



# Update on Long Term Care Initiatives within NYSDOH

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# Program Updates

- Managed Long Term Care
- Fully Integrated Duals Advantage (FIDA)
- Balancing Incentives Program (BIP)
- Community First Choice (CFC) Initiatives



# Managed Long Term Care



# Managed Long Term Care Population

- Mandatory Target Population
  - **Who needs to enroll?**
    - All dual eligibles who are age 21 and older and in need of community-based long term care Services for more than 120 days must enroll in a Managed Long Term Care Plan or other Care Coordination Model.
    - Duals between 18 and 21 remain voluntary.



# Managed Long Term Care

- Collaboration is key to assuring effective care management for recipients:
  - Overall service plan goals are supported;
  - Services are not duplicated; and
  - Coordination at all levels, with multiple programs, will support people in the community.



# Managed Long Term Care

**Statewide Enrollees in MLTC: 101,080 (As of 5/1/13)**

- NYC: Partial Cap: 86,702, PACE: 3,219, Medicaid Advantage Plus: 3,767 = 93,688
- ROS: Partial Cap: 5,663, PACE: 1,550, Medicaid Advantage Plus: 179 = 7,392
- TOTAL: Partial Cap: 92,365, PACE: 4,769, Medicaid Advantage Plus: 3,946 = 101,080

## **Number of Actively Enrolling Plans:**

- **Partial Caps:** 24 (20 Serve NYC)
- **PACE:** 8 (2 Serve NYC)
- **Medicaid Advantage Plus:** 10 (10 Serve NYC)



# Managed Long Term Care

- State Terms and Conditions (STCs) approved on **April 1, 2013**
- Major changes on the way



# Home and Community Settings Characteristics

- MLTC enrollees, including individuals who receive services under the demonstration's HCBS Expansion program must receive services in residential settings located in the community, which meets CMS standards for HCBS settings as articulated in current 1915 (c) policy and as modified by subsequent regulatory changes.
- State shall prepare a transition plan which is due to CMS by **December 31, 2013.**
- Residential settings that must be in place for HCBS and other long-term services and supports programs include characteristics such as:
  - Private or semi-private bedrooms including recipient choice on sharing a bedroom.
  - Full access to facilities in a home such as a kitchen with small dining areas.





# Transition of Care

- Initial transition into MLTC from fee-for-service:
  - Each enrollee who is receiving community-based long-term services and supports 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 articulates the enrollee's right to file an appeal

\* Provides the standards for required content and timing of notices related to actions taken by plans.



# Independent and conflict-free long-term services and supports (LTSS)

- State shall begin implementation of an independent and conflict-free LTSS needs assessment system no later than **December 1, 2014**.
- After that implementation has begun, MLTC plans will not complete any LTSS needs assessments for individuals requesting such services prior to the enrollment in the plan.
- Non-dually eligible individuals requesting LTSS will be assessed to see if they meet the criteria to be enrolled in a MLTC plan or alternate waiver program prior to being told their enrollment options.



# Independent and conflict-free long-term services and supports (LTSS) [continued]

- Submit to CMS an initial plan for implementing this transformation by **December 31, 2013**.
- Submit to CMS a final plan with specific action items and timeframes by **May 31, 2014**.
- Report progress on the plan in each quarterly report no later than 60 days following the end of each quarter (December, March, and June of each demonstration year).



# Spousal Impoverishment

- Spousal impoverishment rules shall apply to individuals who have a spouse living in the community who enrolls in the MLTC program.



# Fully Integrated Duals Advantage (FIDA)



# Fully Integrated Duals Advantage (FIDA)

- NYSDOH submitted an application to the Centers for Medicare and Medicaid Services (CMS) in May 2012 to participate in the Demonstration to Integrate Care for Dual Eligible Individuals.
- Addendum published last week and submitted to CMS.
- Comments sought on Addendum – **were due earlier this week**
- Nature of Changes
  - Eligible Population – FIDA population will now include dually eligible nursing home residents receiving facility-based LTSS
  - Start Date and Phasing of Enrollment
- Duration – **April 2014 – December 2017**



# Fully Integrated Duals Advantage (FIDA)

## FIDA Plans:

- Plans licensed as an MLTC plan are eligible to serve as a FIDA plan.
- Plans were required to submit their FIDA applications to the Centers for Medicare and Medicaid Services by **February 21, 2013**.
- Final plans will be selected by NYSDOH / CMS in **Summer 2013**.  
25 primary plans eligible – 1 OPWDD FIDA eligible.



# Fully Integrated Duals Advantage (FIDA)

- Proposed Enrollment Process
  - In **April 2014**, begin accepting voluntary enrollments for individuals in need of community-based long-term care services greater than 120 days.
  - In **July 2014**, begin process of passive enrollment notification for individuals in need of community-based long-term care services greater than 120 days.
  - In **October 2014**, begin accepting voluntary enrollment for dual eligible individuals that have exhausted Medicare benefit in nursing homes.
  - In **January 2015**, begin process of passive enrollment notification for dual eligible individuals that have exhausted Medicare benefit in nursing homes.
  - This will be applicable to eligible individuals in the FIDA demonstration area.
  - Eligible individuals can opt-out of passive enrollment.
  - Enrollment broker will provide enrollment counseling and assistance.





# Fully Integrated Duals Advantage (FIDA)

- Eligible Populations
  - Age 21 and older at the time of enrollment;
  - In need of over 120 days of community-based long-term support services or **are nursing facility clinically eligible and receiving facility-based LTSS;**
  - Eligible for full Medicare Parts A, B and D and full Medicaid;
  - Reside in a FIDA Demonstration County;
  - Do not reside in an OMH facility; and
  - Are not receiving services from the OPWDD system.



# Fully Integrated Duals Advantage (FIDA)

- Components included in the Proposed MOU:
  - Person Centered Service Plans developed by participants, their caregivers, and interdisciplinary team
  - Plan Benefits
  - Model of Care
  - Ensuring Network Adequacy and Access
  - Participant Ombudsman
  - Grievances and Appeals
  - Marketing Materials
  - Quality Metrics



# Fully Integrated Duals Advantage (FIDA)

- FIDA Relationship to Existing Programs
  - The creation of the FIDA program does not eliminate or interfere with the existing Medicaid Waivers and State Plan services that are available to the target population. The FIDA program will provide all of the State Plan services and all of the waiver services available through the Home and Community Based Waivers that serve the target population.



# Balancing Incentives Program (BIP)



## Balancing Incentives Program (BIP)

- BIP provides states the option to implement three required structural components to improve access and availability of home and community-based services and rebalance the proportion of State Medicaid LTSS expenditures so that home and community-based services comprise at least 50% in exchange for an additional 2% FMAP on HCBS LTSS.
- The NYS BIP period is from **April 1, 2013 – September 30, 2015.**



# Balancing Incentives Program

- No Wrong Door/Single Entry Point:
  - Consistent information must be delivered about LTSS options whether an individual who is elderly, and/or physically, developmentally or behaviorally disabled (or their family member or representative) seeks information from a 1-800 number, a website or a local office that is part of the state's NWD/SEP network. Assistance in enrolling the individual in services is expected.
  - NYS plans to expand NY Connects statewide, add an interactive screen to allow individuals to self-assess their LTSS needs prior to a comprehensive assessment, and develop tools and training to ensure consistent information about the LTSS available in communities across New York.



# Balancing Incentives Program (BIP)

- Core Standardized Assessment
  - UAS-NY
  - OPWDD undertaking a standardized assessment to capture data for their population based on the same assessment suite, interRAI
  - NYS will consider other assessments used for LTSS as part of its work plan activities



# Balancing Incentives Program (BIP)

- Conflict Free Case Management
  - **There is separation of case management from direct services provision.**
  - **There is separation of eligibility determination from direct services provision:** Eligibility is determined by an entity or organization that has no fiscal relationship to the individual.
  - **Case managers do not establish funding levels for the individual:** The case manager's responsibility is to develop a plan of supports and services based on the individual's assessed needs.
  - **Individuals performing evaluations, assessments, and plans of care cannot be related** by blood or marriage to the individual or any of the individual's paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.
  - Where conflict exists, states must establish firewalls and appropriate safeguards that assure consumer choice and protect consumer rights. NYS will work to address any conflicts in its work plan.





# Balancing Incentives Program (BIP)

- BIP application approved by CMS on **March 15, 2013**.
- Detailed Work Plan due by **September 1, 2013**.
- Additional FMAP commences **April 1, 2013**, the first full quarter after application is approved.
- State must make progress toward identified targets and structural requirements in rebalancing activities to maintain additional aid.



# Community First Choice Option



## Community First Choice Option

- Provides additional FMAP (+6%) to states to expand and enhance State Plan home and community-based attendant services and supports to individuals in need of long-term care for Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and health-related tasks.
- Focus is on person-centered, individually directed services that help the recipient maximize his or her independence and participation in the community.



# Community First Choice Option

- Required Services and Supports:
  - Must provide consumer controlled personal assistance services and supports for ADLs, IADLs and health-related tasks, including supervision and cueing.
    - Currently, supervision and cueing are available in NYS only through waivers.
  - Services must be provided across Medicaid-eligible populations (DOH, OMH, and OPWDD).
  - Services and supports must be provided in the community.
  - Acquisition, maintenance or enhancement of skills necessary to accomplish ADLs, IADLs and health-related tasks.
  - Backup mechanism to assure continuation of services.
  - Voluntary training course on how to manage attendant.



# Community First Choice Option

- State Plan Amendment target date is **October 1, 2013**
- D and I Council needs to be established



# UAS-NY

- System to facilitate uniform assessments for home and community-based programs in NYS
  - Improve access to programs and services
  - Eliminate duplicative assessment data
  - Improve consistency in the assessment process
- Based on a uniform data set that will standardize and automate needs assessments for home and community based programs in New York



# Future Issues

- MLTC Rollout Implications/New STCs
- Care Management for All – MRT Waiver
- Duals Demonstration Project – FIDA
- Federal/State Budget Situation
- Balancing Incentive Program (BIP)
- Community First Choice Option (CFCO)
- Worker Parity Implementation



## What Can You Do?

- Send me 5 regulatory or policy changes to make implementation of all of these reforms easier.
- What are the top 5 things that keep you up at night?
- Stay engaged and active.
- Work with LeadingAge NY to provide quality feedback.





**QUESTIONS???**



- Questions related to payment issues:  
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