



Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2018

Dear Health Plan Administrator:

As you are aware the New York State 2018-19 budget enacted a change in required methodologies for determining the maximum number of licensed home care services agencies (LHCSA) with which a Managed Long Term Care (MLTC) Partial Capitation plan may contract. The law that establishes these methodologies was effective October 1, 2018. Guidance on the limitation on contracted LHCSAs, as well as exceptions to when a LHCSA contract must count towards the maximum number, was issued August 20, 2018 and is posted at:

https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policy/lhsca_contract_guidance.htm

In addition to the statutory exception that allows plans to extend a contract with a LHCSA for up to three months in order to assist with continuity of care, there are other circumstances in which a plan is obligated to provide continuity of care with an enrollee's provider. These include the obligation on a plan to maintain an enrollee's current provider and services for 90 days for Medicaid recipients who are being transitioned from fee-for-service to MLTC, and the 120 days of continuity of care under MLTC Policy 17.02 for enrollees transferring to a new plan due to plan closure, service area reduction, or merger/acquisition or similar transaction.

Single case agreements created for the purposes of providing continuity of care for these purposes must be reported to the Department, and plans are permitted to exclude them from calculating the maximum number of LHCSAs in their network during the applicable continuity of care period. After the requirement for continuity of care has elapsed, whether that is 90 or 120 days, the contract will count in the ratio. There is not an option for a 3-month continuity of service exception following a single case agreement that was entered into for the purposes of continuity of care.

To assist in monitoring the compliance with LHCSA limitations, please complete the attached spreadsheets. The "LHCSA Network Survey" spreadsheet should detail current contracts and those that are being terminated. As a reminder, plans have 15 days to update and resubmit their PNDS files after a provider is terminated. The "Continuity of Service and Continuity of Care Reporting" spreadsheet should be completed with all single case agreements entered on the appropriate tab. Please refer to the directions listed in the spreadsheet to assist in proper completion. These spreadsheets should be submitted to LHCSAExceptions@health.ny.gov by **December 20, 2018**.

This process allows the Department to monitor a plan's compliance with the mandatory ratios set forth by the law, and track the allowable exceptions.

Please note that completion of these spreadsheets do not replace a plan's obligation to request exceptions to the maximum number of contracted LHCSAs based upon adequate access to services. Such exceptions must continue to be submitted to the Department as described in the guidance.

Sincerely,

Erin Kate Calicchia
Deputy Director
Division of Long Term Care
Office of Health Insurance Programs