

Medicaid Managed Care Advisory Review Panel (MMCARP)

(APPROVED 6/16/2022)

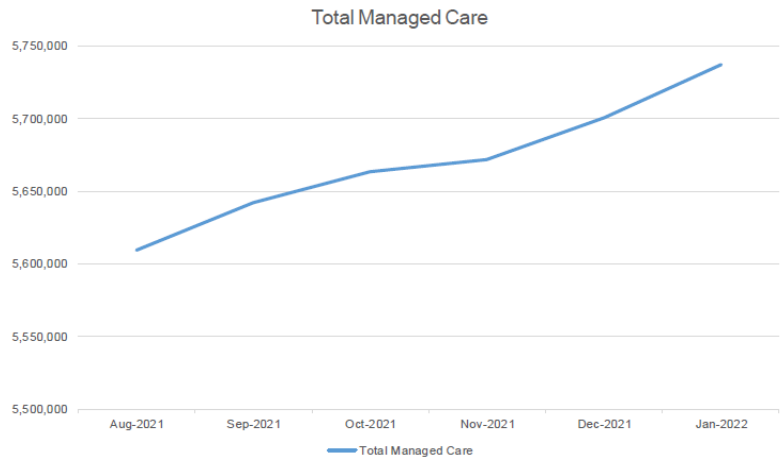
February 17th, 2022
Videoconference
11:00 AM to 1:00 PM
Meeting Minutes

Panel Members: Frederick Cohen, *Chair*; Kathryn Haslanger; Elisabeth Benjamin; Sheila Nelson; Neil Heyman; Joel Landau (absent); Jay Silverman; Amber Decker; Donna Colonna; Frederick Riccardi; Ricardo Rivera-Cardona.

NYS DOH Staff: Jonathan Bick; Susan Montgomery; Patricia Sheppard; Christine DiCaprio-Yandik; Krysten Bissaillon; Gayle Emrich; Isma Pervaiz; Erin Kate Calicchia; April Hamilton.

Presenters/Guests: Jonathan Bick, New York State Department of Health (DOH); Susan Montgomery (DOH); Gayle Emrich (DOH); Erin Kate Calicchia (DOH), April Hamilton (DOH); Lynne Schafer (OMH).

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Agenda Items	Discussion	Action Items														
Discussion and review of 12-16-2021 minutes	<p>The 12/16/2021 minutes were unanimously approved.</p> <p>Fred Cohen introduced the new panel member, Ricardo Rivera-Cardona.</p>															
MMCARP Bylaw Subcommittee Update	<p>Erin Kate Calicchia (NYSDOH), reported the following:</p> <p>Erin Kate has reached out to the State Ethics Officer to provide the subcommittee with conflict-of-interest training. The training should be scheduled soon.</p>															
Mainstream Medicaid Managed Care Program Update	<p>Jonathan Bick (NYSDOH), reported the following:</p> <p>Enrollment Update Enrollment figures for all programs are included in the meeting information we sent to you</p> <ul style="list-style-type: none"> • Enrollment Statistics • Enrollment Broker Counties-Overall Activity Report <p>Auto-assignment figures have also been provided</p> <ul style="list-style-type: none"> • Auto Assignment Rates • Auto Assignment Rates for the SSI Population Graph <p>Total Medicaid Managed Care Enrollment</p> <table border="1" style="display: inline-table; margin-right: 20px;"> <thead> <tr> <th>Months</th> <th>Total Medicaid Managed Care</th> </tr> </thead> <tbody> <tr> <td>Aug-2021</td> <td>5,609,479</td> </tr> <tr> <td>Sep-2021</td> <td>5,641,747</td> </tr> <tr> <td>Oct-2021</td> <td>5,663,563</td> </tr> <tr> <td>Nov-2021</td> <td>5,671,780</td> </tr> <tr> <td>Dec-2021</td> <td>5,700,708</td> </tr> <tr> <td>Jan-2022</td> <td>5,736,983</td> </tr> </tbody> </table> 	Months	Total Medicaid Managed Care	Aug-2021	5,609,479	Sep-2021	5,641,747	Oct-2021	5,663,563	Nov-2021	5,671,780	Dec-2021	5,700,708	Jan-2022	5,736,983	
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<p>Mainstream Medicaid Managed Care Program Update Cont.</p>	<p>HIV-SNP Enrollment</p> <table border="1" style="margin-bottom: 20px; border-collapse: collapse; width: 200px;"> <thead> <tr style="background-color: #e1eef6;"> <th>Months</th> <th>HIV-SNP</th> </tr> </thead> <tbody> <tr><td>Aug-2021</td><td>15,509</td></tr> <tr><td>Sep-2021</td><td>15,559</td></tr> <tr><td>Oct-2021</td><td>15,554</td></tr> <tr><td>Nov-2021</td><td>15,591</td></tr> <tr><td>Dec-2021</td><td>15,592</td></tr> <tr><td>Jan-2022</td><td>15,662</td></tr> </tbody> </table> <div style="text-align: center;"> <p style="font-size: small;">The chart displays HIV-SNP enrollment over a six-month period. The enrollment starts at 15,509 in August 2021, rises to 15,559 in September, dips slightly to 15,554 in October, then increases to 15,591 in November, 15,592 in December, and reaches 15,662 in January 2022.</p> </div> <p>Active Expansion Reviews and New Applications These following (6) Plan expansions and (3) MCO transactions have been received, or remain under review since the December update:</p> <p>Active Expansion Reviews *</p> <ul style="list-style-type: none"> ● CDPHP-Submitted an expansion application to provide MMC, CHP, and HARP in Richmond County. Currently under review. ● AmidaCare-Submitted an expansion application to provide SNP services in Nassau and Suffolk counties. Review paused due to Covid pandemic. ● HIP/Emblem-Submitted an expansion application to provide MMC, HARP, EP services in Albany, Dutchess, Orange, Putnam, Rockland, and Schenectady counties. Review paused per request from HIP due to Covid pandemic. ● HealthNow-Submitted a line of business expansion to provide HARP services in Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming counties. Currently under review. ● Metro Plus Health Plan-Submitted a line of business expansion to provide HIV/SNP services in Richmond County. Currently under review. ● MVP-Submitted an application to expand their Medicaid, CHP, and HARP lines of business into the counties of Clinton, Essex, Franklin, Fulton, Hamilton, Herkimer, Montgomery, and St. Lawrence counties. Currently under review. 	Months	HIV-SNP	Aug-2021	15,509	Sep-2021	15,559	Oct-2021	15,554	Nov-2021	15,591	Dec-2021	15,592	Jan-2022	15,662	
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<p>Mainstream Medicaid Managed Care Program Update Cont.</p>	<p>New Applications</p> <ul style="list-style-type: none"> • Partner’s Health Plan(PHP) has been conditionally certified as an Article 44 mainstream HMO in NYS. Awaiting satisfaction of program requirements (OMH) before enrollment can begin. • Hamaspik Inc.has applied to be certified as an Article 44 mainstream HMO in NYS. Hamaspik currently holds an Article 4403-f certification as a Managed Long-Term Care plan. (Currently under OMH/OASAS Provider Network review and updated financial projections. • TriADDdba MY COMPASS-Has applied to be certified as an Article 44 mainstream HMO in all 62 counties in NYS. <p>* Due to COVID-19 many of the expansions have been delayed as a result of MCOs shifting resources during the statewide emergency.</p> <p>New Benefits/Populations & Benefit Changes</p> <p>Transition of Children Placed in Foster Care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care The below documents have been added to the 29-I Health Facility (VFCA Transition) page.</p> <ul style="list-style-type: none"> • 29-I Health Facility Billing FAQ–UPDATE –December 2021 (PDF) • New York Medicaid Program 29-I Health Facility BILLING GUIDANCEVersion 2021-8 –December 2021 (PDF) <ul style="list-style-type: none"> ○ Guide to Edits: New York Medicaid Program 29-I Health Facility BILLING GUIDANCEVersion 2021-8 –December 2021 (PDF) • Notification to Medicaid Managed Care Plans (MMCPs) Regarding Resolution of System Configuration Issues for Passthrough Payments–UPDATE –December 21, 2021 (PDF) • Transition of Children Placed in Foster Care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care Version 2.1–January 2022 (PDF) <ul style="list-style-type: none"> ○ Guide to Edits: Transition of Children Placed in Foster Care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care Version 2.1–January 2022 (PDF) • Plan Network Provider Education Letters have also been posted to the VFCA Transition page. 	

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<p>Mainstream Medicaid Managed Care Program Update Cont.</p>	<p>Coverage for Developmental Screening, including Autism Spectrum Disorder, in the "First Three Years of Life'</p> <p>The New York State (NYS) Medicaid program will provide reimbursement for developmental screening in the "First Three Years of Life" of a child, in addition to the payment for an Evaluation and Management (E&M) service, effective April 1, 2022 for Medicaid Managed Care (MMC) Plans.</p> <p>Developmental screening for ASD by a primary care provider using a validated screening tool may be reimbursed up to two times in the child's "First Three Years of Life" of the child, beginning at 18 months of age. Developmental screening for global developmental delay by a primary care provider using a validated screening tool may be reimbursed up to one time per year in the "First Three Years of Life" of the child. Screening can be integrated into the well-childcare schedule.</p> <p>More information can be found in the December 2021 Medicaid Update.</p> <p>COVID-19 Update <u>Policy and Billing Guidance</u></p> <p>The New York State Department of Health has updated/added the following policy and billing guidance documents.</p> <ul style="list-style-type: none"> • New York State (NYS) Medicaid Pharmacy Policy and Billing Guidance for At Home COVID-19 Testing Coverage • New York State (NYS) Medicaid Fee-For-Service (FFS) Policy and Billing Guidance for COVID-19 Testing and Specimen Collection at Pharmacies • New York State (NYS) Medicaid Policy and Billing Guidance for Reimbursement of COVID-19 Monoclonal Antibody (mAb) Therapeutic Dispensing or Administration at Pharmacies • New York State (NYS) Medicaid Policy and Billing Guidance for Pharmacy Reimbursement of COVID-19 Oral Antivirals • New York State (NYS) Medicaid Billing Guidance for COVID-19 Testing and Specimen Collection and Therapeutics <p>These documents are available on the COVID-19 Guidance for Medicaid Providers webpage, which is updated regularly with guidance and information.</p> <p><u>COVID-19 Vaccine Counseling Coverage</u></p> <p>Effective December 1, 2021, Medicaid Managed Care Plans will provide reimbursement for COVID-19 vaccine counseling to unvaccinated Medicaid enrollees to encourage the administration of the COVID-19 vaccine.</p>	

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<p>Mainstream Medicaid Managed Care Program Update Cont.</p>	<p>More information can be found in the November 2021 Medicaid Update: https://www.health.ny.gov/health_care/medicaid/program/update/2021/no13_2021-11.htm#vaccine</p> <p>1115 Waiver Application Update</p> <p>Submitted Concept Paper to CMS in August, which outlines a request for up to \$17 billion in new federal investments over five years to address the health disparities and systemic health care delivery issues highlighted and exacerbated by the COVID-19 pandemic.</p> <ul style="list-style-type: none"> • Next Steps: <ul style="list-style-type: none"> • <i>Finalize 1115 renewal:</i> Currently, the 1115 waiver is under a one-year temporary extension that expires in March 2022. DOH is in negotiations with CMS for a five-year renewal. • <i>Convert Concept Paper into 1115 waiver application and incorporate CMS feedback:</i> CMS feedback was largely positive, and they recommended that the State submit a formal waiver application as the next step. • Plan to Begin Transparency Process in March: <ul style="list-style-type: none"> • Tribes Noticed 60 Days Prior to Intended Submission Date • 30-Day Public Comment Period • Two Public Hearings 	
<p>Behavioral Health/HARP/ Health Home Update</p>	<p>Lynne Schafer (NYSOMH), reported the following:</p> <p>Community Oriented Recovery and Empowerment (CORE) went live as of 2/1/2022</p> <ul style="list-style-type: none"> • Benefit information, webinars, and resources are available on the OMH CORE Website and the MCTAC CORE Website: <p>-https://omh.ny.gov/omhweb/bho/core/ -https://www.ctacny.org/special-initiatives/CORE/#</p>	

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Behavioral Health/HARP/ Health Home Update	<p>Pre-and Post-CORE Implementation Service Arrays</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">BH HCBS Service Array</th> <th style="text-align: center;">Service Array Post-CORE Transition</th> </tr> </thead> <tbody> <tr style="background-color: #d9ead3;"> <td> <ol style="list-style-type: none"> 1. Community Psychiatric Support and Treatment 2. Psychosocial Rehabilitation 3. Empowerment Services – Peer Supports 4. Family Support and Training </td> <td>These services are available in the CORE service array for HARP enrollees and HARP-eligible HIV-SNP enrollees.</td> </tr> <tr style="background-color: #fff2cc;"> <td> <ol style="list-style-type: none"> 5. Habilitation 6. Education Support Services 7. Pre-Vocational Services 8. Transitional Employment 9. Intensive Supported Employment 10. Ongoing Supported Employment 11. Non-Medical Transportation </td> <td>These services remain in Adult BH HBCS for HARP enrollees and HARP-eligible HIV-SNP enrollees.</td> </tr> <tr style="background-color: #d9e1f2;"> <td> <ol style="list-style-type: none"> 12. Short Term Crisis Respite 13. Intensive Crisis Respite </td> <td>These services are available to all Medicaid Managed Care members in the Crisis Intervention Crisis Residence Services benefit.</td> </tr> </tbody> </table>	BH HCBS Service Array	Service Array Post-CORE Transition	<ol style="list-style-type: none"> 1. Community Psychiatric Support and Treatment 2. Psychosocial Rehabilitation 3. Empowerment Services – Peer Supports 4. Family Support and Training 	These services are available in the CORE service array for HARP enrollees and HARP-eligible HIV-SNP enrollees.	<ol style="list-style-type: none"> 5. Habilitation 6. Education Support Services 7. Pre-Vocational Services 8. Transitional Employment 9. Intensive Supported Employment 10. Ongoing Supported Employment 11. Non-Medical Transportation 	These services remain in Adult BH HBCS for HARP enrollees and HARP-eligible HIV-SNP enrollees.	<ol style="list-style-type: none"> 12. Short Term Crisis Respite 13. Intensive Crisis Respite 	These services are available to all Medicaid Managed Care members in the Crisis Intervention Crisis Residence Services benefit.	
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Auto-Assignment Report	Gayle Emrich (NYSDOH) and panel members discussed the November Medicaid Managed Care Auto Assignment Report.									
Status Report of Managed Long Term Care (MLTC)	Jonathan Bick & Susan Montgomery (NYSDOH), reported the following:									

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Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items														
<p>Status Report of Managed Long Term Care (MLTC)</p>	<p>PACE Enrollment</p> <table border="1" style="margin-bottom: 20px;"> <thead> <tr> <th>Months</th> <th>PACE</th> </tr> </thead> <tbody> <tr><td>Aug-2021</td><td>5,420</td></tr> <tr><td>Sep-2021</td><td>5,457</td></tr> <tr><td>Oct-2021</td><td>5,522</td></tr> <tr><td>Nov-2021</td><td>5,698</td></tr> <tr><td>Dec-2021</td><td>5,840</td></tr> <tr><td>Jan-2022</td><td>5,941</td></tr> </tbody> </table> <p style="text-align: center;">MLTC Partial Plan NH Benefit Limitation</p> <ul style="list-style-type: none"> • The next “Batch Process” will be initiated and executed by the Department, and disenrolled members will be converted to Medicaid FFS for on-going coverage of their long term nursing home care, effective June 1, 2022. • The “Batch Process” will include members who meet the following criteria: • Designated as Long Term Nursing Home Stay (LTNHS); • Member has been in a LTNHS for more than three months (LTNHS 3+); and • Member has been determined by the local department of social services (LDSS) to be financially eligible for nursing home Medicaid coverage. <p>Note: Members that are submitted for through the “Batch Process” must have systematic data to verify that the above criteria is met.</p> <p style="text-align: center;">MLTC Social Adult Day Care Self-Assessments Update</p> <p>The CMS HCBS Final Rule effective, March 17, 2014, is intended to maximize opportunities for</p>	Months	PACE	Aug-2021	5,420	Sep-2021	5,457	Oct-2021	5,522	Nov-2021	5,698	Dec-2021	5,840	Jan-2022	5,941	
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<p>Status Report of Managed Long Term Care (MLTC)</p>	<p>participants in HCBS programs to have access to the benefits in the most community integrated settings and requires verification that sites are compliant by March 2023. As a key foundation of the HCBS Final Rule, all SADC service settings are required to establish and maintain a person centered planning process, including the development and ongoing monitoring of a person centered plan for each participant receiving services. The project to assess and achieve compliance is underway</p> <ul style="list-style-type: none"> • December 2021: Survey tool distributed and due, along with guidance and person centered planning training. 32 Partial Cap, MAP and PACE plans were expected to submit 3,197 SADC Site Self assessment Survey Tools. DOH has identified approximately 650 unique (non duplicated sites). • January February 2022: DOH has received 55% of the expected Self-assessment Survey Tools. All submitted SADC site self-assessments are under review with DOH. DOH is working with plans to remediate any incomplete or missing data • February June 2022: DOH conducts the full QA review of all submitted self assessments <p>HCBSADCSiteAssessments@health.ny.gov</p> <p>New York Independent Assessor</p> <ul style="list-style-type: none"> • The implementation date of the New York Independent Assessor is now anticipated to begin on May 1, 2022. • New section on DOH website: New York Independent Assessor (NYIA) • Trainings posted: December NYIA Overview, Initial Assessment Process, Communications, Notices and Reporting • Next training scheduled: February 16 –Variance Process and Independent Review Panel • Upcoming trainings: Fair Hearings, Reassessment Process <p>ARPA HCBS: LHCSA Directed Payment</p> <ul style="list-style-type: none"> • LHCSA submissions were due January 18 • Submitted attestations, spending plans and survey data under review 	<p>Motion Passed</p> <p>Fred Cohen requested that more detailed information on the Independent Assessor be provided at the next MMCARP meeting.</p> <p>More detailed information will be provided at the June 16th MMCARP meeting.</p>

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
<p>Status Report of Managed Long Term Care (MLTC)</p>	<ul style="list-style-type: none"> LHCSAs with missing or incomplete submissions received outreach CMS provided DOH with a set of questions on the preprint, and DOH returned the answers promptly CMS approval of the directed payment preprint is pending 	
<p>Children's Waiver Utilization Data</p>	<p>April Hamilton (NYSDOH), reported the following:</p> <p>HCBS Monthly Enrollment Trend –Legacy vs. Current Waiver # of Members Enrolled & # of Members w/ Paid Claims; 01/2017 –9/2021</p> <div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p style="text-align: center;">HCBS Enrolled Members & HCBS Enrolled Members with Claims: Legacy Waiver vs. Current Waiver</p> <p style="text-align: center;">Key Takeaways</p> <ul style="list-style-type: none"> ~30 to 40% of enrolled HCBS children have a claim in a month COVID-19 impacted utilization in 2020, but utilization appears to be returning to pre-COVID-19 levels. Some of the increase utilization may also be driven by increased enrollment trends. A slight decrease of utilization from the old waiver to the new waiver can be observed. Members may be having their needs meet through CFTSS in lieu of HCBS <p>Note:</p> <p><i>The line chart represents enrollment counts. The area chart represents enrolled members with a claim counts. The data labels represent the percentage of enrolled member with a claim against total enrolled members. The yellow chart visuals represent the legacy waiver, the blue chart visuals represent the current waiver.</i></p> </div> <p>Health Home (HH) Monthly Enrollment Trend –Legacy vs. Current Waiver # of Members Enrolled & # of Members w/ Paid Claims; 01/2017 –9/2021</p>	

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
<p>Children's Waiver Utilization Data</p>	<div data-bbox="296 215 1642 570"> <p>HCBS Enrolled Members & HH Enrolled Members with Claims: Legacy Waiver vs. Current Waiver</p> <p>Enrolled in B2H, DOH, OMH SED, or OPWDD Waivers</p> <p>Enrolled in Health Home Program & HCBS Waiver</p> <p>Enrolled in B2H, DOH, OMH SED, or OPWDD Waivers w/ a Care Mgmt. (future HH program) Claim</p> <p>Enrolled in Health Home Program & HCBS Waiver w/ a Health Home Claim</p> <p>Member Count</p> <p>Date / Year</p> <p>Percentage of enrolled member with a claim against total enrolled members (e.g., 88%, 86%, 85%, 84%, 83%, 82%, 81%, 80%, 79%, 78%, 77%, 76%, 75%, 74%, 73%, 72%, 71%, 70%, 69%, 68%, 67%, 66%, 65%, 64%, 63%, 62%, 61%, 60%, 59%, 58%, 57%, 56%, 55%, 54%, 53%, 52%, 51%, 50%, 49%, 48%, 47%, 46%, 45%, 44%, 43%, 42%, 41%, 40%, 39%, 38%, 37%, 36%, 35%, 34%, 33%, 32%, 31%, 30%, 29%, 28%, 27%, 26%, 25%, 24%, 23%, 22%, 21%, 20%, 19%, 18%, 17%, 16%, 15%, 14%, 13%, 12%, 11%, 10%, 9%, 8%, 7%, 6%, 5%, 4%, 3%, 2%, 1%, 0%)</p> </div> <div data-bbox="296 573 1642 683"> <p>Key Takeaways</p> <ul style="list-style-type: none"> • Gap between enrolled members and enrolled members with claim has tightened from the legacy care management program to the Health Home program, with a 10% increase in enrolled members with claims. • Increased enrollment trends can be seen for the first and second quarters of 2021 </div> <div data-bbox="296 686 1642 776"> <p>Note:</p> <p>The line chart represents enrollment counts. The area chart represents enrolled members with a claim counts. The data labels represent the percentage of enrolled member with a claim against total enrolled members. The yellow chart visuals represent the legacy waiver, the blue chart visuals represent the current waiver..</p> </div> <div data-bbox="296 816 1642 885"> <p>CFTSS Monthly Utilization Trend –Legacy vs. Current Program # of Members w/ Paid Claims; 01/2017 –9/2021</p> </div> <div data-bbox="296 922 1642 1269"> <p>CFTSS Utilizers: Legacy Waiver vs. Current Waiver</p> <p>Enrolled in B2H, DOH, OMH SED, or OPWDD Waivers w/ a CFTSS Claim</p> <p>CFTSS Utilizers Not Enrolled in HCBS Waiver</p> <p>CFTSS Utilizers Enrolled in HCBS Waiver</p> <p>Member Count</p> <p>Date / Year</p> </div> <div data-bbox="296 1273 1642 1409"> <p>Key Takeaways</p> <ul style="list-style-type: none"> • CFTSS utilization for members in a waiver (legacy and current) appear to have the same initial utilization, with decreases in current waiver utilization over time • CFTSS utilization for non-enrolled waiver children increased, driving most of the increased utilization in 2020 and 2021 • Guidance has been that members who have their needs met through CFTSS, should disenroll from the HCBS Waiver </div> <div data-bbox="296 1412 1642 1502"> <p>Note:</p> <p>The area chart represents members with a claim. The yellow chart visuals represent the legacy waiver, the blue chart visuals represent the current waiver. No enrollment metrics are included since CFTSS does not have a specific waiver or program for members to enroll into.</p> </div>	

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
<p>Children’s Waiver Utilization Data</p>	<p>Children’s Waiver Enrollment and Utilization Trends (total population)</p> <div style="border: 1px solid black; background-color: #003366; color: white; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">Key Takeaways</p> <ul style="list-style-type: none"> The total number of members enrolled in the Children’s Waiver is increasing The number of Children’s Waiver enrollees with HCBS claims in a month is approximately 50% and increasing Most Children’s Waiver enrollees have a Health Home claim in a month </div> <p style="margin-top: 10px;">Additional Information Children’s Waiver 1915(c) Renewal: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/1915c_waiver_renewal_02.10.22.pdf Children’s Waiver 1115 Independent Evaluation: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/ny_childrens_design_interim_evaluation.pdf</p>	<p>Motions Passed</p> <p>Sheila Nelson requested that utilization data be presented as Upstate vs ROS.</p> <p>In addition, Amber Decker, requested that the utilization data (HCBS & CFTSS) be broken out by service.</p> <p>Both of these requests will be included in a presentation at the June 16th MMCARP meeting.</p>

Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
Other/ Requests Not Related to Presentations	Before the public comment period, the panel members discussed additional presentation request for upcoming MMCARP meetings. All action items were passed in a motion at the end of the meeting.	<p>Motion passed Fred Cohen requested a global cap update presentation.</p> <p>The Department will work to have this presented at a future meeting.</p> <p>Motion passed Elisabeth Benjamin requested a budget presentation.</p> <p>A budget presentation will be given during the June 16th MMCARP meeting.</p>
Public Comment	<p>Public Comment 1: John Navar, Pharmacist- asked if the 1115 Waiver would affect every provider of Medicaid service or will it be limited to certain providers?</p> <p>Jonathan Bick responded that the concept paper gives a broad picture of funding. This is a systemic transformation, and I would imagine most Medicaid providers would be engaged in the regional projects.</p>	
	Meeting adjourned at 12:47pm	

Medicaid Managed Care Advisory Review Panel (MMCARP)

ACRONYMS & INITIALISMS

ADL	Activity of Daily Living
ADM	Administrative Directive Memorandum
ARPA	American Rescue Plan Act
BH	Behavioral Health
CBAA	Certified Behavior Analyst Assistant
CBLTC	Community Based Long Term Care
CBLTSS	Community Based Long Term Services and Supports
CBO	Community Based Organization
CDC	Centers for Disease Control
CDPAP	Consumer Directed Personal Assistance Program
CDPAS	Consumer Directed Personal Assistance Services
CFCO	Community First Choice Option
CFEEC	Conflict-Free Evaluation and Enrollment Center
CFTSS	Children and Family Treatment and Support Services
CHA	Community Health Assessment
CHP	Child Health Plus
CMA	Care Management Agency
CMHA	Community Mental Health Assessment
DME	Durable Medical Equipment
DOH	Department of Health
DOL	Department of Labor
D-SNP	Dual Eligible Special Needs Plans
EP	Essential Plan
FAQ	Frequently Asked Questions
FFS	Fee for Service
FI	Fiscal Intermediary
FIDA	Fully Integrated Duals Advantage
FIDA-IDD	Fully Integrated Duals Advantage-Individuals with Intellectual and Developmental Disabilities
FLSA	Fair Labor Standards Act
FY	Fiscal Year
HARP	Health and Recovery Plan
HCBS	Home and Community Based Services
HERO	Health Equity Regional Organization
HIV SNP	HIV Special Needs Plan
IADL	Instrumental Activity of Daily Living
IB-Dual	Integrated Benefits for Dually Eligible Enrollees

IPP	Independent Practitioner Panel
IRP	Independent Review Panel
JAC	Joint Advisory Council
LBA	Licensed Behavior Analyst
LDSS	Local Department of Social Services
LGU	Local Government Unit
LHCSA	Licensed Home Care Services Agencies
LTNHS	Long Term Nursing Home Stay
MCO	Managed Care Organization
MLTC	Managed Long Term Care
MMC	Medicaid Managed Care
MMCARP	Medicaid Managed Care Advisory Review Panel
MOU	Memorandum of Understanding
MRT	Medicaid Redesign Team
NHTD	Nursing Home Transition and Diversion Waiver
NYC	New York City
NYIA	New York Independent Assessor
NYSDOH	New York State Department of Health
OASAS	Office of Alcoholism and Substance Abuse Services
OHIP	Office of Health Insurance Programs
OMH	Office of Mental Health
OMIG	Office of Medicaid Inspector General
OTC	Over the Counter (Drug)
PACE	Program of All-Inclusive Care for the Elderly
PCS	Personal Care Services (Medicaid State Plan)
PHIP	Population Health Improvement Program
PNDS	Provider Network Data System
POC	Plan of Care
PPS	Performing Provider System
RFP	Request for Proposals
ROS	Rest of State
RPC	Regional Planning Consortium
SBHC	School Based Health Center
SDHN	Social Determinants of Health Network
SSI	Supplemental Security Income
TBI	Traumatic Brain Injury
TCM	Targeted Case Management

Medicaid Managed Care Advisory Review Panel (MMCARP)

VBP	Value Based Payment
WIO	Workforce Investment Organizations

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