Medicaid Managed Care Advisory Review Panel (MMCARP)

(APPROVED 12/16/2021)

October 7th, 2021
Videoconference
10:30 AM to 12:30 PM
Meeting Minutes

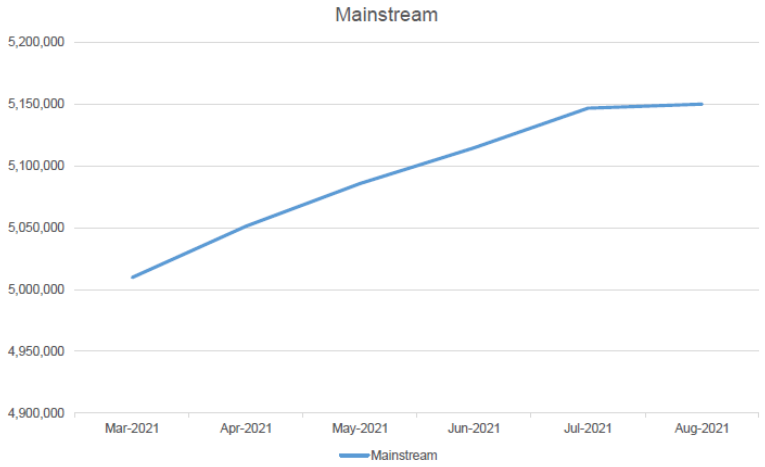
Panel Members: Frederick Cohen, *Chair*; Kathryn Haslanger (*joined at 10:50am*); Elisabeth Benjamin; Sheila Nelson; Neil Heyman; Joel Landau; Jay Silverman; Amber Decker (*joined at 11am);* Donna Colonna; Frederick Riccardi.

NYS DOH Staff: Jonathan Bick; Susan Montgomery; Patricia Sheppard; Christine DiCaprio-Yandik; Krysten Bissaillon; Gayle Emrich; Isma Pervaiz; Erin Kate Calicchia.

Presenters/Guests: Jonathan Bick, New York State Department of Health (DOH); Susan Montgomery (DOH); Gayle Emrich (DOH); Erin Kate Calicchia (DOH); Lynne Schaefer (OMH).

Agenda Items	Discussion	Action Items
Mainstream Medicaid Managed Care Program Update.	Jonathan Bick (NYSDOH), reported the following: *****As a quorum was not obtained until 11am the Mainstream Medicaid Managed Care Program Update was informational only. ***** **Enrollment Update** Enrollment figures for all programs are included in the meeting information we sent to you • Enrollment Statistics • Enrollment Broker Counties-Overall Activity Report Auto-assignment figures have also been provided • Auto Assignment Rates • Auto Assignment Rates for the SSI Population Graph **Mainstream Medicaid Managed Care Enrollment**	

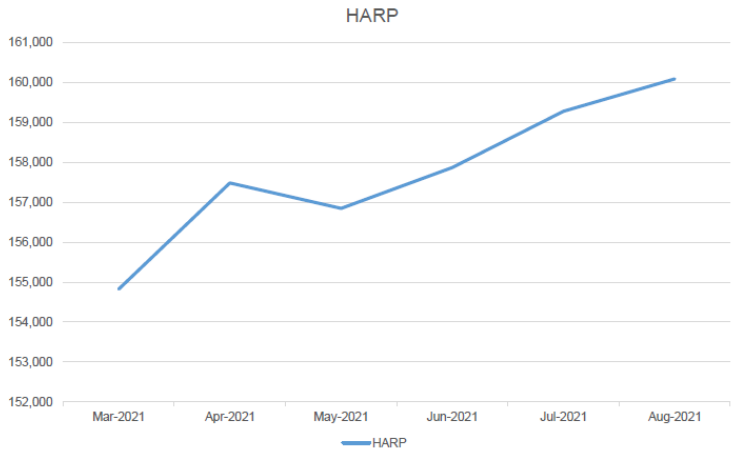
Months	Mainstream
Mar-2021	5,009,706
Apr-2021	5,051,327
May-2021	5,085,772
Jun-2021	5,114,743
Jul-2021	5,146,835
Aug-2021	5,150,072



Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
Mainstream Medicaid Managed Care Program Update.	**HARP Enrollment**	

Months	HARP
Mar-2021	154,822
Apr-2021	157,483
May-2021	156,846
Jun-2021	157,872
Jul-2021	159,280
Aug-2021	160,094



Active Expansion Reviews and New Applications

These following (7) Plan expansions and (4) MCO transactions have been received, or remain under review since the June update:

Active Expansion Reviews *

- **CDPHP-** Submitted an expansion application to provide MMC, CHP, and HARP in Richmond County. Currently under review.
- **AmidaCare-** Submitted an expansion application to provide SNP services in Nassau and Suffolk counties. Currently under review.
- **HealthPlus HP**-Submitted an expansion application to provide MMC, CHP, HARP, and EP services in multiple counties (**6**) Currently under review.
- **HIP/Emblem-** Submitted an expansion application to provide MMC, HARP, EP services in Albany, Dutchess, Orange, Putnam, Rockland and Schenectady counties. Currently under review.
- **Molina Healthcare of NY-** Submitted an expansion application to provide MMC, CHP, HARP, and EP for Bronx, Kings, Nassau, New York, Orange, Queens, Suffolk, Richmond, Rockland, Westchester counties. Currently under review.
- **HealthNow-** Submitted a line of business expansion to provide HARP services in Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming counties. Currently under review
- **Metro Plus Health Plan-** Submitted a line of business expansion to provide HIV/SNP services in Richmond County. Currently under review

New Applications

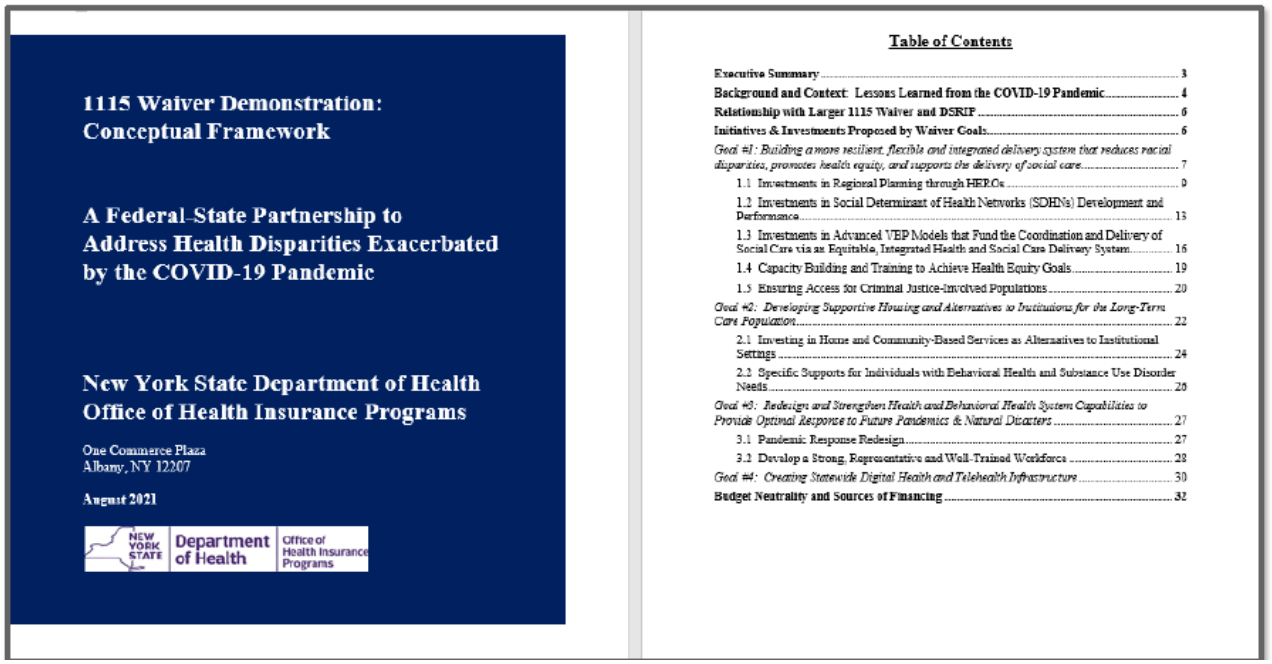
- **Partner's Health Plan (PHP)-** Has been conditionally certified as an Article 44 mainstream HMO in NYS. Awaiting satisfaction of program requirements (OMH) before enrollment can begin.
- **Hamaspik Inc.-** Has applied to be certified as an Article 44 mainstream HMO in NYS. Hamaspik currently holds an Article 4403-f certification as a Managed Long-Term Care plan. (Currently under OMH/OASAS Provider Network review.
- **TriADD dba MY COMPASS-** Has applied to be certified as an Article 44 mainstream HMO in all 62 counties in NYS.
- **Integra Managed Care-** Has applied to be certified as an Article 44 mainstream HMO in Bronx, Kings. Nassau, New York, Queens, Richmond, Nassau, Suffolk, Westchester counties. Integra currently holds certification as a Managed Long Term Care plan and Medicaid Advantage Plus plan.

Agenda Items	Discussion	Action Items
Mainstream Medicaid Managed Care Program Update.	* Due to COVID-19 many of the expansions have been delayed as a result of MCOs shifting resources during the statewide emergency. **New Benefits/Populations & Benefit Changes** **Fluoride Varnish Application Expansion for Dental Providers** Effective July 1, 2021, Mainstream MMC and HIV SNPs will cover *Topical application of Fluoride Varnish (D1206) for* enrollees between six months and 20 years of age up to four times per year. This benefit also applies to enrollees 21 years of age and older when: • enrollee identifies with Recipient Exception code **"81"**(Traumatic Brain Injury Eligible) or RE **"95"**(Office of Persons with Developmental Disabilities (OPWDD) / Managed Care Exemption), or • in cases where salivary gland function has been compromised as a result of surgery, radiation, or disease. Medicaid Update: https://health.ny.gov/health_care/medicaid/program/update/2021/no08_2021-06.htm#colorectal **New York State Medicaid Expansion of Coverage for Colorectal Cancer Screening** Mainstream MMC Plans, HIV SNPs, and HARPs have expanded current colorectal cancer screening coverage to include enrollees 45 to 49 years of age. Medicaid Update: https://health.ny.gov/health_care/medicaid/program/update/2021/no08_2021-06.htm#colorectal **Transition of Children Placed in Foster Care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care** Per panel member request at the June MMCARP meeting, below is the scope of benefits: 1. Core Limited Health-Related Services (CLHRS) on a per diem basis, inclusive of: a. Nursing Services b. Skill Building Licensed Behavioral Health Practitioner (LBHP) c. Medicaid Treatment Planning and Discharge Planning 2. Medically necessary Other Limited Health-Related Services (OLHRS) that the 29-I Health Facility is authorized by the State to provide may include: a. Children and Family Treatment Supports and Services (CFTSS) b. Children's Waiver HCBS c. Medicaid State Plan services Additional information can be found at 29-I Health Facility (VFCA transition).	

Agenda Items	Discussion	Action Items
Mainstream Medicaid Managed Care Program Update.	**Medicaid Redesign Team (MRT) II Update** The following documents have been posted to the MRT II webpage under Medicaid Managed Care Plan Policies: Draft Guidance for Enrollee Electronic Notification of Managed Care Organization Determinations. *Posted 9/10/21* Guidance for Enrollee Electronic Notification of Managed Care Organization Determinations Q & A. *Posted 9/10/21* Prior Authorization Minimum Data Set Policy. *Posted 7/01/21* Additional information on MRT II can be found at: https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/policy/index.htm. **COVID-19 Update** The New York State Department of Health has updated the Coverage Policy and Billing Guidance for the Administration of COVID-19 Vaccines Authorized for Emergency Use . Changes since the June MMCARP meeting include: • Addition of a third dose of the Pfizer COVID-19 vaccine-Effective 8/12/21 • Addition of a booster dose of the Pfizer vaccine-Effective 9/22/21 • Language updated to include Covid-19 vaccines "approved by the FDA" in addition to those authorized for emergency use. **Cultural Competency Training for Participating Providers** The New York State Department of Health (DOH) has approved cultural competence training offered by the United States Department of Health and Human Services (HHS), Office of Minority Health education program, *Think Cultural Health*. With the implementation of this training, MMCP participating providers will be positioned to provide more effective and culturally competent care delivery to enrollees and decrease health disparities. Cultural Competency Training for Participating Providers-Posted 10/4/2021 Questions regarding cultural competency training can be sent to: omcmail@health.ny.gov.	
Discussion and review of 06-17-2021 minutes	Quorum was obtained at 11am. **Motion passed to approve the June 17, 2021 minutes.**	

Agenda Items	Discussion	Action Items
MMCARP Bylaw Subcommittee Update	Erin Kate Calicchia, reported the following: The expected final version of the bylaws was sent to the committee members in early September; however, since distribution, substantive comments were received from a committee member. Erin Kate will reconvene the subcommittee to address the outstanding issues and will circulate a new draft, hopefully for adoption, at the next meeting. Fred C. commented that he has concerns around Robert's Rules of Order, ethics provisions, free flow of meetings; including panel members ability to suggest bylaw changes and agenda items. Fred C. requests that these concerns be addressed during the subcommittee meeting.	**Motion Passed- That Fred Cohen's concerns be addressed by the bylaw subcommittee.**
1115 Medicaid Waiver	Jonathan Bick (NYSDOH), reported the following: **Submission of Concept Paper for Addressing the Health Disparities Exacerbated by the COVID-19 Pandemic** **Concept Paper: Overview & Themes** • **Term and Amount:** Comprehensive waiver amendment that would authorize new federal funding over a multi-year period. o Reflects size and scale of the pandemic in revealing gaps in our delivery system. o Proposal is $17 billion over five years, which will be subject to budget neutrality rebasing and availability of sources of financing. • **Themes of Proposed Demonstration:** Address the inextricably linked health disparities and systemic health care delivery issues that have been both highlighted and intensified by the COVID-19 pandemic. o Aligns with stated goals of the Biden administration to promote health equity and address health care disparities by fully integrating health care, behavioral health, and social care interventions (i.e., the social determinants of health). o Builds on the long-term movement to *value-based payment (VBP) arrangements*, including global and fully prepaid arrangements, as means of achieving provider payment stability during unexpected fluctuations in utilization. o Reflects New York's experience as the early epicenter of the pandemic, so that the State is able to "Build Back Better."	Elisabeth Benjamin asked if there is evidence that VBP is decreasing racial disparities and promoting health equity? At this time, the research and data from the NYS DSRIP waiver or national levels is not conclusive regarding a direct or causal relationship between implementation of VBP and decreased racial disparities and promotion of health equity.

Agenda Items	Discussion	Action Items
1115 Medicaid Waiver	o Learns from the DSRIP experience –need for regional alignment on objectives, more direct investments in social determinants of health, administrative simplification by avoiding new funding intermediaries, and deeper alignment of funding incentives.	



1115 Waiver Demonstration:
Conceptual Framework

A Federal-State Partnership to
Address Health Disparities Exacerbated
by the COVID-19 Pandemic

New York State Department of Health
Office of Health Insurance Programs

One Commerce Plaza
Albany, NY 12207

August 2021

NEW YORK STATE | Department of Health | Office of Health Insurance Programs

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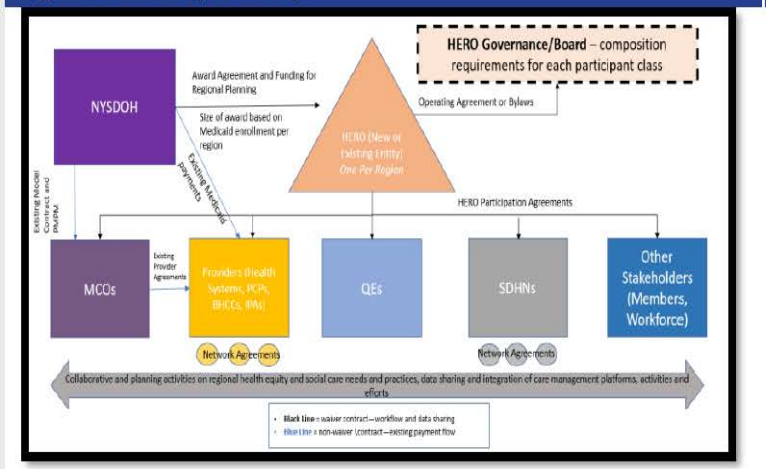
- The concept paper has been developed and refined with the input and feedback of multiple internal and external stakeholders, including national waiver experts.

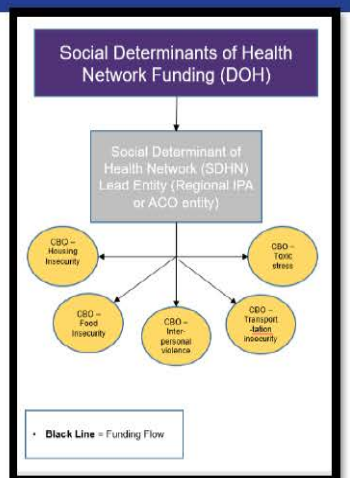
Concept Paper: Health Equity-Focused System Redesign

Stated Goal #1: Build a More Resilient, Flexible and Integrated Delivery System to Reduce Racial Disparities and Promote Health Equity, which has five sub-components.

Agenda Items	Discussion	Action Items
1115 Medicaid Waiver	**1. Development of Health Equity Regional Organizations (HEROs)**	



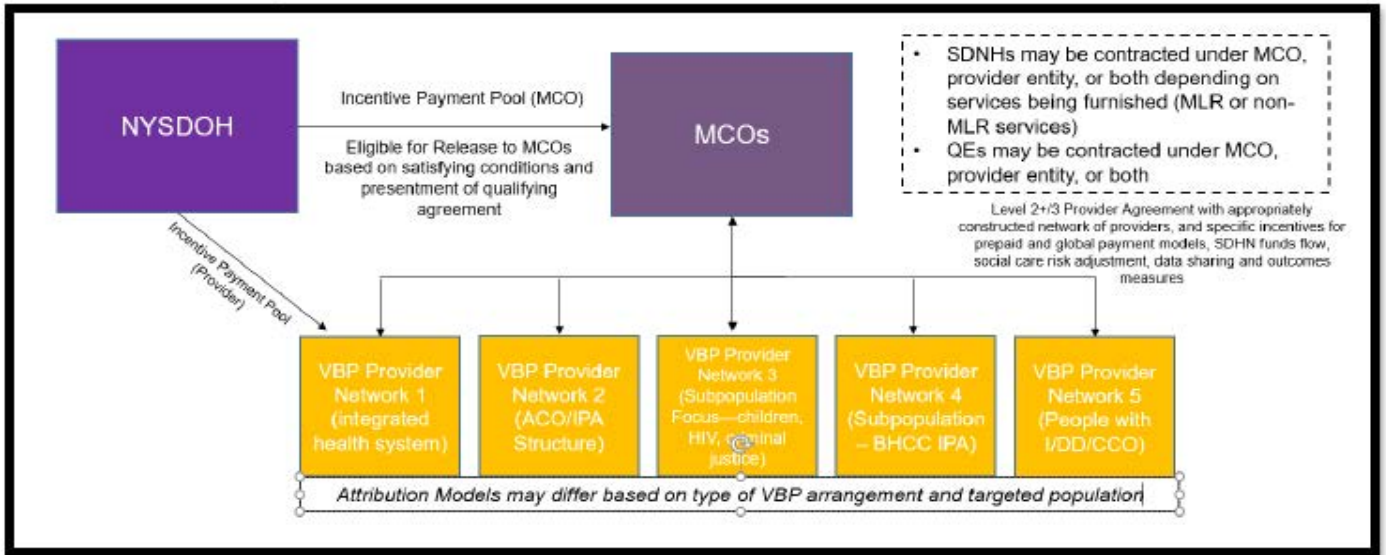
2. Development of Social Determinants of Health Networks



Regionally focused entities designed to collaborate on, coordinate, and facilitate activities that address the needs of the communities they serve to improve the overall health of these communities, for which HEROs would receive limited planning grants. HEROs would develop an overarching health equity strategy for the region.	Regional networks of CBOs that would take a comprehensive and outcomes-focused approach to addressing social care needs that will improve health outcomes.
Coalition of MCOs, hospitals and health systems, community-based providers, population health vehicles, behavioral health networks, community-based organizations (CBOs) organized through social determinants of health networks (SDHNs), Qualified Entities (QEs), consumer representatives, and other stakeholders.	Formally organize CBOs to perform SDH interventions; coordinate a regional referral network with multiple CBOs, health systems and other health care providers; create a single point of contracting for SDH arrangements; and screen Medicaid enrollees for the key SDH social care issues and make appropriate referrals based on need.

Advanced VBP Models: Promote VBP arrangements to support the transformation and integration of the health and social care delivery system between MCOs (that have participated meaningfully in HEROs), providers and organizations in qualifying VBP contracts approved by DOH. Incentive awards would:

- *VBP Specific Funding:* Fund the evolution of MCO-network entity agreements into more sophisticated VBP contracting arrangements that incorporate health equity design, social care risk adjustment, and "global" prepaid payment models that fortify against fluctuations in utilization due to pandemics.
- *Update VBP Roadmap*: Develop a menu of options for services that would be included in each VBP model, members eligible for attribution for each model, selection and specifications of quality and outcome measures for each model, and methods to calculate the risk-adjusted cost of care and benchmarks.

Agenda Items	Discussion	Action Items
1115 Medicaid Waiver		

Build Training Capacity: Expand the number of community health workers, care navigators and peer support workers to support regional collaboration under HEROs, SDHNs, and the move to advanced VBP models, as well as create and expand career pathways, apprenticeship programs, and cohort training programs

Ensuring Access for Criminal Justice-Involved Populations:

- *Description:* Reinstate Medicaid enrollment for incarcerated individuals 30 days prior to release for targeted services, including in-reach care management and discharge planning, clinical consultant services, and medication management plan development to assist with the successful transition to community life. This proposal reflects a prior 1115 waiver amendment that was rejected during the Trump Administration.
- *Eligibility:* Individuals incarcerated in county and state facilities with two or more chronic physical/behavioral health conditions, a serious mental illness, HIV or an opioid use disorder.

Concept Paper: Supportive Housing

Stated Goal #2: Developing supportive housing and alternatives to institutions for the long-term care and behavioral health populations.

Regional Supportive Housing Programs Inventory:

- HEROs would conduct an inventory to map existing efforts, identify gaps, and inform a plan for access to long-term services and supports and health care to enable individuals to receive services in their communities and to age in place.

Agenda Items	Discussion	Action Items
1115 Medicaid Waiver	• HEROs would then identify housing and community-based service solutions for the areas and populations where gaps exist and coordinate between MCOs, SDHNs and local government entities overseeing local housing programs. **Statewide Housing and Home-Based Services Initiatives:** • The State would consolidate and expand the array of supportive housing and medical respite programs across state agencies into a comprehensive supportive housing and respite services menu for HEROs, SDHNs, and MCOs to implement locally in partnership with other housing entities and stakeholders. • Programs would be funded through VBP arrangements and direct payments via the HEROs, as well as through new federal and state housing funds that become available. • Support Critical Time Interventions models to help people transition across levels of care and facilitate community integration and continuity of care; expand available housing-related reintegration services, including housing navigation support services, and landlord tenancy support services; and one-time barriers to housing, such as ***first and last month's rent***, deposits, application fees, and other rental assistance supports. **Concept Paper: Prepare for Future Pandemics** ***Stated Goal #3:*** Redesign and strengthen health and behavioral health system capabilities to provide optimal responses to future pandemics and natural disasters. **Pandemic Response Redesign:** Funding provided to hospitals and other health facilities to develop a ready-to-execute strategy to respond to a significant increase in demand for acute care services, hospitalizations, higher intensity of care services, and the need to replace disrupted acute and chronic healthcare services that are attributable to a pandemic. **Components:** Components of the funding include: *1.Physical and IT Infrastructure Preparation and Planning:* Improve distressed and safety net hospitals capacity in medically underserved areas to update their oxygen, electrical and IT systems, and engage in preparation for the rapid, technology-enabled conversion of non-typical, acute medical patient care space. *2.Inventory Planning:* Enable distressed and safety net hospitals to engage in planning activities for appropriate inventories of durable medical equipment and consumable supplies that are necessary for an effective pandemic response. This planning would determine the investments needed to expand consumable stockpiles.	

Agenda Items	Discussion	Action Items
1115 Medicaid Waiver	*3.Training:* Ensure an available and cross-trained workforce that is able to respond to a large influx of patients. This includes training of clinical staff (e.g., physicians, nurses), conducted by or in collaboration with Workforce Investment Organizations (WIOs), to maintain skills outside of core areas of expertise. **Funding Conditions:** Maximize existing components of our healthcare delivery system and where to invest to build capacity for pandemic or other mass events requiring sudden demand for high acuity care. Funding would be distributed according to completed redesign efforts. **Reinvestment in Workforce Investment Organizations (WIOs)** • *Purpose:* Focus on regional workforce needs and coordinate with the other WIOs across NYS to facilitate a cohesive approach to workforce development. • *Planning:* Planning will involve a variety of stakeholders, including government entities, labor organizations, provider organizations (inclusive of former PPSs with proven workforce strategies), and CBOs. • *Funding Opportunities:* Funds would support initiatives targeted at addressing workforce needs, shortages, and waiver-related activities, including: o recruitment and retention initiatives, o development of career pathways, o training initiatives to support regional collaboration and the move to advanced VBP models focused on new health equity design, o expanding community health worker and related workforce, o overcoming implicit bias, o apprenticeship programs, and o the standardization of training across the State. **Concept Paper: Digital Health and Telehealth** ***Stated Goal #4:*** Creating statewide digital health and telehealth infrastructure. **Equitable Virtual Care Access Fund** to assist providers with human capital investments, resources, and support to promote virtual encounters to improve services to vulnerable populations and address ongoing workflow disruptions due to the COVID-19 emergency. Allowable use of funds include: • Remote patient monitoring. • Data platforms and interoperability.	

Agenda Items	Discussion	Action Items
1115 Medicaid Waiver	• Patient-facing tools, tablets and remote monitoring devices; and • Specialty virtual care models. **Statewide Coordination:** A statewide collaborative group to identify local strategies for mutual assistance and to inform statewide standardization of technical requirements, workflows, as well as training and technical assistance to further build infrastructure to meet immediate and long-term needs. This group would also track access and service capacity and standardize criteria for virtual and in-person care. **Stakeholder Input** The concept paper was developed following extensive public feedback from stakeholders across New York State, including: • Consumers • Providers o Hospitals o Independent Practice Associations (IPA) o Performing Provider Systems (PPSs) o Federally Qualified Health Centers (FQHC) • Managed Care Organizations • Community-based organizations • Advocates • Industry leaders State Agencies Partners, including the Office for People with Developmental Disabilities, the Office of Mental Health, the Office of Addiction Supports and Services, and the Office of Children and Family Services	
Behavioral Health/HARP/ Health Home Update	Lynne Schaefer (NYSOMH), reported the following: **CORE Services Implementation** • CMS approved NYS's 1115 Waiver to transition four Adult Behavioral Health Home and Community Based Services (BH HCBS) to the new Community Oriented Recovery and Empowerment (CORE) service array • To comply with federal requirements, only four services can transition to CORE Services while the remaining seven services will still be available through Adult BH HCBS	

<table>
<tr><th>Agenda Items</th><th>Discussion</th><th>Action Items</th></tr>
<tr>
<td>Behavioral Health/HARP/ Health Home Update</td>
<td>
Pre-and Post-CORE Implementation Service Arrays
<table>
<tr><th>Current BH HCBS Array</th><th>Post-CORE Implementation</th></tr>
<tr><td>1. Community Psychiatric Support and Treatment
2. Psychosocial Rehabilitation
3. Empowerment Services – Peer Supports
4. Family Support and Training</td><td>These services will be available in the CORE service array for HARP enrollees and HARP-eligible HIV-SNP enrollees.</td></tr>
<tr><td>5. Habilitation
6. Education Support Services
7. Pre-Vocational Services
8. Transitional Employment
9. Intensive Supported Employment
10. Ongoing Supported Employment
11. Non-Medical Transportation</td><td>These services will remain in Adult BH HBCS for HARP enrollees and HARP-eligible HIV-SNP enrollees.</td></tr>
<tr><td>12. Short Term Crisis Respite
13. Intensive Crisis Respite</td><td>These services are available to all Medicaid Managed Care members in the Crisis Intervention Crisis Residence Services benefit.</td></tr>
</table>
OMH Response

Individuals enrolled in a HARP can initiate access to BH HCBS short-term crisis respite services until February 1, 2022.

Dually eligible individuals can be enrolled in a MMC or HARP and any type of Medicare (Original or Medicare Advantage Plan/Part C plan) during the federal public health emergency
After the federal public health emergency ends, dually eligible individuals may remain enrolled in MMC or HARP if they are also enrolled in an aligned Medicare D-SNP where this option is available.
HIV-SNP enrollees meeting the BH high-needs criteria are also eligible for BH HCBS short-term crisis respite services

As of December 2020, Crisis Residence Services became available to all adult (+21) Medicaid Managed Care enrollees. Crisis Residence Services include and expand upon the services available in BH HCBS Short-term Crisis Respite.

Dually eligible individuals enrolled in a Mainstream Plan, HARP, or HIV-SNP and any type of Medicare (Original or Medicare Advantage Plan/Part C plan) may access Crisis Residence Services

End OMH Response
</td>
<td>Donna Colonna asked if Dual enrollees have access to short term crisis respite?

See OMH response under “Discussion.”</td>
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<tr><th>Agenda Items</th><th>Discussion</th><th>Action Items</th></tr>
<tr><td>Auto-Assignment Report</td><td>Gayle Emrich (NYSDOH) discussed the August Medicaid Managed Care Auto Assignment Report.
10 counties were over the 30% rolling benchmark for the SSI population. The counties that are over 30% were: Chemung, Clinton, Cortland, Herkimer, Jefferson, Madison, Otsego, Schenectady, and Steuben. All these counties have a sampler of less than 50 new enrollees except for Schenectady county. Gayle will reach out to Schenectady county. Of note, Schuyler only had three new enrollee and two were auto assigned.</td><td></td></tr>
<tr><td>Status Report of Managed Long Term Care (MLTC)</td><td>Jonathan Bick & Susan Montgomery (NYSDOH), reported the following:
MLTC Statewide Enrollment
<table>
<tr><th>MLTC Plan Line of Business</th><th>20-Aug</th><th>20-Sep</th><th>20-Oct</th><th>20-Nov</th><th>20-Dec</th><th>21-Jan</th><th>21-Feb</th><th>21-Mar</th><th>21-Apr</th><th>21-May</th><th>21-Jun</th><th>21-Jul</th><th>21-Aug</th><th>YTD percent enrollment change from 8/2020</th></tr>
<tr><td>PARTIAL CAP</td><td>237,308</td><td>238,955</td><td>240,476</td><td>241,439</td><td>244,202</td><td>243,993</td><td>242,852</td><td>243,237</td><td>241,313</td><td>242,224</td><td>242,961</td><td>243,383</td><td>244,049</td><td>2.56%</td></tr>
<tr><td>PACE</td><td>5,567</td><td>5,559</td><td>5,568</td><td>5,552</td><td>5,552</td><td>5,508</td><td>5,391</td><td>5,321</td><td>5,343</td><td>5,352</td><td>5,369</td><td>5,383</td><td>5,420</td><td>-3.31%</td></tr>
<tr><td>MAP</td><td>21,941</td><td>22,369</td><td>23,133</td><td>23,019</td><td>22,978</td><td>24,672</td><td>25,564</td><td>26,557</td><td>27,360</td><td>28,209</td><td>28,985</td><td>29,018</td><td>29,589</td><td>32.25%</td></tr>
<tr><td>MA</td><td>3,599</td><td>3,561</td><td>3,536</td><td>3,520</td><td>3,481</td><td>3,406</td><td>3,323</td><td>3,248</td><td>3,182</td><td>3,149</td><td>3,103</td><td>3,043</td><td>3,022</td><td>-15.45%</td></tr>
<tr><td>FIDA IDD</td><td>1,719</td><td>1,732</td><td>1,750</td><td>1,754</td><td>1,757</td><td>1,746</td><td>1,748</td><td>1,743</td><td>1,740</td><td>1,738</td><td>1,744</td><td>1,734</td><td>1,724</td><td>0.87%</td></tr>
<tr><td>TOTAL</td><td>270,134</td><td>272,176</td><td>274,463</td><td>275,284</td><td>277,970</td><td>279,325</td><td>278,878</td><td>280,106</td><td>278,938</td><td>280,672</td><td>282,162</td><td>282,561</td><td>283,804</td><td>4.60%</td></tr>
<tr><td>Change from previous month</td><td></td><td>2,042</td><td>2,287</td><td>821</td><td>2,686</td><td>1,355</td><td>-447</td><td>1,228</td><td>-1,168</td><td>1,734</td><td>1,490</td><td>399</td><td>1,243</td><td></td></tr>
<tr><td>Percent change from previous month</td><td>-5.54%</td><td>0.75%</td><td>0.84%</td><td>0.30%</td><td>0.97%</td><td>0.49%</td><td>-0.16%</td><td>0.44%</td><td>-0.42%</td><td>0.62%</td><td>2.44%</td><td>0.14%</td><td>0.44%</td><td></td></tr>
</table>
* Data extraction for June executed on 8/21/2021 from eMedNY Datawarehouse
MLTC Involuntary Disenrollment Resumption
• The Department of Health has re-instituted certain involuntary disenrollment processes prospectively, effective for disenrollment date of October 1, 2021.
• MLTC plans were able to begin submitting disenrollment's to New York Medicaid Choice on September 1, 2021 for the following Disenrollment Reasons:</td><td></td></tr>
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<table>
<tr><th>Agenda Items</th><th>Discussion</th><th>Action Items</th></tr>
<tr><td>Status Report of Managed Long Term Care (MLTC)</td><td>

o No longer in Medicare product (enrollee is no longer a member of the Plan's Medicare Advantage Program).
o Enrollee no longer resides in the plan's service area.

As part of the resumption of involuntary disenrollment's, the plan must send its Notice of Intention to Disenroll to all enrollees and their authorized representatives for whom it requests disenrollment.

<table>
<tr><th>MLTC Involuntary Disenrollment Reason</th><th>Total # Disenrolled</th></tr>
<tr><td>No Longer in Medicare product</td><td>3</td></tr>
<tr><td>Enrollee no longer resides in the plan's service area (County A to County B)</td><td>45</td></tr>
</table>
MLTC Nursing Home Benefit Limit

The State has to date successfully completed four "Batch Process" disenrollment series in August 2020, November 2020, April 2021 and October 2021.
Individuals included in the "batch process" have been converted to Medicaid fee-for-service (FFS) for on-going coverage of their long term nursing home care effective.
A total of 20,353 individuals (1,285 for Oct. 2021) have been disenrolled through the "Batch Processes", and included members who met the following criteria:

o Member is designated as Long Term Nursing Home Stay (LTNHS);
o Member has been in a LTNHS for more than three months (LTNHS 3+); and
o Member has been determined by the local department of social services (LDSS) to be financially eligible for nursing home Medicaid coverage.

This number does not include the 200 individuals who were identified but not disenrolled because they had an active transition plan, were in the community or requested another assessment

Assessments and Reassessments

Rescission of Updated COVID-19 Guidance for the Authorization of Community Based Long Term Services and Supports Covered by Medicaid was issued on July 26
This guidance included a number of updates, including:

o extending authority for the ability of physicians to conduct medical examinations that assess an individual´s needs for PCS or CDPAP via telephonic or telehealth modalities, as well as allowing exams to be completed in-person.

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Agenda Items	Discussion	Action Items
Status Report of Managed Long Term Care (MLTC)	o directing MCOs and LDSS to resume routine reassessments, which had been paused due to the state of emergency. • Updates were made to the Guidance on September 30, to allow telehealth as a modality for assessments and to extend the deadline for the completion of CDPAS personal assistant annual health assessments to December 31, 2021 **PCS and CDPAS Regulations** • Updated regulations governing Personal Care Services (PCS) at 18 NYCRR §505.14 and Consumer Directed Personal Care Services (CDPAS) at 18 NYCRR §505.28 were published in the September 8, 2021, issue of the New York State Register and will be effective on or after November 8, 2021 • The regulations provide the authority to the Department to pend most provisions in the regulations for a limited time and DOH will use this authority to align the implementation of the requirements with the implementation schedule for the Independent Assessor. Additional guidance will be released to specify the provisions that are pended. • The implementation date of the Independent Assessor will not be November 8, but a date to be announced. • The Department will transition to the Independent Assessor process *before* implementing the change in minimum need requirements for PCS/CDPAS and MLTC plan enrollment due to the need for additional clarification from the Centers for Medicare & Medicaid Services on the permissibility of these changes under Section 9817 of the American Rescue Plan Act. Until the minimum need requirements are implemented, plan enrollment requirements for Managed Long Term Care Plans are unchanged. • **Frequency of Assessments**: For routine reassessments to determine need for Community Based Long Term Services and Supports (CBLTSS), the frequency of such assessments changes from every six months to annually, except Programs for All Inclusive Care for the Elderly (PACE) plans, which are excluded from the definition of Managed Care Organization for the purpose of these regulations. • **Independent Assessor:** The regulations require that an Independent Assessor be established to conduct a single Community Health Assessment (CHA) to determine the need for CBLTSS. This assessment will be used by the MCO or LDSS to develop a plan of care (POC) and may also be used by provider organizations such as Adult Day Health Care Centers. In the case of Managed Long Term Care (MLTC) Plans, the same CHA will determine eligibility for plan enrollment on both a mandatory and voluntary basis. The current Conflict Free Evaluation and Enrollment Center (CFEEC) managed by Maximus will become the New York Independent Assessor (NYIA) under a contract with Maximus.	

Agenda Items	Discussion	Action Items
Status Report of Managed Long Term Care (MLTC)	• **Independent Practitioner Panel:** The regulations replace the requirement for a physician's order to authorize PCS/CDPAS with a requirement that these services are ordered by a qualified, independent practitioner, and expand the list of ordering practitioners to include Medical Doctors (MD), Doctors of Osteopathy (DO), Nurse Practitioners (NP) and Physician Assistants (PA) contracted to work for the Independent Practitioner Panel (IPP) under the NYIA. The IPP will issue the Practitioner's Order (PO) required to authorize PCS and/or CDPAS after reviewing the CHA in the UAS-NY, determining if the individual is self-directing or has an appropriate self-directing other, and if the individual can safely receive PCS/CDPAS at home based on their medical stability. • **Independent Review Panel:** For high needs cases, the regulations require an additional medical review be conducted the first time an authorization for PCS/CDPAS exceeds twelve hours a day, on average, which will be conducted by an Independent Review Panel (IRP) under the NYIA. The IRP will review the individual's CHA, PO and POC, and may evaluate other records as needed to recommend whether the proposed POC is reasonable and appropriate to maintain the individual's health and safety at home. The IRP recommendation to the MCO or LDSS may include suggested changes in scope, type, amount, or duration of services but cannot specify a recommended number of hours. • **Minimum Need Requirements:** The regulations require, for new authorizations of individuals who have never received PCS/CDPAS prior to a date to be determined by the Department, the individuals must meet a minimum requirement for assistance with Activities of Daily Living (ADLs) to qualify for PCS/CDPAS. To be authorized for services, these individuals must need at least limited assistance with more than two ADLs or, if diagnosed with dementia or Alzheimer's Disease, at least supervision with more than one ADL. These minimum need requirements apply to both service eligibility and MLTC plan enrollment eligibility. • **One fiscal intermediary (FI):** The regulations require consumers, or if applicable the consumer's designated representative, to work with only one FI at a time no matter how many Personal Assistants (PAs) are hired to cover the authorized hours. • **Annual CDPAP notification:** Eliminates the requirement for LDSS and MCOs to annually notify recipients of other home care services of the availability of the CDPAP. • **Consumer and designated representative responsibilities:** The regulations require the consumer's designated representative to be available to ensure that the consumer responsibilities are carried out without delay. • **Strengthen and clarify denial reasons and requirements:** The regulations codify longstanding department policies on documenting the bases and rationales for LDSS and MCO actions to deny, discontinue or reduce services, and clarify in regulation additional appropriate bases for such actions.	

Agenda Items	Discussion	Action Items
Additional Motion	As the Mainstream Medicaid Managed Care Program Update was informational only, the following motion was held until the end of the meeting, prior to the public comment.	**Motion Passed- Elisabeth Benjamin requested that the Department consider building in enhanced reimbursement rates for ABA services performed by LBAs.** Given the potential fiscal impacts, this will require consideration as part of the larger budget process.
Public Comment	Donna Campbell, Payor Relations Director at BioReference Lab, asked that CPT 81507, non-invasive prenatal screening, have a rate assigned instead of being by-report, as plans are having difficulty reimbursing or are not reimbursing at all. Jonathan Bick asked that Ms. Campbell email the Managed Care Complaints BML. Their email address is Managedcarecomplaint@health.ny.gov. Per the Division of Program Development and Management, the codes for Noninvasive prenatal testing (NIPT), including 81507, must remain by-report as there is criteria which needs to be met for reimbursement. CPT 81507 is currently reimbursed by Medicaid FFS at $425.	
	Meeting adjourned at 12:42pm	

ACRONYMS & INITIALISMS

ADL	Activity of Daily Living
ADM	Administrative Directive Memorandum
BH	Behavioral Health
CBAA	Certified Behavior Analyst Assistant
CBLTC	Community Based Long Term Care
CBLTSS	Community Based Long Term Services and Supports
CBO	Community Based Organization

CDC	Centers for Disease Control
CDPAP	Consumer Directed Personal Assistance Program
CDPAS	Consumer Directed Personal Assistance Services
CFCO	Community First Choice Option
CFEEC	Conflict-Free Evaluation and Enrollment Center
CFTSS	Children and Family Treatment and Support Services
CHA	Community Health Assessment

Medicaid Managed Care Advisory Review Panel (MMCARP)

CHP	Child Health Plus
CMA	Care Management Agency
CMHA	Community Mental Health Assessment
DME	Durable Medical Equipment
DOH	Department of Health
DOL	Department of Labor
D-SNP	Dual Eligible Special Needs Plans
EP	Essential Plan
FAQ	Frequently Asked Questions
FFS	Fee for Service
FI	Fiscal Intermediary
FIDA	Fully Integrated Duals Advantage
FIDA-IDD	Fully Integrated Duals Advantage-Individuals with Intellectual and Developmental Disabilities
FLSA	Fair Labor Standards Act
FY	Fiscal Year
HARP	Health and Recovery Plan
HCBS	Home and Community Based Services
HERO	Health Equity Regional Organization
HIV SNP	HIV Special Needs Plan
IADL	Instrumental Activity of Daily Living
IB-Dual	Integrated Benefits for Dually Eligible Enrollees
IPP	Independent Practitioner Panel
IRP	Independent Review Panel
JAC	Joint Advisory Council
LBA	Licensed Behavior Analyst
LDSS	Local Department of Social Services
LGU	Local Government Unit
LHCSA	Licensed Home Care Services Agencies
LTNHS	Long Term Nursing Home Stay
MCO	Managed Care Organization

MLTC	Managed Long Term Care
MMC	Medicaid Managed Care
MMCARP	Medicaid Managed Care Advisory Review Panel
MOU	Memorandum of Understanding
MRT	Medicaid Redesign Team
NHTD	Nursing Home Transition and Diversion Waiver
NYC	New York City
NYIA	New York Independent Assessor
NYSDOH	New York State Department of Health
OASAS	Office of Alcoholism and Substance Abuse Services
OHIP	Office of Health Insurance Programs
OMH	Office of Mental Health
OMIG	Office of Medicaid Inspector General
OTC	Over the Counter (Drug)
PACE	Program of All-Inclusive Care for the Elderly
PCS	Personal Care Services (Medicaid State Plan)
PHIP	Population Health Improvement Program
PNDS	Provider Network Data System
POC	Plan of Care
PPS	Performing Provider System
RFP	Request for Proposals
ROS	Rest of State
RPC	Regional Planning Consortium
SBHC	School Based Health Center
SDHN	Social Determinants of Health Network
SSI	Supplemental Security Income
TBI	Traumatic Brain Injury
TCM	Targeted Case Management
VBP	Value Based Payment
WIO	Workforce Investment Organizations