

Medicaid Managed Care Advisory Review Panel (MMCARP)

(Approved 6/15/2023)

March 16th, 2023
90 Church St, NYC & Videoconference
10:30 AM to 12:30 PM
Meeting Minutes

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

NYS DOH Staff: Jonathan Bick; Susan Montgomery; Krysten Bissaillon; Gayle Emrich; Erin Kate Calicchia; Joanne Criscione; Desirae Munn.

Presenters/Guests: Jonathan Bick, New York State Department of Health (DOH); Susan Montgomery (DOH); Gayle Emrich (DOH); Kate Bliss (DOH); Jassen Eide (DOH); Matthew Tierno (DOH).

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Agenda Items	Discussion	Action Items														
Discussion and review of 12-15-2022 minutes	<p>The 12/15/2022 minutes were unanimously approved.</p> <p>Erin Kate Calicchia introduced the MMCARPs new council member, Joanne Criscione.</p> <p>Fred C. asked that nominations for MMCARP Vice Chair be sent to the Department. If nominations are received, an election will be entertained at the next MMCARP meeting.</p>	<p>Motion Passed: 12/15/2022 minutes approved.</p> <p>Nominations for Vice Chair can be sent to mcmeet@health.ny.gov.</p>														
Mainstream Medicaid Managed Care Program Update	<p>Jonathan Bick (NYSDOH), reported the following:</p> <p>Member Enrollment Statistics 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> <div style="display: flex; align-items: flex-start;"> <table border="1" style="margin-right: 20px;"> <thead> <tr> <th>Months</th> <th>Total Medicaid Managed Care</th> </tr> </thead> <tbody> <tr> <td>Sep-2022</td> <td>5,878,519</td> </tr> <tr> <td>Oct-2022</td> <td>5,906,264</td> </tr> <tr> <td>Nov-2022</td> <td>5,929,288</td> </tr> <tr> <td>Dec-2022</td> <td>5,961,782</td> </tr> <tr> <td>Jan-2023</td> <td>5,983,864</td> </tr> <tr> <td>Feb-2023</td> <td>6,001,801</td> </tr> </tbody> </table> </div>	Months	Total Medicaid Managed Care	Sep-2022	5,878,519	Oct-2022	5,906,264	Nov-2022	5,929,288	Dec-2022	5,961,782	Jan-2023	5,983,864	Feb-2023	6,001,801	
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<p>Mainstream Medicaid Managed Care Program Update</p>	<p>Active Expansion Review and New Applications These following (5) Plan expansions and (9) MCO transactions have been received, or remain under review since the December update:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%; background-color: #ffe4c4; padding: 5px;"> <p style="text-align: center; margin: 0;">Active Expansion Reviews</p> <ul style="list-style-type: none"> HIP/Emblem: submitted a service area expansion application for Essential Plan (EP) for Dutchess, Orange, Putnam and Rockland counties. The application is currently under review with BMCFO and DFS. Highmark: submitted a line of business expansion to provide HARP services in Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming counties. Virtual readiness review confirmed 3/15/23. Metro Plus Health Plan: submitted a line of business expansion to provide HIV/SNP services in Richmond County. HIV SNP provider network is acceptable. Awaiting updated financial projections for final 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. Provider network validation activities are currently underway. Excellus Health Plan: submitted an application to expand their Medicaid and HARP lines of business into the counties of Cattaraugus, Cayuga, Chenango, Cortland, Delaware, Fulton, Genesee, Madison, Montgomery, Oswego, Schuyler, Tompkins, and Wyoming. Plan indicated they will be submitting an updated provider network for review. Soon after plan advised their most recent submission was not a complete submission and should not be considered for review. </div> <div style="width: 48%; background-color: #d3d3d3; padding: 5px;"> <p style="text-align: center; margin: 0;">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. Hamaspik Inc.: has applied to be certified as an Article 44 mainstream HMO in NYS. TriADD dba MY COMPASS: Has applied to be certified as an Article 44 mainstream HMO in all 62 counties in NYS. CDPHP: IB-Dual application remains under review for Albany, Rensselaer, Saratoga, and Schenectady counties. Excellus: IB-Dual application remains under review for Monroe, Ontario, Livingston, Seneca, Wayne, Yates, Broome, Herkimer, Oneida, Onondaga, Otsego, Erie, and Orleans counties. Healthfirst: IB-Dual expansion application submitted for certification in Suffolk county. Currently under review. Molina: IB-Dual application remains under review for Rockland, Orange, Richmond, Kings, Queens, Bronx, New York, Nassau, Westchester, Erie, and Onondaga counties. MVP: IB-Dual application remains under review for Albany, Columbia, Dutchess, Greene, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, and Westchester counties. Fidelis: IB-Dual application received 3/2/23 for certification in Livingston county. </div> </div> <p style="text-align: right; font-size: small; margin-top: 10px;"> </p> <p>Provider Enrollment Update: Average Number of New Applications Received Weekly</p> <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <table border="1" style="width: 100%; font-size: x-small; margin-top: 5px;"> <caption>Average Number of New Applications Received Weekly - Billing</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Sept</td><td>245</td></tr> <tr><td>Oct</td><td>210</td></tr> <tr><td>Nov</td><td>215</td></tr> <tr><td>Dec</td><td>230</td></tr> <tr><td>Jan</td><td>235</td></tr> <tr><td>Feb</td><td>190</td></tr> <tr><td>Avg (Sept 2022-Feb 2023)</td><td>218</td></tr> </tbody> </table> </div> <div style="width: 45%;"> <table border="1" style="width: 100%; font-size: x-small; margin-top: 5px;"> <caption>Average Number of New Applications Received Weekly - Non-billing</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Sept</td><td>225</td></tr> <tr><td>Oct</td><td>215</td></tr> <tr><td>Nov</td><td>160</td></tr> <tr><td>Dec</td><td>200</td></tr> <tr><td>Jan</td><td>140</td></tr> <tr><td>Feb</td><td>235</td></tr> <tr><td>Avg (Sept 2022-Feb 2023)</td><td>140</td></tr> </tbody> </table> </div> </div> <p style="font-size: x-small; margin-top: 5px;">(1) Four month average prior to commencement of Section 5005(b)(2)</p>	Month	Count	Sept	245	Oct	210	Nov	215	Dec	230	Jan	235	Feb	190	Avg (Sept 2022-Feb 2023)	218	Month	Count	Sept	225	Oct	215	Nov	160	Dec	200	Jan	140	Feb	235	Avg (Sept 2022-Feb 2023)	140	
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<p>Mainstream Medicaid Managed Care Program Update</p>	<p>New Benefits/ Populations & Benefit Changes</p> <p>Licensed Clinical Social Worker, Licensed Mental Health Counselor, and Licensed Marriage and Family Therapist Service Coverage</p> <p>Effective March 1, 2023, for New York State (NYS) Medicaid fee-for-service (FFS), and effective April 1, 2023, for Medicaid Managed Care (MMC) Plans, NYS Medicaid will reimburse Licensed Clinical Social Workers (LCSWs), Licensed Mental Health Counselors (LMHCs), and Licensed Marriage and Family Therapists (LMFTs) in private practice settings. LCSWs, LMHCs, and LMFTs may provide all services within their scope of practice, as defined by NYSED.</p> <ul style="list-style-type: none"> ➤ More information can be found in the December 2022 Medicaid Update: New York State Medicaid Update -December 2022 Volume 38 -Number 14 (ny.gov) <p>Expanded Coverage for Diabetes Self-Management Training</p> <p>Diabetes Self-Management Training (DSMT) services may be rendered by the practitioner types shown below. Practitioners must be licensed, registered, or certified in their profession; enrolled in the NYS Medicaid program; and affiliated with a DSMT program that has met the programmatic accreditation/recognition standards from a Centers for Medicare and Medicaid Services (CMS)-approved National Accreditation Organization (NAO), but are no longer required to be Certified Diabetes Educators (CDE).</p> <p>Practitioners:</p> <ul style="list-style-type: none"> • Registered Nurse (RN) • RN Practitioner • Physician (MD, DO) • Pharmacist • Physician Assistant (PA) • Physical Therapist (PT) • Physical Therapist (PT) • Clinical Psychologist • Optometrist • Occupational Therapist (OT) • Podiatrist <ul style="list-style-type: none"> ➤ More information can be found in the January 2023 Medicaid Update: New York State Medicaid Update -January 2023 Volume 39 -Number 2 (ny.gov) 	

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<p>Mainstream Medicaid Managed Care Program Update</p>	<p>Pharmacy Benefit Transition</p> <p>As a reminder, effective April 1 2023 the MMC benefit package is being modified by transitioning the pharmacy benefit from MMC to NYRx the Medicaid Pharmacy Program.</p> <p>NYSDOH hosts a monthly All Stakeholders webinar about the pharmacy benefit transition Members, providers, and all interested stakeholders are welcome to attend.</p> <ul style="list-style-type: none"> • The next meeting is scheduled for March 21st at 1 pm The registration form can be found here registration form <p>A special edition Medicaid Update was also posted January 2023 NYRx Pharmacy Benefit Transition Part Two Special Edition</p> <p>More information can be found on the NYRx benefit transition page including monthly “All Stakeholders Meeting” information and other resources, here Medicaid Pharmacy Program NYRx</p> <p>COVID-19 Update</p> <p>The U.S. Department of Health and Human Services (HHS) is planning for the federal Public Health Emergency for COVID-19 to expire May 11, 2023.</p> <ul style="list-style-type: none"> ➤ The New York State Department of Health (NYSDOH) will be providing information to health plans and providers on returning to regular rules for vaccine and testing coverage, provider enrollment revalidations, and other programmatic features. <p>NYSDOH has updated the following COVID-19 documents:</p> <ul style="list-style-type: none"> ➤ Coverage Policy and Billing Guidance for the Administration of COVID 19 Vaccines Updated 2.6.23 ➤ NYS Medicaid Billing Guidance for COVID-19 Testing and Specimen Collection and Therapeutics - Updated 1.27.23 <p>Guidance can be found on the COVID-19 Guidance for Medicaid Providers (ny.gov) webpage, which is updated regularly.</p> <p>Unwind of Continuous Coverage Requirement</p> <p>The federal Consolidated Appropriations Act of 2023 ends the Medicaid continuous coverage requirement that has been in place since March 2020. Medicaid eligibility systems and processes are being readied for restarting Medicaid redeterminations and returning to pre-pandemic regular Medicaid program rules and operations (the “Unwind”).</p>	

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2023-2025 Medicaid Quality Strategy	<p>Kate Bliss (DOH), reported the following:</p> <p>Overview</p> <ul style="list-style-type: none"> • State Medicaid & CHP programs are required to submit a Quality Strategy to CMS <ul style="list-style-type: none"> • Each state “must draft and implement a written quality strategy for assessing and improving the quality of health care and services” furnished by its health plans • Current strategy can be found at: https://www.health.ny.gov/health_care/medicaid/redesign/2022/docs/2022-03-14_chplus_quality_strategy_final.pdf • Required by 42 CFR § 438.340 and 42 CFR § 457.1240(e) <p>Elements of the Quality Strategy</p> <p>At a minimum, the Quality Strategy must include:</p> <ol style="list-style-type: none"> 1. State-defined network adequacy and availability of services standards 2. Goals and objectives for continuous quality improvement which must be measurable and take into consideration the health status of all populations in the State served by the plans 3. Description of 1) quality metrics and targets (to be published at least annually) and 2) performance improvement projects 4. Arrangements for annual, external independent reviews of the quality outcomes and of timeliness/access to services 5. Description of the State’s transition of care policy 6. State’s plan to identify, evaluate, and reduce, to the extent practicable, health disparities based on age, race, ethnicity, sex, primary language, and disability status. 7. Appropriate use of intermediate sanctions 8. Mechanisms implemented to comply with regulations related to identifying persons who needs long term services and supports or persons with special care needs 	

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<p>2023-2025 Medicaid Quality Strategy</p>	<p>9. Information required by regulation relating to nonduplication of External Quality Review activities 10. Definition of “significant change” Reframing the 2023-2025 Quality Strategy (draft)</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">Quality Strategy 2020-2022</th> <th colspan="8">Quality Strategy 2023-2025</th> </tr> <tr> <th>Triple Aim</th> <th>Goals</th> <th colspan="8">Goals</th> </tr> <tr> <th></th> <th></th> <th>1. Prevent and manage chronic diseases</th> <th>2. Promote Healthy and Safe Environment (support members in their communities)</th> <th>3. Promote healthy Women, Infants, and Children</th> <th>4. Promote Wellbeing & Prevent & Manage MH/SUD</th> <th>5. Prevent and manage Communicable Diseases</th> <th>6. Improve systems and infrastructure</th> <th>7. Increase Access to Care</th> <th>8. Promote high quality outpatient care</th> </tr> </thead> <tbody> <tr><td rowspan="15" style="writing-mode: vertical-rl; transform: rotate(180deg);">Objectives</td><td>Objective 1</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> <tr><td>Objective 2</td><td>X</td><td></td><td>X</td><td></td><td>X</td><td></td><td></td><td></td></tr> <tr><td>Objective 3</td><td></td><td>X</td><td></td><td>X</td><td></td><td></td><td></td><td>X</td></tr> <tr><td>Objective 4</td><td></td><td>X</td><td></td><td>X</td><td></td><td></td><td>X</td><td>X</td></tr> <tr><td>Objective 5</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Objective 6</td><td>X</td><td></td><td>X</td><td>X</td><td></td><td></td><td></td><td></td></tr> <tr><td>Objective 7</td><td>X</td><td></td><td></td><td></td><td>X</td><td></td><td></td><td></td></tr> <tr><td>Objective 8</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td>X</td><td></td></tr> <tr><td>Objective 9</td><td></td><td></td><td></td><td></td><td></td><td>X</td><td></td><td></td></tr> <tr><td>Objective 10</td><td></td><td></td><td></td><td>X</td><td>X</td><td>X</td><td></td><td></td></tr> <tr><td>Objective 11</td><td>X</td><td></td><td>X</td><td></td><td></td><td></td><td>X</td><td></td></tr> <tr><td>Objective 12</td><td></td><td></td><td></td><td>X</td><td></td><td>X</td><td></td><td>X</td></tr> <tr><td>Objective 13</td><td>X</td><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td></tr> <tr><td>Objective 14</td><td></td><td></td><td></td><td></td><td>X</td><td></td><td></td><td></td></tr> <tr><td>Objective 15</td><td></td><td>X</td><td>X</td><td></td><td></td><td>X</td><td></td><td></td></tr> </tbody> </table> </div> <div style="margin-bottom: 10px;"> <p>Developing the 2023-2025 Quality Strategy</p> <ul style="list-style-type: none"> • To identify new goals, objectives, and metrics for the 2023-2025 Quality Strategy, Office of Health Insurance Programs and Office of Quality and Patient Safety have worked with United Hospital Fund to: <ul style="list-style-type: none"> • Review broader DOH strategies (e.g. Prevention Agenda) • Review other States’ Quality Strategies • Conduct learning & feedback sessions with several DOH offices and divisions, as well as OCFS, OMH, OASAS, and OPWDD • Reviewed current performance on metrics to identify areas to improve • Currently in process: <ul style="list-style-type: none"> • Developing a matrix of goals and objectives, and selecting metrics for each objective </div> <div> <p>Next Steps</p> <ul style="list-style-type: none"> • Finalize goals, objectives, and metrics; prepare new Quality Strategy document • Solicit feedback from Advisory Groups, Medical Directors, Advocates, Health Plans </div>	Quality Strategy 2020-2022		Quality Strategy 2023-2025								Triple Aim	Goals	Goals										1. Prevent and manage chronic diseases	2. Promote Healthy and Safe Environment (support members in their communities)	3. Promote healthy Women, Infants, and Children	4. Promote Wellbeing & Prevent & Manage MH/SUD	5. Prevent and manage Communicable Diseases	6. Improve systems and infrastructure	7. Increase Access to Care	8. Promote high quality outpatient care	Objectives	Objective 1	X	X	X	X	X	X	X	X	Objective 2	X		X		X				Objective 3		X		X				X	Objective 4		X		X			X	X	Objective 5	X	X							Objective 6	X		X	X					Objective 7	X				X				Objective 8	X	X					X		Objective 9						X			Objective 10				X	X	X			Objective 11	X		X				X		Objective 12				X		X		X	Objective 13	X			X					Objective 14					X				Objective 15		X	X			X			
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Medicaid Managed Care Advisory Review Panel (MMCARP)

Agenda Items	Discussion	Action Items
2023-2025 Medicaid Quality Strategy	<ul style="list-style-type: none"> • Public comment period • Submit the Quality Strategy to CMS • Build a system for ongoing internal monitoring • Work with External Quality Review Organization for annual monitoring and reporting 	
Applied Behavior Analysis (ABA) Services	<p>Jassen Eide & Matthew Tierno (DOH), reported the following:</p> <p>What is Applied Behavior Analysis?</p> <p>Article 167, Section 8801 of the New York State Education Law defines applied behavior analysis (ABA) as the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. This definition is located at: https://www.op.nysed.gov/professions/licensed-behavior-analysts/laws-rules-regulations/article-167</p> <p>Providers of Applied Behavior Analysis</p> <ul style="list-style-type: none"> • The New York State Education Department (NYSED) recognizes: <ul style="list-style-type: none"> ➢ licensed behavior analyst (LBA) ➢ certified behavior analyst assistant (CBAA) working under the supervision of an LBA • LBAs & CBAA's must be licensed/credentialed by NYSED • "unlicensed individuals" may assist in the delivery of ABA services under the supervision and direction of an LBA or CBAA. • The LBA can supervise up to six CBAA's/unlicensed individuals at one time (i.e., 1 CBAA & 5 unlicensed individuals or 2 CBAA's & 4 unlicensed individuals, etc.) • For information on NYS LBA/CBAA licensure and/or certification, please visit: http://www.op.nysed.gov/prof/aba/article167.htm <p>Benefit Details</p> <ul style="list-style-type: none"> • Includes individuals under age 21 (EPSDT benefit) • Individuals with a diagnosis of autism spectrum disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) and/or Rett Syndrome. • Settings will include anywhere LBA/CBAA's may legally provide ABA services. Note: NYS does not have federal authority to reimburse for ABA services provided in a school setting. • Additional ABA policy and coverage information can be found in the ABA Provider Manual at: https://www.emedny.org/ProviderManuals/ABA/index.aspx 	

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<p>Applied Behavior Analysis (ABA) Services</p>	<p>Background</p> <p>Medicaid Fee-for-Service (FFS) coverage of ABA services began on August 1, 2021 with an initial reimbursement fee of \$29/hour. See the “<i>Coverage of Applied Behavior Analysis</i>” Medicaid Update Article published in the July 2021 issue: https://www.health.ny.gov/health_care/medicaid/program/update/2021/no09_2021-07.htm#behavior</p> <p>Managed Care coverage was to commence October 1, 2021, but was suspended so plans could establish adequate provider networks.</p> <p>A State Plan Amendment was approved effective April 1, 2022, giving FFS authority to increase the ABA reimbursement to \$76.28/hour. See the “<i>Applied Behavior Analysis Service Updates</i>” Medicaid Update Article published in the October 2022 issue: https://www.health.ny.gov/health_care/medicaid/program/update/2022/no12_2022-10.htm#ABA</p> <p>ABA providers, advocates and stakeholders questioned the role of “registered behavior technicians” (RBTs) in providing ABA services and requested clarity on coverage of services provided by RBTs (NYSED does not recognize RBTs, refers to “unlicensed individuals” as part of a multi-disciplinary team).</p> <p>The New York State Department of Health, in collaboration with NYSED, has provided guidance in the ABA manual on the role of “unlicensed individuals” in assisting with the delivery of ABA services. The updated ABA provider manual is located at: https://www.emedny.org/ProviderManuals/ABA/index.aspx</p> <p>Medicaid Managed Care Plans (MMCP) started ABA coverage effective 1/1/2023.</p> <p>MMCPs are able to negotiate fees with ABA providers in their network.</p> <p>Medicaid Managed Care Network Adequacy Standards</p> <p>ABA Contracting Standards Applies to: Medicaid Managed Care & HIV SNP</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Service</th> <th style="text-align: center;">Urban Counties</th> <th style="text-align: center;">Rural Counties</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">ABA</td> <td style="text-align: center;">2 Per County</td> <td style="text-align: center;">2 Per Region</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Managed Care Organizations are required to offer contracts to ABA providers where available. MCOs must contract with a sufficient number of ABA providers to meet the needs of their enrollees. • MMC plans are expected to assist enrollees in accessing this benefit and cover ABA through out-of-network arrangements where necessary. MMC plans should seek to engage and encourage ABA providers to enroll in Medicaid and to establish contractual relationships with the plan. 	Service	Urban Counties	Rural Counties	ABA	2 Per County	2 Per Region	
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<p>Applied Behavior Analysis (ABA) Services</p>	<p>What's Coming Up?</p> <ul style="list-style-type: none"> • NYS Legislation was passed authorizing ABA services to be added to the NYS Medicaid FFS “standard coverage” for all Medicaid beneficiaries (with no age limitation). This expansion is scheduled to be effective July 1, 2023. • NYS Legislation was passed to require NYSED to expand the scope of practice of ABA providers to include diagnoses other than autism spectrum disorders. • The Department will publish guidance regarding the expansion of ABA benefits in a Medicaid Update Article and update the ABA provider manual when needed. <p>ABA Links</p> <ul style="list-style-type: none"> • ABA Provider Manual: https://www.emedny.org/ProviderManuals/ABA/PDFS/ABA_Policy.pdf • ABA Fee Schedule: https://www.emedny.org/ProviderManuals/ABA/index.aspx • Published ABA Medicaid Update Articles: <ul style="list-style-type: none"> ➢ January 2023: https://www.health.ny.gov/health_care/medicaid/program/update/2023/no02_2023-01.htm#aba ➢ October 2022: https://www.health.ny.gov/health_care/medicaid/program/update/2022/no12_2022-10.htm#ABA ➢ September 2021: https://www.health.ny.gov/health_care/medicaid/program/update/2021/no11_2021-09.htm#aba ➢ July 2021: https://www.health.ny.gov/health_care/medicaid/program/update/2021/no09_2021-07.htm#behavior 	<p>Motion Passed: Panel members requested an updated ABA presentation to include an analysis of ABA services, access, and utilization; including the number of children being served, number of providers available by county, and the fee-for-service rate compared to commercial rates.</p> <p>The Department will provide an updated ABA presentation at the next MMCARP meeting.</p>
<p>Auto-Assignment Report</p>	<p>Gayle Emrich (NYSDOH) and panel members discussed the February 2023 Medicaid Managed Care Auto Assignment Report.</p>	
<p>Status Report of Managed Long Term Care (MLTC)</p>	<p>Jonathan Bick & Susan Montgomery (DOH), reported the following:</p> <p>Social Adult Day Care HCBS Compliance</p> <ul style="list-style-type: none"> • Effective March 1, 2023 and going forward MLTC plans will now be reporting Social Adult Day Care HCBS compliance directly to DOH based upon the MLTC plan’s annual and initial on-site evaluation assessment of each of their contracted SADC sites. • Individual SADC sites no longer need to directly forward their specific SADC Site tool to DOH. DOH stopped collecting these as of February 2023. 	

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	<ul style="list-style-type: none"> • Via scheduling and coordination with the MLTC contracted plans, DOH will be validating the plan's contracted SADC site evidence and conducting virtual site verifications. • Currently there are 389 actively contracted SADC sites under HCBS compliance verification; this will continue through summer 2023 with the cycle beginning again in autumn 2023. <p>PACE Direct Eligibility</p> <ul style="list-style-type: none"> • PACE plans attended a Direct Eligibility instructional webinar on 3/1/23. • PACE plans are now authorized to conduct Direct Eligibility assessments for qualified Medicaid beneficiaries that want to join a PACE plan. • The PACE Direct Eligibility process allows PACE plans to conduct assessments for qualified Medicaid beneficiaries age 55 and over in need of Community Based Long Term Care Services and Supports to join their PACE plan OR offer the NYIA process for independent assessment. • All other Medicaid members in need of CDPAS/PCS or interested in MLTC plan enrollment will continue to go through the NYIA process. <p>Active Expansion Review and New Applications</p> <p>Active MLTC MAP Expansion Reviews, New PACE and MAP Applications and MLTC plan Mergers</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; background-color: #f4a460; padding: 5px;"> <p style="text-align: center;"><u>Active MAP Service Area Expansions Under Review</u></p> <ul style="list-style-type: none"> • <u>Centers Plan for Healthy Living</u> - MAP expansion for 3 additional counties • <u>Fidelis</u> -MAP expansion for 3 additional counties approved for enrollment 4/1/23 • <u>Village Care MAX</u> - MAP expansion for 3 additional counties • <u>VNS Choice</u> - MAP expansion for 3 additional counties <p style="text-align: center;">• <u>New MAP Applications Under Review</u></p> <ul style="list-style-type: none"> • <u>Aetna</u> - MAP application for 1 county. • <u>Excellus</u> -MAP application for 13 counties • <u>iCircle</u>- MAP application for 14 counties • <u>MVP</u> -MAP application for 12 counties • <u>VNA/Nascentia</u> -MAP application for 15 counties • <u>UHC</u>- signed MAP contract pends for 6 counties. </div> <div style="width: 45%; background-color: #d3d3d3; padding: 5px;"> <p style="text-align: center;"><u>PACE Applications and Expansions</u></p> <ul style="list-style-type: none"> • <u>Hudson Headwaters</u>- PACE application under review • <u>ArchCare</u> – PACE zip code county expansion under review • <u>Eddy/Senior Care Connection</u> – PACE zip code expansion approved • <u>Fallon Health Weinberg</u>- PACE 1 county expansion approved • <u>RiverSpring/Riseboro</u> – PACE application under review • <u>WeiBHEalth</u> – PACE application under review <p style="text-align: center;">• <u>MERGERS</u></p> <ul style="list-style-type: none"> • Hamaspik acquiring Extended MLTC Partial Capitation line of business Spring 2023 </div> </div>	

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Status Report of Managed Long Term Care (MLTC)	New York Independent Assessor Updates New York Independent Assessor Volume On average, consumers requesting an assessment completed the process in less than 9 days in January 2023.	<p><u>Action:</u> Kathryn H questioned whether NYIA denials were being tracked?</p> <p><u>Response:</u> Susan M. commented, yes, that she will provide that information at a future MMCARP meeting, when it becomes available.</p> <p><u>Action:</u> Frederick R. requested that the next MMCARP NYIA update include outcome of assessments; how many are being approved for services?</p> <p><u>Response:</u> The Department will provide some outcome information at the next MMCARP meeting.</p> <p><u>Action:</u> Frederick R asked for an update regarding the plan for</p>																												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Month</th> <th style="width: 20%;">Initial Assessment Requests</th> <th style="width: 20%;">Community Health Assessment Completed</th> <th style="width: 20%;">Practitioner Order Completed</th> </tr> </thead> <tbody> <tr> <td>August 2022</td> <td style="text-align: center;">11,834</td> <td style="text-align: center;">11,566</td> <td style="text-align: center;">11,531</td> </tr> <tr> <td>September 2022</td> <td style="text-align: center;">10,239</td> <td style="text-align: center;">9,790</td> <td style="text-align: center;">12,997</td> </tr> <tr> <td>October 2022</td> <td style="text-align: center;">9,732</td> <td style="text-align: center;">9,249</td> <td style="text-align: center;">10,889</td> </tr> <tr> <td>November 2022</td> <td style="text-align: center;">9,283</td> <td style="text-align: center;">9,033</td> <td style="text-align: center;">9,054</td> </tr> <tr> <td>December 2022</td> <td style="text-align: center;">8,850</td> <td style="text-align: center;">8,610</td> <td style="text-align: center;">8,655</td> </tr> <tr> <td>January 2023</td> <td style="text-align: center;">10,182</td> <td style="text-align: center;">9,216</td> <td style="text-align: center;">9,158</td> </tr> </tbody> </table>		Month	Initial Assessment Requests	Community Health Assessment Completed	Practitioner Order Completed	August 2022	11,834	11,566	11,531	September 2022	10,239	9,790	12,997	October 2022	9,732	9,249	10,889	November 2022	9,283	9,033	9,054	December 2022	8,850	8,610	8,655	January 2023	10,182	9,216	9,158
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	Independent Assessor Requested by Sector																													
Unique Count of Consumers Requesting Assessment																														
Request Date	FFS	MAINSTREAM	HARP	SNP	TOTAL																									
August	6,699	4,151	885	99	11,834																									
September	5,966	3,475	717	81	10,239																									
October	5,586	3,412	665	69	9,732																									
November	5,319	3,219	673	72	9,283																									
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Status Report of Managed Long Term Care (MLTC)		IB-Dual default and voluntary enrollment? <u>Response:</u> The Department will provide an update at the next MMCARP meeting.
Public Comment	<p>Public Comment 1: Rebecca Novick- Emphasized the importance of the panel looking into ABA utilization data and rates compared to private markets. She is hearing from consumers that there is no way to get this benefit and stressed the importance of figuring out why this is happening.</p> <p>Public Comment 2: Ralph Warren, Self-advocate for IDD services. Asked if he can submit data directly to the panel that they may find helpful around the ABA discussion? He requested that the panel receive utilization data and addresses diagnoses that are comorbid to individuals that are not able to get access to the ABA benefit.</p> <p style="text-align: center;">Fred C. replied that Mr. Warren may submit data to Jonathan Bick and Susan Montgomery.</p>	
	Motion Passed: Meeting adjourned at 12:12pm	

ACRONYMS & INITIALISMS

ADL	Activity of Daily Living
ADM	Administrative Directive Memorandum
ARPA	American Rescue Plan Act
BH	Behavioral Health
CBA	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
CFECC	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

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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
MARO	Metropolitan Area Regional Office
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
SCN	Social Care Needs
SDHN	Social Determinants of Health Network
SSI	Supplemental Security Income
TBI	Traumatic Brain Injury
TCM	Targeted Case Management
VBP	Value Based Payment
WIO	Workforce Investment Organizations