Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

1. Request Information

A. The **State** of **New York** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.

B. **Program Title:**
Long Term Home Health Care Program

C. **Waiver Number: NY.0034**
Original Base Waiver Number: NY.0034.

D. **Amendment Number:**

E. **Proposed Effective Date:** *(mm/dd/yy)*
07/02/12
Approved Effective Date of Waiver being Amended: 09/01/10

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:
Amendment to Article 29-AA of Public Health Law, legislation included in the New York State (NYS) 2011-12 Enacted Budget, provided for mandatory enrolment of certain Medicaid recipients in Managed Long Term Care Plans (MLTC). Pending CMS approval, NYS will implement, on a phased basis, the statutorily required provisions. All Medicaid recipients, age 21 and over, in need of certain community-based long term care services for over 120 days—including 1915 (C) Long Term Home Health Care Program (LTHHCP) waiver participants—will be required to enroll in a MLTC Plan. The requested 1915(c) amendment is to align the approved waiver with the planned impact of the phased MLTC enrollment plan.

The Medicaid MLTC program offers a more robust model of care for these populations by providing an interdisciplinary approach to coordinating care, a single accountable entity, and the ability to coordinate, oversee and manage each individual's care. Individuals will be enrolled on a phased approach beginning in New York City (NYC) and expanding statewide over the next three years as sufficient capacity becomes available.

Pending CMS approval, beginning July 2, 2012, eligible Medicaid recipients will begin to enroll in MLTC plans on a geographic schedule. New enrollment in the LTHHCP will cease on this date. Adult LTHHCP participants residing in New York City will begin MLTC enrollment on January 1, 2013; enrollment will continue throughout the State as MLTC capacity allows.

The 1915(c) waiver will remain operational for as long as required to meet the needs of participants. No change is anticipated to the current 1915(c) application waiver of "statewideness" approved to reflect the seven counties that do not participate in LTHHCP.

Specifically, the transition plan from LTHHCP to MLTC includes the following elements:

• With the exception of those individuals under age 21 and/or non-dual eligible, LTHHCP participants will begin to transition to MLTC on January 1, 2013. As mandatory MLTC enrollment reaches a participant's geographic area, individuals under age 18 may elect to transition to the Care at Home 1915(c) waiver for children; participants age 18 to 20 may choose to transition to the Nursing Home Transition and Diversion (NHTD) waiver that provides a similar range of community based care as LTHHCP. Participants ineligible for MLTC due to their age or non-dual status may choose to transition to a Medicaid Managed Care Plan.

• Waiver participants will be notified within 60 days of transition to MLTC, assisted in choosing a Plan, and provided an assessment and updated plan of care that will ensure comprehensive continuity of care.

• A contracted Enrollment Broker will be available to answer questions about the MLTC enrollment process and provide transitioning participants with educational material, a list of MLTC providers, and, if requested, assistance in contacting a Plan. The MLTC provider will conduct an assessment to determine if the client is eligible for community based long term care.

• The requested amendment will not change current 1915(c) LTHHCP waiver services. Most all LTHHCP services will be available through MLTC plans with the exception of Home Community Support Services (HCSS) providing personal care, oversight and supervision, and Community Transition Services (CTS), providing moving assistance for recipients leaving nursing homes for community care. Both services are relatively new and rarely used by current participants. Individuals needing these services to remain in the community may be able to transition temporarily to NHTD. [See attached chart for a comparison of existing 1915(c) and 1115 MLTC waiver services that will be available to transitioning participants.]

• LTHHCP participants will not experience service limits after transition to MLTC, as the service plan is need based and not subject to the expenditure caps imposed on LTHHCP participants.

• For a reduction, termination or suspension of service within an authorization period, the MLTCP would issue a Notice of Action, giving the person the right to request an appeal and offering aid continuing as long as the authorization period is valid or until the appeal is decided. A denial would trigger a Notice of Action as well but no aid continuing (since the person didn't have the service to begin with). If the appeal is adverse to the member, either in whole or in part, the person would be given a fair hearing notice. Aid continuing would apply to a reduction, suspension or termination as long as the authorization period is still active.

• Note: Subsequent to LTHHCP waiver approval, the Department of Health organizational structure shifted to include the Office of Long Term Care (OLTC) as a Division within the overarching Office of Health Insurance Programs. The waiver amendment does not correct references to OLTC, as the function and range of responsibility for the waiver programs has not otherwise changed.

3. Nature of the Amendment

A. Component(s) of the Approved Waiver Affected by the Amendment. This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently *(check each that applies):*

Component of the Approved Waiver	Subsection(s)
Waiver Application	
Appendix A – Waiver Administration and Operation	
Appendix B – Participant Access and Eligibility	B-3-a, B-3-d
Appendix C – Participant Services	
Appendix D – Participant Centered Service Planning and Delivery	
Appendix E – Participant Direction of Services	
Appendix F – Participant Rights	
Appendix G – Participant Safeguards	
Appendix H	
Appendix I – Financial Accountability	
Appendix J – Cost-Neutrality Demonstration	J-1, J-2-a, J-2-d

B. Nature of the Amendment. Indicate the nature of the changes to the waiver that are proposed in the amendment *(check each that applies):*

Modify target group(s)

Modify Medicaid eligibility

Add/delete services

Revise service specifications

Revise provider qualifications

Increase/decrease number of participants

Revise cost neutrality demonstration

Add participant-direction of services

Other

Specify:

Application for a §1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

A. The **State** of **New York** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

B. **Program Title** (*optional - this title will be used to locate this waiver in the finder*):
Long Term Home Health Care Program

C. **Type of Request: amendment**

Requested Approval Period: *(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

3 years **5 years**

Original Base Waiver Number: NY.0034
Draft ID: NY.17.06.12

D. **Type of Waiver** *(select only one):*
Regular Waiver

E. **Proposed Effective Date of Waiver being Amended: 09/01/10**
Approved Effective Date of Waiver being Amended: 09/01/10

1. Request Information (2 of 3)

F. **Level(s) of Care**. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan (*check each that applies*):

Hospital

Select applicable level of care

Hospital as defined in 42 CFR §440.10
If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:

Inpatient psychiatric facility for individuals age 21 and under as provided in42 CFR §440.160

Nursing Facility

Select applicable level of care

Nursing Facility As defined in 42 CFR §440.40 and 42 CFR §440.155
If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:

Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140

Intermediate Care Facility for the Mentally Retarded (ICF/MR) (as defined in 42 CFR §440.150)

If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/MR level of care:

1. Request Information (3 of 3)

G. Concurrent Operation with Other Programs. This waiver operates concurrently with another program (or programs) approved under the following authorities
Select one:

Not applicable

Applicable
Check the applicable authority or authorities:

Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I

Waiver(s) authorized under §1915(b) of the Act.

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

Specify the §1915(b) authorities under which this program operates *(check each that applies):*

§1915(b)(1) (mandated enrollment to managed care)

§1915(b)(2) (central broker)

§1915(b)(3) (employ cost savings to furnish additional services)

§1915(b)(4) (selective contracting/limit number of providers)

A program operated under §1932(a) of the Act.

Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:

A program authorized under §1915(i) of the Act.

A program authorized under §1915(j) of the Act.

A program authorized under §1115 of the Act.

Specify the program:
New York State's Medicaid section 1115 demonstration, Partnership Plan (11-W-00114/2). The Home and Community Based Expansion Program was approved by CMS as an amendment to the Partnership Plan on April 8, 2010 to allow use of post eligibility spousal impoverishment rules for determining Medicaid eligibility for certain waiver participants who have a community spouse and to whom the spousal impoverishment eligibility ad post-eligibility rules under section 1924 of the act are applied.

H. Dual Eligiblity for Medicaid and Medicare.
Check if applicable:

This waiver provides services for individuals who are eligible for both Medicare and Medicaid.

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.
The Long Term Home Health Care Program (LTHHCP) is a coordinated plan of care and services for individuals who would otherwise be medically eligible for placement in a nursing facility. This 1915 (c) waiver program serves seniors and individuals with disabilities who are medically eligible for nursing facility (NF) level of care; desire to remain at home; have assessed service needs that can be met safely at home; and, have a service plan with Medicaid costs for services which fall within the expenditure cap for nursing facility level of care. The LTHHCP enables the State to provide participants with a number of supportive services not available under NYS' State Plan for Medicaid services. The LTHHCP has successfully served individuals since 1983. Currently, the LTHHCP is operational in all but 8 Local Departments of Social Services (LDSSs) across the State and serves over 22,000 individuals.

The LTHHCP has three main goals:
- To prevent premature institutionalization of individuals and allow individuals who are at risk for institutionalization to remain in the community;
- To enable individuals who have been institutionalized to return to the community; and,
- To prevent or reduce the costs associated with unnecessary hospitalization and the unnecessary utilization of other costly health services, through coordinated access to appropriate services, case management and monitoring of the individual's health status.

The waiver is operated by the New York State Department of Health (NYSDOH) and administered by the LDSS. NYSDOH provides oversight of the LDSS administration of the program as provided for in New York's federally approved Medicaid State Plan for the administration of the Medicaid program. The LDSS has responsibility for determining waiver eligibility; authorizing waiver participation; authorizing LTHHCP services; providing choice among LTHHCP agencies in the community and monitoring program expenditure requirements.

NYSDOH authorizes and certifies all LTHHCP agencies pursuant to a formal certificate of need process and monitors all LTHHCP agencies by standard periodic inspections at a maximum interval of every 36 months to determine the quality of care and services furnished as measured by indicators of medical, nursing and rehabilitative care. Currently, there are 108 LTHHCP agencies serving over 22,000 participants. The LTHHCP agencies are responsible for providing or arranging for services for LTHHCP authorized participants. They are required to provide or arrange for the three waiver services of Medical Social Services, Nutrition Counseling/Education, and Respiratory Therapy and may provide for the other waiver services noted in Appendix C. They also provide for the necessary State Plan home care services of personal care, home health aide, nursing, physical therapy, occupational therapy and speech pathology. Some LTHHCP agencies seek further NYSDOH designation as AIDS Home Care Programs (AHCP) to focus on the needs of indiviudals with HIV/AIDS.

3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

A. **Waiver Administration and Operation. Appendix A** specifies the administrative and operational structure of this waiver.

B. **Participant Access and Eligibility. Appendix B** specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

C. **Participant Services. Appendix C** specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

D. **Participant-Centered Service Planning and Delivery. Appendix D** specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).

E. **Participant-Direction of Services.** When the State provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

Yes. This waiver provides participant direction opportunities. *Appendix E is required.*
No. This waiver does not provide participant direction opportunities. *Appendix E is not required.*

F. **Participant Rights. Appendix F** specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

G. **Participant Safeguards. Appendix G** describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.

H. **Quality Improvement Strategy. Appendix H** contains the Quality Improvement Strategy for this waiver.

I. **Financial Accountability. Appendix I** describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

J. **Cost-Neutrality Demonstration. Appendix J** contains the State's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

A. **Comparability.** The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid State plan

to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.

B. Income and Resources for the Medically Needy. Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy *(select one)*:

Not Applicable

No

Yes

C. Statewideness. Indicate whether the State requests a waiver of the statewideness requirements in §1902(a)(1) of the Act *(select one)*:

No

Yes

If yes, specify the waiver of statewideness that is requested *(check each that applies)*:

Geographic Limitation. A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State.

Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:

The LTHHCP is available in all counties of New York State with the exception of the 7 following counties which include: Livingston, Hamilton, Schoharie, Lewis, Essex, Chenango, and Schuyler Counties. Wyoming County has been approved to implement a new LTHHCP. The LTHHCP in Wyoming County will not be implemented until the waiver renewal is approved. Medicaid reimbursement for LTHHCP services in Wyoming County will only be approved prospectively from the waiver renewal date.

Limited Implementation of Participant-Direction. A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.

Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:

5. Assurances

In accordance with 42 CFR §441.302, the State provides the following assurances to CMS:

A. Health & Welfare: The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:

1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;

2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,

3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.

B. Financial Accountability. The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.

C. **Evaluation of Need:** The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.

D. Choice of Alternatives: The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:

1. Informed of any feasible alternatives under the waiver; and,

2. Given the choice of either institutional or home and community based waiver services. **Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

E. **Average Per Capita Expenditures:** The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.

F. **Actual Total Expenditures:** The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

G. **Institutionalization Absent Waiver:** The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

H. **Reporting:** The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

I. **Habilitation Services.** The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

J. **Services for Individuals with Chronic Mental Illness.** The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

A. **Service Plan**. In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

B. **Inpatients**. In accordance with 42 CFR §441.301(b)(1) (ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/MR.

C. **Room and Board**. In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

D. **Access to Services**. The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

E. **Free Choice of Provider**. In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

F. **FFP Limitation**. In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

G. **Fair Hearing:** The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community- based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

H. **Quality Improvement**. The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified in **Appendix H**.

I. **Public Input.** Describe how the State secures public input into the development of the waiver:
Pursuant to Presidential Executive Order #13175, NYSDOH provided the State's nine federally recognized Tribal Governments with written notification of the LTHHCP waiver renewal application and all proposed substantial changes to the program and offered an opportunity for their comment.

The Office of Long Term Care (OLTC) held meetings with the statewide home health care provider associations to discuss the renewal of the waiver and any redesign elements needed.

LTHHCP waiver management staff participated in discussions with the Long Term Care Restructuring Advisory Group which incorporates providers, advocates, local government and caregivers related to the LTHHCP waiver renewal. LTHHCP waiver management staff is holding regularly scheduled conference calls with Local Departments of Social Services representatives to discuss the LTHHCP waiver renewal.

NYSDOH contracted with the State University of New York at Albany, School of Social Welfare to conduct a survey of LTHHCP participants and/or caregivers to assess participant satisfaction with the program and to discover issues, barriers to access or unmet needs related to services of the LTHHCP; the results of that survey were used in development of the waiver renewal application.

NYSDOH is a statutorily required member of the State's Most Integrated Setting Coordinating Council (MISCC), established by Chapter 551 of the Laws of 2002 and responsible for developing and implementing a comprehensive Statewide plan to ensure that people of all ages with physical and mental disabilities receive care and services in the most integrated settings appropriate to their individual needs. State agencies are responsible for implementation of applicable sections of the plan. Open to the public and broadcast on the State's website, the MISCC quarterly meetings provide an excellent opportunity to inform and encourage public input concerning ongoing efforts to rebalance the State's long term care (LTC) Medicaid system, including improvements to MA services.

J. **Notice to Tribal Governments**. The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

K. **Limited English Proficient Persons**. The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

Last Name: Rockefeller

First Name: Vicki

Title: Director, Long Term Home Health Care Program

Agency: New York State Department of Health

Address: 875 Central Avenue

Address 2:

City: Albany

State: New York

Zip: 12206

Phone: (518) 474-5271 **Ext:** **TTY**

Fax: (518) 474-7067

E-mail: vlr01@health.state.ny.us

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name:

First Name:

Title:

Agency:

Address:

8.

Address 2:

Authorizing

City:

Signature

State:

This

Zip: **New York**

Phone:

document, together with the attached revisions to the

Fax:

affected components of the waiver, constitutes the State's

Ext: **TTY**

E-mail:

request to amend its approved waiver under §1915(c) of the Social Security Act. The State affirms that it will abide by all provisions of the waiver, including the provisions of this amendment when approved by CMS. The State further attests that it will continuously operate the waiver in accordance with the assurances specified in Section V and the additional requirements specified in Section VI of the approved waiver. The State certifies that additional proposed revisions to the waiver request will be submitted by the Medicaid agency in the form of additional waiver amendments.

Signature:

State Medicaid Director or Designee

Submission Date:

Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.

Last Name:

First Name:

Title:

Agency:

Address:

Address 2:

City:

State:

Zip: **New York**

Phone:

Attachment #1:

Fax:

Transition Plan

Ext: **TTY**

E-mail:

Specify the transition plan for the waiver:

Phase I: New York City

July 2, 2012 - New Service Clients: Dual Eligible individuals, fitting the mandatory population definition, residing in New York, Bronx, Kings, Queens and Richmond counties will be identified for enrollment into MLTC and referred to the Enrollment Broker for information, assistance and enrollment activities. New referrals and applications to LTHHCP will be closed on this date.

Clients Already Receiving community-based long term care services, enrollment into a MLTCP/CCM will also be phased-in by service type by borough and by zip code. Clients will have sixty days to choose a MLTCP/CCM or be auto-assigned to a MLTCP/CCM based on the following schedule:

January 2013: Mandatory enrollment of NYC LTHHCP participants will be phased in by zip code address.

As MLTC capacity is established state-wide, enrollment of dually eligible community-based long term care service recipients, including LTHHCP participants, is anticipated as follows:

Phase II: January 2013: Nassau, Suffolk and Westchester Counties

Phase III: June 2013: Rockland and Orange Counties

Phase IV: December 2013: Albany, Erie, Onondaga and Monroe Counties

Phase V: June 2014: Other counties with MLTC plan capacity

Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):