Long Term Care Community Coalition (LTCCC)
Comments on New York State Department of Health
Medicaid Redesign Team (MRT)
Managed Long Term Care
Implementation and Waiver Redesign Work Group
Final Recommendations

The Long Term Care Community Coalition, a coalition made up of 20 statewide consumer, civic and professional organizations focused on improving long term care, welcomes the final recommendations of the Medicaid Redesign Team (MRT) - Managed Long Term Care Implementation and Waiver Redesign Work Group.

We would like to take this opportunity to make preliminary comments.

I. Recommendation 1

A. Principles 1 - 4: ***Care Coordination***.

First, LTCCC thanks the committee for developing these principles around the importance of care coordination. We are very much in favor of the final ***Care Coordination Principles***. All of these principles are crucial for the long term care consumer.

However, since:

a. "Care coordination is a core CCM function, [and that] every enrolled CCM member must have a care manager or care management team that is responsible for person-centered assessment and reassessment, care plan development and implementation, care plan monitoring, service adjustment, safe discharge and transition planning, and problem solving,
b. [making sure that] the needs and preferences of the member will guide the intensity and frequency of the care management…
c. [and that] the member and his/her informal supports must drive the development and execution of the care plan, eliciting the goals and preferences of members,
d. [and that] their [members] informal supports must be a critical component of person-centered care plan development and is essential to promoting quality of life, [and]
e. all members and, where appropriate, a member's representative, shall be given the opportunity to participate in decisions about the type and quantity of service to be provided,"

LTCCC believes that the mandated qualifications of this care manager or team must be spelled out clearly and guidelines for a ratio of care managers to

members must be developed. Just stating that the plans must have "adequate capacity to do so" is not adequate.

B. Principle 5: ***Consumer Choice***

i. Adequate capacity and choice. Some specifics related to what this means before mandatory enrollment can begin must be spelled out.
ii. Having a choice of " at least two providers (where available) of each benefit package service" is not adequate. By putting in "where available" LTCCC believes that you may be effectively permitting plans to eliminate choice. There should be strict guidelines relating to choice.

C. Principle 8: ***Evaluation***

Uniform criteria must be developed so that the data submitted by the plans can be compared by DOH and the public.

D. Principle 11: ***Mandatory enrollment into CCMs in any county will not begin until and unless there is adequate capacity and choice for consumers and opportunity for appropriate transition of the existing service system in the county.***

"Adequate capacity to do so," must be defined.

II. Recommendation 2: ***Quality Measures***

A. LTCCC supports this recommendation and highlights the importance of developing measurable, actionable, risk-adjusted, consistent across sectors, and have an impact on care. We do not believe that they need to be "parsimonious." It is important to make sure that they fully measure quality. Parsimonious seems to imply "skimping."
B. Consider the resources needed by DOH to monitor these measures.