

MEDICAID ALERT

April 3, 2015

Transition of Long Term Nursing Home Benefit into Medicaid Managed Care

While a final ADM has not yet been released, the SDOH Managed Care Division has informed HRA of the following, effective February 1, 2015: Eligible nursing home consumers age 21 and over, unless otherwise exempt or excluded, who become permanent placed in a nursing facility are required to enroll in or remain enrolled in a managed care plan to receive this benefit.

This is a complex change and HRA is awaiting the final ADM to complete changes to its submission forms and processes. However, effective immediately:

- **Consumers Enrolled in a Mainstream Managed Care plan**

Consumers in mainstream managed care plans (mainstream Medicaid Managed Care Plans and HIV Special Needs Plan products), will no longer be disenrolled when they are determined to be permanently placed. A new form, MAP-2159i has been developed for these clients and a sample is attached to this Alert. A copy will also be posted in MARC for use to inform HRA that a Mainstream Managed Care consumer is now permanently placed in a nursing home.

For consumers enrolled in a Mainstream Managed Care Plan, this now requires the authorization of the plan as well as the nursing home. MAP-2159i indicates the need to include a copy of the plan's authorization as well as the bed type of the nursing home consumer.

- **Consumers enrolled in a Managed Long Term Care Plan** (partial capitation and Medicaid Advantage Plus plans)

The nursing home benefit, both short term and long term placement, were already included in the Managed Long Term Care benefit package. However, effective immediately, Managed Long Term Care consumers will no longer be disenrolled due to placement in an out of network nursing home. Additionally, dually eligible long term placement beneficiaries residing in nursing homes are no longer excluded from Managed Long Term Care plan enrollment.

- **Fee for service consumers**

Effective immediately, all Medicaid fee-for-service consumers aged 21 and over who are determined to be permanently placed in a nursing home, will have a restriction code of N7 placed in the Restriction/Exemption system upon determination of eligibility for coverage of long term nursing home care. This will trigger the beginning of the 60 day choice period for enrollment into managed care and will notify New York Medicaid Choice of the need to provide outreach and enrollment assistance to this consumer.

Consumers determined permanently placed prior to the effective date of this initiative will remain in fee-for-service. They are not required to enroll in managed care. This also applies to Medicaid-eligible consumers in permanent status prior to the transition date who are discharged to a hospital for an inpatient hospital stay with bed hold. However, if the bed hold is exhausted or not in place, consumers who are re-admitted to a nursing home for long term care (permanent placement) after the transition date, are required to enroll in a managed care plan.

Once the final ADM is released, HRA will finalize needed changes to its nursing home submission protocol and forms. A more detailed Alert will also be published. We are also planning training sessions for nursing homes and managed care plans to go over the changes and answer questions. These will be scheduled as soon as feasible after release of the final ADM.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

**NOTICE OF PERMANENT PLACEMENT
MEDICAID MANAGED CARE**



MAP-2159i 04/03/2015

DATE	
NAME OF FACILITY	
ADDRESS	
NAME OF MEDICAID MANAGED CARE PLAN	PLAN PROVIDER ID
NAME OF CONSUMER	CIN

SEND TO:

Medical Assistance Program
Nursing Home Eligibility Division
P.O. Box 24210
Brooklyn, New York 11202-9810

This is to certify that the above-named consumer is a resident of the above-named facility and is now in permanent placement status. The permanent placement is effective ____/____/____

The consumer's Managed Care Plan listed above has authorized the placement and/or bed type. The signed Plan Authorization is attached.

Plan Authorization must be attached or this action will not be processed.

The placement/bed type for the consumer is checked below:

- | R/E Code | Description |
|-----------------------------|--|
| <input type="checkbox"/> N1 | Regular SNF Rate – MC Enrollee |
| <input type="checkbox"/> N2 | SNF AIDS – MC Enrollee |
| <input type="checkbox"/> N3 | NF Neuro-Behavioral – MC Enrollee |
| <input type="checkbox"/> N4 | SNF TBI – MC Enrollee |
| <input type="checkbox"/> N5 | SNF Ventilator Dependent – MC Enrollee |
| <input type="checkbox"/> N6 | MLTC Enrollee Placed in SNF |

The following must be signed by the consumer's managed care plan and the residential health care facility providing care in order for NHED to process the reported information on this form.

A. Managed Care Plan:			
Name of Plan		Plan ID	
Submitter Last Name (Print)	Submitter First Name (Print)	Department	
Signature	Contact Telephone Number		
B. Residential Healthcare Facility (RHCF):			
RHCF Name		Provider ID	
Submitter Last Name (Print)	Submitter First Name (Print)	Department	
Signature	Contact Telephone Number		