

## **Mandated Guidance for Providing Care Coordination and Management for Impacted Adult Home Class Members Enrolled in MLTC Plans and Health Homes**

As mandated under the terms of the Stipulation and Order of Settlement between the U.S. Department of Justice and New York State, each Managed Long Term Care Partial Capitation Plan working with impacted Adult Home class members within the four-county impacted service area (Bronx, Kings, Queens, and Richmond), **MUST** enter into an Administrative Services Agreement **and** a Business Associate Agreement, with each Health Home as applicable.

A copy of the executed Administrative Services Agreement, as well as the Business Associate Agreement, and a signed and notarized "Health Home Administrative Services Agreement Statement and Certification" form should be submitted to the Division of Long Term Care. MLTC Partial Capitation Plans will receive confirmation when their submitted Administrative Services Agreement is acceptable. The Business Associate Agreement is not reviewed for content by the Division of Long Term Care and will be recorded as submitted.

The ASA provided by the Department may not be altered in any way by the MLTC Partial Capitation Plans and/or the Health Homes. The Division of Long Term Care will not be providing a model Business Associate Agreement template. MLTC Partial Capitation Plans are to use their existing format for the Business Associate Agreements with participating providers.

The role of Managed Long Term Care (MLTC) Plans is to provide coordination of long term care services and supports as provided by the MLTC benefit package for eligible individuals who need more than 120 days of community based long term care services. The role of the Health Home is to provide or arrange for the provision of certain MLTC Plan care management services to impacted Adult Home class members, without compensation from the MLTC Plan.

The ASA allocates a primary role for the service coordination of long term care services to the MLTC Plan and a primary role for the service coordination of behavioral health care and other services and supports that are outside of the MLTC benefit package to the Health Home. MLTC Plans are responsible for coordination with the Health Home and are not responsible for Health Home management or performance or any services outside the scope of their benefit package.

Although the Health Home Care Manager will serve as the single point of contact for the impacted Adult Home class member, the state requires a collaborative team approach to service coordination between the Health Home and the MLTCP. MLTC Plans and Health Homes are encouraged to identify liaisons to participate in periodic meetings that will include MLTC Plan care coordination and Health Home care management staff. The goals of these periodic meetings should be:

- Insure a team approached focus to care coordination and avoid duplication
- Improve positive outcomes for the member
- Discuss quality improvement initiatives

The ability of the MLTC Plans and Health Homes to define their respective roles via an ASA and the associated Appendix, combined with use of a client level Care Planning and Coordination form, along with structured defined lines of responsibility and regular communication, will serve to ensure that MLTC Plan care coordination and Health Home care management services are not duplicated.