



# Opportunities to Integrate and Advance Services for Individuals with Developmental Disabilities

## **Overview of Pathways to Integration**

**Carla R. Williams**

**Deputy Director, Division of Long Term Care**

**Office of Health Insurance Programs**

**New York State Department of Health**

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**[crw03@health.state.ny.us](mailto:crw03@health.state.ny.us)**

**518- 408-1833**



# Overview of Pathways

- Managed Long Term Care:
  - Partial Plans
  - Medicaid Advantage Plus
  - PACE
- FIDA (Fully-Integrated Dual Advantage)



# Managed Long Term Care Goals

- To give one entity responsibility for assessing and arranging services and care management toward:
  - **Improving outcomes for enrollees**
    - **Prevent or delay decline due to chronic conditions**
    - **Reduce the need for acute care services**
  - **Improving satisfaction with life status for enrollees and caregivers**
  - **Producing savings for payers**



# Managed Long Term Care Models

- Three MLTC models
  1. Partially Capitated Managed LTC
  2. Program of All-Inclusive Care for the Elderly (PACE)
  3. Medicaid Advantage Plus (MAP)



# 1. Partially Capitated Managed Long Term Care Plans

- Capitated for some Medicaid services only
- Benefit package is long term care and ancillary services including home care, unlimited nursing home care
- Primary and acute care covered by FFS Medicare or Medicaid



## 2. Program of All-Inclusive Care for the Elderly (PACE)

- Federal program for Medicare and Medicaid at State option
- Capitated for all Medicare and Medicaid services
- Most integrated of the models
- Day center / clinic based; provider network usually small
- Benefit package includes all medically necessary services – primary, acute and long term care
- No auto-assignment



### 3. Medicaid Advantage Plus (MAP)

- Capitated for Medicare and Medicaid under two separate contracts
- All plans must cover the Combined Medicare and Medicaid
- Plans must meet both Medicare and Medicaid requirements
- Challenge is to have this appear seamless to the member
- No auto-assignment



## Common Elements of MLTC Plans

- Meet HMO (Article 44 of PHL) and MCO Federal regulations (42 CFR Part 438)– except PACE which has it's own federal regulations (42 CFR Part 460)
- Have a contract with the State (MLTC partial Plan) or State and CMS (MAP and PACE) that further define operational requirements and processes
- Must meet the requirements of Article 44 and Part 98-1



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## Common Elements of MLTC Plans

- Benefit package of covered services
- Contracted network of providers to provide medically necessary services
- Care management model that addresses the needs of all members
- Approved set of policies and procedures that detail plan operations including:
  - Enrollment/disenrollment
  - Care management
  - Service authorization criteria
  - Grievance and appeals
  - Quality assurance and performance improvement



# Contracted Network of Providers

- Plan must demonstrate that it has contracted with an adequate network of providers to serve members
- The plan network must:
  - Offer a choice of service providers to members
  - Demonstrate geographic access (for services that members travel to)
  - Have cultural and linguistic competency to serve the enrolled population
  - Be ADA compliant



## Mandatory Enrollment in MLTC and Care Coordination Models - MRT#90

- 2011 Budget legislation requires:
  - **All dual eligible 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 MLTCP or other Care Coordination Model
- Duals between 18 and 21 may voluntarily enroll



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## Mandatory Enrollment in MLTC and Care Coordination Models - MRT#90

- 1115 Waiver approval from CMS – August 2012 started auto assignment in NYC
- Definition of community-based long term care services includes:
  - Personal care services
  - Home health services
  - Adult day health care
  - Private duty nursing



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## Mandatory Enrollment in MLTC and Care Coordination Models - MRT#90

- **Mandatory Population:** Dual eligible, aged 21 and over, receiving community based long term care services for over 120 days, excluding the following:
  - *Nursing Home Transition and Diversion waiver participants;*
  - *OPWDD Population*
  - *Traumatic Brain Injury waiver participants;*
  - *Nursing home residents;*
  - *Assisted Living Program participants;*
  - *Dual eligible that do not require community based long term care services.*



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## Mandatory Enrollment in MLTC and Care Coordination Models - MRT#90

### ***Phase 1: New York City***

***People New to Service*** : September 2012 - Any dual eligible case new to service, fitting the mandatory definition in any New York City county will be identified for enrollment and referred to the Enrollment Broker for action

***People In Care***: Individuals receiving Personal Care and CDPAP (duals, over 21, more than 120 days of service) began to receive notices in July 2012; has been continuing process by borough



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## Mandatory Enrollment in MLTC and Care Coordination Models - MRT#90

- **As plan capacity is established, dually eligible community based long term care service recipients will be enrolled as follows:**
  - *Phase II - V: Nassau, Suffolk and Westchester Counties, and Upstate Counties – Anticipated January 2013 – June 2014*
  - *Phase VI: Previously excluded dual eligible groups contingent upon development of appropriate program*



# Proposal to Integrate Care for Dual Eligible Individuals - FIDA

## Two Approaches:

### 1. Capitated Financing Model: FIDA

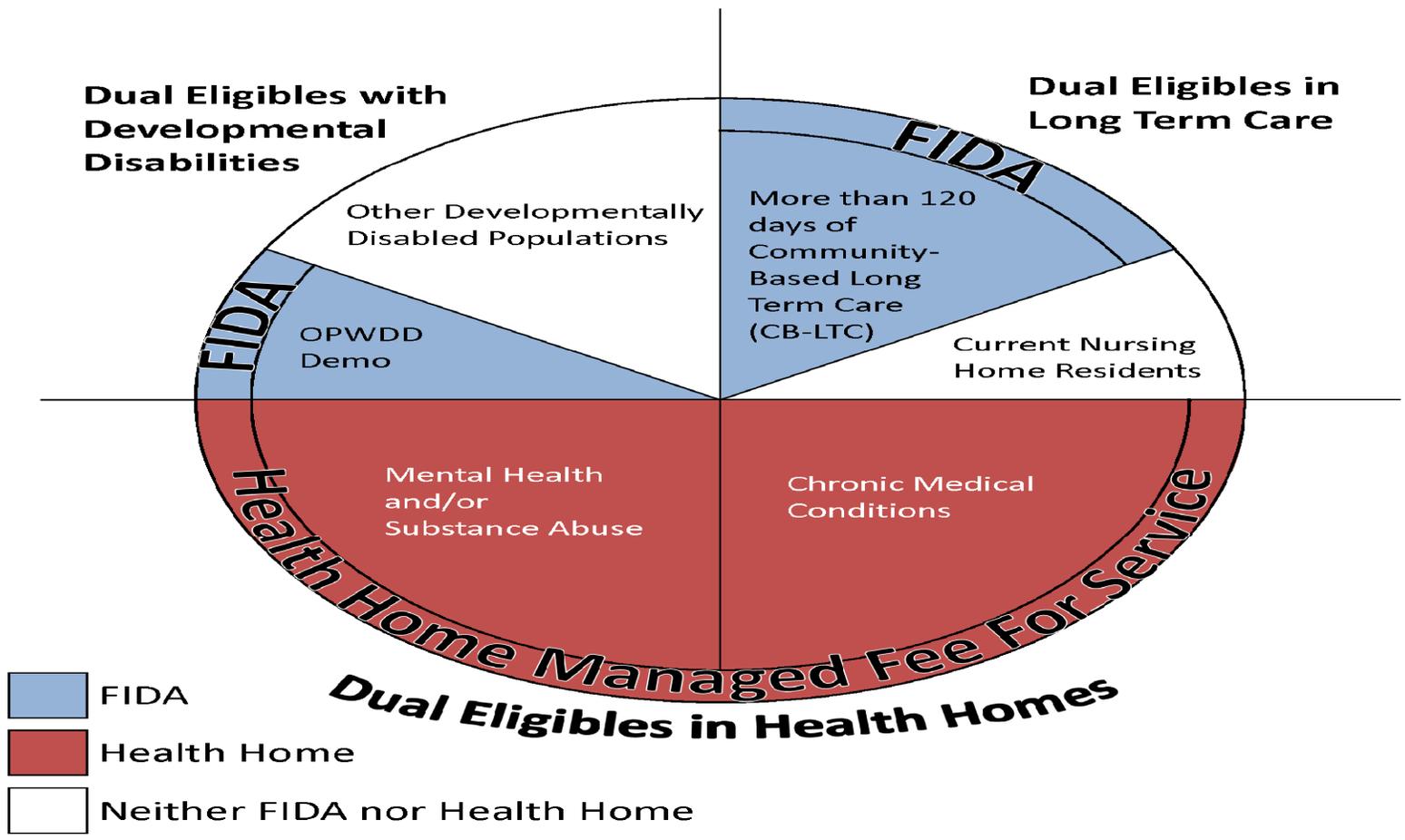
- Duals requiring 120 days or more of community-based LTSS (in limited geographic area of the state)
- OPWDD program for 10,000 duals (may be outside of demo area)

### 2. Managed FFS :

- Health Home for dual eligible (statewide)



# Dual Eligibles - Population Overview





# Proposed FIDA Model

- Fully-Integrated Dual Advantage programs
  - Capitated managed care program that provides comprehensive array of Medicare, Medicaid, and supplemental services – including:
    - All physical healthcare
    - All LTSS services currently available through MAP program
    - Additional services currently only available through HCBS Waivers
    - Additional supplemental services not currently required in NYSDOH managed care plans
    - All behavioral healthcare
    - For FIDA OPWDD, the program will also include all services currently available in the Comprehensive Waiver



# Proposed FIDA Coordination Model

- Participant-Centered
- Interdisciplinary Care Coordination Team:
  - Participant; and /or Designee;
  - Primary Care Physician;
  - Behavioral Health Professional;
  - Care Coordinator; and
  - any other providers:
    - chosen by Participant or
    - recommended by PCP or Care Coordinator and agreed to by Participant



# Proposed FIDA Beneficiary Protections

- Independent Enrollment Broker
- Independent Participant Ombudsman
- Integrated Grievances and Appeals Processes
- Choice of Plans
- Choice of Providers
- Maximum travel, distance, wait, and appointment times
- Continuity of Care
- Single Consolidated Statement of all Rights and Responsibilities
- No Costs (except Part D co-pays for non-LTSS participants)



## Proposed OPWDD FIDA Target Population

- Up to 10,000 Dual Eligible statewide
  - Age 21 and Over
  - Eligible for OPWDD Services
  - Are not receiving services in an OMH facility



# Proposed OPWDD FIDA Model

- Capitated managed care program that provides comprehensive array of Medicare, Medicaid, and supplemental services – including:
  - All physical healthcare
  - All LTSS services currently available through MAP program
  - Additional services currently only available through HCBS Waivers
  - Additional supplemental services not currently required in NYSDOH managed care plans
  - All behavioral healthcare
  - All OPWDD People First Waiver Services



# MFFS: Health Home Population

At least two chronic conditions, one chronic condition and at risk for another, or one serious and persistent mental health condition. Chronic conditions include:

- mental health condition
- substance abuse disorder
- asthma
- diabetes
- heart disease,
- being overweight (BMI over 25)
- HIV/AIDS
- Hypertension



## MFFS: Health Home Enrollment and Start Date

- State began on January 1, 2012
- Dual eligible to be passively assigned to a Health Home with an opportunity to opt-out under this Demonstration: January 2013



Demonstration proposal can be found here:  
[http://www.health.ny.gov/facilities/long\\_term\\_care/docs/2012-05-25\\_final\\_proposal.pdf](http://www.health.ny.gov/facilities/long_term_care/docs/2012-05-25_final_proposal.pdf)

**Questions or Comments?**