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Learning Objectives

• List the four managed long term care products currently available in New York State (NYS);
• Identify the difference between a partial Managed Long Term Care (MLTC) Plan and a Fully Integrated Duals Advantage (FIDA) Plan;
• Define the program model of care in the managed care delivery system; and
• Identify NY Medicaid Choice as a resource which can help educate consumers on managed care.

What Discharge Planners Need to Know

• General awareness of the changes taking place in long term care environment;
• Availability of new managed care programs for individuals; and
• Additional resources for both discharge planners and the families they serve.
Forming Partnerships to Meet Future Needs

- In 2011, the Medicaid Redesign Team (MRT) was established and initiated significant reforms to the 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 programs.
- The managed long term care initiatives are designed to create systems changes through rebalancing the delivery of long term services and supports (LTSS).
- Strong partnerships have been forged between stakeholders, the Department of Health (DOH), Local Departments of Social Services (LDSS), and DOH’s enrollment broker, NY Medicaid Choice.

Vision for Managed Long Term Care (MLTC)

- Improve and streamline access to care;
- Person-centered care;
- Promote independence in the community;
- Improve quality;
- Ensure access to needed services and incorporate Participant protections; and
- Evaluate data on access, outcomes and experience to ensure Participants receive higher quality care.

What is Managed Long Term Care (MLTC)?

- Mandatory MLTC commenced in 2012 with the Centers for Medicare and Medicaid Services (CMS) approval.
- MLTC statewide transition was completed in July 2015.
- Focuses on the transition of Community-Based Long Term Care (CBLTC) services into MLTC to provide coordinated care for individuals.
Managed Long Term Care

- Designed to:
  - Be person-centered;
  - Integrate services; and
  - Improve health outcomes for individuals in need of LTSS to stay in their homes and communities for as long as possible.

Community-Based Long Term Care (CBLTC)

- Individuals with a need for assistance with both Instrumental Activities of Daily Living (IADL) such as housekeeping tasks and Activities of Daily Living (ADL) such as bathing, grooming, toileting, etc. that require more than 120 days of CBLTC services will be enrolled into MLTC.

CBLTC Services Provided through these Programs

- Personal Care Services Program (PCS)
- Assisted Living Program (ALP)
- Personal Emergency Response Services (PERS)
- Consumer Directed Personal Assistance Program (CDPAP)
- Long Term Home Health Care Program (LTHHCP)
- Care At Home Waivers (CAH)
- Traumatic Brain Injury Waiver (TBI)
- Office for People With Developmental Disabilities (OPWDD) Home & Community-Based Waiver
- Nursing Home Transition & Diversion Waiver (NHTD)
CBLTC Programs That Have Been Moved into Mandatory MLTC

- Individuals in receipt of the following services transitioned to managed long term care and these services are no longer available in the community through Fee-For-Service (FFS):
  - Personal Care Services
  - Consumer-Directed Personal Assistance Services
  - Home Health Services
  - Adult Day Health Care
  - Private Duty Nursing
  - Long Term Home Health Care Program

CBLTC Programs Yet To Be Moved into Mandatory MLTC

- The following CBLTC programs remain FFS and will transition to MLTC contingent upon development of appropriate benefits:
  - Nursing Home Transition and Diversion Waiver;
  - Traumatic Brain Injury Waiver; and
  - Assisted Living Program.

Who Must Enroll in MLTC?

- 21 years of age or older;
- Have both Medicaid and Medicare (dual eligible); and
- Expected to need assistance with ADLs and IADLs for more than 120 days.
- Individuals are not locked; they may request to transfer from one MLTC Plan to another at any time.
Voluntary Populations

In addition to those who must enroll in a Managed Long Term Care Plan, the following individuals may voluntarily enroll:

- Dual eligible, 18-21 in need of CBLTC for over 120 days and nursing home eligible; or
- Non-duals with spend-down or Third Party Insurance that are nursing home eligible;

Who is Excluded from MLTC Partial Plan?

- TBI participants*
- NHTD participants*
- CAH participants
- Residents of psychiatric facility
- ALP participants*
- Duals over 21 that require CBLTC services for LESS than 120 days
- Individuals who are assessed (or upon reassessment by the MLTC Plan) as needing only discrete Level I housekeeping services

*Participants may choose to dis-enroll from these programs to enroll in MLTC but will lose the services associated with these programs.

MLTC Options

Four MLTC Models:

- Partially Capitated
- PACE (Program of All-Inclusive Services for the Elderly)
- MAP (Medicaid Advantage Plus)
- FIDA (Fully Integrated Duals Advantage)
Types of MLTC Plans

- **Partially Capitated** (Medicaid)
  - Benefit package includes long term care and ancillary services, including home care and unlimited nursing home (NH) care.

- **PACE** (Medicare and Medicaid)
  - Benefit package includes all medically necessary services – primary, acute, and long term care.

- **MAP** (Medicare and Medicaid)
  - Benefit package includes primary, acute, and long term care services (excludes specialized mental health services).

- **FIDA** (In downstate demonstration counties only)
  - Benefit package includes Medicare Part A, Part B, and Part D (prescription medicines) and Medicaid services (home or nursing care and behavioral health services).

What is a Partially Capitated Plan?

- Enrollee receives Medicaid services only.
- Medicare services remain FFS or consumers can continue seeing their providers.
- Partial Plan services include:
  - Care Management
  - Nurses and Home Health Aides
  - Physical Therapists
  - Personal Care
  - Adult Day Health Care
  - NH Care
  - Social Day Care
  - Specialty Care
  - Other services such as home-delivered meals and transportation to medical appointments

What is a MAP Plan?

- Enrollee receives both Medicaid and Medicare services from one Plan.
- Enrollee must use the Plan’s Medicare product and must choose a Primary Care Physician associated with the MAP Plan.
- In addition to the Partial Plan services, a highlight of the Medicare services include:
  - Care Management
  - Doctor office visits
  - Specialty care
  - Clinic visits
  - Hospital stays
  - Mental health services
  - X-ray and other radiology services
  - Chiropractic care
  - Medicare Part D drug benefits
  - Ambulance services
What is a PACE Plan?

- Enrollee receives Medicaid and Medicare services through one Plan, but the delivery of service is different.
- Enrollee has to be at least 55 years old.
- Health services are provided by an Interdisciplinary Team (IDT) that may include:
  - Doctors;
  - Nurses;
  - Social workers; and
  - Others.

What is a FIDA Plan?

- Provides certain dual eligible individuals with Medicaid and Medicare services through one fully-integrated managed care plan.
- Provides an individualized care planning process using an Interdisciplinary Team (IDT) approach.
- Offers the most robust service package available in NYS managed care programs, including items and services currently covered by:
  - Medicare
  - Medicaid
  - Long term care
  - Behavioral health
  - Wellness programs
  - Prescription drugs
  - Home and Community-Based Waiver services

What is FIDA?

- FIDA is a partnership between CMS and DOH.
- NYS is one of 13 states participating in the federal dual demonstration.
- FIDA is operational in New York City and Nassau County and the demonstration period runs from January 2015 to December 2017. Westchester and Suffolk Counties will begin in 2016.
- There are 18 FIDA Plans in NYS.
**Key Highlights of FIDA**

- Builds off of MLTC;
- Provides a comprehensive benefit package;
- Provides a Care Manager and an IDT;
- Integrates the grievance and appeal process (excluding Part D);
- Utilizes an independent enrollment broker (NY Medicaid Choice) to assist with enrollment and options counseling; and
- Provides access to the Ombudsman – Independent Consumer Advocacy Network (ICAN).

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**Who is Eligible for FIDA?**

**Participants must be:**

- 21 or older;
- Entitled to benefits under Medicare Part A and enrolled under both Medicare Parts B and D and receiving full Medicaid benefits; and
- A county resident of: Bronx, Kings, New York, Queens, Richmond, or Nassau.

And meet one of the following three criteria:

- Require community-based LTSS for more than 120 days,
- Are eligible for the NHTD Waiver program, or
- Are Nursing Facility clinically eligible and receiving facility-based LTSS.

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**Establishing the FIDA Interdisciplinary Team**

- Each FIDA Participant will actively participate in the IDT which will address his/her medical, behavioral health, LTSS, and social needs.

- IDT must convene routinely, and no more than six months from the previous IDT meeting.

- Meetings may occur more frequently since the IDT must reconvene after a Reassessment.
FIDA Care Coordination and the IDT

IDT may be made up of:

- Participant or, in the case of incapacity, an authorized representative;
- Participant’s designee(s), if desired by the Participant;
- Primary Care Provider or a designee (i.e., NP or RN);
- Behavioral Health Professional, or a designee who has knowledge of the Participant’s needs;
- FIDA Plan Care Manager;
- Home Care Aide(s), or a designee who has knowledge of the Participant’s needs;
- Nursing Facility Representative;
- RN, if approved by the Participant; and
- Other Providers either requested or recommended by the Participant or the IDT.

Why Should Individuals Join FIDA?

- NO premiums or co-payments/co-insurance;
- NO referrals to see specialists;
- One phone number to call the Plan for all questions regarding their benefits; and
- One ID card to receive all of their benefits.

MLTC Program Model of Care
MLTC Program Model of Care

- The goal is a seamless transfer for these individuals with no gaps in services.
- Each enrollee who is receiving community-based LTSS and transitions to 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).

MLTC Program Model of Care (cont'd)

- Person-centered plan of care for enrollees.
- Wide range of services at home and in the community are covered, including care management services.
- Care Manager who asks about service needs and assists the enrollee and his/her family in developing a plan of care that meets the enrollee’s specific needs.

Covered Items and Services

- In all MLTC plans, services are provided through a network of providers.
- All providers are covered for a 90-day continuity-of-care period.
- Nursing home residents can remain in his/her nursing home.
- In addition to the 90-day period, the FIDA program has the following exception:
  - Behavioral health services are covered for up to 24 months.
What are the Benefits of Care Coordination?

• Improved benefit coordination;

• Improved quality of care and patient outcomes over the full range of health care, including mental health, substance abuse, developmental disability, and physical health care services; and

• Care is individualized, person-centered, and better meets the needs of the individual.

Enrollee Rights

• Any reduction, suspension, denial, or termination of previously authorized services shall trigger the required notice explaining the enrollee’s right to request a fair hearing.

• An enrollee can file a complaint or grievance. This can be done verbally by calling the MLTC Technical Assistance Center at 1-866-712-7197 or in writing to mltctac@health.ny.gov.

Enrollee Rights (cont’d)

• Enrollee can file an appeal for reconsideration of a Plan decision.

• There are two types of appeals:
  • Expedited appeal: Responded to within 72 hours by telephone, fax, or other available method. Written notification follows.
  • Standard appeal: Responded to within 14 days. The Plan must send written notice to the member within two business days of the determination.

• An enrollee can file for a fair hearing either verbally or in writing and request Aid to Continue at any time.
Enrollee Rights (cont’d)

- MLTC enrollee also has access to the Ombudsman, known as the Independent Consumer Advocacy Network (ICAN), which was launched on December 1, 2014.
- ICAN is a resource once an individual is enrolled in a managed care plan.
- ICAN is conflict-free entity that provides individuals free assistance in accessing care, filing grievances, appealing adverse decisions, and understanding and exercising rights and responsibilities.
- ICAN can be reached by calling 1-844-614-8800 or online at: www.icannys.org.

Referral Process

- Process for existing MLTC enrollees when discharged from a hospital or nursing home remains unchanged.
- New consumers whose Medicaid eligibility is not established would need to apply for Medicaid with the LDSS.

Referral Process (continued)

After Medicaid eligibility is established, two directions:
- immediate need for personal care services through PCS or CDPAP, or
- has the need for 120 days of long term care services but health and safety are not in jeopardy and would need to contact the Conflict-Free Evaluation and Enrollment Center (CFEEC) to initiate the MLTC enrollment process.
**What is the Conflict-Free Evaluation and Enrollment Center (CFEEC)?**

- New consumers in need of CBLTC services for more than 120 days have to go to the CFEEC to enroll in an MLTC Plan.
- CFEEC is the only entity to complete initial evaluations using the Uniform Assessment System for New York (UAS-NY) for new consumers.
- MLTC Plans are no longer able to enroll an individual.
- NY Medicaid Choice is serving as the CFEEC, providing evaluation and education services. Staff Nurse Evaluators are performing in-home evaluations (hospitals and NH) using the UAS-NY.

**What is the Role of CFEEC?**

CFEEC evaluates a consumer’s eligibility and educates them on the four MLTC products:
- Partially Capitated
- PACE
- MAP
- FIDA

**CFEEC Evaluation Process**

- Once the CFEEC evaluation is completed, if a consumer is eligible for MLTC, they have the option of selecting a Plan and allowing CFEEC to assist with connecting them to the Plan.
- The individual also receives a notice indicating their eligibility for CBLTC.
CFEEC Evaluation Process (cont’d)

- The evaluation only remains valid for 60 days.
- A new evaluation will be required if the consumer does not select a plan within 60 days, but continues to seek CBLTC.
- CFEEC is operational in all regions of the state.
- To access CFEEC, individuals should call 1-855-222-8350.

NY Medicaid Choice

- A resource for discharge planners that:
  - Provides consumers with information about what MLTC Plans are available in their county;
  - Educates consumers on how to navigate the managed care system;
  - Validates selected home care provider or other provider affiliations and medications with a plan;
  - Assists consumers with the enrollment process and transferring to another plan; and
  - Assists consumers in filing complaints.

NY Medicaid Choice Education Resources for Consumers

- Customer Service Representatives
- Multi-lingual Toll-free Helpline
- Educational Materials
- Provider Outreach and Education
How do Discharge Planners Reach NY Medicaid Choice?

- Helpline Number: 888-401-MLTC (6582)
- TTY: 888-329-1541
- English, Spanish, Chinese, and Russian dedicated lines (additional languages spoken by staff)
- Language line available
- Hours: M-F 8:30 AM – 8:00 PM
  Sat 10:00 AM – 6:00 PM

Collaborating for Success

- Managed care programs administered by DOH support Governor’s Olmstead goal of reducing long stay patients in institutions.
- These programs work with other state programs to augment their impact in transitioning and diverting people from institutions and supporting the individual in the community.

Resources:

- MLTC MRT #90 website: www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm
- FIDA MRT #101 website: www.health.ny.gov/health_care/medicaid/redesign/mrt_101.htm
- NY Medicaid Choice website: http://www.nymedicaidchoice.com/
Questions?

Additional questions or comments, please send to:
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The Changing Face of Long Term Care in New York State
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Credits available: CME, CNE, CHES, and Social Work

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The Evolving Long Term Care Environment

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