



EVELYN FRANK LEGAL RESOURCES PROGRAM
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TRAINING APPENDIX

1. Lists of plans by COMPANY, showing types of plans sponsored by each company (MLTC, MAP, Medicaid Advantage, PACE, Medicaid managed care, and proposed FIDA plans). By NYLAG. Posted at <http://www.wnyc.com/health/download/429/> .. 1
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**NYS D’ept of Health Mainstream Medicaid
Managed Care Complaints**

Phone: 1-800-206-8125

Email: managedcarecomplaint@health.state.ny.us

**NYS D’ept of Health Managed Long Term
Care (MLTC) Complaints**

Phone: 1-866-712-7197

Email: mltcworkgroup@health.state.ny.us

NY Medicaid Choice – Enrollment Issues
1-888-401-6582

**NY Medicaid Choice – Request Conflict-Free
Assessment** 1-855-222-8350

**Medicaid Managed Long Term Care Plans Offered (Dec. 2013) by Company
MLTC, MAP, PACE & Proposed FIDA plan (Fully Integrated Dual Advantage)**
THIS DOCUMENT AVAILABLE AT <http://www.wnyc.com/health/download/429/> - check for updates

Company	MLTC PLAN	Medicaid Advantage PLUS	PACE	Medicaid Advantage *** NO HOME CARE!! ¹	Main-stream managed care	FIDA Plan	# counties MLTC outside NYC (not MAP)
PLANS THAT OPERATE IN NYC ONLY -- OR -- in NYC and other counties (list showing plans by county at http://www.wnyc.com/health/download/371/)							
Aetna	1. Aetna Better Health [%]					x	2
Affinity				Affinity*	x		
AgeWell (Parker Jewish)	2. AgeWell New York *					x	3
AlphaCare (Magellan)	3. AlphaCare* NEW					x	1
Amerigroup (HealthPlus)	4. HealthPlus/Amerigroup	HealthPlus MAP			x HealthPlus	x	NONE
AmidaCare					X SNP		
Archcare**	5. Archcare Community Life		Archcare Senior Life**			x	2
CenterLight (formerly CCM)	6. CenterLight Select		Center-Light PACE			x	4
Centers Plan for Healthy Living	7. Centers Plan for Health Living MLTC					x	3
Elderplan (HomeFirst)	8. HomeFirst MLTC (ElderPlan)	ElderPlan Plus LTC		ElderPlan Medicaid Advantage (HMO SNP)		x	13
ElderServe	9. ElderServe					x	3
Extended (CHHA)	10. Extended MLTC						2
Fidelis	11. Fidelis Care at Home	Fidelis MAP		Fidelis Dual Advantage NYC	x	x	45
Guildnet	12. Guildnet	Guildnet Gold*		Guildnet Health Advantage HMO-POS SNP		x	3

Company	MLTC PLAN	Medicaid Advantage PLUS	PACE	Medicaid Advantage *** NO HOME CARE!! ¹	Main-stream managed care	FIDA Plan	# counties MLTC outside NYC (not MAP)
HHH Choices	13.HHH Choices Health PI*	HHH Choices Gold				x	1
EmblemHealth (HIP)	14.HIP/Emblem MLTC	EmblemHealth MLTC PLus		EmblemHealth Medicare Choice Value/ HIP	x	x	3
Independence Care System	15.Independence Care Sys*					x	NONE
Integra (Personal Touch)	16.Integra MLTC					x	3
Liberty Health				Liberty Health Advantage			
Managed Health (see Senior Health Partners)				Managed Health			
MetroPlus	17.MetroPlus MLTC*			MetroPlus MA Advantage*	x	x	NONE
Montefiore HMO	18.Montefiore HMO NEW					x	1
North Shore-LIJ Health	19.North Shore LIJ NEW					x	2
	20.						
Senior Health Partners (Healthfirst/ Managed Health)	21.Senior Health Partners (Healthfirst)	HealthFirst Complete Care		HealthFirst Maximum*/ Managed Health	X Health-first PHSP	x	2
Senior Whole Health	22.Senior Whole Health MLTC*	Senior Whole Health M/M Plus*				x	NONE
Touchstone Health				Touchstone Prestige\$			
United Healthcare	23.United Healthcare Personal Assist			United Healthcare Dual Advantage	x	x	8
VillageCare	24.VillageCareMAX*					x	NONE
VNSNY	25.VNSNY Choice	VNSNY Choice Plus		VNSNY TOTAL	X SNP	x	28
Wellcare	26.Wellcare Advocate MLTC	Wellcare Advocate Complete*		Wellcare Liberty MA#	x	x	8

PLANS THAT OPERATE ONLY UPSTATE in limited counties – NOT IN NYC. List does not include all mainstream plans – only those with LTC plans (MLTC, MAP, PACE)							
Company	MLTC PLAN	Medicaid Advantage PLUS	PACE	Medicaid Advantage *** NO HOME CARE!! ²	Main-stream managed care	FIDA Plan	# counties outside NYC - MLTC
Catholic Health-LIFE			x				Erie
Complete Senior Care			x				Niagara
EDDY			X				Schenect'd y Albany
Elant	Elant Choice						Orange, Rockland Dutchess
First Choice Health	First Choice Health MLTC						Erie, Niagara
Hamaspik	Hamaspik Choice						Orange, Rockland, Sullivan, Ulster
Independent Living for Seniors dba/ ElderONE			x				Monroe
PACE CNY			x				Onondoga
Senior Network Health	Senior Network Health						Oneida, Herkimer
Total Aging in Place Program	Total Aging in Place Program						Erie
Total Senior Care, Inc			x				Cattaraug's Allegany
VNA Homecare Options, LLC	VNA Homecare Options						Albany, Cayuga Jefferson, Madison, Onondaga Oswego

Plans in top part of chart cover all NYC Boroughs except those marked as follows:

* * = does not cover Staten Island

** ARCHCARE Community Life MLTC covers only Bronx, Manhattan & Staten Island, and its PACE covers only Bronx and Manhattan

% AETNA Better Health MLTC covers only Brooklyn, Manhattan & Queens

\$ Touchstone Health Medicaid Advantage does not cover Manhattan (and is NOT a long-term care plan!!)

Wellcare Liberty MA covers Brooklyn, Bronx and Queens only – and is not a long-term care plan!!

Contact Info for all plans posted at http://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm
and <http://www.nymedicaidchoice.com/program-materials> (look under Long Term Care plan headings ONLY)
FIDA plans listed in http://www.health.ny.gov/health_care/medicaid/redesign/docs/2013_09_fida_faq.pdf Q6

¹ **Warning:** The second to the last column shows **Medicaid Advantage Plans** – which are different than Medicaid Advantage Plus plans. Both offer Medicaid and Medicare services, but the Medicaid services offered by PLUS plans include Medicaid long-term home care, adult day care, etc. are offered. The regular Medicaid Advantage Plans – without the PLUS – do not offer any long-term care. Any dual eligible needing home care or long term care should not join these plans. One cannot enroll in both a Medicaid Advantage and MLTC plan.

Also, many of these companies ALSO offer **Medicare Advantage** Plans, which cover solely Medicare services, and mainstream **Medicaid Managed Care** plans, for Medicaid recipients *without Medicare*. The names may sound alike – be sure to check the type of plan. A Medicaid recipient who needs Medicaid home care MAY join a Medicare Advantage plan for his/her Medicare services. That same person may additionally enroll in an MLTC plan for her Medicaid long-term care services.

Prepared by Valerie Bogart, New York Legal Assistance Group, updated April 21, 2014 vbogart@nylag.org

THIS DOCUMENT AVAILABLE AT <http://www.wnyc.com/health/download/429/> - check for updates

PLAN LIST ORGANIZED BY COUNTY <http://www.wnyc.com/health/download/371/>

G:\Research\homecare\MLTC Managed LTC\Plan Lists\MLTC-MAP-PACE Plan List by Company - NYC april 2014.doc

PROVIDER ID NUMBERS AND PLAN CODES

MAPDR-05 09/25/2014

Medicaid Managed Care Plan	Provider ID	BP	eMedNY Code	Telephone Number	Boroughs	Products MA, CHP, FHP
Affinity Health Plan	00477156	02	82	800-553-8247	All	All
Emblem Health (Formerly Health Insurance Plan of Greater NY [GHI/HIP])	00313979	07	99	800-447-8255		
HealthFirst PHSP, Inc.	01479670	01	SF	866-463-6743		
HealthPlus, an Amerigroup Company	01617894	66	KP	800-950-7679		
Metro-Plus (Metropolitan Health Plus)	00894519	03	92	800-303-9626	All, except SI	
NY State Catholic Health Plan/Fidelis	01751046	66	SP	888-343-3547	All	
United Healthcare Community Plan	01403176	01	MO	800-396-7177		
Wellcare of New York, Inc	01182503	66	WC	800-288-5441	All, except SI	

HIV Special Needs Plans (SNP) →	Plan Name	Provider ID	eMedNY Code	Telephone Number	Boroughs
	Amida Care Inc.	02191582	OD	800-556-0689	All
	Metro Plus	02191362	OM	800-303-9626	All, except SI
	VNSNY Choice Select	03420871	VS	866-265-7306	

Medicaid Advantage/Dual Eligible Plans (BP Code = 71)	Provider ID	eMedNY Code	Customer Service	TTY/TDD	Boroughs
Affinity	02802899	YY	866-247-5678	800-662-1220	All
Elderplan, Inc MA	03186129	YJ	718-921-7979	800-662-1220	
Emblem Health (Formerly Health Insurance Plan)	02707899	YC	800-447-9733	877- 208-7920	
Emblem Health Medicare Choice Value (Formerly Group Health Insurance)	02591073	Y4	866 -557-7300	877- 208-7920	
Fidelis Dual Advantage NYC	02738989	YD	800-247-1447	800-695-8544	
Healthfirst Maximum	02594847	Y8	888-260-1010	800-662-1220	All, except SI
Liberty Health Advantage, Inc.	02660144	Y9	866- 542-4269	800- 662-1220	All
MetroPlus MA Advantage	02922750	YM	800-303-9626	800-881-2812	All, except SI
Senior Whole Health of New York Medicaid Advantage	02872888	YR	877-353-0185	711	All, except SI
Touchstone Health (Prestige Plan)	02902761	YT	888-777-0204	888-777-0301	All, except Manhattan
UnitedHealthcare Dual Advantage	03238240	YU	800-514-4912	877-486-2048	All
Wellcare Liberty (Medicaid Advantage Plan)	02645710	YW	800-650-4359	877-247-6272	Brooklyn, Bronx, Queens
VNS MA Advantage	1528059805	VN	866-783-4444	711	All

MA ADVANTAGE PLUS PLANS

PLAN NAME	PLAN ADDRESS	BOROUGH	PLAN TEL. NO.	TTY/TDD	PROVIDER ID	eMedNY CODE	BP
Elderplan, Inc	745 64 th Street Brooklyn, NY 11220	All	866-386-9437	800-662-1220	03173113	YL	72
Emblem Health (Formerly Health Insurance Plan)	55 Water Street New York, NY 10041	All	800-447-9161	888-447-4833	03239801	ZH	72
Fidelis	95-25 Queens Blvd. Rego Park, NY 11374	All	877-533-2404	800-558-1125	02927631	YF	72
Guildnet Gold, Inc.	15 West 65 th Street, 4 th Fl New York, NY 10023	All, except Staten Island	800-932-4703	800-662-1220	02942923	YG	72
HealthFirst CompleteCare	100 Church Street New York, NY 10007	All	888-260-1010	888-542-3821	03420808	MH	72
HealthPlus, an Amerigroup Company	241 37 th St, 4 th Fl. Brooklyn, NY 11232	All	866-805-4589	800-855-2880	03173080	YO	72
Senior Whole Health of New York Medicaid Advantage Plus	450 7 th Avenue Suite 1601 New York, NY 10001	All, except Staten Island	877-353-0185	711	02932896	YH	72
VNSNY CHOICE Total	1250 Broadway, 11 th Fl. New York, NY 10001	All	866-597-6674	711	02914056	YN	72

PROGRAM FOR ALL INCLUSIVE CARE FOR THE ELDERLY (PACE) PLANS

PLAN NAME	PLAN ADDRESS	BOROUGH	PLAN TEL. NO.	PROVIDER ID	eMedNY CODE	BP
ArchCare Senior Life	155 E. 56 th Street 2 nd Fl. New York, NY 10022	Bronx, Manhattan, Staten Island	866-263-9083	03114514	AC	75
Centerlight Healthcare PACE	612 Allerton Avenue Bronx, NY 10457	All	877-226-8500	01234037	C7	75

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MANAGED LONG TERM CARE (MLTC) PARTIAL CAP PLANS

PLAN NAME	PLAN ADDRESS	BOROUGH	PLAN TEL. NO.	PROVIDER ID	eMedNY CODE	BP
Aetna Better Health	55 West 125 th Street, 13 th Fl. New York, NY 10027	Brooklyn, Manhattan, Queens	855-456-9126	03458546	AH	66
Agewell	271-11 76 th Avenue New Hyde Park, NY 11040	All, except Staten Island	866-586-8044	03481927	AG	66
AlphaCare	335 Adams Street, 26 th Fl. Brooklyn, NY 11201	All, except Staten Island	888-770-7815	03560441	AL	66
Archcare Community Life	205 Lexington Avenue New York, NY 10016	All	855-467-9351	03466800	AP	66
Centerlight Healthcare Select	612 Allerton Avenue Bronx, NY 10457	All	877-226-8500	02710185	TF	66
Centers Plan For Healthy Living	75 Vanderbilt Avenue, Suite 600 Staten Island, NY 10304	All	855-270-1600	03506989	CP	66
ElderServe Health Inc.	5901 Palisades Avenue Riverdale, NY 10471	All	800-370-3600	03234044	EH	66
Extended	21 Penn Plaza, Suite 304 New York, NY 10001	All	855-299-6492	03549135	EC	66
Fidelis Care at Home	95-25 Queens Blvd. Rego Park, NY 11374	All	800-688-7422	01788325	GD	66
Guildnet, Inc.	15 West 65 th Street, 4 th Fl. New York, NY 10023	All	800-932-4703	01827572	GN	66
HealthPlus, an Amerigroup Company	241 37 th St, 4 th Fl. Brooklyn, NY 11232	All	800-600-4441	02644562	KX	66
HIP/Emblem MLTC	55 Water Street New York, NY 10041	All	888-447-9161	03416231	HP	66
HomeFirst, Inc	6323 Seventh Avenue Brooklyn, NY 11220	All	866-389-2656	03253707	ED	66
Independence Care System	257 Park Avenue South, 2 nd Fl. New York, NY 10010	All, except Staten Island	877-427-2525	01865329	IX	66
Integra	2701 Emmons Avenue Brooklyn, NY 11235	All	855-661-0002	03475427	IT	66
MetroPlus	160 Water Street, 3 rd Fl. New York, NY 10038	All, except Staten Island	855-355-6582	03466906	MP	66
Montefiore HMO	200 Corporate Boulevard South Yonkers, NY 10701	Bronx	855-556-6683	03594052	MF	66
North Shore LIJ	2200 Northern Blvd. Suite 104 East Hills, NY 11548	All, except Bronx	855-421-3066	03580307	NS	66
Senior Health Partners A Healthfirst Company	100 Church Street, 17 th Fl. New York, NY 10007	All	866-585-9280	02104369	H1	66
Senior Whole Health of New York MLTC	450 7 th Avenue, Suite 1601 New York, NY 10001	All, except Staten Island	877-353-0185	03459881	SW	66
UnitedHealthcare Personal Assist	77 Water Street, 14 th Fl. New York, NY 10005	All	877-512-9354	03439663	UH	66
VillageCareMax	154 Christopher Street New York, NY 10014	All, except Staten Island	800-469-6292	03420399	VL	66
VNSNY CHOICE	1250 Broadway New York, NY 10001	All	888-867-6555	01750467	VC	66
WellCare Advocate	110 5 th Avenue, 3 rd Fl. New York, NY 10011	All	866-661-1232	02825230	WN	66

**Managed Long Term Care, Medicaid Advantage Plus, and PACE plans by
County in NYS with Enrollment as of June 2014**

County and Date Became Mandatory	Name of plan/ company	Enrollment 6/2014	Type of plan
ALBANY¹ (1/2014)	NYS Catholic Health Plan	51	MAP
	FIDELIS MAP	0	MAP
	EDDY SENIOR CARE	3	PACE
	FIDELIS CARE AT HOME	104	MLTC
	VNS CHOICE	148	MLTC
	WELLCARE	38	MLTC
	HOMEFIRST (ElderPlan)	6	MLTC
	UNITED HEALTH CARE PERSONAL ASSIST.	5	MLTC
	VNA HOME CARE OPTIONS	39	MLTC
ALLEGANY	TOTAL SENIOR CARE	18	PACE
	FIDELIS CARE AT HOME	0	MLTC
BROOME	FIDELIS CARE AT HOME	12	MLTC
	UNITED HEALTH CARE PERSONAL ASSIST.	0	MLTC
CATTARAUGUS	TOTAL SENIOR CARE	80	PACE
	FIDELIS CARE AT HOME	1	MLTC
CAYUGA (6/2014)	FIDELIS CARE AT HOME	1	MLTC
	VNA HOME CARE OPTIONS	0	MLTC
CHAUTAUQUA	FIDELIS CARE AT HOME	1	MLTC
CHENANGO	FIDELIS CARE AT HOME	1	MLTC
COLUMBIA (4/2014)	FIDELIS CARE AT HOME	5	MLTC
	VNSNY CHOICE	24	MLTC
CORTLAND	FIDELIS CARE AT HOME	2	MLTC
DELAWARE	FIDELIS CARE AT HOME	9	MLTC
	VNYNY CHOICE	0	MLTC
DUTCHESS	ELANT	77	MLTC
	FIDELIS CARE AT HOME	21	MLTC
	VNS CHOICE	14	MLTC
ERIE (1/2014)	CENTERS PLAN FOR HEALTHY LIV	63	MLTC
	FIDELIS CARE AT HOME	178	MLTC
	TOTAL AGING IN PLACE PROGRAM	127	MLTC
	WELLCARE	145	MLTC
	FIRST CHOICE HEALTH	0	MLTC
	HOMEFIRST (ElderPlan)	3	MLTC
	UNITED HEALTH CARE	3	MLTC
	VNSNY CHOICE	103	MLTC
	Catholic Health CHS BUFFALO LIFE	168	PACE
ESSEX	FIDELIS CARE AT HOME	2	MLTC
FULTON	FIDELIS CARE AT HOME	12	MLTC
	VNSNY CHOICE	0	MLTC
GENESEE	FIDELIS CARE AT HOME	0	MLTC

GREENE (6/2014)	VNSNY CHOICE	12	MLTC
HAMILTON	FIDELIS CARE AT HOME	0	MLTC
HERKIMER (6/2014)	FIDELIS CARE AT HOME	11	MLTC
	SENIOR NETWORK HEALTH	48	MLTC
	VNSNY CHOICE	0	MLTC
JEFFERSON	VNA HOME CARE OPTIONS	0	MLTC
LIVINGSTON	FIDELIS CARE AT HOME	24	MLTC
MADISON	VNA HOME CARE OPTIONS	21	MLTC
	VNSNY CHOICE	0	MLTC
MONROE (1/2014)	FIDELIS CARE AT HOME	170	MLTC
	HOMEFIRST (ElderPlan)	453	MLTC
	UNITED HEALTH CARE Personal Ass	3	MLTC
	VNSNY Choice	14	MLTC
	ELDERPLAN	0	MAP
	ElderOne (Formerly "INDEPENDENT LIVING FOR SENIORS")(Rochester General Hospital)	560	PACE
MONTGOMERY	FIDELIS/ NYS Catholic Health Plan	4	MAP
	FIDELIS CARE AT HOME	14	MLTC
	VNSNY CHOICE	0	MLTC
NASSAU (Jan. 2013)	ELDERPLAN MAP	4	MAP
	GUILDNET GOLD	72	MAP
	HEALTHFIRST COMPLETE CARE	15	MAP
	EMBLEMHEALTH (HIP)	75	MAP
	VNSNY CHOICE TOTAL	0	MAP
	AETNA BETTER HEALTH	264	MLTC
	AGEWELL NEW YORK	363	MLTC
	CENTERLIGHT	132	MLTC
	ELDERPLAN (HomeFirst)	130	MLTC
	ELDERSERVE	93	MLTC
	EXTENDED	29	MLTC
	FIDELIS CARE AT HOME	583	MLTC
	GUILDNET	1,531	MLTC
	EMBLEMHEALTH (HIP)	253	MLTC
	INTEGRA	55	MLTC
	NORTH SHORE-LIJ	315	MLTC
	SENIOR HEALTH PARTNERS INC	201	MLTC
	VNSNY CHOICE	345	MLTC
	WELLCARE	62	MLTC
	CenterLIGHT	62	PACE

NIAGARA	COMPLETE SENIOR CARE	116	PACE
	CENTERS PLAN FOR HEALTHY LIV.	35	MLTC
	FIDELIS CARE AT HOME	0	MLTC
	FIRST CHOICE HEALTH	0	MLTC
	HOMEFIRST (ElderPlan)	0	MLTC
ONEIDA (6/2014)	FIDELIS CARE AT HOME	32	MLTC
	SENIOR NETWORK HEALTH	433	MLTC
	UNITED HEALTH CARE Personal Ass	0	MLTC
	VNSNY CHOICE	0	MLTC
ONONDOGA (1/2014)	FIDELIS CARE AT HOME	45	MLTC
	VNA HOME CARE OPTIONS	280	MLTC
	UNITED HEALTH CARE Personal Ass.	12	MLTC
	HOMEFIRST (ElderPlan)	1	MLTC
	VNSNY CHOICE	0	MLTC
	PACE CNY	463	PACE
ONTARIO	FIDELIS CARE AT HOME	1	MLTC
ORANGE (9/2013)	ELANT	283	MLTC
	FIDELIS CARE AT HOME	417	MLTC
	HAMASPIK CHOICE	90	MLTC
	HOMEFIRST (ElderPlan)	1	MLTC
	UNITED HEALTH CARE Personal Ass	0	MLTC
	VNSNY CHOICE	20	MLTC
	WELLCARE	119	MLTC
ORLEANS	FIDELIS CARE AT HOME	0	MLTC
OSWEGO	FIDELIS CARE AT HOME	6	MLTC
	VNA HOME CARE OPTIONS	3	MLTC
	PACE CNY	0	PACE
OTSEGO	VNSNY CHOICE	0	MLTC
PUTNAM (4/2014)	ARCHCARE	30	MLTC
	FIDELIS CARE AT HOME	12	MLTC
	VNSNY CHOICE	0	MLTC
RENSSELAER (6/2014)	FIDELIS MAP/ NYS Catholic Health Pl	26	MAP
	FIDELIS CARE AT HOME	14	MLTC
	HOMEFIRST (ElderPlan)	6	MLTC
	VNSNY CHOICE	52	MLTC

ROCKLAND (9/13)	CENTERLIGHT	231	MLTC
	CENTERS PLAN FOR HEALTHY LIV	23	MLTC
	ELANT	251	MLTC
	ELDERPLAN	13	MLTC
	FIDELIS CARE AT HOME	392	MLTC
	HAMASPIK CHOICE	96	MLTC
	HOMEFIRST (ElderPlan)	13	MLTC
	UNITED HEALTH CARE Personal Ass	1	MLTC
	VNSNY CHOICE	16	MLTC
	WELLCARE	133	MLTC
SARATOGA (6/2014)	VNSNY CHOICE	14	MLTC
	HOMEFIRST (ElderPlan)	0	MLTC
SCHENECTADY (6/2014)	HOMEFIRST (ElderPlan)	2	MLTC
	VNSNY CHOICE	0	MLTC
	FIDELIS CARE AT HOME	28	MLTC
	EDDY SENIOR CARE	137	PACE
	FIDELIS MAP/ NYS Catholic Health PI	25	MAP
SCHOHARIE	FIDELIS CARE AT HOME	0	MLTC
	VNSNY CHOICE	0	MLTC
STEUBEN	FIDELIS CARE AT HOME	1	MLTC
SUFFOLK (Jan. 2013)	Guildnet GOLD (MAP)	83	MAP
	HIP (EMBLEMHEALTH)	26	MAP
	VNSNY CHOICE TOTAL	0	MAP
	CENTERLIGHT	85	PACE
	AETNA BETTER HEALTH	256	MLTC
	AGEWELL NEW YORK	148	MLTC
	CENTERLIGHT SELECT	170	MLTC
	ELDERPLAN (HomeFirst)	41	MLTC
	ELDERSERVE	124	MLTC
	EXTENDED	3	MLTC
	FIDELIS CARE AT HOME	397	MLTC
	GUILDNET	1,394	MLTC
	HIP (EMBLEMHEALTH)	66	MLTC
	INTEGRA	24	MLTC
	VNSNY CHOICE	105	MLTC
	NORTH SHORE LIJ	35	MLTC
	WELLCARE	15	MLTC
SULLIVAN (4/2014)	FIDELIS CARE AT HOME	18	MLTC
	HAMASPIK CHIOCE	89	MLTC
	VNSNY CHOICE	1	MLTC
TIOGA	FIDELIS CARE AT HOME	4	MLTC
TOMPKINS	FIDELIS CARE AT HOME	2	MLTC

ULSTER (4/2014)	FIDELIS CARE AT HOME	82	MLTC
	HAMASPIK CHOICE	26	MLTC
	VNS CHOICE	1	MLTC
	WELLCARE	41	MLTC
WARREN	FIDELIS CARE AT HOME	1	MLTC
	VNSNY CHOICE	0	MLTC
WASHINGTON (6/2014)	FIDELIS CARE AT HOME	4	MLTC
	VNSNY CHOICE	0	MLTC
WAYNE	FIDELIS CARE AT HOME	1	MLTC
WESTCHESTER (Jan. 2013)	AGEWELL NEW YORK	293	MLTC
	ALPHACARE	9	MLTC
	ARCHCARE COMMUNITY LIFE	430	MLTC
	CENTERLIGHT	369	MLTC
	ELDERPLAN (HomeFirst)	329	MLTC
	ELDERSERVE	143	MLTC
	FIDELIS CARE AT HOME	252	MLTC
	GUILDNET	209	MLTC
	HIP / EMBLEMHEALTH	41	MLTC
	HHH CHOICES	89	MLTC
	INTEGRA	33	MLTC
	MONTEFIORE	49	MLTC
	SENIOR HEALTH PARTNERS	162	MLTC
	VNSNY CHOICE	254	MLTC
	WELLCARE	30	MLTC
	CENTERLIGHT	223	PACE
	ELDERPLAN	0	MAP
	HIP/EMBLEMHEALTH	5	MAP
	VNSNY CHOICE TOTAL	0	MAP
WYOMING	FIDELIS CARE AT HOME	0	MLTC
TOTAL UPSTATE			

TOTAL ENROLLMENT Jun. 2014

	NYC	Rest of State	Total statewide
PACE	3,774	1,915	5,689
MAP	5,041	386	5,427
MLTC	104,560	15,167	119,727
TOTAL	113,375	17,468	130,843

New York City – Enrollment in MLTC, MAP and PACE Plans June. 2014

MEDICAID ADVANTAGE PLUS	
1. HealthFirst	2,836
2. Elderplan	798
3. HIP of Greater New York	523
4. Guildnet	540
5. VNS Choice Plus	223
6. NYS Catholic Health Plan	86
7. Senior Whole Health	29
8. HHH Choices	0
9. AmeriGroup	0
10. WellCare	0
NYC Total MAP	5,035
MLTC PACE PLANS	
1. ARCHCARE SENIOR LIFE	339
2. COMPREHENSIVE CARE MGMT	3,435
Total MLTC PACE Enrollment	3,774
MLTC PARTIAL CAPITATION PLANS	
1. VNS CHOICE	16,446
2. GUILDNET	11,229
3. SENIOR HEALTH PARTNERS INC	10,879
4. ELDERPLAN	9,620
5. ELDERSERVE	10,009
6. CENTERLIGHT	3,435
7. FIDELIS CARE AT HOME	5,767
8. WELLCARE	5,712
9. INDEPENDENCE CARE SYSTEMS	5,081
10. AMERIGROUP/HealthPlus	2,798
11. VILLAGE CARE MAX	2,944
12. HHH CHOICES	2,190
13. AGEWELL NEW YORK (Parker Jewish)	2,430
14. AETNA BETTER HEALTH	2,099
15. ARCHCARE COMMUNITY LIFE	1,407
16. CENTERS PLAN FOR HEALTHY LIVING	1,669
17. HIP OF GREATER NEW YORK	978
18. INTEGRA (Personal Touch)	1,151
19. SENIOR WHOLE HEALTH	916
20. UNITED HEALTHCARE	746
21. METROPLUS	577
22. ALPHACARE (Magellan)	545
23. NORTH SHORE-LIJ HEALTH PLAN	381
24. EXTENDED MLTC	228
25. MONTEFIORE HMO	290
TOTAL NYC MLTC	109,489

Data from

http://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/

Contact information for plans at

http://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm and at

<http://nymedicaidchoice.com/program-materials> (Long Term Care Plans by region)

Mandatory rollout – 8/2012 – NYC. 1/2013 - Nassau, Suffolk, and Westchester, Sept. 2013 - Orange and Rockland

Dec. 2013 -- Erie, Onondaga, Monroe and Albany -- all require MANDATORY enrollment in MLTC plans, with option of choosing MAP or PACE instead, for ADULT (>21) dual eligibles who need Medicaid community-based long term care services.

NOTE MAP and PACE are options but these plans combine Medicare Advantage with MLTC and Medicaid, and would control ALL access to primary and acute care paid for by Medicare AND Medicaid. In order to keep your own doctor and pay with Medicare, join an MLTC plan.

¹ **BOLD** = Mandatory county as of February 2014. GREY = MAP or PACE plan

<Date>

<Case Name>
<Address>
<City, State> <Zip Code>

Important Medicaid Notice

<Dear Consumer Name.> <CIN#>

This is an important notice from the Medicaid Program. We are writing because you get home care or other long-term care services. The way you get these services will change in the next several months. To keep receiving your services, you will be required to join a Managed Long Term Care Plan.

The requirement that you must join a Plan is subject to approval by the federal Centers for Medicare & Medicaid Services (CMS). **You do not need to do anything at this time.** This letter is to tell you what this change means to you and how it will happen.

What this change means

We have enclosed a list of Managed Long Term Care Plans. These Plans are for people who have a long-lasting health problem or disability. You will be asked to choose one of these Plans. The Plan you select will arrange for all your long-term care services - not just home care but also the other services listed on the enclosed Plan List.

After you join a Plan, your Medicaid CASA office or local Social Services office will no longer be in charge of approving your services. Your Plan will do this for you.

(Please turn this page over)

What Happens Next

When federal approval is received, you will get another letter and more information from *New York Medicaid Choice*. This State program can help you choose a Plan. You have 60 days after you receive that letter to choose a Plan. If you do not select a Plan, the Medicaid Program will select a Plan for you.

What You Can Do Now

- Share this letter with your family or someone who knows about your health care needs.
- You may also speak to your CASA office or local Social Services office. They also know about this change and can keep you informed.
- Call *New York Medicaid Choice*. Counselors can answer any questions you may have about joining a Plan. **They can tell you which Plan works with your home care agency or other providers.** Please have the name of your home care agency or other providers handy when you call.

If you have trouble reading or understanding this letter or if you have questions - call *New York Medicaid Choice*:

Phone Number: 1-888-401-MLTC or 1-888-401-6582

TTY Service: 1-888-329-1541

Monday to Friday, 8:30 am – 8:00 pm

Saturday, 10:00 am – 6:00 pm

Thank you.

New York

Medicaid Choice New York State's Medicaid managed care enrollment program

1-888-401-6582

P.O. Box 5009, New York, NY 10274-5009

Ask • Choose • Enroll

July 8, 2012

John Sample
123 Main Street
Anytown, N.Y. 01234

Important! You Must Join a Managed Long Term Care Plan

Dear John Sample:

AB1234C

The Medicaid program has changed the way you get home care and other long term care services. Your local Department of Social Services, CASA office or home health agency will no longer approve these services. Instead, you must now join a Managed Long Term Care Plan. (It is also called a Plan).

It is important that you join a Plan by September 6, 2012. If you do not choose a Plan by this date, the Medicaid Program will select a Plan for you.

If you want help in choosing a Plan, please call ***New York Medicaid Choice***. This State program has counselors who will be glad to answer your questions about joining a Plan. If you want someone to speak to us on your behalf, please contact us to arrange this. You or the person you authorize can contact us for help in choosing a Plan **over the phone or TTY**.

New York Medicaid Choice – we are here to help.

Choosing your Plan is an important decision. You may want to share this letter with your family or someone who knows about your health care needs. If you have trouble reading or understanding this letter – a Medicaid Choice counselor can help.

(Please turn this page over)

Some people are exempt from joining a Plan. This means they do not have to join a Plan. In some situations, a person cannot join a Plan. Please see Page 21 in the enclosed Guide for more information.

Please contact *New York Medicaid Choice*. Counselors can:

- tell you about the different types of Plans, their services and how they work
- help you choose a Plan that works with your home care agency or other providers.

Please see the **Provider Worksheet** on Page 14 in the enclosed Guide. You can fill out this worksheet and have it handy when you call us.

Call: 1-888-401-MLTC or 1-888-401-6582. Monday-Friday from 8:30 am – 8:00 pm and Saturday, from 10:00 am- 6:00 pm. TTY Service: 1-888-329-1541.

Office of Health Insurance Programs

Division of Long Term Care

Managed Long Term Care Policy 13.10: MLTC Policy Guidance – Communication with Recipients Seeking Enrollment and Continuity of Care

Date of Issuance: May 8, 2013

The purpose of this policy is to establish clear expectations for plan communication with Medicaid recipients who either contact a plan directly expressing interest, or who are being transitioned from fee-for-service to Managed Long Term Care (MLTC). The policy will also apply to recipients who approach a plan seeking information on plan to plan transfer.

In dealing with interested parties, plan representatives are permitted to screen out potential enrollment only with regard to establishing residency in the plan's approved service area and/or plan specific age requirements. Medicaid eligibility issues are to be referred to the Local Department of Social Services / Human Resources Administration.

For Medicaid recipients who are in receipt of services and are transitioning to MLTC, plan representatives may inquire about the recipient's current plan of care and service provider only for informational purposes to assist with the required in home assessment process. **The MLTC plan shall not engage in any communication that infers the plan could impose limitations on provision of services, or requires specific conditions of family / informal supports; any of which could be viewed as an attempt to dissuade a transitioning recipient or interested party.**

Communication is defined as phone inquiries and / or web-based inquiries. At no time should the MLTC utilize such communication as a mechanism to substitute for an assessment.

Within a Mandatory District, any Medicaid recipient that is being transitioned from fee-for-service to MLTC shall be enrolled in their plan of choice, without regard to the recipient's plan of care. The Department has determined that all recipients who are currently in receipt of fee-for-service community based long term care (CBLTC) services are appropriate for transition into MLTC.

Effectively with the release of this policy, **each enrollee who is receiving services must continue to receive those services under the enrollee's pre-existing service plan for at least 90 days after enrollment, or until a care assessment has been completed by the Plan, whichever is later. In addition, the recipient / workers relationship shall be preserved for the same 90 days period. This change is the result of an amendment to the Special Terms and Conditions of the State's 1115 Waiver with CMS.**

As a reminder, any reduction, suspension, denial or termination of previously authorized services shall trigger the required notice under 42 CFR 438.404 which clearly articulates the enrollee's

right to file an appeal (either expedited, if warranted, or standard), the right to have authorized service continue pending the appeal, and the right to a fair hearing if the plan renders an adverse determination (either in whole or in part) on the appeal.

Therefore plans must treat **all** enrollees (age 21 and over eligible for Medicaid and Medicare) in mandatory counties transitioning from fee for service Medicaid in the same manner related to continuity of care and access to aid to continue through the appeal and fair hearing process.

This means that, for any individual receiving fee for service Medicaid community based long term services and supports and enrolling under any circumstance, the plan must provide 90 days of continuity of care. Further, if there is an appeal or fair hearing as a result of any proposed Plan reduction, suspension, denial or termination of previously authorized services, the Plan must comply with the appropriate actions. In particular, if the enrollee requests a State fair hearing to review a Plan adverse determination, aid-to-continue is to be provided until the fair hearing decision is issued.

MLTC FREQUENTLY ASKED QUESTIONS

(HRA/HCSP MEDICAID)



HCSP QUICK REFERENCE-03...11/13/2013

Q1: What is the expected processing time for New York Access with Supplement A once it has been submitted to HRA?

A: Medicaid Applications are allotted 45 calendar days for processing. However, it should be noted that additional time may be required for actions, such as deferrals, referrals due to pooled trust, supplemental needs trusts, disability determinations, and estate/ real property matters.

Q2: What is the expected turn around time for surplus conversion packets submitted to the HCSP Centralized Medicaid Unit?

A: The turn around time is 10 business days.

Q3: What is the expected turn around time for a Medicaid deferral submitted to the HCSP Centralized Medicaid Unit?

A: The turn around time for a Medicaid deferral is 10 business days.

Q4: What is the expected turnaround time for RVI 3 (consumers who have not documented their resources) conversion submission that has been forwarded to the Centralized Medicaid Unit?

A: The turn around time is 10 business days.

Q5: What documents are needed for an RVI 3?

A: An individual applying for community-based long term care who has not previously submitted documentation for all of their resources must complete form DOH-4495A Access NY Supplement A, and provide documents to HRA that verify all of their resources.

Q6: What documents are needed for a surplus conversion case?

A: The plan must initially assess the nursing home individual and determine the Medicaid status if deemed appropriate for Managed Long Term Care. If the individual is Medicaid eligible, follow the Medicaid Alert - **MLTC Submissions of Nursing Home Enrollment Process**, which is posted on Medicaid Authorized Resource Center (MARC) website (www.nyc.gov/marc) on February 14, 2013.

Q7: How can a nursing home resident who is ready for discharge enroll in a MLTC?

A: The plan must assess the nursing home individual and determine the Medicaid status if deemed appropriate for managed long term care. If the individual is Medicaid eligible, follow the Medicaid Alert - **MLTC Submissions of Nursing Home Enrollment Process**, which is posted on Medicaid Authorized Resource Center (MARC) website (www.nyc.gov/marc) on February 14, 2013.

Q8: Who is the HCSP Medicaid Contact person for MLTC plans?

A: The Centralized HCSP Medicaid office has established a Provider Relations Unit that can address plan issues. Each plan has been assigned a HRA liaison who they can directly contact to address Medicaid related matters. MLTC plans can call 929-221-0849 to find out the name and contact information for their liaison assigned to them. Please note the HRA liaison will only interact with designated plan representatives.

Q9: How are surplus amounts reflected for supplemental needs trust and pooled trust?

A: Upon approval of the trust, the surplus information will be updated retroactive to the trust approval date.

Q10: What is the MLTC plan responsibility regarding a member who moves out of the county?

A: The plan should inform the member to contact the appropriate LDSS for the county from which they are moving, to initiate the transfer of Medicaid process.

Q11: How should a MLTC plan address a Medicaid case when ePACES screen indicates “NO COVERAGE-EXCESS INCOME” ?

A: This ePACES message means that the individual is eligible to enroll in a MLTC plan. The individual has been determined eligible for Medicaid and has a spend-down that they have not met. The plan should submit a conversion request to HRA via the HCSP 3022, MLTC Medicaid Cover Sheet, available on MARC. This will allow HRA to convert the Medicaid coverage and the plan will be able to enroll the individual in their plan of choice. The plan should **NOT** refer the individual to the MICA/DARB ‘pay-in’ in unit.

Q12: How should a MLTC plan address a Medicaid case when ePACES screen indicates “ELIGIBLE ONLY – OUTPATIENT CARE”?

A: This ePACES message means that the individual has been determined eligible for Medicaid and has a spend down. The statement “eligible only – outpatient care” indicates that the individual has not met the spend down for 6 consecutive months. Therefore, they are not currently eligible for Medicaid coverage for an in-patient hospitalization. They are eligible to enroll in a MLTC plan. The plan should submit a conversion request to HRA via the HCSP 3022, MLTC Medicaid Cover Sheet, available on MARC. This will allow HRA to convert the Medicaid coverage and the plan will be able to enroll the individual in their plan of choice. The plan should **NOT** refer the individual to the MICA/DARB “pay-in unit”.

Q13: How should a MLTC plan address a Medicaid case when ePACES screen indicates “54-LONG TERM CARE NON COVERED”?

A: This ePACES message means that the individual “attested” to the amount of his/her current month resources at the time of application, but did not document them. The plan should ask the individual or representative of the consumer if they documented their resources at the time of application/renewal. If the consumer states that they did, the plan should submit form HCSP 3022, MLTC Medicaid Cover Sheet, to HRA requesting a conversion and annotate in the “other” section that the consumer has indicated their current month’s resources were documented.

If the consumer states they did not document their current month resources, then the plan should submit form HCSP 3022 to HRA along with DOH-4495 Supplement A, and current documentation of bank accounts and other related resources.

Q14: How should a MLTC plan address a Medicaid case when ePACES screen indicates “NH CODE and/or COVERED SERVICES SKILLED NURSING HOME CARE”?

A: This ePACES message means that the Medicaid coverage for this consumer is only for institutional care. When a plan has assessed an individual in the community and determined eligible for enrollment into MLTC, the plan should request a Medicaid conversion via HCSP 3022, MLTC Medicaid Cover Sheet. Plans should refer to the Medicaid Alert of February 14, 2013, **MLTC Submissions of Nursing Home Enrollment Process**, which is posted on MARC website at: www.nyc.gov/marc

MLTC MEDICAID COVER SHEET



HCSP-3022 09/26/2013

**Home Care Services Program
Centralized Medicaid Eligibility Unit
Managed Long Term Care Division
785 Atlantic Avenue, 7th Floor
Brooklyn, New York 11238**

DATE: _____

PLAN NAME: _____

CONTACT NAME: _____

CIN: _____

CONSUMER NAME: _____

SOCIAL SECURITY# _____
(Last four digits only)

You must indicate a requested action:

Section A:

- ☐ New Application – DOH-4220 with Supplement A (DOH-4495A)
- ☐ Return Deferral
- ☐ Pooled Trust, Supplemental Needs Trusts, Other Trusts
- ☐ Budget change request
- ☐ Demographic changes (Name, DOB, etc)
- ☐ Address correction
- ☐ NAMI request
- ☐ Budget review/correction
- ☐ Medicaid eligibility expired over 60 days

Section B:

- ☐ Consumer Returning to the Community from a Nursing Home (MAP-259f required)
Date of discharge_____. Requested MLTC enrollment effective date_____
- ☐ RVI-3 Conversion (Supplement A and resource documents required)
- ☐ Conversion Request (Community surplus cases)
- ☐ Re-link to plan
- ☐ Withdrawal
- ☐ Rescind of Disenrollment
- ☐ Retroactive Disenrollment
- ☐ Other (Specify): _____

TO: Local District Commissioners, Medicaid Directors

FROM: Mark Kissinger, Director
Division of Long Term Care

SUBJECT: 06 to 30 Conversion for MLTC Enrollees

EFFECTIVE DATE: Immediately

CONTACT PERSON: Loretta Grose, Bureau of Managed Long Term Care
(518)474-5271

As a component of the continuing state-wide Medicaid Redesign Initiative, individuals requiring more than 120 days of community based long term care services (CBLTCS) must receive those services through enrollment in a Managed Long Term Care Plan (MLTCP). CBLTCS include personal care, consumer directed personal care, home health care, services provided by a Certified Home Health Agency, Adult Day Health Care, private duty nursing, and services provided through a Long Term Home Health Care Program (LTHHCP).

Recipients with 06 Provisional Coverage requiring or receiving the services noted above must enroll in a MLTCP. Currently, 06 Provisional Coverage is not compatible with MLTCP enrollment and a 06 Provisional recipient cannot immediately convert to a Medicaid coverage type that is compatible with enrollment into a MLTCP. The current process of changing the coverage code is labor intensive and requires a manual change to the case file at the LDSS level. To effectuate immediate MLTC enrollment for 06 Provisional recipients, modifications have been made to the WMS Prepaid Capitation Plan subsystem.

Effective April 28, 2014, for 06 Provisional Coverage cases that are requesting enrollment into a partially capitated MLTCP Plan and have an RVI Indicator of 1, 2, or 4, WMS will allow input of a PCP subsystem entry indicating enrollment into a specific partially capitated MLTCP. Input of the enrollment line in the PCP subsystem (WMS) will trigger a conversion of the 06 Provisional Coverage Code to a Coverage Code of 30 PCP - Full Benefits Coverage.

A recipient with 06 Provisional Coverage requesting enrollment into a partially capitated MLTCP will meet the spenddown requirement of an incurred medical expense on the first day of each month enrolled in the MLTCP. The spenddown liability is the MLTCP's responsibility as the monthly PCP capitation rate is established net of spenddown. As the excess income is owed to the MLTCP each month and collection of the incurred spenddown is the MLTCP's responsibility, the consumer's Medicaid Coverage Code may be converted from 06 to 30. For these recipients the Excess Income will be included on the monthly Roster, the Interim Report and the Secondary Roster for each Managed Long Term Care Plan.

When a Managed Long Term Care Plan enrollment is ended, with no new enrollment, the recipient Medicaid Coverage Code will revert back to 06 Provisional Coverage. The Excess Income Amount will no longer be included on the Primary Roster, The Interim Report, and the Secondary Roster.

The 06 to 30 conversion is operational for enrollments into a partially capitated MLTC Plan; the conversion is not operational for enrollments into Medicaid Advantage Plus (MAP) Plans or PACE Plans.

Please submit any questions to the Managed Long Term Care Bureau Systems Mailbox at mltcsys@health.state.ny.us.

Preliminary FIDA Plans

Aetna Better Health of New York	HHH Choices Health Plan
AgeWell New York	HIP/Emblem
AlphaCare of New York	Independence Care System
Amerigroup New York	Integra MLTC
Amida Care	MetroPlus Health Plan
Archcare	Montefiore
CenterLight Healthcare	North Shore-Long Island Jewish
Centers Plan for Healthy Living	<i>Partners Health Plan (OPWDD FIDA)</i>
Elderplan	Senior Whole Health of New York
ElderServe Health	UnitedHealthcare of New York
Fidelis	Village Care of New York
GuildNet	VNS Choice
HealthFirst	WellCare of New York

APPENDIX A – COVERED ITEMS AND SERVICES

Medical Necessity. The FIDA Plan shall provide services to Participants as follows:

The FIDA Plan shall authorize, arrange, coordinate, and provide to Participants all Medically Necessary Covered Items and Services as specified in Section 2.4, in accordance with the requirements of the Contract and the IDT Policy.

The FIDA Plan must provide all Covered Items and Services that are Medically Necessary, including but not limited to, those Covered Items and Services that:

Prevent, diagnose, correct, or cure conditions in the Participant that cause acute suffering, endanger life, result in illness or infirmity, interfere with such Participant's capacity for normal activity, or threaten some significant handicap.

Notwithstanding this definition, the FIDA Plan will provide coverage in accordance with the more favorable of the current Medicare and NYSDOH coverage rules, as outlined in NYSDOH and Federal rules and coverage guidelines.

All care must be provided in accordance and compliance with the ADA, as specified by the Olmstead decision.

The FIDA Plan must cover all Items and Services outlined in the Contract and in the State and Federal guidance, including any guidance that may be issued during the Demonstration and may not impose more stringent coverage rules or Medical Necessity criteria for any Covered Items or Services.

The FIDA Plan and IDT shall not arbitrarily deny or reduce the amount, duration, or scope of a required Covered Item or Service solely because of diagnosis, type of illness, or condition of the Participant.

The FIDA Plan and IDT shall not deny authorization for a Covered Item or Service that the Participant or the Provider demonstrates is Medically Necessary.

The FIDA Plan or the IDT may place appropriate limits on a Covered Item or Service, as relates to a given Participant. Any limits must be made on the basis of Medical Necessity, or for the purpose

of Utilization Management, provided that the furnished services can reasonably be expected to achieve their purpose. The FIDA Plan's Medical Necessity guidelines must, at a minimum, be:

Developed with input from practicing Physicians in the Demonstration Plan's Service Area;

Developed in accordance with standards adopted by national accreditation organizations;

Developed in accordance with the definition of Medical Necessity in this Appendix;

Updated at least annually or as new treatments, applications and technologies are adopted as generally accepted professional medical practice;

Evidence-based, if practicable; and

Applied in a manner that considers the individual health care needs of the Participant.

The FIDA Plan's Medical Necessity guidelines, program specifications and service components for Behavioral Health Services must, at a minimum, be submitted to the NYSDOH annually for approval no later than (thirty) 30 calendar days prior to the start of a new Contract Year, and no later than thirty (30) calendar days prior to any change.

Community-based LTSS shall be provided in a setting that has a home-like character by providing full access to typical facilities in a home such as a kitchen with cooking facilities, small dining areas, and visitors at times convenient for the Participant. The settings/services support community integration, including facilitation of employment and easy access to resources and activities in the community. Community-based LTSS are not provided in institution-like settings except when such settings are employed to furnish short term respite to Participants. The State, either directly or through its MCO contracts, must ensure that:(1) all Participants receive appropriate services in the least restrictive and most integrated home and community-based setting, in accordance with CMS community-based setting requirements outlined in the regulatory text at 42 CFR 441.530; and (2) all Participants' engagement and community integration is supported and facilitated to the fullest extent desired by each Participant and reflected in the

member's PCSP, per regulatory text at 42 CFR 441.301, as covered under that regulation. The State must ensure that all community-based settings comply with any revisions to Medicaid regulations.

Covered Items and Services. The FIDA Plan agrees to provide Participants access to the following Covered Items and Services:

All Items and Services provided under New York State Plan services (including Long-Term Services and Supports (LTSS)), excluding ICF/MR services, and those services otherwise excluded or limited in A.4 or A.5 of this Appendix A.

All Home and Community Based Waiver Services as Specified in Appendix A

All Items and Services provided under Medicare Part A

All Items and Services provided under Medicare Part B

All Items and Services provided under Medicare Part D

The integrated formulary must include any Medicaid-covered prescription drugs and certain non-prescription drugs that are excluded by Medicare Part D. The Medicaid-covered prescription and certain non-prescription drugs required for inclusion in the integrated formulary are those listed in the Medicaid State Plan. In all respects, unless stated otherwise in the MOU or the Contract, Part D requirements will continue to apply.

All other items and services identified in this Appendix and this Contract.

As a term and condition of this Demonstration, the FIDA Plan will be required to provide all Medically Necessary Medicare Parts A, B, and D and Medicaid State Plan and 1115(a) and 1915(c) waiver Items and Services. Table A-1 provides a list of FIDA Demonstration Covered Item and Services. Table A-1 will be updated to address any changes due to State Plan Amendments, 1115(a) demonstration amendments, and 1915(c) waiver amendments during the Demonstration.

The FIDA Plan must provide Medicaid coverage for all items and services that are covered by Medicare Parts A and B except as noted here or in the annual FIDA Plan Benefit Package Guidance Template. Specifically, Medicaid does not cover chiropractor services, which

are covered by Medicare. Medicaid covers all other Medicare covered items and services.

All Covered Items and Services must be covered in accordance with current NYSDOH coverage rules as found in State and Federal laws and regulations, the Medicare Benefit Policy Manual, all applicable local and national coverage determinations, the State Medicaid Plan, on the www.health.state.ny.us website, on eMedNY or in other policies or guidance published by NYSDOH. Covered Items and Services definitions are subject to changes over time and the FIDA Plan shall comply with any changes made during the Demonstration. The FIDA Plan is required to maintain compliance with all applicable State and Federal policies around applicable Covered Items and Services definitions and coverage rules.

All Medically Necessary physical and Behavioral Health Services and all necessary long-term supports and services are to be provided at no cost to the Participant.

Supplemental Benefits in Addition to Required Covered Items and Services. The FIDA Plan may request NYSDOH and CMS approval to provide supplemental benefits in addition to all required Covered Items and Services listed in Table A-1. The approval must be sought annually and must apply to a full calendar year of the Demonstration. If approval is granted, the FIDA Plan must cover the approved Supplemental Benefits in Addition to Required Covered Items and Services as approved for the calendar year.

Court-Ordered Services. The FIDA Plan shall provide any Covered Items and Services to Participants as ordered by a court of competent jurisdiction, regardless of whether such services are provided by a Participating Provider or by a Non-Participating Provider. Non-Participating Providers shall be reimbursed by the FIDA Plan at the Medicaid fee schedule. The FIDA Plan is responsible for court-ordered services to the extent that such court-ordered services are included in Covered Items and Services list. Court Ordered Services are those services ordered by the court performed by, or under the supervision of a physician, dentist, or other Provider qualified under State law to furnish medical, dental, Behavioral Health Services (including mental health and/or chemical dependence services), or other Medicare and Medicaid Advantage Plus covered services.

All required Covered Items and Services are listed in Table A-1.

**Conflict-Free Evaluation and Enrollment Center (CFEEC)
Frequently Asked Questions (FAQs)
September 29, 2014**

These FAQs respond to questions received by the Department about the Conflict-Free Evaluation and Enrollment Center (CFEEC). Please consult all previously released materials in conjunction with the following FAQs. If you have any questions regarding this information, please email to the following address: CF.Evaluation.Center@health.ny.gov

General Questions

Q1. What is the CFEEC and how will it change the way people enroll into Managed Long Term Care Plans (MLTCPs)?

A1. The Department has partnered with MAXIMUS to provide all activities related to the CFEEC including initial evaluations to determine if a consumer is eligible for Community Based Long Term Care (CBLTC) for more than 120 days. The CFEEC will be responsible for providing conflict-free determinations by completing the Uniform Assessment System (UAS) for consumers in need of care.

Q2. Is the CFEEC a place where people can go for an evaluation?

A2. No. CFEEC evaluations are conducted in the home (includes hospital or nursing home) by a Registered Nurse for new to service individuals and all other related activities are conducted in writing or by phone.

Q3. Is this going to be statewide?

A3. Yes. Implementation will begin in the New York City area October 2014 and will roll out geographically until May 2015. The tentative schedule is as follows:

Region/Month	Counties
Region 1 – October 2014	New York (Manhattan) & Bronx
Region 2 – November 2014	Kings (Brooklyn), Queens, Nassau & Richmond (Staten Island)
Region 3 – February 2015	Westchester & Suffolk
Region 4 – March 2015	East Hudson (Columbia, Dutchess, Putman), Catskill (Rockland, Orange, Ulster, Greene, Sullivan), Capital (Warren, Washington, Saratoga, Fulton, Montgomery, Schoharie, Schenectady, Albany, Rensselaer), and Other (Erie, Monroe, Onondaga)
Region 5 – April 2015	Southern Tier (Tompkins, Cortland, Tioga, Broome, Chenango, Otsego, Delaware) Finger Lakes (Wayne, Ontario, Livingston, Seneca, Cayuga, Yates, Schuyler, Chemung, Steuben) Western (Chautauqua, Cattaraugus, Allegany, Wyoming, Genesee, Orleans, Niagara)

Region 6 – May 2015	Central (Jefferson, Oswego, Lewis, Oneida, Herkimer, Madison) Northern (St. Lawrence, Franklin, Clinton, Essex, Hamilton)
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Q4. Is New York State required to do this or is it optional? Why is this necessary?

A4. Yes. This initiative is a new requirement as part of New York's Federal-State Health Reform Partnership section 1115(a) Medicaid Demonstration (Demonstration). Specifically, under the Centers for Medicare and Medicaid Services (CMS) Special Terms and Conditions (STCs), which set forth the states obligations to CMS during the life of the Demonstration, New York State must implement an independent and conflict-free long term services and supports evaluation system for newly eligible Medicaid recipients.

Q5. What happens when the CFEEC evaluation says that a person is eligible for CBLTC and the MLTC plan disagrees? How does this get resolved?

A5. A dispute resolution process is in place to address this situation. In the event of a disagreement, the plan would have an opportunity to resolve the issue directly with the CFEEC. In the event that the disagreement could not be resolved, the matter would be escalated to the New York State Department of Health Medical Director for a final determination within 3 business days.

Q6. Would a person have to contact the CFEEC for an evaluation if they were once in a MLTCP, lost their CBLTC eligibility status and then needed CBLTC again later on?

A6. Yes. An individual's condition or circumstance could change at any time. As a result, their need for CBLTC could also change and a new evaluation would be required.

Q7. MLTC members will occasionally disenroll from the plan when they are going to be outside the provider network. An example of this would be a member going to a family member's house for the summer. In this scenario, would this person need to contact the CFEEC once they return home and need services again?

A7. Yes. While an individual's condition or circumstance could change at any time, a CFEEC evaluation would be required once the disenrollment exceeds 45 days.

Q8. Where can I go for more information on the CFEEC?

A8. Materials on the CFEEC will be posted on the MRT 90 website at:
http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm

Q9. How will this new process change the way plans enroll potential members?

A9. All new MLTC plan enrollees must now have a Uniform Assessment System (UAS) entry on record prior to plan enrollment. New enrollees will contact the CFEEC instead of going directly to plans for enrollment. Plans will no longer be permitted to enroll an

individual unless they have completed a CFEEC UAS. If a new enrollee contacts any entity directly, including but not limited to MLTCP's, they should be directed to the CFEEC.

Q10. Is it MAXIMUS' responsibility as the CFEEC to let consumers know that they are CBLTC eligible?

A10. Following the CFEEC evaluation, a Department approved notice will be sent to the consumer indicating their eligibility for CBLTC. In the event that the consumer is determined to be ineligible, the consumer will receive a Department approved notice indicating that they have been determined ineligible and have fair hearing rights.

Q11. Will a consumer looking to complete a plan to plan transfer have to go to the CFEEC prior to transferring to the second plan?

A11. No. Consumers completing plan to plan transfers will not go through the CFEEC as their eligibility for MLTC has already been established. Only consumers new to service will be required to contact the CFEEC for an evaluation.

Q12. According to the new CFEEC process, the plan has to wait for the CFEEC to complete the UAS in order to go in and conduct the plan assessment. How long will it take for a CFEEC UAS evaluation to be finalized?

A12. The Department is anticipating that CFEEC evaluations will be completed and finalized the same day as the home visit.

Q13. Will the CFEEC apply to consumers with pending Medicaid? Is there going to be a process in place while a Medicaid application is being processed?

A13. Currently, CFEEC will complete the UAS and provide education to a consumer with a pending Medicaid application.

Q14. If the CFEEC is going to conduct evaluations in the community as well as in hospitals, will the CFEEC conduct evaluations sooner for those in hospitals since there is an urgent need to go back home?

A14. For consumers in the hospital that contact the CFEEC for an evaluation, the turnaround time for an evaluation will be shorter due to the acute nature of the situation.

Q15. Will there be any modifications to MLTCPs policy to include referrals and meeting the 30 day requirements? And, when will the clock start for plans to complete their own assessment?

A15. The Department is developing guidance for the MLTCPs in regards to referrals and the 30 day assessment timeframe. The 30 day clock begins when the plan is contacted by MAXIMUS and/or the consumer expressing an interest in enrolling.

Q16. Will the CFEEC UAS evaluation be performed by paper or electronic?

A16. The CFEEC UAS will be completed electronically.

Q17. Will the CFEEC apply to Personal Care Assistance (PCA)? What happens if the CFEEC evaluation determines that the consumer is in need of services that are not defined as CBLTC or the review “denies MLTC services”? Is there any communication to the LDSS?

A17. The CFEEC will not specifically target individuals according to program type. Only those that are new to service, seeking CBLTC over 120 days will be required to contact the CFEEC for an evaluation. If a consumer is deemed ineligible for enrollment into a MLTC because they fail to meet CBLTC eligibility, they will be educated on the options that are available to them. Any appropriate referrals will also be made at that time.

Q18. What is the timeframe a consumer has to select a MLTCP after the CFEEC approves them for CBLTC eligibility?

A18. The consumer has several weeks to select a plan, however, the CFEEC will outreach to the consumer after 15 days if no plan is selected. Furthermore, the CFEEC evaluation will only remain valid for 60 days. After such time, a new evaluation will be required if the consumer does not select a plan but continues to seek CBLTC.

Q19. Is there a formal process for providers to refer consumers to the CFEEC for an evaluation?

A19. While no formal referral process exists, providers should redirect consumers to the CFEEC by providing contact information. The CFEEC contact number is 1-855-222-8350.

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News

2014

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- 2015 Part D and Medicare Ad
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- NYS AGAIN Delays Launch of
- Providers Must be Enrolled in
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- New contact list posted for M
- HRA Corrects Illegal Practice

2013

2012

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MLTC Roll-Out – Conflict-Free Assessment Begins October, New MLTC Counties, Delayed NH Roll-out [Print](#)

01 Oct, 2014

State Complaint Number for MLTC Problems - 1-866-712-7197

- e-mail mltcworkgroup@health.state.ny.us and put "COMPLAINT" in subject line
- For enrollment complaints - call NY Medicaid Choice -
 - 1-855-886-0570 (Advocates line)
 - 1-888-401-6582 (Consumers line)

State Webpage on MLTC Policy -- [MRT 90: Mandatory Enrollment Managed Long Term Care](#)

New in September - October 2014

- **OCTOBER 1, 2014 - Conflict-Free Evaluation and Enrollment Center (CFEEC) OPENS in MANHATTAN AND BRONX**

On Sept. 30, 2014, DOH issued [MLTC Policy 14.06: Implementation of the Conflict-Free Evaluation and Enrollment Center \(CFEEC\)](#) that announces that the CFEEC is open in Manhattan and the Bronx. Anyone approved for Medicaid after Oct. 1, 2014 in those boroughs who is seeking Managed Long Term Care will need to first contact [NEW YORK MEDICAID CHOICE](#) and request a CFEEC assessment. If that assessment finds the person eligible for MLTC, then the person can enroll in an MLTC plan.

SEE NEW YORK MEDICAID CHOICE WEBSITE ON CFEEC - <http://nymedicaidchoice.com/ask/conflict-free-evaluation-and-enrollment-center>

This is being implemented pursuant to #28 of the [Special Terms and Conditions](#), which is CMS's approval of the State's 1115 waiver to implement mandatory MLTC. DOH has established a conflict-free assessment system for all voluntary enrollments into MLTC, MAP and PACE effective October 1, 2014.

Currently, private MLTC plans are responsible for determining eligibility for Medicaid-covered long-term services and supports (LTSS). This creates an intrinsic conflict of interest, because plans have a financial stake in [avoiding high-cost members](#) and [attracting low-cost members](#). To partially reduce this conflict, DOH will prohibit MLTC plans themselves from enrolling new members. Instead, they will be required to refer prospective members to [New York Medicaid Choice](#) (aka [Maximus](#)), currently the enrollment broker for Medicaid managed care in NY.

Under this program, NY Medicaid Choice will establish a Conflict-Free Evaluation and Enrollment Center (CFEEC) to schedule and conduct initial assessment visits in the home or facility by a nurse (employed by or under contract with the CFEEC). Using the Uniform Assessment Tool, the CFEEC makes the determination of eligibility for Medicaid LTSS. If the CFEEC determines that the applicant is ineligible for Medicaid LTSS, it will send a written notice with appeal rights. If the CFEEC approves the applicant, then any MLTC, MAP, PACE or FIDA plan must accept the applicant's enrollment. If the plan disagrees with the CFEEC's determination of eligibility, it may pursue a dispute adjudication procedure via Maximus and DOH.

The CFEEC will be rolled out in phases:

- **Region 1 – October 2014:** New York & Bronx
- **Region 2 – November 2014:** Kings, Queens, Nassau, & Richmond
- **Region 3 – February 2015:** Westchester & Suffolk
- **Region 4 – March 2015:** Columbia, Dutchess, Putnam, Rockland, Orange, Ulster, Greene, Sullivan, Warren, Washington, Saratoga, Fulton, Montgomery, Schoharie, Schenectady, Albany, Rensselaer, Erie, Monroe, Onondaga
- **Region 5 – April 2015:** Tompkins, Cortland, Tioga, Broome, Chenango, Otsego, Delaware, Wayne, Ontario, Livingston, Seneca, Cayuga, Yates, Schuyler, Chemung, Steuben, Chautauqua, Cattaraugus, Allegany, Wyoming, Genesee, Orleans, Niagara)
- **Region 6 – May 2015:** Jefferson, Oswego, Lewis, Oneida, Herkimer, Madison, St. Lawrence, Franklin, Clinton, Essex, Hamilton)

Source: N.Y. Dep't of Health, [FIDA and MLTC Policy and Planning Update Presentation](#) (September 11, 2014, on file with NYLAG).

See new documents available from NYS DOH on the **Conflict-Free Evaluation and Enrollment Center (CFEEC):**

- [9.22.14 CFEEC presentation \(PPT\)](#)
- [9.22.14 CFEEC recorded session \(WMV, 16MB\)](#)
- [9.29.14 CFEEC Fact Sheet \(PDF, 118KB\)](#)
- [9.29.14 CFEEC FAQ \(PDF, 239KB\)](#)

DOH has rolled out mandatory MLTC in additional counties. Here is the updated timeline:

Month	New Schedule	"Announcement" letter sent	60-day "Choice" letters sent	"Front door" closed - no new Personal Care applications at local Medicaid office
9/2012 - 12/2013	Albany, Erie, Monroe, Nassau, Onondaga, Orange, Rockland, Suffolk, Westchester			
Jan 2014	Columbia, Putnam, Sullivan, Ulster	April 2014	early May 2014	May __, 2014
June 2014	Cayuga, Herkimer, Oneida, and Rensselaer	Week of May 23, 2014	Week of June 2, 2014	May 30th

July 2014	Greene, Saratoga, Schenectady, and Washington	Week of June 30th	Week of July 14	July 7, 2014
August 2014	Dutchess, Montgomery, Broome, Fulton, Schoharie	Week of Aug. 29th	Week of Sept. 22nd	September 8, 2014
September 2014	Delaware, Warren	Sept. 15th	Oct. 1st	Sept. 22nd
October 2014	Niagara, Madison, Oswego			
November 2014	Chenango, Cortland, Livingston, Ontario, Steuben, Tioga, Tompkins, Wayne			
December 2014	Genesee, Orleans, Otsego, Wyoming			
January 2015	Chautauqua, Chemung, Seneca, Schuyler, Yates, Allegany, Cattaraugus			
February 2015	Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence			

Source: **NYS DOH** Updated 2014-2015 MLTC Transition Timeline (PDF, 88KB) ([MRT e-mails](#))

- **Mandatory MLTC/MMC for Nursing Home Residents Postponed Again**

While we have no written confirmation of this fact, DOH staff have stated that the initiative to require all nursing home residents to enroll in Medicaid managed care plans has been once again postponed, this time to January 2015. [Further updates may be posted here.](#)

New in July 2014

- **Four more Upstate Counties Start Mandatory MLTC enrollment**

Greene, Saratoga, Schenectady, and Washington Counties -- The mailing of [announcement notices](#) to the fee for service population began during the week of June 30th, and the mailing of [mandatory letters](#) began during the week of July 14, 2014, giving 60-days to select a plan before being randomly assigned to an MLTC plan.

Beginning July 7, 2014, the "front door" is closed -- the County DSS no longer accepts applications for personal care or CDPAP. Applicants for those services, who have obtained Medicaid by applying at their local DSS, must select an MLTC plan, PACE or MAP plan -- and may enroll directly through the plan.. Contact New York Medicaid Choice 1-888-401-6582.

- **Nursing home transition into MLTC** --According to an alert posted on June 27th, 2014 on the [DOH Health Commerce System website](#) (which is not public),

"The Office of Health Insurance Programs has not received approval from CMS to transition the Nursing Home benefit and population into managed care. We continue to negotiate the terms of this transition and therefore the **implementation date has been extended to August 1, 2014**. We will modify the current timeline reflected in the [Nursing Home Policy Paper](#) and will re-post it to the web. We apologize if the delay causes any disruption and will inform you when the approval is obtained."

In New York City, Long Island and Westchester County, mandatory enrollment in managed care for new, permanent residents has been postponed from March 1st to June 1 and now to August 1, 2014. Other areas of the state that were scheduled to make the transition six months later are presumably now scheduled to begin mandatory enrollment on Jan. 1, 2014. The delay provides the state with additional time to address some of the concerns that LeadingAge NY and other associations have raised regarding the transition. On March 14, 2014, NYLAG and six other consumer advocacy organizations in NYS sent a [letter to the federal Medicaid agency, CMS and to the State Dept. of Health](#) asking them to slow down the expansion of Medicaid managed care to include all new nursing home residents who become permanently placed in nursing homes after April 1, 2014

New in June 2014

Nursing Home Resident Transition to Managed Care Delayed One Month to July 2014 downstate, Dec. 14 upstate

According to a State DOH Alert [Leading Age NY](#) web posting on June 3, 2014, the Department of Health has delayed for one month the mandatory enrollment in managed care plans of new, permanent nursing home residents on Medicaid. The state has yet to receive approval from the Centers for Medicare and Medicaid Services for its plan to transition the nursing home population and benefit into Medicaid managed care.

New in May - April 2014

- **May 23, 2014 - FOUR MORE UPSTATE COUNTIES GOING MANDATORY** - From DOH: "The Department has moved forward with next step in the transition of fee for service community based long term care services to Managed Long Term Care in **Cayuga, Herkimer, Oneida, and Rensselaer** Counties.

The mailing of announcement notices to the fee for service population began this week and the mailing of mandatory letters will begin during the week of June 2, 2014.

Beginning May 30, 2014, consumers seeking Community Based Long Term Care Services will be directed to New York Medicaid Choice for education of Managed Long Term Care options in their county. The number that should be used is 1-888 401-6582.

The Department remains on track with the remainder of the planned transition, and we anticipate moving Greene, Saratoga, Schenectady, and Washington to mandatory MLTC during the month of June.

Questions specific to the transition may be directed to MLTCTRANS@health.state.ny.us.

- **May 22, 2014 State posts directive requiring MLTC plans to assess potential enrollees who are in nursing homes** - whether they are in nursing homes temporarily or permanently. See [MLTC Policy 14.04: MLTCP Potential Enrollee Assessments](#), The MLTC plan must conduct the assessment within 30 days of the referral. The plan may also require an in-home assessment to make sure the home environment is safe, but may not require the prospective member to travel to their home for the assessment. A family member or other person may give access. NYLAG, Disability Rights New York and other advocates pressed for this directive for over a year, since the MLTC plans' refusal to assess nursing home residents prevented them from returning to the community violating their rights under the ADA and Olmstead.

- **May 5, 2014 - State issues directive that takes a step in fixing computer coding problems that delay enrollment in MLTC.** [NYS DOH GIS](#)

Office of Health Insurance Programs

Division of Long Term Care

MLTC Policy 14.06: Implementation of the Conflict-Free Evaluation and Enrollment Center (CFEEC)

Date of Issuance: September 30, 2014

The purpose of this policy is to inform Managed Long Term Care Plans (MLTCP) of a change in the enrollment process for individuals seeking Community Based Long Term Care (CBLTC) services. This policy does not apply to individuals transferring from one plan to another or from one MLTC product to another.

Beginning October 1, 2014, the Department will begin implementation of the Conflict-Free Evaluation and Enrollment Center (CFEEC). MLTCPs will no longer be permitted to enroll individuals until Maximus (New York Medicaid Choice) has conducted an evaluation determining if the individual is CBLTC eligible. The Department has established a system, in cooperation with Maximus, that all new MLTCP enrollees must have a Uniform Assessment System (UAS) on record prior to enrollment. The Department will develop a system edit to prevent individuals from enrolling into a plan without an UAS conducted by Maximus on file first.

No new referrals may be accepted by plans effective October 1, 2014. If the plan has made contact with the consumer prior to October 1, the MLTCP may continue with enrollment activities. MLTC plans receiving calls from Medicaid recipients seeking a plan assessment for enrollment must be directed to the CFEEC at 1-855-222-8350.

For more information, please visit the Department's Medicaid Redesign website at: http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm.


If you have any questions regarding this information, please email to the following address: CF.Evaluation.Center@health.ny.gov.

Going forward, plans should be modifying language in the marketing materials to reflect the CFEEC evaluation and enrollment process. This policy applies to all MLTC products (Partial Cap, PACE, MAP, and FIDA).

This policy is effective in accordance with the tentative implementation schedule enclosed.


CFEEC Implementation Timeline

<u>Region/Month</u>	<u>Counties</u>
Region 1 – October 2014	New York & Bronx
Region 2 – November 2014	Kings, Queens, Nassau & Richmond
Region 3 – February 2015	Westchester & Suffolk
Region 4 – March 2015	East Hudson (Columbia, Dutchess, Putman), Catskill (Rockland, Orange, Ulster, Greene, Sullivan), Capital (Warren, Washington, Saratoga, Fulton, Montgomery, Schoharie, Schenectady, Albany, Rensselaer), and Other (Erie, Monroe, Onondaga)
Region 5 – April 2015	Southern Tier (Tompkins, Cortland, Tioga, Broome, Chenango, Otsego, Delaware) Finger Lakes (Wayne, Ontario, Livingston, Seneca, Cayuga, Yates, Schuyler, Chemung, Steuben) Western (Chautauqua, Cattaraugus, Allegany, Wyoming, Genesee, Orleans, Niagara)
Region 6 – May 2015	Central (Jefferson, Oswego, Lewis, Oneida, Herkimer, Madison) Northern (St. Lawrence, Franklin, Clinton, Essex, Hamilton)



Redesign Medicaid in New York State

Mark Kissinger, Director, Division of Long Term Care
Margaret Willard, Director, Bureau of Managed Long Term Care
Conflict-Free Evaluation and Enrollment Center Webinar
September 22, 2014



- ☐ In accordance with NY State's Special Terms and Conditions (STC) #28, the State is required to develop an independent and conflict-free long term care services and supports (LTSS) evaluation process.
- ☐ Effective October 2014, the State will implement a Conflict-Free Evaluation and Enrollment Center (CFEEC) for individuals seeking Community-Based Long Term Care (CBLTC) services for more than 120 days.

Evaluation and Enrollment Center

- ❑ Maximus will serve as the CFEEC providing evaluation and education services.
- ❑ The State will expand Maximus' current role as enrollment broker New York Medicaid Choice (NYMC) to perform CFEEC activities which will include:
 - ❑ Scheduling initial eligibility evaluations for people new to service seeking CBLTC
 - ❑ The CFEEC will have 5-7 business days to schedule the evaluation from when the call is received
 - ❑ Staffing nurse evaluators to perform in-home evaluations (including hospitals, nursing homes) using the UAS-NY

CFEEC Enrollment

- ❑ CFEEC Policy Highlights:
 - ❑ CFEEC will be the only entity authorized to complete initial evaluations.
 - ❑ Managed Long Term Care Plans (MLTCPs) will no longer be permitted to enroll new individuals until the CFEEC has conducted an initial evaluation to determine CBLTC eligibility.
 - ❑ MLTCPs will continue to be responsible for completing their own assessments which determine the plan of care.
 - ❑ ***This policy does not apply to individuals transferring from one plan to another***

CFEEC Eligibility

- ❑ The CFEEC will evaluate consumer's eligibility for one of the four MLTC products:
 - ❑ Partially Capitated Plans
 - ❑ Program of All-Inclusive Care for the Elderly (PACE)
 - ❑ Medicaid Advantage Plus (MAP)
 - ❑ Fully Integrated Duals Advantage (FIDA) (To be implemented January 2015)

CFEEC Evaluation Process

- ❑ UAS-NY:
 - ❑ CFEEC must complete the Uniform Assessment System (UAS) for all evaluations prior to all MLTC plan enrollments.
 - ❑ Staff at CFEEC, including the nurse evaluators, are trained in the UAS and have the appropriate levels of access granted.
 - ❑ Once the evaluation is completed, if the consumer is eligible for MLTC, they will have the option of selecting a plan and allowing CFEEC to assist with connecting the individual to the plan.
 - ❑ The UAS will have a same day completion.

CFEEC Evaluation Process For Nursing Home Residents

- ❑ Nursing Home Residents Returning to the Community Have Two Options:
 - ❑ If the NH resident is not enrolled in a MLTCP, the resident will be required to contact the CFEEC for an evaluation of CBLTC eligibility.
 - ❑ If the NH resident is enrolled in a MLTCP, the resident is not required to contact the CFEEC to meet CBLTC eligibility.

CFEEC Notices

CFEEC has an inventory of Long Term Care (LTC) notices which include:

- ❑ LTC Approval - Qualified for LTC
- ❑ LTC Denial - Unqualified for LTC (*includes Fair Hearing Rights*)
- ❑ Notice of Review - Dispute Resolution process will occur
- ❑ LTC Approval Overturned - Review determined ineligible for LTC needs (*includes Fair Hearing Rights*)
- ❑ LTC Approval Upheld - Review determined appropriate for LTC needs
- ❑ LTC Approval Expired – Consumer qualified for LTC but no plan selected

CFEEC Dispute Resolution Process

- ❑ If there is a discrepancy between the CFEEC eligibility determination and the MLTCP assessment, a dispute resolution process will begin.
- ❑ Dispute Resolution Protocol:
 - ❑ MLTCPs will submit a Disagreement Request to CFEEC
 - ❑ Clinical staff will review determinations
 - ❑ Depending upon the review outcome, cases may be escalated to the NYS Medical Director for a final determination within 3 business days

CFEEC Roll-out Schedule

CFEEC Implementation is scheduled to begin in October 2014 and will be phased-in by Region.

- ❑ Region 1 – October 2014: New York (Manhattan) & Bronx
- ❑ Region 2 – November 2014: Kings (Brooklyn), Queens, Nassau, & Richmond (Staten Island)
- ❑ Region 3 – February 2015: Westchester & Suffolk

☐ Region 4 - March 2015:

- ☐ East Hudson (Columbia, Dutchess, Putnam)
- ☐ Catskill (Rockland, Orange, Ulster, Greene, Sullivan)
- ☐ Capital (Warren, Washington, Saratoga, Fulton, Montgomery, Schoharie, Schenectady, Albany, Rensselaer)
- ☐ Other (Erie, Monroe, Onondaga)

☐ Region 5 – April 2015:

- ☐ Southern Tier (Tompkins, Cortland, Tioga, Broome, Chenango, Otsego, Delaware)
- ☐ Finger Lakes (Wayne, Ontario, Livingston, Seneca, Cayuga, Yates, Schuyler, Chemung, Steuben)
- ☐ Western (Chautauqua, Cattaraugus, Allegany, Wyoming, Genesee, Orleans, Niagara)

☐ Region 6 – May 2015:

- ☐ Central (Jefferson, Oswego, Lewis, Oneida, Herkimer, Madison)
- ☐ Northern (St. Lawrence, Franklin, Clinton, Essex, Hamilton)

Next Steps

QUESTIONS?

CONTACT US

Questions and/or Comments:

CFEEC e-mail: CF.Evaluation.Center@health.ny.gov

MRT 90 website:

http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm

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