

What Service Coordinators Need To Know About Managed Care

There's a lot you can do to help consumers and families with important decisions about their health care providers.

How is Medicaid Changing to Include Managed Care?

Mandatory enrollment in managed care plans for Medicaid recipients will begin in several upstate counties by the fall of 1997. Statewide mandatory enrollment will be phased in over three years under New York State's 1115 Medicaid waiver.

Each county differs in the number of available managed care plans approved by the NYS Department of Health to enroll people receiving Medicaid. Some rural counties are without any approved plans.

How Will People with Developmental Disabilities be Affected by the Changes?

Many people with developmental disabilities who are on Medicaid will be exempted by law from mandatory enrollment in a managed care plan. The law exempts people who:

- Reside in an intermediate care facility for the mentally retarded (ICF/MR),
 - Receive home and community-based services or care-at-home services through these Medicaid waivers,
 - Have characteristics and needs similar to the above groups,
 - Are dually eligible for Medicare and Medicaid.
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How Will People with "Similar Characteristics and Needs" be Identified?

People who are already receiving services and have a completed DDP2 on file with the OMRDD will have that information used for determining their exemption status.

Anyone who is not receiving services will need to have a **Developmental Disabilities Managed Care Exemption Form** filled out by a physician or a qualified mental retardation professional (QMRP) in order to qualify for an exemption.

The forms will be available from the local Department of Social Services, the managed care liaison at the (DDSO), or the managed care trainers in your area.

How Can People Voluntarily Enroll in a Managed Care Plan?

People with developmental disabilities who are exempt from mandatory enrollment will have the option of enrolling in a managed care plan. A managed care plan may be a better health care choice for people who:

- Are not satisfied with their current health care services,
 - Have limited access to health care providers,
 - Have a primary care provider who has joined a managed care plan and is no longer accepting Medicaid fee-for-service.
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How can service coordinators help consumers and families decide if managed care is their best option for health care?

Service coordinators can play an important role in helping consumers and families to think through the many issues involved in managed care.

A Managed Care Information Kit has been created to help you work with consumers and their families in choosing the type of health care delivery that best meets their needs.

Some of the things that you can help consumers and families with are:

- Understanding how managed care works,
- Deciding whether to stay in fee-for-service Medicaid or join a managed care plan,
- Choosing a primary care plan,
- Enrolling in a managed care plan,
- Choosing a primary care practitioner,
- Advocating within the managed care system,

- Changing enrollment from one managed care plan to another,
- Determining exemption status for individuals who do not want to enroll in managed care,
- Understanding what a "Well-Qualified Plan" offers people with developmental disabilities.

Training for Service Coordinators

Training is available for service coordinators to help you learn more about managed care and how to assist the people you serve in finding or keeping the most appropriate health care providers. The training will enable you to use the Managed Care Information Kit in helping consumers and families with health care provider decisions.

Managed care trainers will be available in each of the Developmental Disabilities Services Offices (DDSOs) of OMRDD, as well as in many of the voluntary provider agencies.

For more information, please contact:

The Managed Care Liaison at your Developmental Disabilities Services Office (DDSO)