

Care Management for All

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Medicaid Redesign Team (MRT) #90 Mandatory Managed Long Term Care

- * Established by Governor Cuomo in January 2011, the Medicaid Redesign Team brought together stakeholders and experts from throughout the state to work cooperatively on reforming New York State's health care system and improve the provision of care.
- * MRT 90 focuses on the transition of long term community based services into managed long term care models.
- * In order to achieve this goal, strong partnerships have been forged between stakeholders, the Department of Health, NYC/HRA, Local Departments of Social Services and the enrollment broker, NY MA Choice.

Why Managed Care?

- * Move frail individuals from a fragmented fee-for-service delivery system into a coordinated model of care.
- * Reduce cost growth.
- * Reduce utilization of institutional based settings and increase emphasis on community based settings.
- * Create a person centered plan of care to manage and coordinate services across all settings.

Person Centered Service Planning

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.

MODELS OF CARE

A prospective enrollee has a choice of three Managed Long Term Care Models:

1. Partially Capitated Managed LTC (Medicaid)

Benefit package is long term care and ancillary services including home care, unlimited nursing home care

2. Program of All-Inclusive Care for the Elderly (PACE) (Medicare and/or Medicaid)

Benefit package includes all medically necessary services – primary, acute and long term care (Must be nursing home eligible)

3. Medicaid Advantage Plus (MAP) (Medicare and Medicaid)

Benefit package includes primary, acute and long term care services (Must be nursing home eligible, also excludes some specialized mental health services)

MANDATORY ENROLLMENT

- * Mandatory enrollment is currently being implemented in New York City, Nassau, Suffolk and Westchester Counties.
- * Rockland and Orange County will begin in June 2013
- * Albany, Erie, Onondaga and Monroe Counties – Anticipated December 2013.
- * Other counties with capacity – Anticipated June 2014
- * Previously excluded dual eligible groups will be phased in contingent upon development of appropriate programs:
 - * Nursing Home Transition and Diversion waiver participants
 - * Traumatic Brain Injury waiver participants
 - * Assisted Living Program participants

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 18 through 20 years of age remain voluntary.

Definition of community based long-term care services:

- * Personal Care Services
- * Home Health Services
- * Adult Day Health Care
- * Private Duty Nursing

VOLUNTARY POPULATIONS

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

- * Dual eligible, age 18 through 20 in need of community based long term care services for over 120 days and assessed as nursing home eligible.
- * Non-dual eligibles, age 18 and older and assessed as nursing home eligible.

TRANSITION into Mandatory MLTC

- * Began transition into MLTC with Personal Care Population in NYC. Have since added:
 - * Consumer Directed Personal Assistance Services
 - * Adult Day Health Care
 - * Long Stay CHHA Cases
 - * Private Duty Nursing
- * Beginning to add Long Term Home Health Care Population.
- * Goal is to transition cautiously to preserve continuity of care.

Successes/Challenges

- * **Successes:**

- * Transition has been moving smoothly and on-schedule.
- * No significant issues/complaints from the clients.

- * **Challenges:**

- * Plan capacity upstate
- * Culture change among the providers
- * Regulatory environment has not kept pace with implementation.

COMMENTS/QUESTIONS

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