



## Department of Health

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Executive Deputy Commissioner

June 11, 2020

Subject: Update: Nursing Home Benefit Limitation  
in Managed Long Term Care Partial Capitation  
Plans Letter

Dear Nursing Home Administrator:

The purpose of this letter is to update the information provided to nursing homes in the January 21, 2020 letter notifying nursing homes of the implementation of the change in coverage of the long term nursing home care benefit in the Medicaid Managed Long Term Care Partial Capitation plan (MLTCP plan) benefit package. The information in this letter supersedes the information contained in the January 21, 2020 letter.

In addition, and as further described in the “Implementation and Information Required from Nursing Homes” section of this letter, the Department of Health (the Department) is requesting nursing homes transmit a list of all residents who are designated as long-term nursing home stay (LTNHS), are enrolled in an MLTCP Plan, and have an active discharge plan to transition to the community to the Department no later than **June 16, 2020**.

### Change in Long Term Nursing Home Benefit and Nursing Home Requirements

Under the December 2019 amendment to New York’s Medicaid Redesign Team (MRT) 1115 Demonstration Waiver, the nursing home MLTCP plan benefit will be limited to three months of long term nursing home care for individuals who are designated LTNHS (previously long-term stay or permanently placed). The three month benefit period begins on the first day of the month following the month of the effective date of the LTNHS designation documented by the nursing home, in conjunction with authorization by the MLTCP plan, on the LDSS-3559, “Residential Health Care Facility Report of Medicaid Recipient Admission/Discharge/ Readmission/Change in Status,” form or an approved local equivalent. Note that the change in the long term nursing home care benefit has no impact on rehabilitative, short term or temporary nursing home residents.

For new admissions and changes in status that occur following the receipt of this letter, nursing homes will be required to provide a copy of the LDSS-3559 to the resident, and any other individual representing the patient in his or her care with the nursing home. The LDSS-3559 is also required to be sent by the nursing home to the resident’s local department of social services (LDSS).

In late January 2020, all MLTCP plan enrollees received the attached Benefit Announcement Letter from New York Medicaid Choice (NYMC), the Department’s managed care enrollment broker, making them aware of the change in benefits for long term nursing home care.

## Changes in Enrollment into MLTCP

As indicated in the January 21, 2020 letter, individuals who are designated LTNHS have been excluded from enrollment into an MLTCP plan.

The change in the nursing home benefit does not apply to any other Managed Long Term Care product including Fully Integrated Duals Advantage – Intellectual/Developmental Disabilities (FIDA-IDD), Program of All-Inclusive Care for the Elderly (PACE), or Medicaid Advantage Plus (MAP). It also does not apply to Medicaid Managed Care Plans (Mainstream).

## Implementation and Information Required from Nursing Homes

As an initial step in implementing the three-month nursing home benefit limitation under the Managed Long Term Care Partial Capitation Plan (MLTCP), members who are now enrolled in an MLTCP, are designated as long term nursing home stay (LTNHS), have been in a LTNHS for more than three months (LTNHS 3+), and have been determined by the local social services district to be financially eligible for nursing home Medicaid coverage will be disenrolled from their MLTCP on August 1, 2020. These individuals will be converted to Medicaid FFS for on-going coverage of their long term nursing home care.

These initial involuntary disenrollments will occur through a “Batch Process” initiated and executed by the Department. The process will establish the required entries in the Principal Provider Subsystem in the Welfare Management System (WMS) to initiate Medicaid FFS coverage for these individuals and direct payment to the nursing home. The individual will subsequently appear on the nursing home’s monthly roster.

MLTCP members that have been identified and verified as LTNHS 3+ members will receive the attached notice at least 10 days prior to disenrollment. Please note that the letter provides the member the opportunity to request an assessment to determine whether their needs can be met safely in the community. NYMC will work with the member and the plan to arrange for a requested assessment. Members that request an assessment before their disenrollment date will not be disenrolled from their MLTCP until they are notified by the plan of the plan’s decision.

The disenrollment notice will inform the individual that because financial eligibility for Medicaid coverage of nursing home care has been determined, after the disenrollment effective date, the individual’s nursing home care will be paid for through Medicaid FFS. If the individual has been paying income monthly toward the cost of nursing home care, the individual is to pay the monthly income directly to the nursing home. This notice also provides information about fair hearing rights. The involuntary disenrollment notice will be mailed by NYMC to enrollees identified by the Department.

The Department is now working closely with MLTCP plans to identify current MLTCP plan enrollees, as defined above, who are designated as LTNHS and have met or exceeded the three month benefit period. To ensure that members who may be in the process of transitioning to the community are not disenrolled from their MLTCP plan, please use the attached template to provide to the Department a list of your nursing home residents who have been designated LTNHS and who have an active discharge plan to transition to the community. The template includes the name of your nursing home, a contact person at your nursing home (name, telephone and e-mail), the transitioning resident’s name, Client Identification Number (CIN), date of LTNHS designation and the name of his or her MLTCP plan. *Please transmit the complete template through the Health Commerce System (HCS) using the **MLTC Nursing Home** shared mailbox no later than **June 16, 2020**.*

An active discharge plan means a plan that is being currently implemented. \* In other words, the resident's care plan has current goals to make specific arrangements for discharge and/or staff are taking active steps to accomplish discharge. An active discharge plan includes situations where:

- The resident is currently being assessed for transition by the Local Contact Agency; or
- The resident has a Transition Plan in place, which has all the required elements and has been incorporated into the resident's Discharge Plan; or
- The resident has an expected discharge date of three (3) months or less, has a discharge plan in place with all the required elements, and the discharge plan could not be improved upon with a referral to the Local Contact Agency. In New York, the Local Contact Agency is Money Follows the Person/Open Doors and they can be reached at 844-545-7108.

\*See "Guidance and Resources for Long Term Care Facilities: Using the Minimum Data Set to Facilitate Opportunities to Live in the Most Integrated Setting," U.S. Department of Health and Human Services, Office of Civil Rights, May 20, 2016).

#### Prospective Disenrollments

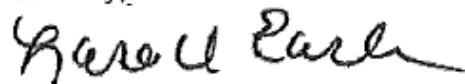
The Department will issue additional guidance prior to implementing the disenrollment of any other designated LTNHS 3+ MLTC members.

#### Nursing Home Residents Returning to the Community

Nursing homes are reminded of the obligation to ensure that all residents who express a desire to return to the community are provided the opportunity and assistance to allow the resident to live in the most integrated and least restrictive setting possible. For additional information see Dear Administrator Letter 16:10, dated February 16, 2017, Dear Administrator Letter 18-05, dated September 4, 2018 and Dear Administrator Letter 19-16, dated October 11, 2019. Open Doors can also be reached at 844-545-7108.

Should you have any questions about this letter, please email the Department at [DOH.sm.MLTCNH@health.ny.gov](mailto:DOH.sm.MLTCNH@health.ny.gov).

Sincerely,



Lana I. Earle, Director  
Division of Long Term Care  
Office of Health Insurance Programs

cc: Lisa Sbrana  
Mike Ogborn  
Kevin Wright  
Ann Foster