Consumer Directed Personal Assistance Program** – All MLTC and Medicaid Advantage Plus plans must offer this option as of November 1, 2012. They must contract with CONCEPTS and Chinese-American Planning Council in NYC.
- Until now, only one MLTC plan has voluntarily offered CDPAP (ICS in NYC)
- CDPAP has inherent conflict with “managed care” – as it is not a medical model. Unclear whether MLTC plans, which are inherently medical/nursing model, will understand CDPAP and honor consumer choices
- See more concerns in advocates letter to DOH 05/2011, 3/12 and 12/11

See more on CDPAP at <http://wnylc.com/health/entry/40/>



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Advocacy Concerns

- ▶ **Case Management** – will it be more than limiting hours? Will it actually coordinate medical care, ensure access to transportation, other MLTC services?
- ▶ **Disability literacy** – understanding needs of people with disabilities, eg. Wheelchair fitting & authorization, “dignity of risk”.
- ▶ **Capacity** – Plans now have 55,000 members, enrollment exponentially growing. Can they do it?
- ▶ **Medicaid applications and recerts** – role of CASAs? How ensure home care not disrupted when glitches in recertifications?
- ▶ **See more** in advocates letter to DOH, 5/2011*

http://www.health.ny.gov/health_care/managed_care/appextension/ (under Public Comments)



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Contact numbers & Other Info

- **New York Medicaid Choice** (Enrollment Broker) **1-888-401-6582**
- Maximus Project Directors Marjorie Nesifort 1-917-228-5607
- Awilda L. Martinez-Rodriguez 1-917.228.5610
- Raquel Pena, Deputy Project Mgr. 1-917.228.5627
- Website <http://nymedicaidchoice.com/>
 - <http://www.nymedicaidchoice.com/program-materials> - Scroll down to *Long Term Care plans* - separate lists for NYC, Nassau-Suffolk, and Westchester, with separate list for each of the 3 types of plans - MLTC/MAP/PACE
 - <http://tinyurl.com/MLTCGuide>
- **NYS Dept. of Health MLTC Complaint Hotline** **1-866-712-7197 and cc**
mltcworkgroup@health.state.ny.us
 - Use same e-mail for questions about MLTC policy, rules –
- **Related online articles on** <http://nyhealthaccess.org>:
- **All About MLTC** - <http://www.wnyc.com/health/entry/114/> - sample notices, etc.
- **Tools for Choosing a Medicaid Managed Long Term Care Plan**
<http://wnyc.com/health/entry/169/>
- **Appeals & Grievances** - <http://www.wnyc.com/health/entry/184/> - with advocacy contacts
- **Check for current News updates** <http://www.wnyc.com/health/news/41/>