



MRT Work Group Meeting Summary

WORK GROUP NAME:

Program Streamlining and State/Local Responsibilities

MEETING DATE, TIME, LOCATION:

September 27, 2011 - 10:00 a.m. - 2:00 p.m.
One Fulton Street, Troy, New York

MEMBERS IN ATTENDANCE:

Steve Acquario, Joe Baker (by phone), Kate Breslin, Maggie Brooks, Wendy Darwell, Trilby de Jung, Robert Doar, Melinda Dutton, Denise Figueroa, David Jolly, Deborah Mabry (by phone), Ann Monroe, Loren Ranaletta (by phone), Patricia Carey for Martha Robertson, Robert Thompson, and Fran Turner.

SUMMARY OF KEY MEETING CONTENT:

The work group agreed and unanimously voted on a set of recommendations to forward to the full Medicaid Redesign Team. Before moving to the recommendations, the group spent the first part of the meeting discussing the role of local districts with the non-MAGI populations and the linkages between Medicaid and other social services programs (e.g., public assistance, food stamps). Several new recommendations were advanced as a result of this discussion. The remainder of the meeting focused on completing and voting on a package of recommendations to forward to the full MRT.

The work group voted unanimously on a set of recommendations that are encompassed within five major recommendations and several component recommendations, synthesized below (the full text of all adopted recommendations will be included in the workgroup's final report).

The workgroup recommended that New York should:

1. **Establish a State Exchange to best meet the needs of New York residents and small businesses**
2. **Develop and implement a plan for more sustainable Medicaid financing that phases out reliance on local taxes (e.g., property taxes) and includes the examination of financing structures in other states.**
3. **Have one eligibility determination and enrollment system for its Medicaid program and all Medicaid-eligible sub-populations**

4. **Centralize eligibility determinations for MAGI applications, wherever initiated, while providing local in-person assistance to help consumers apply for Insurance Affordability programs and local specialized “hands on” help for non-MAGI individuals.**

- De-link Medicaid MAGI eligibility determinations from human service program determinations by local districts
- In collaboration with counties, develop an appropriate transition plan for state/local administration of non-MAGI Medicaid populations within a reasonable time frame after 2014
- Provide counties with the option, in consultation with and subject to the approval of the state, to continue responsibility for non-MAGI Medicaid eligibility and enrollment consistent with state standards.
- Endorse the continued development of a statewide health insurance eligibility system that is interoperable with human service programs/systems

5. **Recognize that Medicaid recipients who need long-term care should share in all the eligibility and enrollment simplification, streamlining and automation, to the extent allowed by federal law, that will be developed and implemented for Medicaid recipients who need health care services.**

- Centralize and automate eligibility and enrollment processes for the Medicare Savings Programs by January 2014
- Invest in an Asset Verification System (AVS) to permit the electronic verification of assets (including assets in the 5 year look back period) for determining eligibility for aged, blind, and disabled Medicaid applicants and recipients.
- Automate spend down by linking eMedNY to WMS and using provider billing to track spend down similarly to an insurance deductible
- Recognize that disabled and elderly New Yorkers in need of long term care services should have the same access to enrollment and eligibility assistance as other applicants for Medicaid. New York’s plan for meeting consumer assistance needs must include a focus on this vulnerable population, whether it is through the use of Navigators, Consumer Assistance Programs, Facilitated Enrollers or some other funded initiative.
- Create a Work Group of consumer representatives (including who benefit from specific programs, like the consumer-directed program), providers, workers and local and state officials to assist the state in:
 - *evaluating eligibility and enrolment processes for long term care and identifying further reforms and tracking implementation of those agreed upon;*
 - *evaluating the implementation of managed long term care and identifying further reforms and tracking implementation of those agreed upon;*
 - *ensuring appropriate training and support of long term care stakeholders, including consumers, providers, workers and local officials as new systems and new programs are implemented.*

NEXT STEPS AND WRAP UP

Co-Chairs requested that work group members forward any additional comments by 9/16/11. Revisions will be incorporated into the report and shared a second time with the work group. Given interdependency of the numerous work group recommendations, the need for them to be reviewed together as a package rather than as discrete, stand-alone recommendations is critical in the presentation to MRT. The group agreed that recommendations needed to be presented in an integrated fashion. Co-Chair Hogan summarized the status of the BHO contracts and indicated the work group may need to reconvene over the winter to review budget determinations relative to the work group's recommendations.