

	A	B	C	D	E	F
1	<b>1115 Waiver/Mainstream Medicaid Managed Care (MMC)</b>					
2	<b>Standard/Quality</b>	<b>Degree of Compliance</b>				<b>Documentation/Citations</b>
3		Non-Compliant	Partially Compliant	Silent	Compliant	
4	<b>All Settings:</b>					The mainstream Medicaid Managed Care benefit package includes the following long term services and supports (LTSS) in the home or community setting: Private Duty Nursing, Home Health Services, Personal Care Services, Consumer Directed Personal Assistance Program (CDPAP) Services, Adult Day Health Care, AIDS Adult Day Health Care, Home-Delivered Meals (only for Enrollees who have transitioned to a MMC plan from the Long Term Home Health Care Program who received Home-Delivered Meals when in the LTHHCP). MMC Plans (aka Contractors) are required to establish and maintain an adequate and accessible network of participating providers to provide the benefit package services and meet the needs of their enrollees. Plans are required to credential such providers on a periodic basis and monitor provider performance. Plans are required to ensure, in accordance with PHL Article 44, that certain providers satisfy all applicable licensing, certification or qualification requirements under NYS law. <a href="#">See Medicaid Managed Care Model Contract for benefit package, network, and credentialing requirements: click here to link to Medicaid Managed Care Model Contract</a>
5						The Medicaid Managed Care program will update the Medicaid Managed Care Model Contract by 3/17/19 to require that Managed Care Plans are compliant with the pertinent requirements of the HCBS rule (see link in above cell).
6	1. Fully integrated into the broader community to the			X		
7	same degree of access as individuals not receiving					
8	Medicaid HCBS.					
9	-- opportunities to seek employment/ work in			x		see above response in 6F
10	-- engage in community life			x		See above response in cell 6F
11	-- control personal resources			x		See above response in cell 6F
12	-- receive services in the community			x		See above response in cell 6F
13						
14	2. Selected by the individual among options			x		See above response in cell 6F
15	including non-disability specific settings and an					
16	option for a private unit in a residential setting.					
17	--the options are identified and documented in the			x		See above response in cell 6F
18	person-centered service plan					
19	--the options are based on the individual's needs,			x		See above response in cell 6F
20	preferences, and for residential settings, resources					
21	available for room and board.					
22						
23	3. Ensure an individual's rights of privacy.			x		See above response in cell 6F
24	Ensure an individual's rights of dignity and respect.			x		See above response in cell 6F
25	Ensure an individual's rights of freedom from coercion			x		See above response in cell 6F
26	and restraint.					
27						
28	4. Optimize and doesn't regiment individual		x			See above response in cell 6F
29	initiative, autonomy, and independence in making					
30	life choices, including but not limited to, daily					
31	activities, physical environment, and with whom					
32	to interact.					
33						
34	5. Facilitate individual choice regarding services		x			See above response in cell 6F
35	and supports, and who provides them.					
36						
37	<b>Provider-Owned or Controlled Settings:</b>					
38						The Medicaid Managed Care program will amend the Medicaid Managed Care Model Contract (see above link) by 3/17/19 to require any applicable provider-owned and controlled residential, and any non-residential settings, where MMC enrollees live and/or receive services, to adhere to person-centered planning guidance in accordance with 42 CFR 441.301(c)(4)(vi)(F), stating that any modification of the additional conditions, under 42 CFR 441.301(c)(4)(vi)(A) through (D), will be supported by a specific assessed need and justified in the person-centered service plan.
39	6. A specific place that can be owned, rented or			X		See above response in 38F
40	occupied under a legally enforceable agreement					
41	by the individual receiving services.					

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42	The individual has, at a minimum, the same			X		See above response in 38F
43	responsibilities and protections from eviction that					
44	tenants have under the jurisdiction's					
45	landlord/tenant law or equivalent.					
46						
47	7. Each individual has privacy in their sleeping or			X		See above response in 38F
48	living unit:					
49	-- units have entrance doors lockable by the			X		See above response in 38F
50	individual with only appropriate staff having keys;					
51	-- individuals sharing units have a choice of			X		See above response in 38F
52	roommates in that setting;					
53	-- individuals have the freedom to furnish and			X		See above response in 38F
54	decorate their sleeping or living units within the					
55	lease or other agreement.					
56						
57	8. Individuals have the freedom and support to:					
58	--control their own schedules and activities;			X		See above response in 38F
59	--have access to food at any time.			X		See above response in 38F
60						
61	9. Individuals are able to have visitors of their			X		See above response in 38F
62	choosing at any time.					
63						
64	10. The setting is physically accessible to the			X		See above response in cell 6F
65	individual.					
66						
67	<b>Heightened Scrutiny: (Note: if any site meets any of</b>	<b>YES</b>	<b>NO</b>	<b>How Many?</b>		<b>List Heightened Scrutiny Sites - Use Additional Sheets If Necessary</b>
68	<b>the below criteria then they fall under heightened scrutiny)</b>					
69	11. Are any settings in facilities that also provide					We are still evaluating this at this time, however, some settings that MMC enrollees live or receive services in have been identified and are included in the respective systemic compliance chart of the division or office within DOH overseeing that setting/service.
70	inpatient institutional services?					
71						
72	12. Are any settings in facilities on the grounds of,					
73	or immediately adjacent to a public institution?					
74						
75	13. Do any of the settings serve to isolate individuals in					
76	receipt of Medicaid-funded HCBS from the broader					
77	community?					