

WGIUPD

GENERAL INFORMATION SYSTEM

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DIVISION: Office of Health Insurance Programs

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TO: Local District Commissioners, Medicaid Directors

FROM: Jason A. Helgerson, Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs

SUBJECT: Personal Care Services Changes for Non-Dual Eligible Persons
Participating in Mainstream Managed Care Programs

EFFECTIVE DATE: Immediately

CONTACT PERSON: Managed Care Liaison (518) 473-1134
Personal Care Service Program Liaison - (518)474-5888

The purpose of this GIS is to advise local departments of social services (LDSS) about changes to personal care services for **non-dual eligible** individuals who are enrolled in the mainstream Medicaid managed care program. Effective August 1, 2011, personal care services, except for dual eligible individuals and those participating in the Consumer Directed Personal Assistance Program (CDPAP), will become the responsibility of the Managed Care Organizations (MCOs). This will impact approximately 5,000 individuals statewide. The responsibility for assessing and authorizing personal care services for individuals enrolled in mainstream managed care will remain the responsibility of the local social services district (LDSS) through July 31, 2011. This change will not affect CDPAP until *July 1, 2012*.

In order to assure a seamless transition, the Department has provided each LDSS with a list of managed care enrollees currently authorized for, and in receipt of, personal care services for the time period of January through March 2011 for which the district has fiscal responsibility. The list identifies each participating consumer's current personal care provider and MCO. The MCOs have been provided with comparable information as well as a list of current providers of personal care under contract to each district.

In addition, the Department has provided notice to all non-dual eligible individuals enrolled in mainstream managed care and authorized to receive personal care services during the months of March and April 2011. A copy of that notice along with the list of impacted individuals in receipt of such notice will be forwarded to each LDSS.

Effective immediately, all prior authorizations (PA) for both initial personal care services authorizations and reauthorizations for impacted individuals should not extend beyond October 1, 2011. For these cases, and for any other affected cases in which the authorized personal care services are increased or decreased, the required notice must include the following language:

Important Information

Effective August 1, 2011, your Personal Care/Home Attendant Medicaid benefit will be included in your Medicaid managed care benefit package. This means that you will start receiving this benefit through your Medicaid managed care plan. Any request for changes to your Personal Care/Home Attendant services after August 1 will need to be approved by your health plan for the continuation of treatment. You will be contacted by your health plan to update your plan of care.

Impacted individuals whose prior authorizations **currently** extend beyond the October 1, 2011 date will **not** require a change to their current PA. As of August 1, 2011 eMedNY will not pay any PCSP claims submitted for individuals who are authorized for PCS and who are also enrolled in a MCO.

The LDSS should provide the affected individual's MCO with a copy of the individual's latest personal care services program notice reflecting the scope and duration of the authorization. The LDSS is reminded that there are no confidentiality violations attached to the sharing of this information for the affected cases as the MCO is a covered entity.

Districts are advised that, at this time, PERS authorizations will remain the responsibility of the LDSS. PERS will be added into the MCO benefit package as of January 1, 2012 and further direction will be provided as the implementation of this initiative moves forward.

Case management responsibilities related to the delivery of personal care services will be the responsibility of the MCO. For assistance with needs unrelated to the delivery of personal care services but required to maintain the individual safely in the community, the MCO will collaborate with the LDSS for assistance with the needs unrelated to the delivery of personal care. A contact list of appropriate local district resources should be shared with the local district's MCO liaison for distribution to MCOs.

MCOs will be responsible for the case management activities as defined in 505.14(g) with the LDSS maintaining its responsibilities related to Adult Protective Services (APS). APS professional staff has primary responsibility for case management for a patient who meets the requirements for the intervention and admission to APS. The MCO staff would assist the APS staff with arranging the provision of PCS when necessary.

Please contact your local district liaison if you have any questions regarding this information.