



2016-2017 State Budget Build Stronger Consumer Protections into Managed Long Term Care

This year's proposed budget misses an opportunity to make meaningful changes to Managed Long Term Care (MLTC) in Medicaid that could make the program stronger, protect consumers' rights, and make it more accessible to people. Medicaid Matters New York (MMNY), the statewide coalition representing the interests of Medicaid beneficiaries, urges adoption of the following additional consumer protections to improve and strengthen MLTC:

- Establish a high-need community rate cell to counteract the financial incentive to place people in nursing homes;
- Strengthen the community-based long term care workforce and address the workforce shortage in some areas by ensuring adequate wages and benefits;
- Provide the necessary funding to pay for the new overtime and travel requirements under MLTC, which includes providing managed care capitation rates that are sufficient to account for increased costs and requiring that any increased capitation rate be used to increase the availability of aide services; and
- Improve oversight and accountability of managed care plans, which should include:
 - Requiring plans to report any home care hour reductions so that the Department of Health can identify patterns of across-the-board reductions, as well as any new nursing home placements;
 - Requiring the Department of Health to publish detailed, issue-specific data for every managed care plan on grievances, internal appeals, external appeals, complaints to the Department of Health and fair hearings annually; and
 - Holding managed care plans accountable for reaching the goals of the Governor's Olmstead Plan to ensure people are served in the most integrated setting possible.

MMNY also wishes to highlight how the two changes to MLTC proposed by the Governor could negatively impact real people and their access to services, and suggests that the following actions be taken to ensure that vulnerable beneficiaries are not harmed.

First, the Governor's budget would change the eligibility standard for Managed Long Term Care (MLTC) by limiting enrollment to individuals who require a nursing home level of care. Though we do not object conceptually to prioritizing a higher-needs population in MLTC, MMNY is concerned about the people who would no longer be eligible under this new standard, but who still need home care.

The budget language does not specify which entity would administer long term care services for those not meeting the new nursing home standard, so we are left to assume that it would be the local social services districts. We are concerned about increasing reliance on local districts to deliver these essential services. Many local districts no longer have the capacity to administer long term care services to a significant number of individuals, especially individuals who require coordination of multiple services.

Second, the Executive Budget removes transportation as an MLTC benefit. Transportation services would no longer be provided by the MLTC plan. Rather, services would be provided by a separate vendor, which is currently providing Medicaid transportation services for everyone else in Medicaid. While we understand

the utility of aligning the transportation benefits across programs, consumers already experience challenges accessing transportation services and understanding the benefits to which they are entitled. In addition, transportation is a Medicaid benefit, which means that beneficiaries are afforded due process rights when benefits are denied or discontinued. If transportation services are removed from MLTC, the State should ensure that beneficiaries are informed of their right to transportation services, educated on how to access these services, and informed of their appeal rights.