

# *Medicaid* **Medicaid Matters New York** *Matters*

**Managed Care Workgroup**

## MEDICAID MANAGED CARE FACT SHEET

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### **Mandatory Managed Long Term Care in New York State Part I: The Basics**

Prepared by Community Service Society's Community Health Advocates [www.cssny.org](http://www.cssny.org) and  
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"Dual eligibles" (people who have both Medicare and Medicaid) who are age 21 or more and receive or need to apply for Medicaid home care or other long term care services are required to enroll in a Managed Long Term Care (MLTC) plan. This "mandatory MLTC" started in NYC, Long Island and Westchester and is rolling out to other counties. Those who do not choose a MLTC plan will be auto-assigned to a plan.

#### **WHAT IS A MANAGED LONG TERM CARE (MLTC) PLAN?**

MLTCs are insurance plans that are paid by the Medicaid program to approve and provide Medicaid home care and other long-term care services for people with a long-lasting health condition or disability. The MLTC plans take over the job the local CASA or Medicaid offices used to do – they decide whether you need Medicaid home care, how many hours you may receive, and arrange for the care. They also approve, manage and pay for the other long-term care services listed below. There are three different types of plans (described below under "**What are the different types of plans to choose from**"). Some types of plans cover not only *Medicaid* home care and other long-term care services but *all Medicare* medical care too.

#### **WHO MUST ENROLL?**

All dual eligible individuals age 21 or older who are receiving or are applying for the following Medicaid long term care services will eventually be required to enroll in a MLTC plan. "Long-term" means you need any of the services for more than 120 days. See next section to see if your county is "mandatory" yet.

- Personal care (home attendant a/k/a Personal Care Level II)
- Consumer Directed Personal Assistance Program (CDPAP)
- Long-term certified home health agency (CHHA) services (visiting nurse, visiting physical, speech or occupational therapist beyond what is covered by Medicare)
- Medical model adult day care

- Private duty nursing services
- Long term home health care program (Lombardi program) – Lombardi recipients in NYC and the other mandatory counties must transition to MLTC plans. This new requirement is being rolled out gradually across the state. See next section.

### IN WHICH COUNTIES IN NY STATE **MUST** YOU ENROLL IN AN MLTC PLAN?

As of August 2014, Dual eligibles living *in New York City, Long Island, Westchester*, and the following counties who need Medicaid home care must enroll in an MLTC plan in order to receive these services:

- |                  |              |                 |
|------------------|--------------|-----------------|
| 1. NEW YORK CITY | 8. Monroe    | 15. Saratoga    |
| 2. Albany        | 9. Nassau    | 16. Schenectady |
| 3. Cayuga        | 10. Oneida   | 17. Suffolk     |
| 4. Columbia      | 11. Onondaga | 18. Sullivan    |
| 5. Erie          | 12. Orange   | 19. Ulster      |
| 6. Greene        | 13. Putnam   | 20. Washington  |
| 7. Herkimer      | 14. Rockland | 21. Westchester |

Next scheduled are Dutchess, Montgomery, Broome, Fulton, Madison, Schoharie, Oswego, and Warren, Delaware, Niagara, Otsego, Chenango counties (date not yet known in late 2014)

### WHO **MAY NOT** ENROLL IN A MLTC? (PEOPLE **EXCLUDED** FROM MLTC)

- **WAIVERS** - Individuals in Nursing Home Transition & Diversion waiver, Traumatic Brain Injury waiver, Office for People with Developmental Disabilities waiver
- Nursing Home residents (but this will change later in 2014)
- Assisted Living Program residents;
- Hospice service recipients;
- Intermediate Care Facilities for the Mentally Retarded (ICF/MR) or psychiatric facility residents.
- Children under age 18, even if they need home care
- **HOUSEKEEPING ONLY** - Dual eligibles or people with Medicaid-only who need only “**housekeeping**” services (Personal Care Services Level I), and not additional aide assistance with activities of daily living. These services when needed alone are limited by state law to EIGHT (8) hours per week, and may still be obtained through the local Medicaid program.
- Dual eligibles who do not need long-term care services. They keep their regular Medicaid card for all Medicaid services, including short-term home health services from a CHHA.

## WHO MAY ENROLL IN MLTC BUT IS NOT REQUIRED TO? (EXEMPT FROM MLTC)

- Native Americans;
- Dual eligible individuals age 18- 21 who require home care or other long-term care services, and require a “nursing home level of care,” meaning they could be admitted to a nursing home based on their medical and functional condition;
- Home care recipients over age 21 who have Medicaid but not Medicare (If they require a “nursing home level of care,” they may opt to enroll in MLTC instead of a mainstream Medicaid managed care plan);
- Short-term Certified Home Health Agency service recipients (If they will not need home care or other long-term care services for more than 120 days);
- Working Medicaid recipients under age 65 in the Medicaid Buy-In for Working People with Disabilities (MBI-WPD) program (If they require a “nursing home level of care”).

## WHICH SERVICES ARE PROVIDED BY THE MLTC PLANS?

MLTC plans must provide the services listed below. Once you are enrolled in a MLTC plan, you may no longer use your Medicaid card or apply to your local Department of Social Services/CASA for any of these services, and you must use providers in the MLTC plan’s network for all of these services, including your dentist. The providers will be paid by the MLTC plan, rather than bill Medicaid directly.

- **Home Care**, including:
  - Personal Care (Home attendant and Housekeeping services)(known as Personal care Level I and Level II), but only if individual needs assistance with activities of daily living, not only with housekeeping
  - Certified Home Health Agency (CHHA) Services (home health aide, visiting nurse, visiting physical or occupational therapist)
  - Private Duty Nursing
  - Consumer Directed Personal Assistance Program
- **Adult Day Health Care**, Personal Emergency Response System (PERS), home-delivered meals,
- **Medical equipment** such as wheelchairs, medical supplies such as incontinent pads, prostheses, orthotics, respiratory therapy
- **Hearing aids and Eyeglasses**, home modifications
- Four Medical Specialties:
  - **Podiatry**
  - **Dental**
  - **Audiology**
  - **Optometry**
- Non-emergency medical **transportation** to doctor offices, clinics (ambulette)
- **Nursing home care**

## WHEN DO YOU HAVE TO CHOOSE AN MLTC PLAN?

- **If you have Medicare and were already receiving Medicaid long-term care services --** personal care, adult day health care, consumer-directed personal assistance, Lombardi or

“CHHA” services, you received or will receive a letter from New York Medicaid Choice ([www.nymedicaidchoice.com](http://www.nymedicaidchoice.com)), the company hired by New York State to handle MLTC enrollment, that will give you 60 days to select a plan. Letter posted at <http://wnylc.com/health/download/318/>.

- If you don’t enroll by the 60 day deadline, you will be randomly assigned to an MLTC plan. You might be pressured to pick a MLTC plan earlier, but you do not have to enroll until after you get the 60-day notice. Call NY Medicaid Choice at (888) 401-6582 to enroll or to ask for an extension of time, but no guarantees.
- **If you are first seeking home care and live in NYC or another “mandatory” county**, you first apply for Medicaid at your local Medicaid office. Once Medicaid is approved, you must choose and enroll in an MLTC plan.

### **WHAT ARE THE DIFFERENT TYPES OF PLANS TO CHOOSE FROM – AND WILL THEY ALLOW ME TO CONTINUE SEEING MY OWN DOCTOR?**

You have a choice of TWO different types of plans. Both types must provide all of the Medicaid long-term care and specialty services listed on page 3 above, under **“Which services are provided by the MLTC plans?”** The difference between the plans is how you get the rest of your medical care – including your physicians and hospital care paid for by Medicare.

#### **1. Managed Long Term Care Plan (MLTC) – Provides ONLY MEDICAID services and NO Medicare services**

- Only provides Medicaid home care and the other long term care and specialty services listed above, under **“Which services are provided by the MLTC plans?”**
- You keep your Original Medicare or Medicare Advantage card and your Medicaid card to continue seeing your own doctors and other providers, except for the four specialties under MLTC (podiatry, dental, audiology and optometry)
- Called “Partial Capitation” plans because they provide only Medicaid and not Medicare services
- 25 MLTC plans in New York City as of August 2014 - See lists of *Long Term Care Plans in New York City* or your region at <http://www.nymedicaidchoice.com/program-materials>

#### **2. Plans that provide ALL Medicaid AND Medicare Services – two types of plans**

- **Called “Full Capitation” plans** because they provide ALL Medicaid and Medicare services -- also ALL primary, acute, hospital and specialty care.
- 2 models of these plans -- **Medicaid Advantage Plus (MAP) (must be age 18+) AND PACE (age 55+)**
- You must need a nursing home level of care – you’d be in a nursing home without home care.

- Both MAP and PACE cover ALL medical care covered by Medicare and Medicaid. This includes not just Medicaid Long Term Care services listed above.
- You may only go to doctors and other providers in your plan’s network. Otherwise, they may not bill Medicare or Medicaid except for emergency care, and you may be responsible for paying out of pocket.
- You will no longer use your Original Medicare card or Medicare Advantage card or your Medicaid card if you join these plans. You only use your PACE or MAP plan card.
- 2 PACE and 8 MAP plans in NYC as of August 2014 – See lists of *Long Term Care Plans in New York City* or your region at <http://www.nymedicaidchoice.com/program-materials>

## HOW TO CHOOSE A HEALTH PLAN

### 1. Which of the three types of plans are best suited for my needs?

- If you join a Medicaid Advantage Plus (MAP) or PACE plan, all of your primary care doctors and all other health care as well as long-term care providers must be in the plan’s network. You could no longer see doctors using your Original Medicare card or Medicare Advantage plan card. The new MAP or PACE plan card would replace all of your Medicare and Medicaid coverage. This may be the right choice for you, but you need to be sure your preferred providers are covered by the plan’s network.
- If you prefer to keep the flexibility of your Original Medicare card, or like the doctors in your Medicare Advantage plan, then pick an MLTC plan rather than MAP or PACE plan. The MLTC plan will cover only the Medicaid long-term care services listed on page 3 above, under “**Which services are provided by the MLTC plans**” (including specialty services like dentistry, optometry, podiatry, and audiology), and you still use your Medicare or Medicare Advantage card and your Medicaid card for all other medical care.
- A nursing home level of care determination is required for MAP and PACE. Generally if you need 6 or more hours of home care a day you would probably qualify.

### 2. No matter which type of plan you select, make sure your preferred providers are in the plan’s network.

- To do this, write down all of your providers. There is a worksheet you can use that is on page 14 of the Guide you receive with your 60-day enrollment letter- the Guide is also at this link: <http://tinyurl.com/MLTC-Guide-NY-Medicaid-Choice>
- To find out if your providers are in a plan’s network, you can either:
  - Ask your provider (your home care agency, adult day care program, dentist, audiologist, etc.)
  - Contact the plan—contact info is on the plan list you receive with your 60-day enrollment letter and is also at this link. See lists of *Long Term Care Plans in New York City* or your county here <http://www.nymedicaidchoice.com/program-materials>
  - View online network directories of the plans – links are in this article: <http://wnylc.com/health/entry/169/>

- Call NY Medicaid Choice at 1-800-505-5678, Medicaid's enrollment broker, and ask the person you speak with to look up which plan works with your home care agency and other providers

**3. Call individual MLTC, MAP or PACE plans and ask them to come to your home and assess your needs.**

- They are required to do this and tell you how much home care you would be approved for – before you sign up to enroll.

**4. When you decide on a plan, you can enroll directly with the plan.**

- If you don't choose a plan, you will be RANDOMLY assigned to a plan.

**WHEN DOES THE MLTC PLAN START BEING IN CHARGE OF MY HOME CARE?**

The MLTC plan is in charge of your care beginning the first day of the month after you enroll or after you are assigned by NY Medicaid Choice. However, if you sign the enrollment agreement after the 15<sup>th</sup> of the month, your enrollment will not take effect until the first of the SECOND month. There are often other delays in enrollment, especially if you have a "spend-down" or if you are in a nursing home applying for services to return to the community. See Advocacy contacts at the end of this Fact Sheet for help.

**TRANSITION CARE -- WILL THE MLTC PLAN GIVE ME THE SAME NUMBER OF HOURS OF HOME CARE THE CASA (OR LOCAL MEDICAID OFFICE) OR CHHA GAVE ME – AND LET ME KEEP MY AIDE?**

The MLTC plan must continue the same hours and days that you received before for a "**transition period**" of **90 days**. This was increased from 60 days on May 8, 2013. This is true whether your previous care was from CASA/DSS, CHHA, a Lombardi program, adult day care or private duty nursing. During those 90 days the MLTC plan will send a nurse to assess your needs. The plan's nurse will decide how much care the plan will approve for after the 90 day transition period. If the plan wants to reduce or end the services you previously received, the plan must give you a WRITTEN NOTICE stating the amount of home care and other services they will give you effective on Day 91 of your enrollment. The notice will explain your right to appeal, and your right to receive AID CONTINUING while you appeal. See ***Managed Long Term Care Fact Sheet Part 2: Appeals and Grievances in Managed Long Term Care*** for more information on your right to appeal, posted at <http://www.wnylc.com/health/afile/184/415/>.

During this 90-day transition period, the plan should also let you keep your from your previous home care agency, but only if that agency accepts the payment rate offered by the MLTC plan.

**CAN I CHANGE MLTC PLANS?**

YES. You may change plans once a month. BUT the change will not take place until the 1st of the next month. If you enroll in a new plan after the third Friday of the month, you will not move to the new plan until the 1st of the SECOND month. So you will have to stay with your current plan until then.

Don't sign up for a new plan unless the new plan confirms in writing that it will approve the services you want and the hours you need. You may call any plan and request that they send a nurse to assess you and tell you what services they would provide. You have the right to receive the result of the assessment in writing.

**IS THE M11Q FORM (THE DOCTOR'S FORM USED BY CASA) STILL USED?**

NO. The MLTC plan does its own assessment – the plan does not have to use an M11q, but some plans do. It may be helpful for your doctor to explain your functional impairments and medical condition in writing, and submit it to the MLTC plan. You can use “Q-Tips” as a guide for how to describe your needs. You can download “Q-Tips” at <http://wnylc.com/health/afile/176/32/>.

**I HAVE A SPEND-DOWN (SURPLUS INCOME). WHAT HAPPENS IF I DON'T PAY IT?**

The MLTC plan will bill you for the spend-down. If you don't pay it, the MLTC plan may disenroll you, and you will not be able to get Medicaid home care or other long-term care services. You should enroll in a pooled trust to eliminate your spend-down. For more information about pooled trusts see <http://wnylc.com/health/entry/6/>.

**IF AN MLTC PLAN CAN ONLY BEGIN SERVICES ON THE 1ST OF ANY MONTH, WHAT DO I DO IF I NEED SERVICES RIGHT AWAY WHEN I GET OUT OF THE HOSPITAL OR OUT OF A REHAB CENTER?**

You may contact a Certified Home Health Agency (CHHA) and ask it to provide you with a home health aide and visiting nurse temporarily until you enroll in an MLTC plan. The CHHA may give short-term Medicaid home care for up to 120 days. During that time, you can select the type of MLTC plan you want and pick a plan that meets your needs. See above, under “**What are the different types of plans to choose from**” and “**How to choose a Plan.**” To find a CHHA that serves your county or borough, look on this online directory posted at <http://homecare.nyhealth.gov/> Some CHHA's require that you have Medicaid in order to provide you with home care services. Other CHHA's will give you home care services while your Medicaid application is pending, and then bill Medicaid later once your Medicaid application is approved.

**I HAVE MEDICAID AND MEDICARE BUT DON'T NEED ANY HOME CARE NOW. DO I HAVE TO JOIN A PLAN?**

No. You have the option of joining a Medicare Advantage plan for your Medicare, or a Medicaid Advantage Plan for all of your medical care from Medicare and Medicaid. This is OPTIONAL. You do not have to join any plan. You can continue to use your Original Medicare card and regular Medicaid card for all services, and keep your Medigap (Medicare supplemental insurance) if you have it.

## WHO CAN I CALL FOR HELP?

<a href="http://www.nysilc.org/directory.htm">http://www.nysilc.org/directory.htm</a> GOVERNMENT HOTLINES	
NYS Department of Health MLTC Complaint Hotline	(866) 712-7197
New York Medicaid Choice (for enrollment problems)	(888) 401-6582
Fair Hearing Requests (must wait until after internal appeal decision)	(800) 342-3334
<a href="http://www.nysilc.org/directory.htm">http://www.nysilc.org/directory.htm</a> STATEWIDE ADVOCATES – Find more help at <a href="http://www.lawhelp.org/NY">www.lawhelp.org/NY</a>	
The Legal Aid Society Health Law Help-line – NYC/ Outside NYC	(212) 577-3575 / (888) 500-2544
Community Health Advocates	(888) 614-5400
Empire Justice Center	(585) 454-6500
Independent Living Centers	<a href="http://www.nysilc.org/directory.htm">http://www.nysilc.org/directory.htm</a>
ADVOCATES FOR NEW YORK CITY ONLY – MORE AT <a href="http://www.lawhelp.org/NY">www.lawhelp.org/NY</a>	
New York Legal Assistance Group (NYLAG)	(212) 750-0800
Evelyn Frank Legal Resources Program at NYLAG	(212) 613-7310 or <a href="mailto:eflrp@nylag.org">eflrp@nylag.org</a>
Cardozo Bet Tzedek Legal Services	(212) 790-0240
BOROUGH OFFICES - more at <a href="http://www.lawhelp.org/NY">www.lawhelp.org/NY</a> and <a href="http://www.nysilc.org/directory.htm">http://www.nysilc.org/directory.htm</a>	
▪ Brooklyn - Legal Aid Society Brooklyn Office for the Aging (60+)	(718) 645-3111
▪ Queens - JASA/Queens Legal Services for the Elderly (60+)	(718) 286-1500
▪ Bronx Legal Services (60+)	(718) 220-0030
▪ Manhattan Legal Aid for Seniors Project - Above 110th Street (60+)	(212) 822-8300
○ Senior Intake Line - Below 110th Street (60+)	(212) 417-3880
▪ Lenox Hill Neighborhood House (East Side 50 <sup>th</sup> – 110 <sup>th</sup> St)	(212) 744-5022 ext. 1392
▪ Staten Island	(718) 233-6480

**CHECK FOR UPDATES OF THIS FACT SHEET AT <http://www.wnyc.com/health/download/422/>**

**SEE ALSO MLTC FACT SHEET II ON APPEAL RIGHTS AT**

<http://www.wnyc.com/health/download/415/>. See more news on MLTC at

<http://www.wnyc.com/health/news/41/> and <http://www.wnyc.com/health/entry/114/>.