



Department of Health

KATHY HOCHUL
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

November 19, 2021

Dear Health Plan Administrator:

The October 1, 2021 State initiated “Batch Process” disenrollment was successfully completed, and individuals who were included in the process have been converted to Medicaid fee-for-service (FFS) for on-going coverage of their long term nursing home care. An additional “Batch Process” disenrollment will be completed by the State for the three-month nursing home benefit limitation under the Managed Long Term Care Partial Capitation Plan (MLTCP) for a disenrollment effective date of **February 1, 2022** for members who 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.

Additionally, an individual will be excluded from the “Batch Process” if they:

- have an active discharge plan to transition to the community.
- have a pending service request/plan appeal/fair hearing to reinstate or increase home care, or are within the regulatory timeframes to request a plan appeal/fair hearing.

***Active Discharge Plan:** 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).

As part of this process, the Department is requesting your assistance in verifying the list of members from your plan who have been in a long term nursing home stay for more than three months (LTNHS 3+). Please see the instructions below.

MLTCP members who are to be disenrolled through the “Batch Process” by the Department will receive the attached letter 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. Medicaid Choice will work with the member and your plan to arrange for a requested assessment. Members who request an assessment before their disenrollment date will not be disenrolled from their MLTCP until they are notified by you of your decision.

Note: The Department will issue guidance prior to the disenrollment of any other designated LTNHS 3+ MLTC members not included in this “Batch Process” disenrollment.

Instructions for Verifying LTNHS 3+ List

Attached please find a list of members enrolled in your MLTCP who have an active Nursing Home Recipient Restriction/Exemption (RR/E) N code on their Welfare Management System (WMS) eligibility file. Please review and update the list to make note of any inaccuracies, errors or changes. To ensure the Department has enough time to provide enrollees at least 10 days’ notice they will be disenrolled from your plan and for the Department to process the disenrollment, it is critical that you **complete and return the attachment no later than close of business Friday December 3rd, 2021 to DOH.sm.MLTCNH@health.ny.gov**. Each plan will receive two (2) additional emails – one containing a password protected excel spreadsheet of their enrollees who have been identified; and a separate email containing the password.

Below are instructions for reviewing and verifying the attachment. There are two tabs in the attached Excel file, and both must be completed. If you have any questions regarding how to complete this request, please email your questions to DOH.sm.MLTCNH@health.ny.gov and in the subject of the email, please indicate NHLTS LIST.

Tab 1 must be completed – it includes a list of all individuals enrolled in your plan who have an active Nursing Home RR/E code (N1-N9). Columns A through I are prepopulated data that identify your plan and the enrollee as currently reflected in WMS. Columns J, K, and L need to be completed by you. Please see the following grid for instructions.

Column	Descriptor/Instructions:
A	Plan Identification Number
B	Plan Name

Column	Descriptor/Instructions:
C	Enrollee's Case Number
D	Enrollee's Client Identification Number (CIN)
E	Enrollee's First Name
F	Enrollee's Last Name
G	Enrollee's two (2) digit county code
H	Enrollee's County Name
I	Enrollee's Current Nursing Home RR/E Code
J	Date Enrollee Entered Nursing Home Facility: Enter the approximate date (mm/dd/yyyy) the enrollee entered the Nursing Home facility.
K	Enrollees Nursing Home Status: Select from the dropdown the nursing home status of the enrollee: <ul style="list-style-type: none"> • Designated as Long Term Nursing Home Stay AND does not have a pending service request/plan appeal/fair hearing to reinstate home care • Designated as Long Term Nursing Home Stay AND has a pending service request/plan appeal/fair hearing to reinstate or increase home care • Designated as Temporarily Placed in Nursing Home or has an active discharge plan* • Deceased • Not enrolled in plan • Returned to Community
L	Associated Date for Nursing Home Status: Enter the associated date (mm/dd/yyyy) for the enrollee's status as indicated in column K . If unsure of date, enter "unknown."

Tab 2 is used to identify additional members who have been designated as long term nursing home stay that have **not** been identified on Tab 1. Enter data points as indicated below for Columns A through F.

Note: Do not include any individual who will be excluded from the "Batch Process" which include individuals who:

- have an active discharge plan to transition to the community. *
- have a pending request/ appeal to reinstate or increase home care

Column	Instructions:
A	Enter enrollee's Client Identification Number (CIN)
B	Enter enrollee's first name
C	Enter enrollee's last name
D	Enter the current Nursing Home Provider MMIS ID
E	Enter the current Nursing Home Provider Name
F	Enter the approximate date (mm/dd/yyyy) the individual was designated as long term/ nursing home stay. If unsure of date enter "unknown."

Sincerely,

Jonathan Bick
Director
Division of Health Plan Contracting and Oversight
Office of Health Insurance Programs