



# MEMORANDUM IN SUPPORT

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**FOR IMMEDIATE RELEASE:** February 11, 2019

Re: S.1890 (Rivera)/A.2798 (Gottfried) - An act to amend the social services law, in relation to the provision of services to certain persons suffering from traumatic brain injuries or qualifying for nursing home diversion and transition services.

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The New York Health Plan Association (HPA) supports S.1890/A.2798, 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. Due to concerns raised by consumers and providers last year regarding the lack of a detailed transition plan, the Department of Health (DOH) agreed to delay the transition until January 2017 and convene a stakeholder workgroup to develop a transition plan.

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; leaving 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 has significant apprehensions 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 they will be better served through continuation of existing waiver programs.

The New York Health Plan Association represents 26 managed care health plans that provide comprehensive health care services to more than 8 million New Yorkers.