*MRT Managed Long Term Care Implementation and Waiver Redesign Work Group*

# Managed Long Term Care The Next Steps …

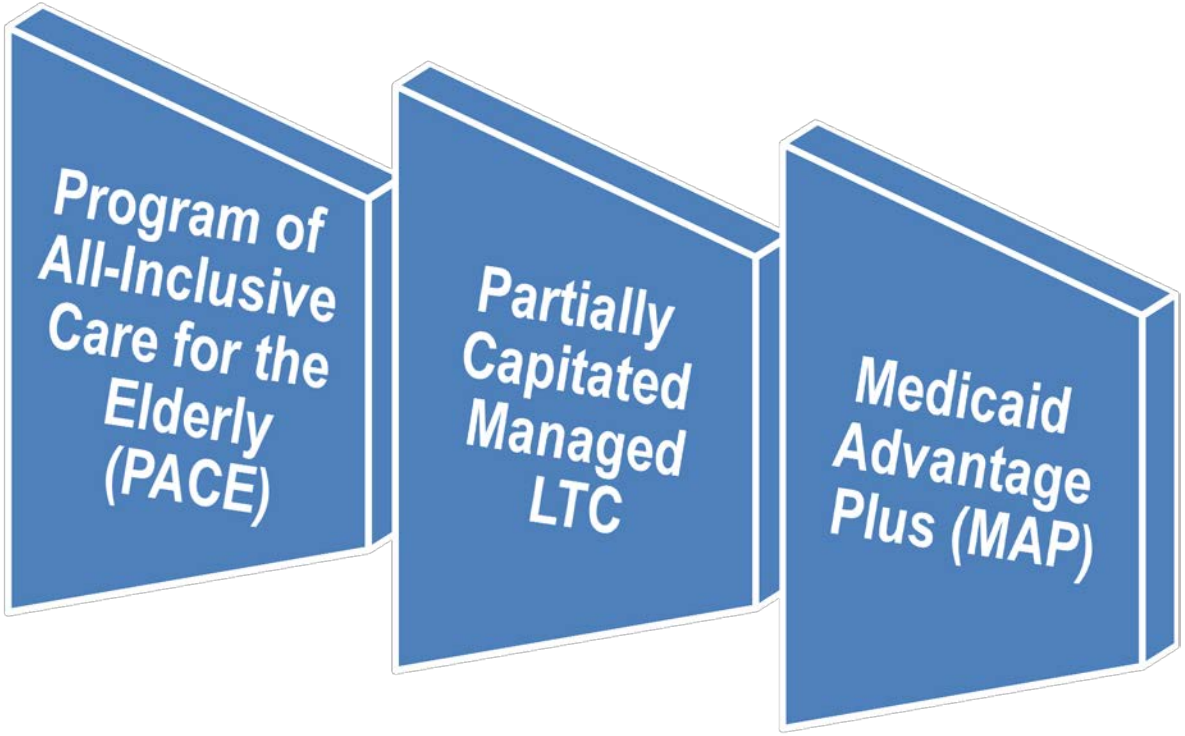
July 8, 2011

NEW YORK state department of HEALTH

# Program Agenda

- Overview of current NYS Managed Long Term Care Plans and Waiver Programs.
- Delineation of Mainstream Plans and Managed Long Term Care Plans and Populations.
- Major changes affecting both the Medicaid Managed Care and Managed Long Term Care Programs.
- Changes in the role of Local Districts in Managed Long Term Enrollment.
- Mandatory enrollment of long term care users in April 2012.
- Statutory framework for care coordination models.
- Brief overview of Dual Planning Grant from CMS.
- Overview of DOH LTC waivers and major community-based LTC services.

# Managed Long Term Care Models



# Partially Capitated Managed Long Term Care Plans

- Capitated for some Medicaid services only.
- Benefit package is long term care and ancillary services.
- Primary and acute care covered by FFS Medicare or Medicaid.
- 13 plans offer this product.
- May 2011 enrollment = 30,510.
- Census ranges from 161 to 8,991.
- DOH has had a moratorium on the development or expansion of new partially capitated plans since 2006.

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

- Federal program type for Medicare and Medicaid.
- Capitated for all Medicare and Medicaid services.
- Most integrated of the MLTC models.
- Day center / clinic based.
- Provider network usually small.
- Benefit package includes all medically necessary services – primary, acute and long term care.
- Seven plans now offer this product.
- May 2011 enrollment = 3,645 Range = 47-2,610.
- Two new PACEs are being planned or under development.

# Medicaid Advantage Plus (MAP)

- Capitated for Medicare and Medicaid under two separate contracts (Federal and State).
- All plans must cover the state-defined Combined Medicare and Medicaid Benefit Package.
- Between Medicare and Medicaid - benefit package includes all medically necessary services (primary, acute and long term care).
- Plans must meet both Medicare and Medicaid requirements.
  - *Challenge is to have this appear seamless to the membe*
- Eight plans now offer this product.
- May 2011 census = 1,374.
- Range = 12-471.

# Populations Served in Managed Care

- Medicaid Managed Care (MMC) plans serve only non-dual Medicaid recipients.
- Managed Long Term Care (MLTC) plans currently serve individuals who are eligible for Medicare and Medicaid (duals) as well as non-duals:
  - *In the future, the primary target population for MLTC will be dual eligibles.*

# Medicaid Redesign Team Initiatives Affecting MMC (non-duals) and MLTC (duals) in 2011

**April 2011 – October 2011**

Medicaid benefit changes (next slides)

**August 2011**

* Personal care becomes a plan benefit for MMC
* Recipient Restriction program individuals enrolled in MMC

**September 2011**

Modification of the role of the LDSS in the MLTC enrollment process

**October 2011**

Pharmacy becomes a plan benefit for MMC

# MRT Initiatives Affecting MMC and MLTC 2012

**January 2012**

Personal emergency response (PERS) becomes a MMC benefit

**April 2012**

Begin mandatory enrollment of dual eligibles who require community based long term care services in MLTC or care coordination model

**July 2012**

Include Consumer Directed Personal Assistance in MLTC and MMC benefit

**October 2012**

Nursing home placement becomes MMC benefit and non-dual nursing home residents enroll in MMC

# Medicaid Benefit Changes Affecting MMC and MLTC

APRIL 2011
PRESCRIPTION FOOTWEAR
* Limited to shoe attached to a lower limb brace or as a component of a diabetic .
* Compression and support stockings (limited to treatment of an open venous stasis ulcer).

MAY 1, 2011
*ENTERAL FORMULA AND NUTRITIONAL SUPPLEMENTS*
* Limited to those who cannot obtain nutrition through other means or tube-fed, having rare, inborn metabolic disorders or certain children.

OCTOBER 1, 2011
*Outpatient, PT, OT and speech therapy (if approved by CMS)
*Limited to 20 visits each per calendar year.*

OCTOBER 1, 2011
(MAP ONLY)
Medicaid wrap for certain Part D drugs eliminated
** Atypical antipsychotics, antidepressants, anti-retrovirals used in the treatment of HIV/AIDS and anti-rejection drugs used or tissue and organ transplants. These are covered by Part D.*

# Modify Role of LDSS in MLTC Enrollment (MRT #141)

- LDSS will no longer review clinical eligibility for plan enrollment for Partial Cap and MAP beginning in September 2011.
  - ✓ *Applicability to PACE is being explored with CMS.*
- All enrollment criteria remain the same.
  - ✓ *Applicant must qualify for nursing home level of care on SAAM, meet health and safety, require services of the plan for at least 120 days.*
- Working with LDSS to specify new process.
- Audit function to be developed by DOH to verify that enrollments are appropriate.
  - ✓ *To be conducted on a sample of enrollments.*

# Mandatory Initiative for April 2012

- 1115 Waiver approval needed from CMS before we can begin.
- Require dual eligibles over 21, who need community-based long term care services for more than 120 days, to enroll in Managed Long Term Care or other approved care coordination models.
- Eliminates the need to score as Nursing Home eligible upon enrollment.
- Exact definition of community-based long term care services is under development but likely candidates are:
  - ✓ *Personal care services*
  - ✓ *Home health services*
  - ✓ *Adult day health care*

# MLTC Assessment Tool

- Semi-Annual Assessment of Members (SAAM) will still be completed by the plans and submitted to DOH every 6 months for:
  - ✓*Risk adjustment of plan rates;*
  - ✓*Various data analyses.*
- MLTC Plans will change to Uniform Assessment System when implemented.

# Care Coordination Models

- Models that meet "guidelines specified by the Commissioner that support coordination and integration of services."
- Guidelines must address:
  - ✓ *Requirements in 4403-f (3)(a-i);*
  - ✓ *Payment methods that ensure provider accountability for cost effective quality outcomes.*
- Includes Long Term Home Health Care Programs that meet the guidelines.
- Medicaid Redesign Team work group has been appointed to assist in development (and other roles).
- Guidelines to be posted on DOH Web site by November 15, 2011.

# Initiate Mandatory Enrollment in New York City (April 2012 Target)

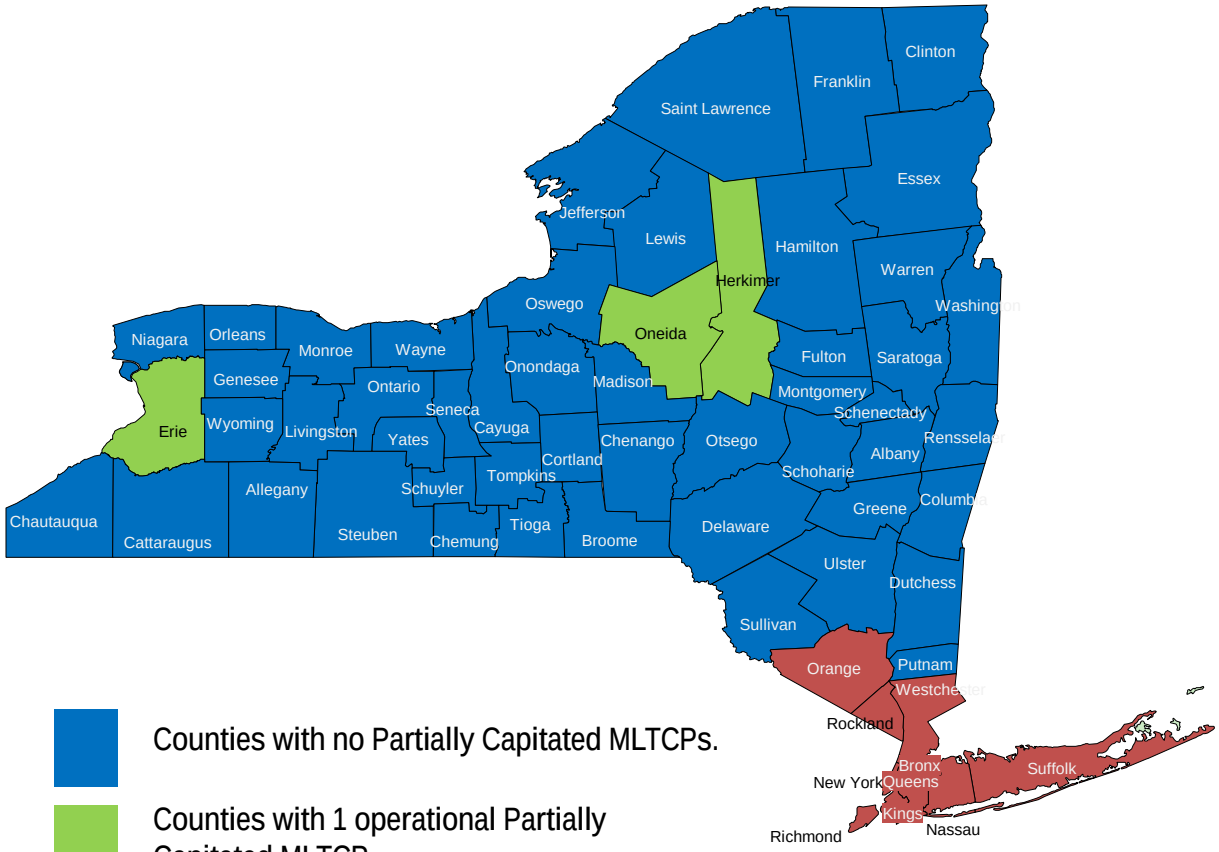
- Working with HRA to determine most effective, efficient way to transition people.
  - Will not take place all at once, options include:
    - ✓ *on reassessment;*
    - ✓ *by borough.*
- Consumer Choice preferred but Auto Assignment for those who do not.
- Must ensure continuity of care plan and service provider.
- Educational component for people new to system and transitioning.

# Excluded from Initial Mandatory Enrollment

- Several groups are not eligible to enroll in MLTC or care coordination models until program features and reimbursement rates are developed.
- These include people in:
  - ✓ *Traumatic Brain Injury (TBI) Waiver*
  - ✓ *Nursing Home Transition and Diversion (NHTD) Waiver*
  - ✓ *Assisted Living Program (ALP)*
  - ✓ *Office of People with Developmental Disabilities (OPWDD) Wavier*

# Statewide Mandatory Enrollment

- There must be a choice of two plans, one in rural counties.
- Upstate expansion will be county by county, as sufficient MLTC plan and care coordination model capacity is developed.




Counties with no Partially Capitated MLTCPs.

Counties with 1 operational Partially Capitated MLTCP.

Counties with Partially Capitated MLTCP capacity (2 or more operational plans).

# MLTC Applications

- New law eliminates previous requirement for designation by Senate, Assembly or Commissioner or Health before applying.
- Applications for new entities or new lines of business and expansions are posted on the DOH Web site:
  - http://nyhealth.gov/facilities/long_term_care/managed_long_term_care.htm
- Require legal structure, contracted network, descriptions of care management model, grievance system, other programmatic areas and financial capability and capitalization.

(continued)

# MLTC Applications

- Statute allows up to 75 MLTC Certificates of Authority

  Current Status

  - ✓ *23 Operational*
  - ✓ *2 in Application Status*
  - ✓ *50 new plans could be established*
  - ✓ *8 slots must be reserved for the Senate Majority Leader and Speaker of the Assembly to recommend to apply between April 1, 2012 and March 31, 2015.*

- Application questions should be submitted to: mltcapps@health.state.ny.us.

# Dual Eligible Initiative (MRT 101)

- NYS received a CMS planning contract to develop a demonstration model or models for dual eligibles.
- Possible focuses of demonstration could include:
  - ✓ *Assumption of Medicare risk by NYS;*
  - ✓ *Development of enhanced care coordination for nursing home residents;*
  - ✓ *Promotion of existing MLTC initiatives; and*
  - ✓ *Gain sharing demonstration.*

(continued)

# Dual Eligible Initiative

- Planning activities include:
  - ✓ *Analysis of data on Medicare/Medicaid expenditures*
  - ✓ *Stakeholder interviews and meetings*
- Demonstration application due to CMS by April 2012
- If successful, implementation anticipated by Fall 2012

# What are the Next Steps?

- New York State has several Managed Long Term Care models.
- Major Redesign of Medicaid Managed Care Infrastructure.
- Transition to Care Management /Capitated Models with accountability.
- Opportunity to develop an integrated program for dual eligibles.
- A lot of work is needed in a short time frame to ensure a smooth transition and improve quality and maintain consumer protections.

*MRT Managed Long Term Care Implementation and Waiver Redesign Work Group*

# Long Term Care Waivers and State Plan Services

July 8, 2011

NEW YORK state department of HEALTH

# Current 1915 (c) HCBS Waiver Programs

- Long Term Home Health Care Program - DOH
- Nursing Home Transition & Diversion - DOH
- Traumatic Brain Injury (TBI) - DOH
- Care at Home I & II – DOH
- Home and Community Based Services for Children - OMH
- Home and Community Based Services – OPWDD
- Bridges to Health - OCFS

# 1915(c) Waiver Requirements

- Within the parameters Federal guidelines, States have the flexibility to develop HCBS waiver programs designed to meet the specific needs of targeted populations. Federal requirements for states include:
  - *Demonstrating that providing waiver services to a target population is no more costly than the cost of services these individuals would receive in an institution.*
  - *Ensuring that measures will be taken to protect the health and welfare of consumers.*
  - *Providing adequate and reasonable provider standards to meet the needs of the target population.*
  - *Ensuring that services are provided in accordance with a plan of care.*

# 1915(c) DOH Waiver Characteristics

- Participants must be Medicaid eligible (CAH allows non-Medicaid to participate).
- Live in a community setting or transition from a nursing home or hospital to the community.
- Cost neutral vs. comparable institutional (nursing home/ hospital) cost of care.
- Approximately 30,000 served annually.

# Long Term Home Health Care Program (LTHHCP)

# LTHHCP Overview

- Also known as the “Lombardi Program” or “Nursing Home Without Walls.”
- Operated by DOH and administered by LDSS.
- DOH monitors LTHHCP agency operation and LDSS program administration.

# LTHHCP Eligibility Criteria

- Nursing facility level of care.
- Medicaid eligible.
- Cost of care in the community must be less than 75 percent of the average nursing facility cost for the applicant's county of residence – allowance to go to 100 percent in certain circumstances.
- No age limitations.

# LTHHCP Statistics

- CMS approved the 1st LTHHCP waiver in 1983.
- Current authorization through August 31, 2015.
- More than 26,000 total participants (CY2009) receiving LTHHCP services:

  ~ *NYC 16,250 participants*

  ~ *ROS 9,750 participants*
- Average length of stay in program – 234 days.
- 107 LTHHCP providers statewide.

# LTHHCP Waiver Services

- Assistive Technology
- Community Transitional Services
- Home & Community Support Services
- Environmental Modification (Home Improvement)
- Congregate/Home-Delivered Meals
- Home Maintenance Services
- Respite Care
- Social Day Care and Transportation
- Personal Emergency Response System (PERS)
- Moving Assistance
- Medical Social Services
- Nutritional Counseling and Education
- Respiratory Therapy

# LTHHCP Case Management

- Provided by LTHHCP RN to all participants.
- Develops a Plan of Care to address identified service needs.
- Monitors/supervises paraprofessionals.
- Liaison between caregivers, community resources, and service providers.
  - Not discreetly billable service; cost incorporated in the rates for all LTHHCP services.

# Traumatic Brain Injury (TBI)

# TBI Waiver Overview

- Established by State Law in 1994 to develop essential services for persons with TBI and their families.
- Aggregate cost neutrality compared to comparable nursing facility care.
- Operated by DOH through nine regional resource development center (RRDC) contractors:
  - *Initial point of contact to apply for waiver;*
  - *Oversee day-to-day activities of waiver;*
  - *Review and approve all Service Plans.*

# TBI Waiver Eligibility

- Diagnosed with a TBI between the ages of 18 and 64:
  - *TBI acquired through injury or stroke*
- Nursing home level of care.

# TBI Statistics

- Approximately 2600 program participants
- Current authorization through 8/31/2013
- Average length of stay on waiver – 404 days

# TBI Waiver Services

- Service Coordination
- Independent Living Skills Training
- Structured Day Program
- Substance Abuse Programs
- Positive Behavioral Interventions and Supports
- Community Integration Counseling
- Home and Community Support Services
- Environmental and Vehicle modifications
- Respite care
- Assistive Technology
- Social Transportation
- Community Transitional Services.

# TBI Waiver Housing

- Housing subsidies funded by General Fund appropriations:
  - *Approximately 1500 waiver participants receive subsidies.*
  - *Subsidies are paid directly to landlords through a contracted payment agent service.*

# Nursing Home Transition and Diversion (NHTD)

# NHTD Overview

- Participants referred from a community setting, or transition from a nursing facility.
- Aggregate cost neutrality compared to comparable nursing facility care.
- Operated by DOH through nine regional resource development center (RRDC) contractors:
  - *Initial point of contact to apply for waiver;*
  - *Oversee day-to-day activities of waiver;*
  - *Review and approve all service plans.*

# NHTD Waiver Eligibility

- Between the ages of 18 and 64 with physical disabilities or are 65 and older.
- Nursing facility level of care.
- Medicaid eligible.

# NHTD Statistics

- First waiver participants enrolled in 2008.
- Current waiver authorization through August 31, 2015.
- Approximately 1,000 current participants:
  - *145 receive a state funded housing subsidy.*
- Average length of stay on waiver – 128 days:
  - *Low ALOS reflects phase-in of participants over year.*
- 55 percent are between the ages of 18 and 64; 45 percent are 65 and older.

# NHTD Waiver Services

- Service Coordination
- Home & Community Support Services
- Community Transitional Services
- Moving Assistance
- Home Visits by Medical Personnel (MD, NP, PA)
- Independent Living Skills Training
- Assistive Technology
- Community Integration Counseling
- Environmental Modification Services
- Peer Mentoring
- Nutritional Counseling
- Positive Behavioral Interventions and Supports
- Respiratory Therapy
- Respite care
- Structured Day Program
- Wellness Counseling
- Congregate and Home Delivered Meals

# NHTD Waiver Housing

- Housing subsidies are funded by State General Fund appropriations:
  - *Approximately 145 waiver participants receive subsidies.*
  - *Subsidies are managed and paid directly to landlords through a Memorandum of Understanding with NYS Homes and Community Renewal.*

# Care at Home I & II (CAH I/II)

# CAH I/II Overview

- Often referred to as the “Katie Beckett” program
- CAH I – Requires a Skilled Facility Level of Care
- CAH II – Requires technological dependency upon a ventilator
- Operated by DOH and administered by LDSS

# CAH I/II Eligibility

- Child under 18 years of age
- Child has been determined physically disabled according to standards in Social Security Act
- Financial Eligibility:
  - *Child is Medicaid eligible; or*
  - *Family has been determined ineligible for Medicaid based on income & resources, but child is Medicaid eligible when parents' income and/or resources are not counted*

# CAH I/II Statistics

- Waiver first established in 1985.
- Current waiver authorized through 8/31/2015.
- Currently 700 program participants.
  - *194 Medicaid eligible children*
- Average length of stay on waiver – 418 days.

# CAH I/II Waiver Services

- Respite
- Case Management
- Home Adaptation/Vehicle Modifications
- Palliative Care Services
  - *Pain and Symptom Management*
  - *Family Palliative Care Education*
  - *Bereavement*
  - *Massage Therapy*
  - *Expressive Therapies*

# Personal Care Services Program (PCSP)

# PCSP Overview

- Optional Medicaid (Title XIX) benefit added to New York's Medicaid State Plan in 1973
- Expanded in the late 1980's and early 1990's to include:
  - *Personal Emergency Response Services (PERS)*
  - *Assisted Living Program (ALP)*
  - *Limited Licensed Home Care Services Agency (LLHCSA)*
  - *Consumer Directed Personal Assistance Program*

# PCSP Eligibility

- Individual must require some or total assistance with personal hygiene, dressing, feeding, and nutritional and environmental support.
- Services must be ordered by a physician and be based on an assessment of the patient's medical needs.
- Individual must be medially stable.

# PCSP Eligibility

- Individual does NOT need to be nursing home eligible to participate in the program.
- Must be Medicaid eligible.

# PCSP 2010 Statistics

- 61,999 individuals received personal care services
  - *45,974 New York City*
  - *16,025 Rest of State*

# PCSP 2010 Statistics

| Rest of State | New York City |
| --- | --- |
| 0-20 years: 259 | 0-20 years: 897 |
| 21-64 years: 5,718 | 21-64 years: 9,421 |
| 65 + years: 10,048 | 65 + years:  35,656 |

# PCSP 2010 Statistics

- Statewide Hours Authorized
  - *103,237,193 hours for 61,999 recipients*
  - *Average hours per recipient 1,665*

- New York City
  - *93,130,216 hours for 45,974 recipients*
  - *Average hours per recipient 2,026*

- Rest of State
  - *10,106,977 hours for 16,025 recipients*
  - *Average hours per recipient 630*

# Consumer Directed Personal Assistance Program (CDPAP)

# CDPAP Overview

- Empowers consumers and enhances consumer choice.
- Operated by NYSDOH.
- Administered by LDSS.
- Fiscal intermediaries provide payroll function.
- LDSS monitors fiscal intermediary operations.
- DOH monitors LDSS program administration.

# CDPAP Eligibility

- Medicaid eligible.
- Must be self-directing or have a designated representative.
- Have a stable medical condition.
- Need some or total assistance with personal care, home health or skilled nursing tasks.

# CDPAP Statistics

- 78 fiscal intermediaries statewide
- 10,285 consumers participating (2010)
  - *3,085 New York City*
  - *7,200 Rest of State*
- Average hours per consumer annually
  - *1,734*

# Certified Home Health Agency (CHHA)

# CHHA Characteristics

- Provides services of a preventive, therapeutic, rehabilitative, health guidance and/or supportive nature.
- Part-time intermittent skilled services and support services to individuals who need intermediate and skilled health care.

# CHHA Overview

- Certified to participate in the Medicare and Medicaid programs:
  - *Must be compliant with the CMS Conditions of Participation for home health agencies*
- 137 CHHA's in NYS.
- Each county is served by at least one CHHA.
- Monitored by NYSDOH and/or an accreditation agency.

# CHHA Eligibility

- Individual must require a skilled service i.e. nursing or therapy services.
- Physician order required.
- Assessment must demonstrate that a patient's health and supportive needs can be safely and adequately met at home.

# CHHA Eligibility

- Individual must meet one of the following criteria:
  - *Be self directing*
  - *Able to call for help*
  - *Can be left alone*
  - *Has informal or other community supports willing, able and available to provide care and support in addition to the service provided by the CHHA*

# CHHA Statistics

Based on 2009 Cost Report Data:

- Unduplicated patient count: 252,759
  - *NYC* *59,817*
  - *Rest of State* *192,942*

# CHHA Statistics

- Total Number of RN visits all payer
  - *NYC* *3,314,634 visits*
  - *Rest of State* *2,080,229 visits*
- Total Number of RN visits Medicaid
  - *NYC* *1,229,957 visits*
  - *Rest of State* *419,975 visits*

# CHHA Statistics

- Total Number of Home Health Aide Hours
  - *NYC* *58,502,211 hours*
  - *Rest of State* *3,640,345 hours*

- Total Number of HHA hours Medicaid only
  - *NYC* *53,320,816 hours*
  - *Rest of State* *2,277,483 hours*

# Conclusion

- Many LTC home and community based programs with overlapping services.
- Spending is high especially in NYC.
- Complex and confusing for families and consumers.

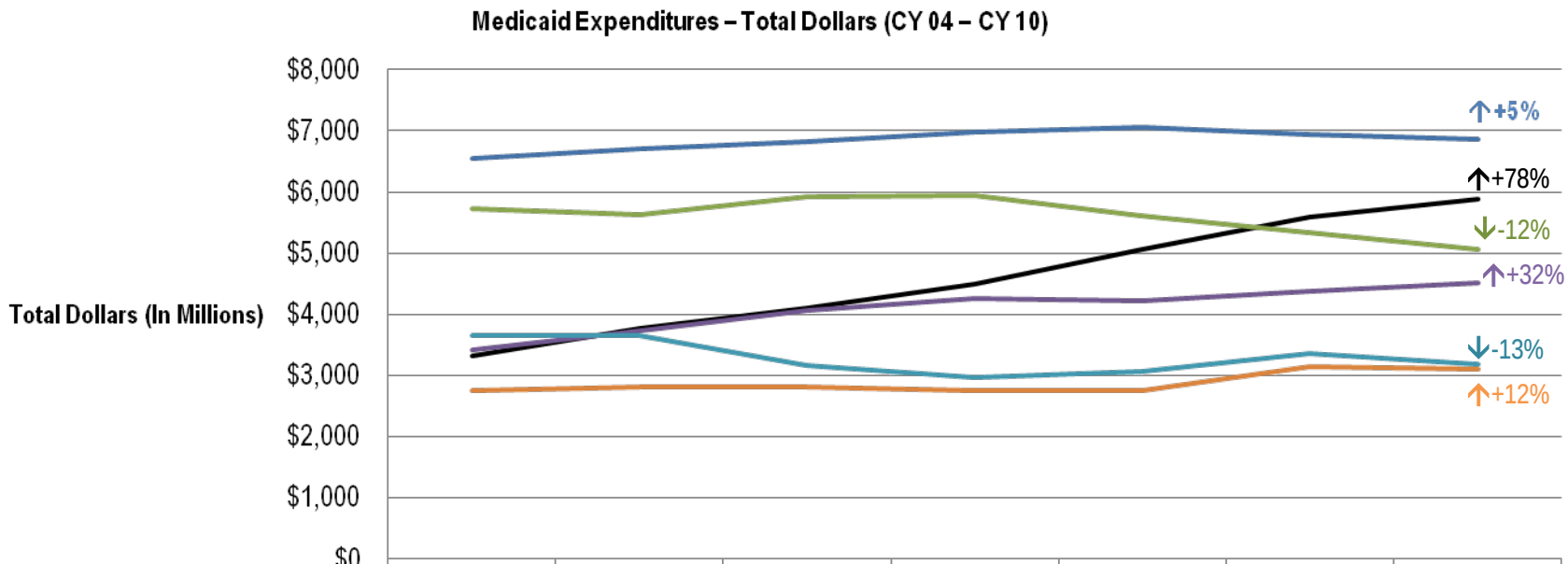
*MRT Managed Long Term Care Implementation and Waiver Redesign Work Group*

# Medicaid Cost Trends for Long Term Care Services

July 8, 2011

# State of Medicaid Spending - All

## *LTC and waiver services growing – Inpatient fee-for-service down*




| | CY 04 | CY 05 | CY 06 | CY07 | CY 08 | CY 09 | CY 10 |
|---|---|---|---|---|---|---|---|
| Institutional LTC | $6,552 | $6,703 | $6,817 | $6,987 | $7,064 | $6,948 | $6,856 |
| OPWDD/OMH Waivers | $3,314 | $3,780 | $4,108 | $4,498 | $5,069 | $5,589 | $5,887 |
| Inpatient | $5,732 | $5,629 | $5,914 | $5,939 | $5,614 | $5,341 | $5,069 |
| Non-Institutional LTC | $3,410 | $3,734 | $4,074 | $4,256 | $4,218 | $4,385 | $4,518 |
| Drugs Net of Rebates | $3,663 | $3,663 | $3,160 | $2,977 | $3,062 | $3,351 | $3,178 |
| Physician and Clinic (inc. OPD) | $2,761 | $2,819 | $2,810 | $2,755 | $2,761 | $3,144 | $3,101 |

# State of Medicaid Spending – LTC

## *Trend - Spending up 28%*

| LTC Per Recipient Spending Trends by Service ($ 000) | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 2003 | | | 2010 | | | % Change In Per Recipient Spending 2003 to 2010 |
| | # of Recipients | Total ($) | $ Per Recipient | # of Recipients | Total ($) | $ Per Recipient | |
| Nursing Homes | 139,080 | $5,946,989 | $42,759 | 126,878 | $6,429,336 | $50,673 | 18.5% |
| ADHC | 16,365 | 266,248 | 16,269 | 17,303 | 318,273 | 18,394 | 13.1% |
| LTHHCP | 26,804 | 510,250 | 19,036 | 26,934 | 716,649 | 26,608 | 39.8% |
| Personal Care | 84,823 | 1,824,729 | 21,512 | 72,031 | 2,152,439 | 29,882 | 38.9% |
| MLTC | 12,293 | 444,341 | 36,146 | 37,843 | 1,401,362 | 37,031 | 2.4% |
| ALP | 3,538 | 50,488 | 14,270 | 5,217 | 93,096 | 17,845 | 25.1% |
| Home Care/CHHA | 92,553 | 760,347 | 8,215 | 87,366 | 1,551,546 | 17,759 | 116.2% |
| Total | 318,617 | $9,803,392 | $30,769 | 320,590 | $12,662,701 | $39,498 | 28.4% |

# State of Medicaid Spending – LTC

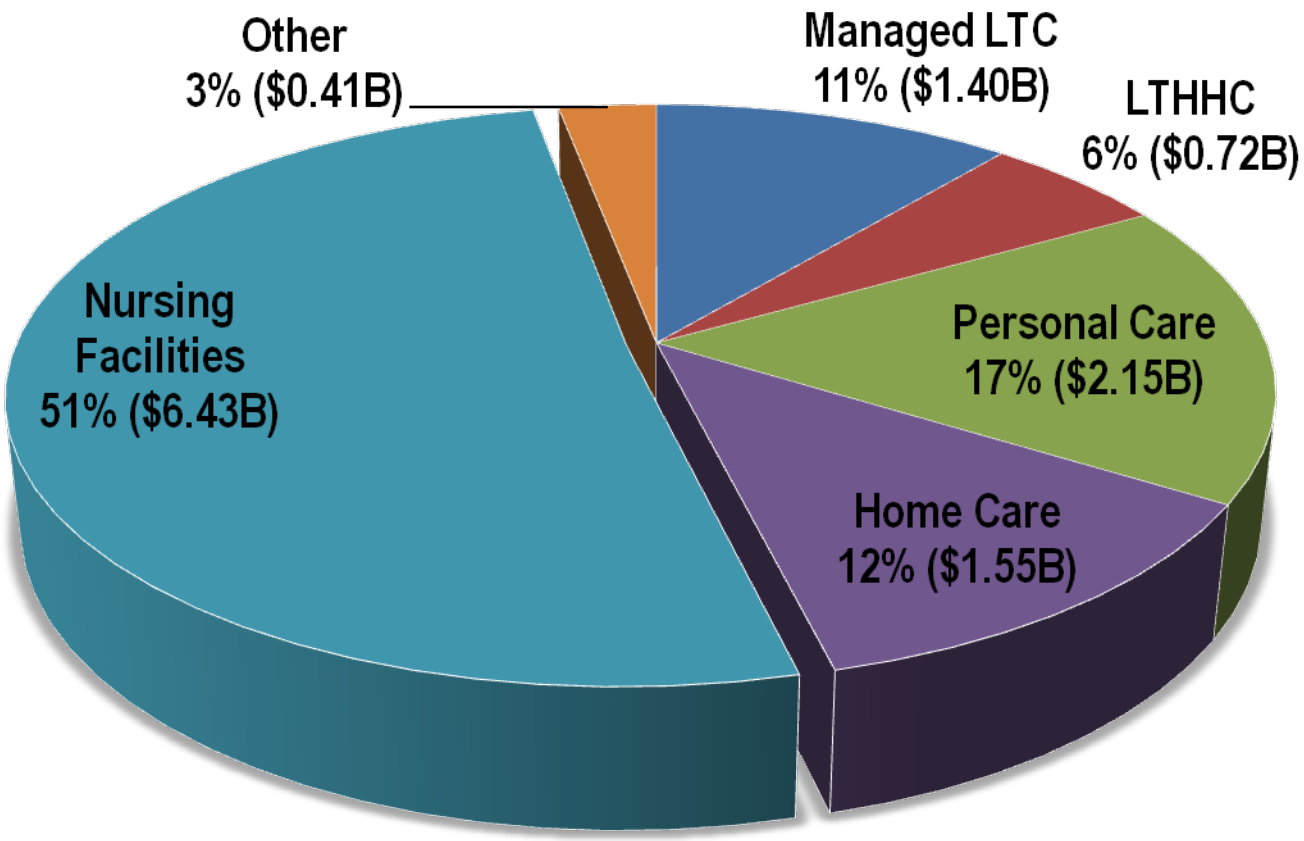
## *Growth concentrated in NYC*

| 2003 to 2010 All LTC Medicaid Spending ($000) | | | | |
|---|---|---|---|---|
| **Region** | **2003** | **2009** | **2010** | **% Change 2003 to 2010** |
| **Statewide** | **$9,803,392** | **$12,388,973** | **$12,662,701** | **26.4%** |
| NYC | $6,266,318 | $8,256,026 | $8,496,982 | **31.8%** |
| Downstate* | $1,448,368 | $1,769,301 | $1,799,711 | **22.2%** |
| Upstate | $2,088,706 | $2,363,646 | $2,366,008 | **13.2%** |

* Nassau, Suffolk, Rockland, Westchester, and Putnam

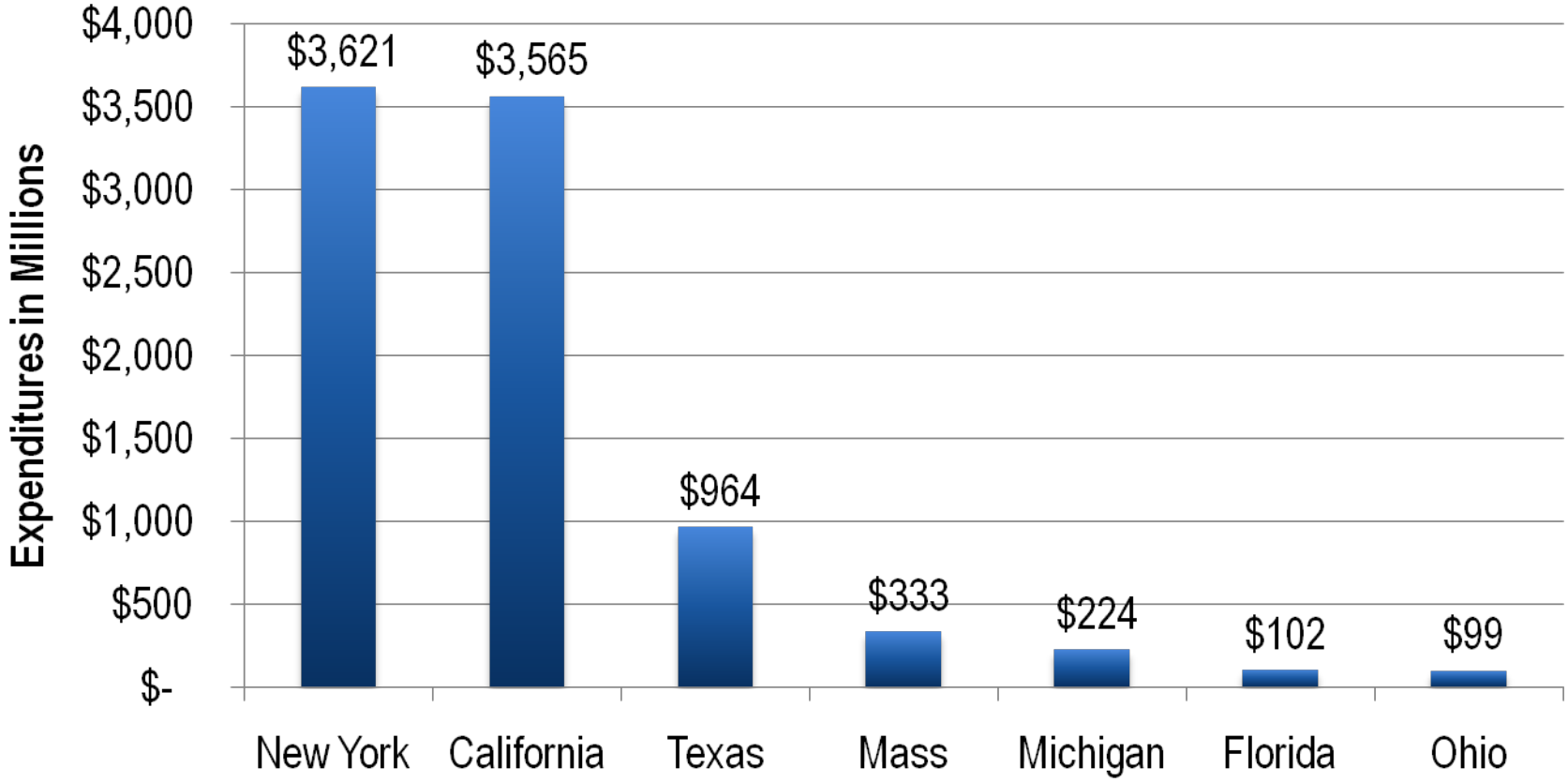
# State of Medicaid Spending: LTC Nursing

***Nursing Facilities now account for over 51% of Total 2010 LTC spending of $12.7 Billion***



# State of Medicaid Spending - LTC

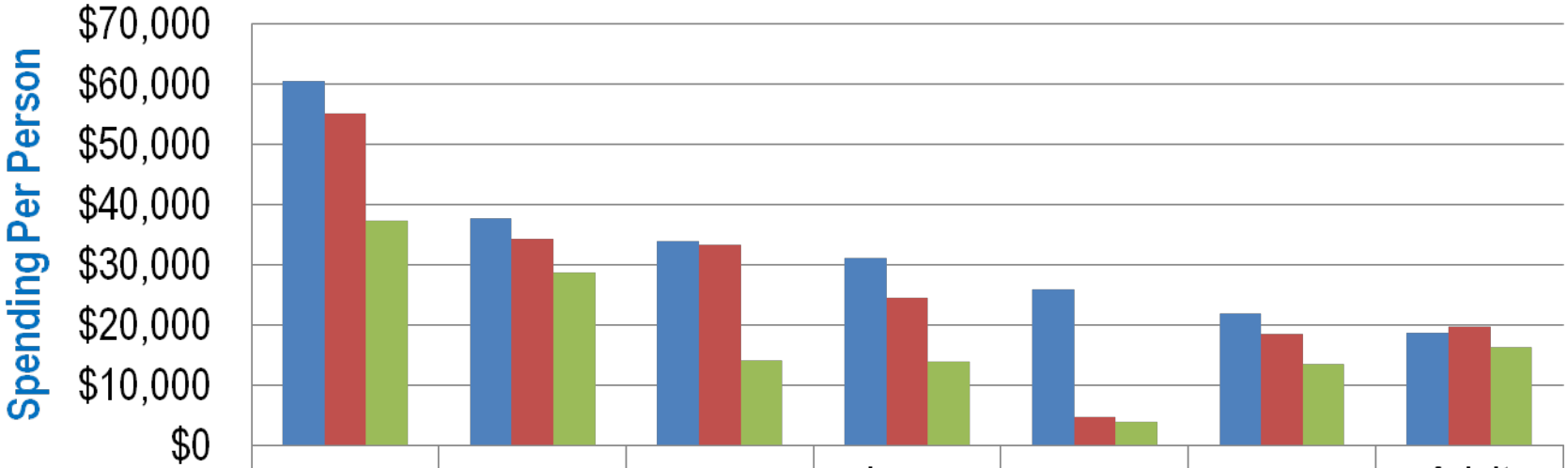
## *NYS Home Care and Personal Care spending exceeds all other states*




| Per Beneficiary: | $18,690 | $8,537 | $3,017 | $10,262 | $3,561 | $3,070 | $3,060 |
|---|---|---|---|---|---|---|---|

# State of Medicaid Spending - LTC

## *Nursing Facilities now account for over 51% of total 2010 LTC spending of $12.7 Billion*




| | Nursing Homes | Manage d LTC | Personal Care | Long Term Home Health | Home Care | Medicaid Assisted Living | Adult Day Health Care |
|---|---|---|---|---|---|---|---|
| NYC | $60,531 | $37,725 | $33,913 | $31,206 | $25,921 | $21,833 | $18,804 |
| Downstate* | $55,227 | $34,245 | $33,288 | $24,439 | $4,631 | $18,536 | $19,747 |
| Upstate | $37,387 | $28,761 | $14,150 | $13,897 | $3,884 | $13,488 | $16,314 |

* Nassau, Suffolk, Rockland, Westchester, and Putnam

# Mandatory Managed Long Term Care Characteristics of the Newly Eligible

# Long Term Care Eligible Population Definition

- *Federal Fiscal Year 2008-2009** Medicaid data was used to identify a cohort of eligible New York City recipients.
- **Included**
  LTC expenditures in the following categories of service for a minimum of four consecutive months (120 days):
  - *Long Term Home Health Care (LTHHCP)*
  - *Certified Home Health Agency (CHHA)*
  - *Personal Care (PC)*
  - *Adult Day Health Care (ADHC)*
  - *Assisted Living Program (ALP)*
  - *Skilled Nursing Facility (SNF) and*
  - *Private Duty Nursing (PDN)*
- **Excluded:**
  - Medicaid Managed Care (MMC) Enrollees
  - Recipients Under 18 Years
  - TBI and NHTD Waiver Programs
  - Developmentally Disabled
  - CMCM Recipients
  - OPWDD Inpatient Recipients Receiving Day Treatment
  - OMH Inpatient Recipients
  - OASAS Inpatient Recipients
  - Hospice Recipients

* October 1, 2008 through September 30, 2009

# Mandatory MLTC Cohort Definition

- The eligible file was restricted to identify only those recipients that were:
  - ***Dual-Eligible;***
  - ***Received Personal Care and/or Home Health Care Services;***
  - ***Were not permanently residing in a Nursing Facility.***

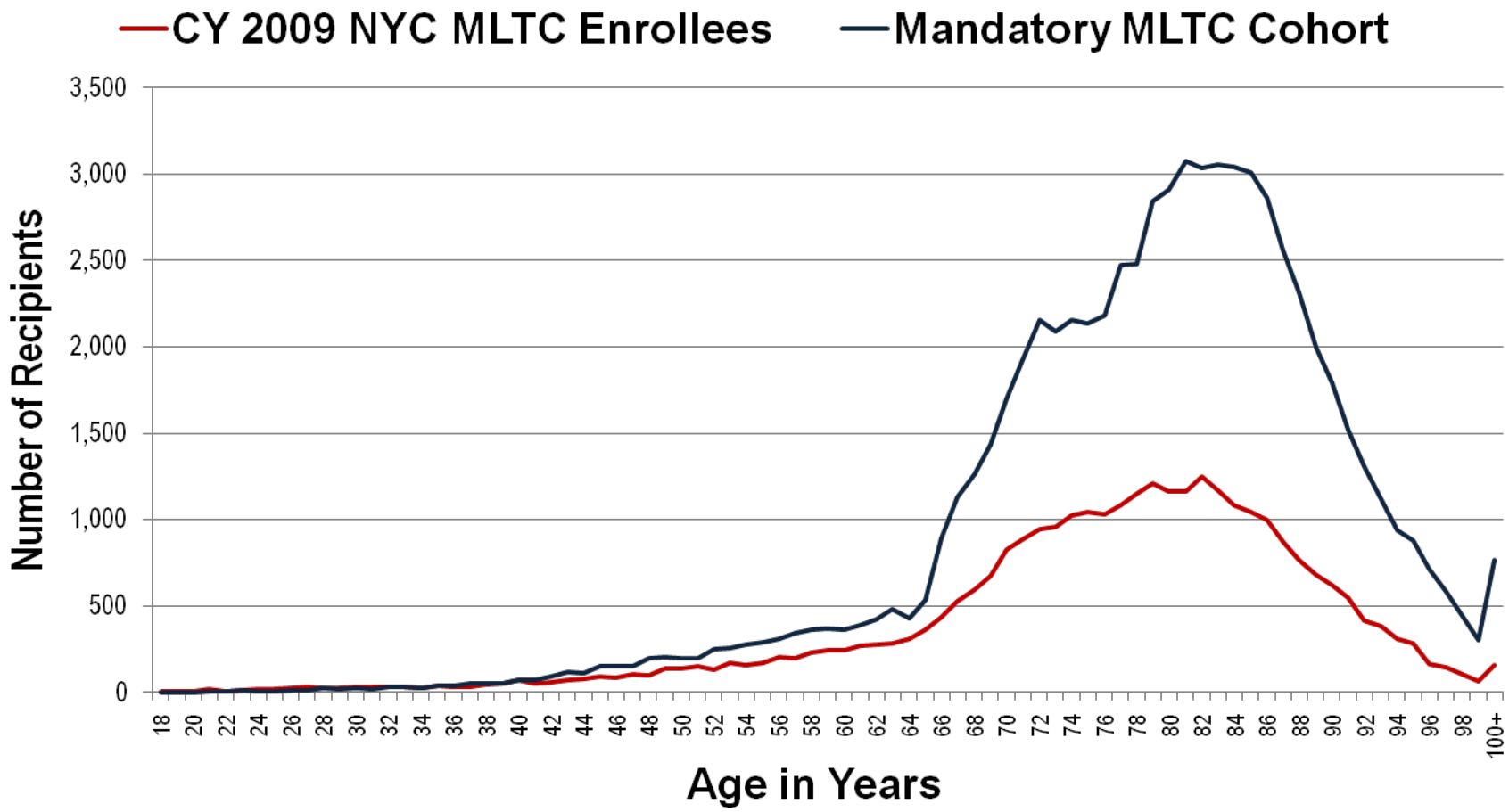
| Dual-Eligible Age Grouping | Recipients | Medicaid PMPM Spend |
|---|---|---|
| 18-64 Years | 6,933 | $ 3,907 |
| 65+ Years | 65,402 | $ 4,306 |
| **Cohort Total** | **72,335** | **$ 4,268** |

# Consumer Directed Personal Care Services

- Within the cohort, 1,378 recipients (1.91 percent) received Consumer Directed Personal Care services during FFY 08/09.

| CDPAP Status | Recipients | Medicaid PMPM Spend |
|---|---|---|
| Not CDPAP | 70,957 | $ 4,247 |
| CDPAP | 1,378 | $ 5,305 |
| **Cohort Total** | 72,335 | $ 4,268 |

# Distribution of Age in Years




Note: For presentation purposes, enrollees =>100 years have been combined to the category “100+”.

# Gender

The Mandatory MLTC Cohort is predominately female.

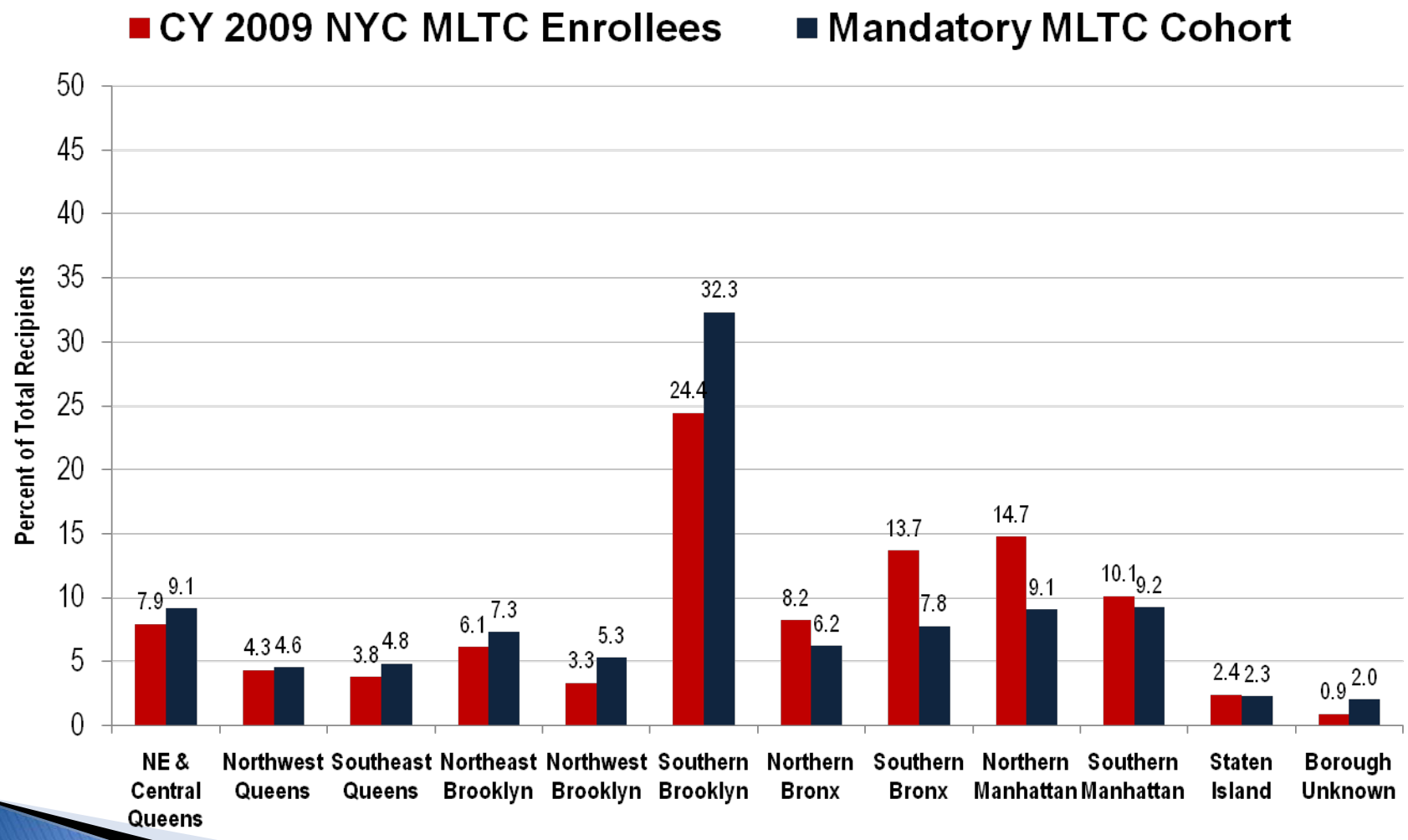
Under the age of 65 years, the cohort is 58 percent female.

Over the age of 65 years, 75 percent of recipients are female.

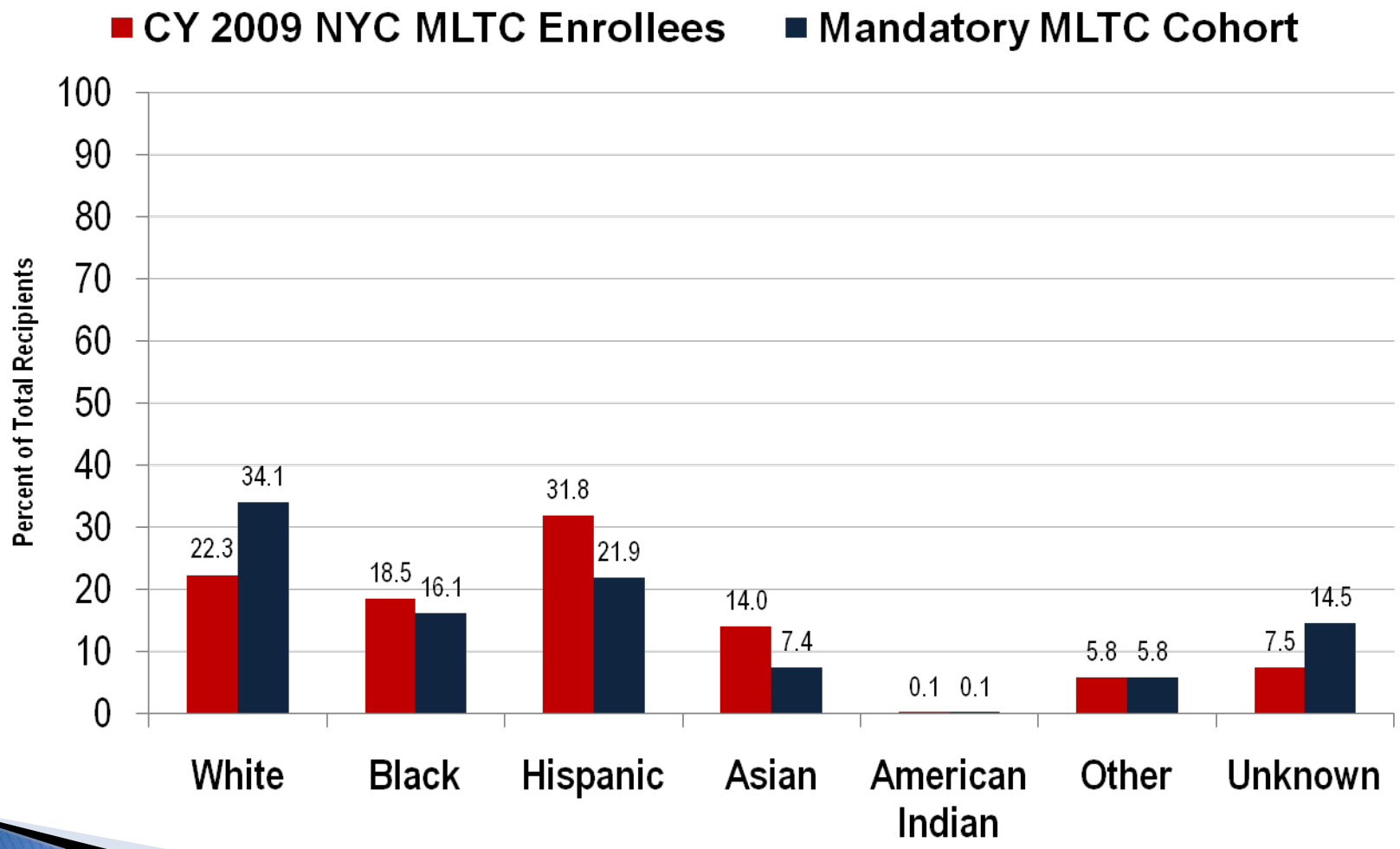
For comparison, the CY 2009 NYC MLTC enrollee population was 72 percent female.

| Dual-Eligible Age Group | Gender | Mandatory MLTC Cohort Recipients | Percent Member Months | Medicaid Spend PMPM |
|---|---|---|---|---|
| 18-64 Years | Female | 4,037 | 58.50 | $ 3,799.54 |
| | Male | 2,896 | 41.50 | $ 4,058.57 |
| Subtotal 18-64 Years | | 6,933 | 100.00 | $ 3,907.04 |
| 65+ Years | Female | 48,604 | 74.81 | $ 4,394.49 |
| | Male | 16,798 | 25.19 | $ 4,042.57 |
| Subtotal 65+ Years | | 65,402 | 100.00 | $ 4,305.83 |
| Total MLTC Mandatory Cohort | Female | 52,641 | 73.27 | $ 4,349.75 |
| | Male | 19,694 | 26.73 | $ 4,044.91 |
| Total | | 72,335 | 100.00 | $ 4,268.27 |

# Recipient Residence by New York City Borough Sub Area



# Race/Ethnicity



# Clinical Acuity of Eligible Cohort

## Top 10 Major Diagnostic Categories

| Major Diagnostic Category | Percent Total (n=72,335) |
|---|---|
| Diseases And Disorders Of The Cardiovascular System | 69.08 |
| Diseases And Disorders Of The Musculoskeletal System | 50.25 |
| Other Endocrine, Metabolic And Thyroid Disorders | 40.70 |
| Diseases & Disorders Of The Nervous System | 35.76 |
| Diabetes Mellitus | 32.39 |
| Infectious And Parasitic Diseases | 32.22 |
| Diseases And Disorders Of The Respiratory System | 30.78 |
| Mental Diseases And Disorders | 26.51 |
| Diseases & Disorders Of The Digestive System | 26.13 |
| Diseases And Disorders Of The Eye | 24.73 |

## Top 10 Disease Conditions

| Disease Condition | Percent Total (n=72,335) |
|---|---|
| Hypertension NOS/NEC | 55.95 |
| Hypertension | 52.79 |
| Acute Joint and Musculoskeletal Diagnoses - Minor | 34.53 |
| Diabetes | 32.39 |
| Coronary Atherosclerosis | 27.36 |
| Chronic Joint and Musculoskeletal Diagnoses - Minor | 26.81 |
| Minor Infections | 26.48 |
| Hyperlipidemia | 24.52 |
| Osteoarthritis | 23.21 |
| Minor Mental Health | 20.70 |

Note: Medicare data was not available for use in determining clinical acuity. Major Diagnostic Categories and Disease Conditions were determined using 3M Clinical Risk Group software (Version 1.8).

# Clinical Acuity of CY 2009 NYC MLTC Enrollees

## Top 10 Major Diagnostic Categories

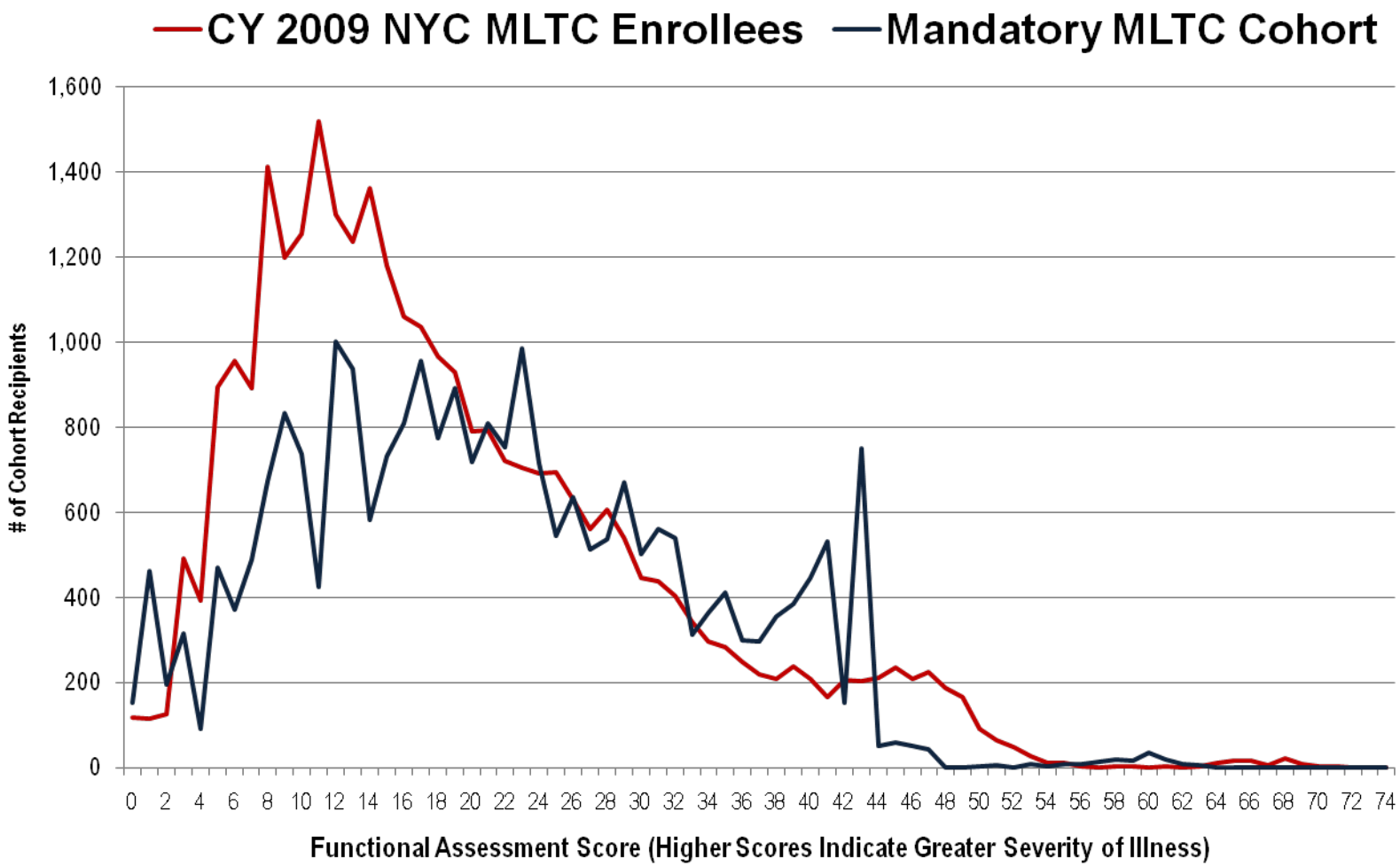
| Major Diagnostic Category | Percent Total (n=30,699) |
|---|---|
| Diseases And Disorders Of The Cardiovascular System | 73.08 |
| Diseases And Disorders Of The Musculoskeletal System | 54.40 |
| Other Endocrine, Metabolic And Thyroid Disorders | 46.87 |
| Diseases & Disorders Of The Nervous System | 40.12 |
| Diabetes Mellitus | 39.17 |
| Diseases & Disorders Of The Digestive System | 33.09 |
| Mental Diseases And Disorders | 28.20 |
| Diseases And Disorders Of The Respiratory System | 27.75 |
| Diseases And Disorders Of The Eye | 22.60 |
| Diseases & Disorders Of The Kidney And Urinary Tract | 19.26 |

## Top 10 Disease Conditions

| Disease Condition | Percent Total (n=30,699) |
|---|---|
| Hypertension | 62.39 |
| Hypertension NOS/NEC | 57.15 |
| Diabetes | 39.17 |
| Hyperlipidemia | 33.71 |
| Osteoarthritis | 27.31 |
| Acute Joint and Musculoskeletal Diagnoses - Minor | 25.69 |
| Minor Mental Health | 23.77 |
| Coronary Atherosclerosis | 20.10 |
| Chronic Joint and Musculoskeletal Diagnoses - Minor | 18.87 |
| Acute Gastrointestinal Diagnoses and Symptoms - Minor | 18.23 |

Note: Medicare data was not available for use in determining clinical acuity. Major Diagnostic Categories and Disease Conditions were determined using 3M Clinical Risk Group software (Version 1.8).

# Functional Assessments




Note: For the Mandatory MLTC Cohort, CY09 OASIS assessment data were used to derive a functional assessment score. OASIS data were available for 35% of cohort recipients.

# Cumulative Hour Groupings for Long Term Care Services

| | % of Dual-Eligible Recipients | | | |
|---|---|---|---|---|
| Cumulative Hours Per Day Grouping | Personal Care Aide Hours Only | CHHA Home Health Aide Hours Only | LTHHCP Home Health Aide Hours Only | All Users |
| 2 Hour Minimum | 81% | 77% | 90% | 77% |
| > 4 Hours | 63% | 61% | 58% | 58% |
| > 8 Hours | 37% | 34% | 3% | 29% |
| >12 Hours | 13% | 19% | 1% | 12% |

Note: Percentages are based upon FFY 2008-2009 Medicaid expenditure data and are restricted to dual-eligible recipients. Comparative percentages were not available for the MLTC NYC Enrollee cohort.

# In Summary

- The mandatory dual-eligible MLTC cohort is predominately female and over the age of 65 years, which is comparable to the MLTC enrollee population.
- Socio-demographics of the two populations also indicate consistency between groups.
- Common chronic disease conditions in the newly eligible population include hypertension, diabetes, high cholesterol and osteoarthritis, comparable to the most common MLTC enrollee population disease conditions.
- Functional assessment comparisons are confounded by the lack of assessment data for the mandatory cohort.
- 58 percent of mandatory eligibles are receiving 4 or more hours of LTC services a day, with 12 percent receiving 12 or more hours.