

## MEMORANDUM IN SUPPORT

90 State Street • Suite 825 Albany, NY 12207-1717 518.462.2293 Fax: 518.462.2150 www.nyhpa.org FOR IMMEDIATE RELEASE: January 27, 2017

Re: S.1870 (Hannon)/A.2442 (Gottfried) - An act to amend the social services law, in relation to the provisions of services to certain persons suffering from traumatic brain injuries or qualifying for nursing home diversion and transition services.

The New York Health Plan Association (HPA) supports S.1870/A.2442, which would carve out individuals served by the nursing home transition diversion (NHTD) and traumatic brain injury (TBI) waivers from the Medicaid managed care program.

As part of the work of the Medicaid Redesign Team (MRT), the state proposed to move individuals currently served by NHTD/TBI waivers into Medicaid managed care. As a result of this, both existing 1915(c) Medicaid waivers would then be discontinued.

Notwithstanding the best efforts of the DOH Division of Long Term Care and several meetings of the workgroup to resolve concerns, too many threshold questions remain unanswered. These unresolved questions leading HPA to conclude that the transition of these populations into Medicaid managed care is not in the best interest of the waiver participants – or the providers or the plans.

HPA has serious concerns that approximately 28 percent of individuals currently served by the TBI waiver would not meet managed long term care (MLTC) eligibility standards and would therefore be at risk of losing the services that allow them to remain at home. The issue would be exacerbated if the state budget proposal to limit MLTC eligibility to nursing home certifiable individuals is implemented.

HPA also believes that spreading a relatively small (fewer than 6,000 individuals), but geographically dispersed population with high needs across more than one dozen plans is not an effective way to provide the highest quality and most cost effective care to this population. Plans are likely to incur high costs developing adequate provider networks and care coordination structures, and hiring appropriately trained and qualified staff to help manage the needs of what is likely to be a very small number of people for each plan.

For these reasons, HPA supports the carve out of this population from Medicaid managed care. We believe this group of patients will be better served through continuation of existing waiver programs and encourage the Legislature to include the carve out in the final state budget for fiscal year 2018.