**Managed Long Term Care (MLTC)**

**Who Qualifies?**

have a chronic illness or disability that makes you eligible for services usually provided in a nursing home;

are able to stay safely at home at the time you join the plan;

are expected to need long-term care services for at least 120 days from the date you enroll;

meet the age requirement of the plan (the age requirement for a PACE organization is 55 years old; for most other plans, the age requirement is 18 years old);

live in the area served by the plan;

have or are willing to change to a doctor who is willing to work with the plan; and

have a way of paying that is accepted by the plan. All plans accept Medicaid. Some plans also accept Medicare and private pay. See the [Managed Long-Term Care Plan Directory](https://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm) to find out which plans accept Medicaid, Medicare or private pay enrollees.

**MLTC – Plans…**

n<https://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm>

There are several plans that serve various counties the link is listed above that will provide you with a completed list.

The list provides you:

Name of Plan

Plan Type

Coverage

Age Requirement

Service County Area (s)

Contact Information

**What is the application process to enroll in managed long-term care?**

To begin the process of enrolling in a PACE or MLTC plan, you, or someone on your behalf (family, friend, doctor), contacts the plan in your area. A staff person from the plan makes one or more visits to your home before you join to:

explain to you the rules and responsibilities of plan membership;

determine your eligibility for the plan;

give you a copy of the member handbook and the plan’s provider network;

assist you with completing the enrollment application and agreement;

assist you with completing a [Medicaid application](https://www.health.ny.gov/health_care/medicaid/), if needed;

help you choose providers from the network of providers associated with the plan;

set up a care plan with you by discussing your needs; and,

answer any questions you may have.

**What benefits are provided by MLTC plans?**

Remember, having an MLTC plan does **not** affect an individual’s Medicare benefits. MLTC plans provide all Medicaid long-term care benefits in addition to dental, eye, hearing, and foot care. MLTC benefits include:

Home care (e.g., personal care, nursing care, physical and occupational therapy)

Adult day health care

Home-delivered meals, congregate meals

Medical equipment, durable medical equipment, eyeglasses, and hearing aids

Certain home modifications

Non-emergency medical transportation

Podiatry, audiology, dentistry, and optometry

Nursing home care

Care manager

MLTC and Managed Care Organizations coming SOON (7/2017)

*Starting in July of 2017 additional services through MLTC and Managed Care Organizations (MCO)*

Environmental Modification

Vehicle Modification

First Months Rent

Moving Expenses

Additional Information for you to have…

Definitions:

**Environmental Modifications** (E-mods) are internal and external physical adaptations to the home, which are necessary to ensure the health, welfare and safety of the waiver participant. These **modifications** enable the waiver participant to function with greater independence and prevent institutionalization.

**Assistive technology** device is defined as "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of an individual with a disability or to maintain independence and prevent institutionalization.