



EVELYN FRANK LEGAL RESOURCES PROGRAM
CONTACT: 212-613-7310 EFLRP@NYLAG.ORG

MANAGED LONG-TERM CARE UPDATE - TRAINING APPENDIX APR. 2014

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- 9. NYS DOH Division of Long Term Care MLTC Policy 13.10: Communication with Recipients Seeking Enrollment and Continuity of Care (5/8/13), & posted at http://www.health.ny.gov/health_care/medicaid/redesign/docs/policy_13_10_guidance.pdf 26
- 10. DOCUMENTS ON ELIGIBILITY “CODING” PROBLEMS and “Conversion” –NYC only.
 - a. HRA HCSP Protocol for MLTC Submissions 9/14/2013.....on request
 - b. HRA FAQ on MLTC Enrollment with spenddown <http://www.wnylc.com/health/download/449/>..... online
 - c. “Conversion” form for plans to request HRA for “conversion” Download at <http://www.wnylc.com/health/download/450/> 28

FAX TO (718) 636-7848 MLTC PLANS CALL 929-221-0848

- 11. **NYC Contact List for NYC Medicaid Home Care Services Program**, MLTC, Pooled Trusts, State MLTC Contacts, Fair Hearings, **WITH COMPLAINT LINES** online
Download at <http://www.wnylc.com/health/download/27/>
- 12. Strouchler GIS 12 MA/026 – new definition of 24-hour care 29

AVAILABLE ONLINE

STATE DOH MLTC POLICIES - All policy directives, model contracts for MLTC, etc.

http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm

Model MLTC Contract -

http://www.health.ny.gov/health_care/medicaid/redesign/docs/mrt90_partial_capitation_contract.pdf

DOH FIDA website http://www.health.ny.gov/health_care/medicaid/redesign/mrt_101.htm

NYHEALTHACCESS.org <http://wnylc.com/health/entry/169/> (tools to select a plan)

<http://wnylc.com/health/entry/114/> (about MLTC)

<http://wnylc.com/health/entry/176/> (new procedures for applying for home care)

<http://www.wnyc.com/health/news/41/> - News on MLTC updated monthly

<http://www.wnyc.com/health/news/33/> - News about FIDA

<http://www.wnyc.com/health/entry/184/> - Grievances & Appeals in MLTC

DOH MRT website about adding Nursing Home benefit to MLTC and mainstream managed care

http://www.health.ny.gov/health_care/medicaid/redesign/mrt_1458.htm

Scroll down to bottom -- **June 1, 2014 Population Transition – Nursing Home**

PowerPoints and policy directives posted

LISTS OF PLANS –

1. **NY Medicaid Choice – list of plans by REGION** <http://nymedicaidchoice.com/program-materials> for Contact LISTS of plans by region and BROCHURE on MLTC for consumers.
2. **State Directory of plans by PLAN** with contact information - https://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm
3. **List of plans by COUNTY** with type of plan (PACE, MAP, MLTC) and enrollment figures in Mar. 2014. By NYLAG. posted at <http://www.wnyc.com/health/download/371/>
4. **Lists of plans by COMPANY**, showing types of plans sponsored by each company (MLTC, MAP, Medicaid Advantage, PACE, Medicaid managed care, and proposed FIDA plans). By NYLAG. Posted at <http://www.wnyc.com/health/download/429/>

NYS DOH Library of Official Documents – most ADMs, GIS directives, etc. posted here –

http://www.health.ny.gov/health_care/medicaid/publications

FAIR HEARING WEBSITE – NYS OTDA – Request or adjourn hearings

<http://otda.ny.gov/hearings/request/>

**Managed Long Term Care, Medicaid Advantage Plus, and PACE plans by
County in NYS with Enrollment as of March 2014**

County and Date Became Mandatory	Name of plan/ company	Enrollment 3/2014	Type of plan
ALBANY¹ (1/2014)	NYS Catholic Health Plan	51	MAP
	FIDELIS MAP	0	MAP
	EDDY SENIOR CARE	3	PACE
	FIDELIS CARE AT HOME	43	MLTC
	VNS CHOICE	85	MLTC
	WELLCARE	13	MLTC
	HOMEFIRST (ElderPlan)	0	MLTC
	UNITED HEALTH CARE PERSONAL ASSIST.	0	MLTC
	VNA HOME CARE OPTIONS	3	MLTC
ALLEGANY	TOTAL SENIOR CARE	14	PACE
	FIDELIS CARE AT HOME	0	MLTC
BROOME	FIDELIS CARE AT HOME	11	MLTC
	UNITED HEALTH CARE PERSONAL ASSIST.	0	MLTC
CATTARAUGUS	TOTAL SENIOR CARE	79	PACE
	FIDELIS CARE AT HOME	1	MLTC
CAYUGA (scheduled 5/2014)	FIDELIS CARE AT HOME	1	MLTC
	VNA HOME CARE OPTIONS	0	MLTC
CHAUTAUQUA	FIDELIS CARE AT HOME	2	MLTC
CHENANGO	FIDELIS CARE AT HOME	2	MLTC
COLUMBIA (4/2014)	FIDELIS CARE AT HOME	3	MLTC
	VNSNY CHOICE	15	MLTC
CORTLAND	FIDELIS CARE AT HOME	1	MLTC
DELAWARE	FIDELIS CARE AT HOME	9	MLTC
	VNYNY CHOICE	0	MLTC
DUTCHESS	ELANT	55	MLTC
	FIDELIS CARE AT HOME	16	MLTC
	VNS CHOICE	10	MLTC
ERIE (1/2014)	CENTERS PLAN FOR HEALTHY LIV	27	MLTC
	FIDELIS CARE AT HOME	37	MLTC
	TOTAL AGING IN PLACE PROGRAM	125	MLTC
	WELLCARE	93	MLTC
	FIRST CHOICE HEALTH	0	MLTC
	HOMEFIRST (ElderPlan)	0	MLTC
	UNITED HEALTH CARE	1	MLTC
	VNSNY CHOICE	30	MLTC
	Catholic Health CHS BUFFALO LIFE	163	PACE
ESSEX	FIDELIS CARE AT HOME	2	MLTC
FULTON	FIDELIS CARE AT HOME	12	MLTC
	VNSNY CHOICE	0	MLTC
GENESEE	FIDELIS CARE AT HOME	0	MLTC

GREENE (scheduled 6/2014)	VNSNY CHOICE	12	MLTC
HAMILTON	FIDELIS CARE AT HOME	0	MLTC
HERKIMER (scheduled 5/2014)	FIDELIS CARE AT HOME	6	MLTC
	SENIOR NETWORK HEALTH	48	MLTC
	VNSNY CHOICE	0	MLTC
JEFFERSON	VNA HOME CARE OPTIONS	0	MLTC
LIVINGSTON	FIDELIS CARE AT HOME	22	MLTC
MADISON	VNA HOME CARE OPTIONS	17	MLTC
	VNSNY CHOICE	0	MLTC
MONROE (1/2014)	FIDELIS CARE AT HOME	39	MLTC
	HOMEFIRST (ElderPlan)	286	MLTC
	UNITED HEALTH CARE Personal Ass	0	MLTC
	VNSNY Choice	1	MLTC
	ELDERPLAN	0	MAP
	ElderOne (Formerly "INDEPENDENT LIVING FOR SENIORS")(Rochester General Hospital)	506	PACE
MONTGOMERY	FIDELIS/ NYS Catholic Health Plan	4	MAP
	FIDELIS CARE AT HOME	12	MLTC
	VNSNY CHOICE	0	MLTC
NASSAU (Jan. 2013)	ELDERPLAN MAP	4	MAP
	GUILDNET GOLD	58	MAP
	HEALTHFIRST COMPLETE CARE	9	MAP
	EMBLEMHEALTH (HIP)	72	MAP
	VNSNY CHOICE TOTAL	0	MAP
	AETNA BETTER HEALTH	255	MLTC
	AGEWELL NEW YORK	352	MLTC
	CENTERLIGHT	141	MLTC
	ELDERPLAN (HomeFirst)	140	MLTC
	ELDERSERVE	98	MLTC
	EXTENDED	23	MLTC
	FIDELIS CARE AT HOME	578	MLTC
	GUILDNET	1,496	MLTC
	EMBLEMHEALTH (HIP)	259	MLTC
	INTEGRA	45	MLTC
	NORTH SHORE-LIJ	248	MLTC
	SENIOR HEALTH PARTNERS INC	196	MLTC
	VNSNY CHOICE	321	MLTC
	WELLCARE	58	MLTC
	CenterLIGHT	62	PACE

NIAGARA	COMPLETE SENIOR CARE	103	PACE
	CENTERS PLAN FOR HEALTHY LIV.	25	MLTC
	FIDELIS CARE AT HOME	0	MLTC
	FIRST CHOICE HEALTH	0	MLTC
	HOMEFIRST (ElderPlan)	0	MLTC
ONEIDA (scheduled 5/2014)	FIDELIS CARE AT HOME	26	MLTC
	SENIOR NETWORK HEALTH	409	MLTC
	UNITED HEALTH CARE Personal Ass	0	MLTC
	VNSNY CHOICE	0	MLTC
ONONDOGA (1/2014)	FIDELIS CARE AT HOME	23	MLTC
	VNA HOME CARE OPTIONS	216	MLTC
	UNITED HEALTH CARE Personal Ass.	1	MLTC
	HOMEFIRST (ElderPlan)	0	MLTC
	VNSNY CHOICE	0	MLTC
	PACE CNY	451	PACE
ONTARIO	FIDELIS CARE AT HOME	0	MLTC
ORANGE (9/2013)	ELANT	246	MLTC
	FIDELIS CARE AT HOME	423	MLTC
	HAMASPIK CHOICE	66	MLTC
	HOMEFIRST (ElderPlan)	0	MLTC
	UNITED HEALTH CARE Personal Ass	0	MLTC
	VNSNY CHOICE	22	MLTC
	WELLCARE	100	MLTC
ORLEANS	FIDELIS CARE AT HOME	0	MLTC
OSWEGO	FIDELIS CARE AT HOME	5	MLTC
	VNA HOME CARE OPTIONS	0	MLTC
	PACE CNY	0	PACE
OTSEGO	VNSNY CHOICE	0	MLTC
PUTNAM (4/2014)	ARCHCARE	31	MLTC
	FIDELIS CARE AT HOME	6	MLTC
	VNSNY CHOICE	0	MLTC
RENSSELAER (scheduled 5/2014)	FIDELIS MAP/ NYS Catholic Health PI	26	MAP
	FIDELIS CARE AT HOME	16	MLTC
	HOMEFIRST (ElderPlan)	0	MLTC
	VNSNY CHOICE	4	MLTC

ROCKLAND (9/13)	CENTERLIGHT	225	MLTC
	CENTERS PLAN FOR HEALTHY LIV	22	MLTC
	ELANT	224	MLTC
	ELDERPLAN	11	MLTC
	FIDELIS CARE AT HOME	340	MLTC
	HAMASPIK CHOICE	39	MLTC
	HOMEFIRST (ElderPlan)	0	MLTC
	UNITED HEALTH CARE Personal Ass	0	MLTC
	VNSNY CHOICE	21	MLTC
	WELLCARE	117	MLTC
SARATOGA (scheduled 6/2014)	VNSNY CHOICE	1	MLTC
	HOMEFIRST (ElderPlan)	0	MLTC
SCHENECTADY (scheduled 6/2014)	HOMEFIRST (ElderPlan)	0	MLTC
	VNSNY CHOICE	0	MLTC
	FIDELIS CARE AT HOME	29	MLTC
	EDDY SENIOR CARE	134	PACE
	FIDELIS MAP/ NYS Catholic Health PI	25	MAP
SCHOHARIE	FIDELIS CARE AT HOME	0	MLTC
	VNSNY CHOICE	0	MLTC
STEUBEN	FIDELIS CARE AT HOME	1	MLTC
SUFFOLK (Jan. 2013)	Guildnet GOLD (MAP)	74	MAP
	HIP (EMBLEMHEALTH)	25	MAP
	VNSNY CHOICE TOTAL	0	MAP
	CENTERLIGHT	80	PACE
	AETNA BETTER HEALTH	254	MLTC
	AGEWELL NEW YORK	138	MLTC
	CENTERLIGHT SELECT	170	MLTC
	ELDERPLAN (HomeFirst)	34	MLTC
	ELDERSERVE	106	MLTC
	EXTENDED	2	MLTC
	FIDELIS CARE AT HOME	409	MLTC
	GUILDNET	1,337	MLTC
	HIP (EMBLEMHEALTH)	61	MLTC
	INTEGRA	25	MLTC
	VNSNY CHOICE	104	MLTC
	NORTH SHORE LIJ	10	MLTC
	WELLCARE	13	MLTC
SULLIVAN (4/2014)	FIDELIS CARE AT HOME	5	MLTC
	HAMASPIK CHIOCE	30	MLTC
	VNSNY CHOICE	0	MLTC
TIOGA	FIDELIS CARE AT HOME	1	MLTC
TOMPKINS	FIDELIS CARE AT HOME	2	MLTC

ULSTER (4/2014)	FIDELIS CARE AT HOME	31	MLTC
	HAMASPIK CHOICE	0	MLTC
	VNS CHOICE	2	MLTC
	WELLCARE	32	MLTC
WARREN	FIDELIS CARE AT HOME	2	MLTC
	VNSNY CHOICE	0	MLTC
WASHINGTON (scheduled 6/2014)	FIDELIS CARE AT HOME	4	MLTC
	VNSNY CHOICE	0	MLTC
WAYNE	FIDELIS CARE AT HOME	0	MLTC
WESTCHESTER (Jan. 2013)	AGEWELL NEW YORK	216	MLTC
	ALPHACARE	4	MLTC
	ARCHCARE COMMUNITY LIFE	418	MLTC
	CENTERLIGHT	373	MLTC
	ELDERPLAN (HomeFirst)	341	MLTC
	ELDERSERVE	156	MLTC
	FIDELIS CARE AT HOME	246	MLTC
	GUILDNET	171	MLTC
	HIP / EMBLEMHEALTH	44	MLTC
	HHH CHOICES	82	MLTC
	INTEGRA	18	MLTC
	MONTEFIORE	36	MLTC
	SENIOR HEALTH PARTNERS	140	MLTC
	VNSNY CHOICE	251	MLTC
	WELLCARE	21	MLTC
	CENTERLIGHT	223	PACE
	ELDERPLAN	1	MAP
	HIP/EMBLEMHEALTH	5	MAP
	VNSNY CHOICE TOTAL	0	MAP
WYOMING	FIDELIS CARE AT HOME	0	MLTC
TOTAL UPSTATE			

TOTAL ENROLLMENT Mar. 2014

	NYC	Rest of State	Total statewide
PACE	3,718	1,818	5,536
MAP	4,664	354	4,998
MLTC	102,486	13,188	115,674
TOTAL	110,868	15,360	126,208

New York City – Enrollment in MLTC, MAP and PACE Plans Mar. 2014

MEDICAID ADVANTAGE PLUS	
1. HealthFirst	2,404
2. Elderplan	832
3. HIP of Greater New York	518
4. Guildnet	500
5. VNS Choice Plus	244
6. NYS Catholic Health Plan	86
7. Senior Whole Health	22
8. HHH Choices	0
9. AmeriGroup	7
10. WellCare	0
NYC Total MAP	4,613
MLTC PACE PLANS	
1. ARCHCARE SENIOR LIFE	304
2. COMPREHENSIVE CARE MGMT	3,370
Total MLTC PACE Enrollment	3,674
MLTC PARTIAL CAPITATION PLANS	
1. VNS CHOICE	16,520
2. GUILDNET	11,209
3. SENIOR HEALTH PARTNERS INC	10,683
4. ELDERPLAN	10,041
5. ELDERSERVE	9,908
6. CENTERLIGHT	8,956
7. FIDELIS CARE AT HOME	5,664
8. WELLCARE	5,393
9. INDEPENDENCE CARE SYSTEMS	5,009
10. AMERIGROUP/HealthPlus	2,807
11. VILLAGE CARE MAX	2,703
12. HHH CHOICES	2,229
13. AGEWELL NEW YORK (Parker Jewish)	2,060
14. AETNA BETTER HEALTH	1,905
15. ARCHCARE COMMUNITY LIFE	1,412
16. CENTERS PLAN FOR HEALTHY LIVING	1,208
17. HIP OF GREATER NEW YORK	1,000
18. INTEGRA (Personal Touch)	863
19. SENIOR WHOLE HEALTH	781
20. UNITED HEALTHCARE	649
21. METROPLUS	505
22. ALPHACARE (Magellan)	318
23. NORTH SHORE-LIJ HEALTH PLAN	300
24. EXTENDED MLTC	205
25. MONTEFIORE HMO	158
TOTAL NYC MLTC	102,486

Data from

http://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/

Contact information for plans at

http://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm and at

<http://nymedicaidchoice.com/program-materials> (Long Term Care Plans by region)

Mandatory rollout – 8/2012 – NYC. 1/2013 - Nassau, Suffolk, and Westchester, Sept. 2013 - Orange and Rockland

Dec. 2013 -- Erie, Onondoga, Monroe and Albany -- all require MANDATORY enrollment in MLTC plans, with option of choosing MAP or PACE instead, for ADULT (>21) dual eligibles who need Medicaid community-based long term care services.

NOTE MAP and PACE are options but these plans combine Medicare Advantage with MLTC and Medicaid, and would control ALL access to primary and acute care paid for by Medicare AND Medicaid. In order to keep your own doctor and pay with Medicare, join an MLTC plan.

¹ **BOLD** = Mandatory county as of February 2014. GREY = MAP or PACE plan

**Medicaid Managed Long Term Care Plans Offered (Dec. 2013) by Company
MLTC, MAP, PACE & Proposed FIDA plan (Fully Integrated Dual Advantage)**
THIS DOCUMENT AVAILABLE AT <http://www.wnylc.com/health/download/429/> - check for updates

Company	MLTC PLAN	Medicaid Advantage PLUS	PACE	Medicaid Advantage *** NO HOME CARE!! ¹	Main-stream managed care	FIDA Plan	# counties MLTC outside NYC (not MAP)
PLANS THAT OPERATE IN NYC ONLY -- OR -- in NYC and other counties (list showing plans by county at http://www.wnylc.com/health/download/371/)							
Aetna	1. Aetna Better Health [%]					x	2
Affinity				Affinity*	x		
AgeWell (Parker Jewish)	2. AgeWell New York *					x	3
AlphaCare (Magellan)	3. AlphaCare* NEW					x	1
Amerigroup (HealthPlus)	4. HealthPlus/Amerigroup	HealthPlus MAP			x HealthPlus	x	NONE
AmidaCare					X SNP		
Archcare**	5. Archcare Community Life		Archcare Senior Life**			x	2
CenterLight (formerly CCM)	6. CenterLight Select		Center-Light PACE			x	4
Centers Plan for Healthy Living	7. Centers Plan for Health Living MLTC					x	3
Elderplan (HomeFirst)	8. HomeFirst MLTC (ElderPlan)	ElderPlan Plus LTC		ElderPlan Medicaid Advantage (HMO SNP)		x	13
ElderServe	9. ElderServe					x	3
Extended (CHHA)	10. Extended MLTC						2
Fidelis	11. Fidelis Care at Home	Fidelis MAP		Fidelis Dual Advantage NYC	x	x	45
Guildnet	12. Guildnet	Guildnet Gold*		Guildnet Health Advantage HMO-POS SNP		x	3

Company	MLTC PLAN	Medicaid Advantage PLUS	PACE	Medicaid Advantage *** NO HOME CARE!! ¹	Main-stream managed care	FIDA Plan	# counties MLTC outside NYC (not MAP)
HHH Choices	13.HHH Choices Health PI*	HHH Choices Gold				x	1
EmblemHealth (HIP)	14.HIP/Emblem MLTC	EmblemHealth MLTC Plus		EmblemHealth Medicare Choice Value/ HIP	x	x	3
Independence Care System	15.Independence Care Sys*					x	NONE
Integra (Personal Touch)	16.Integra MLTC					x	3
Liberty Health				Liberty Health Advantage			
Managed Health (see Senior Health Partners)				Managed Health			
MetroPlus	17.MetroPlus MLTC*			MetroPlus MA Advantage*	x	x	NONE
Montefiore HMO	18.Montefiore HMO NEW					x	1
North Shore-LIJ Health	19.North Shore LIJ NEW					x	2
	20.						
Senior Health Partners (Healthfirst/ Managed Health)	21.Senior Health Partners (Healthfirst)	HealthFirst Complete Care		HealthFirst Maximum*/ Managed Health	X Health-first PHSP	x	2
Senior Whole Health	22.Senior Whole Health MLTC*	Senior Whole Health M/M Plus*				x	NONE
Touchstone Health				Touchstone Prestige\$			
United Healthcare	23.United Healthcare Personal Assist			United Healthcare Dual Advantage	x	x	8
VillageCare	24.VillageCareMAX*					x	NONE
VNSNY	25.VNSNY Choice	VNSNY Choice Plus		VNSNY TOTAL	X SNP	x	28
Wellcare	26.Wellcare Advocate MLTC	Wellcare Advocate Complete*		Wellcare Liberty MA#	x	x	8

PLANS THAT OPERATE ONLY UPSTATE in limited counties – NOT IN NYC. List does not include all mainstream plans – only those with LTC plans (MLTC, MAP, PACE)							
Company	MLTC PLAN	Medicaid Advantage PLUS	PACE	Medicaid Advantage *** NO HOME CARE!! ²	Main-stream managed care	FIDA Plan	# counties outside NYC - MLTC
Catholic Health-LIFE			x				Erie
Complete Senior Care			x				Niagara
EDDY			X				Schenect'd y Albany
Elant	Elant Choice						Orange, Rockland Dutchess
First Choice Health	First Choice Health MLTC						Erie, Niagara
Hamaspik	Hamaspik Choice						Orange, Rockland, Sullivan, Ulster
Independent Living for Seniors dba/ ElderONE			x				Monroe
PACE CNY			x				Onondoga
Senior Network Health	Senior Network Health						Oneida, Herkimer
Total Aging in Place Program	Total Aging in Place Program						Erie
Total Senior Care, Inc			x				Cattaraug's Allegany
VNA Homecare Options, LLC	VNA Homecare Options						Albany, Cayuga Jefferson, Madison, Onondaga Oswego

Plans in top part of chart cover all NYC Boroughs except those marked as follows:

* * = does not cover Staten Island

** ARCHCARE Community Life MLTC covers only Bronx, Manhattan & Staten Island, and its PACE covers only Bronx and Manhattan

% AETNA Better Health MLTC covers only Brooklyn, Manhattan & Queens

\$ Touchstone Health Medicaid Advantage does not cover Manhattan (and is NOT a long-term care plan!!)

Wellcare Liberty MA covers Brooklyn, Bronx and Queens only – and is not a long-term care plan!!

Contact Info for all plans posted at http://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm
and <http://www.nymedicaidchoice.com/program-materials> (look under Long Term Care plan headings ONLY)
FIDA plans listed in http://www.health.ny.gov/health_care/medicaid/redesign/docs/2013_09_fida_faq.pdf Q6

¹ **Warning:** The second to the last column shows **Medicaid Advantage Plans** – which are different than Medicaid Advantage Plus plans. Both offer Medicaid and Medicare services, but the Medicaid services offered by PLUS plans include Medicaid long-term home care, adult day care, etc. are offered. The regular Medicaid Advantage Plans – without the PLUS – do not offer any long-term care. Any dual eligible needing home care or long term care should not join these plans. One cannot enroll in both a Medicaid Advantage and MLTC plan.

Also, many of these companies ALSO offer **Medicare Advantage** Plans, which cover solely Medicare services, and mainstream **Medicaid Managed Care** plans, for Medicaid recipients *without Medicare*. The names may sound alike – be sure to check the type of plan. A Medicaid recipient who needs Medicaid home care MAY join a Medicare Advantage plan for his/her Medicare services. That same person may additionally enroll in an MLTC plan for her Medicaid long-term care services.

Prepared by Valerie Bogart, New York Legal Assistance Group, updated April 21, 2014 vbogart@nylag.org

THIS DOCUMENT AVAILABLE AT <http://www.wnyc.com/health/download/429/> - check for updates

PLAN LIST ORGANIZED BY COUNTY <http://www.wnyc.com/health/download/371/>

G:\Research\homecare\MLTC Managed LTC\Plan Lists\MLTC-MAP-PACE Plan List by Company - NYC april 2014.doc

TO: Local District Commissioners, Medicaid Directors, Supervisors of Long Term Care Services

FROM: Jason A. Helgerson, Medicaid Director

SUBJECT: Expansion of Mandatory Managed Long Term Care

EFFECTIVE DATE: Immediately

CONTACT PERSON: Deborah Conley-Flora, Bureau of Managed Long Term Care
(518) 474-6965 or MLTCTRANS@health.state.ny.us

This directive is to provide Local Department of Social Services (LDSS) with information regarding the State's Medicaid Redesign Initiative (MRT#90) to transition Dual Eligible individuals, age 21 and over, requiring more than 120 days of community based long term care services (CBLTCS) to Managed Long Term Care Plans (MLTCP). CBLTCS are defined as: Home Health Care, Personal Care Services, Adult Day Health Care, Consumer Directed Personal Assistance Program, and Private Duty Nursing.

Mandatory enrollment of these individuals into MLTCP began in September 2012 in New York City, and has expanded to nine additional districts: Albany, Erie, Monroe, Nassau, Onondaga, Orange, Rockland, Suffolk, and Westchester Counties. Dual Eligibles who were in receipt of CBLTCS, along with those newly seeking those services, have been systemically transitioned to MLTCPs.

The Department has developed a plan to transition the remainder of the State throughout 2014. The plan has been submitted to CMS as a whole. While many of the districts currently have sufficient MLTCPs operational, some of the districts planned for the later portion of 2014 have plans under development.

The rollout plan is listed below. Please note that the Department, in partnership with our Enrollment Broker, New York Medicaid Choice, will begin to work with each LDSS well in advance of the target date. Education on the processes will be conducted through conference calls, on-site training where possible, along with detailed presentations of methods to establish communication and identify roles. Outreach and education sessions will also be available for providers in each district. Focused efforts should be made to identify each district's providers of personal care services, to establish linkages with MLTCPs.

2014 MLTC Transition Timeline

<u>Month</u>	<u>Counties</u>
April 1	Columbia, Putnam, Sullivan, Ulster
May 1	Rensselaer, Cayuga, Herkimer, Oneida
June 1	Greene, Schenectady, Washington, Saratoga
July 1	Dutchess, Montgomery, Broome, Fulton, Madison, Schoharie, Oswego
August 1	Warren, Delaware, Niagara, Otsego, Chenango
September 1	Essex, Clinton, Franklin, Hamilton
October 1	Jefferson, Lewis, St. Lawrence, Steuben, Chautauqua, Cattaraugus, Alleghany
November 1	Yates, Seneca, Schuyler, Tioga, Cortland, Chemung
December 1	Genesee, Livingston, Ontario, Orleans, Tompkins, Wayne, Wyoming

Please contact Deborah Conley-Flora in the Bureau of Managed Long Term Care at 518-474-6965 or email to MLTCTRANS@health.state.ny.us.

Preliminary FIDA Plans

Aetna Better Health of New York	HHH Choices Health Plan
AgeWell New York	HIP/Emblem
AlphaCare of New York	Independence Care System
Amerigroup New York	Integra MLTC
Amida Care	MetroPlus Health Plan
Archcare	Montefiore
CenterLight Healthcare	North Shore-Long Island Jewish
Centers Plan for Healthy Living	<i>Partners Health Plan (OPWDD FIDA)</i>
Elderplan	Senior Whole Health of New York
ElderServe Health	UnitedHealthcare of New York
Fidelis	Village Care of New York
GuildNet	VNS Choice
HealthFirst	WellCare of New York

MLTC Enrollment in FIDA Area

NYC METRO AREA MLTC MEMBERSHIP GROWTH ANALYSIS, OCTOBER 2013						
MLTC PLAN	OCTOBER 2013		OCTOBER 2012		GROWTH #	GROWTH %
	ENROLLMENT	SHARE	ENROLLMENT	SHARE		
AETNA BETTER HEALTH	1,796	1.7%	-	0.0%	1,796	
AGEWELL NEW YORK	1,870	1.8%	-	0.0%	1,870	
ALPHACARE	286	0.3%	-	0.0%	286	
AMERIGROUP	2,875	2.7%	1,793	3.2%	1,082	60%
ARCHCARE COMMUNITY LIFE	1,375	1.3%	-	0.0%	1,375	
CENTERLIGHT	9,676	9.1%	5,378	9.5%	4,298	80%
CENTERS PLAN FOR HEALTHY LIVING	867	0.8%	-	0.0%	867	
ELDERPLAN	10,638	10.0%	6,301	11.1%	4,337	69%
ELDERSERVE	10,064	9.5%	6,306	11.2%	3,758	60%
EMBLEM	1,204	1.1%	200	0.4%	1,004	502%
EXTENDED MLTC	97	0.1%	-	0.0%	97	
FIDELIS CARE AT HOME	6,466	6.1%	490	0.9%	5,976	1220%
GUILDNET	13,931	13.1%	9,101	16.1%	4,830	53%
HEALTH FIRST	10,535	9.9%	4,960	8.8%	5,575	112%
HHH CHOICES	2,354	2.2%	1,518	2.7%	836	55%
ICS	4,925	4.6%	2,978	5.3%	1,947	65%
INTEGRA	495	0.5%	-	0.0%	495	
METROPLUS	419	0.4%	-	0.0%	419	
SENIOR WHOLE HEALTH	471	0.4%	13	0.0%	458	3523%
UNITED	461	0.4%	-	0.0%	461	
VILLAGE CARE	2,287	2.2%	507	0.9%	1,780	351%
VNSNY CHOICE	17,944	16.9%	13,826	24.5%	4,118	30%
WELLCARE	5,040	4.8%	3,168	5.6%	1,872	59%
TOTAL	106,076		56,539		49,537	88%

PROVIDER ID NUMBERS AND PLAN CODES
(That Do Not Cover Permanent RHC/F Placement)



MAPDR-05 01/16/2014

Medicaid Managed Care Plan	Provider ID	BP	eMedNY Code	Telephone Number	Boroughs	Products MA, CHP, FHP
Affinity Health Plan	00477156	02	82	800-553-8247	All	All
Emblem Health (Formerly Health Insurance Plan of Greater NY [GHI/HIP])	00313979	07	99	800-447-8255		
HealthFirst PHSP, Inc.	01479670	01	SF	866-463-6743		
HealthPlus, an Amerigroup Company	01617894	66	KP	800-950-7679		
Metro-Plus (Metropolitan Health Plus)	00894519	03	92	800-303-9626	All, except SI	
NY State Catholic Health Plan/Fidelis	01751046	66	SP	888-343-3547	All	
United Healthcare Community Plan	01403176	01	MO	800-396-7177	All	
Wellcare of New York, Inc	01182503	66	WC	800-288-5441	All, except SI	

HIV Special Needs Plans (SNP) →	Plan Name	Provider ID	eMedNY Code	Telephone Number	Boroughs
	Amida Care Inc.	02191582	OD	800-556-0689	All
	Metro Plus	02191362	OM	800-303-9626	All, except SI
	VNSNY Choice Select	03420871	VS	866-265-7306	

Medicaid Advantage/Dual Eligible Plans (BP Code = 71)	Provider ID	eMedNY Code	Customer Service	TTY/TDD	Boroughs
Affinity	02802899	YY	866-247-5678	800-662-1220	All
Elderplan, Inc MA	03186129	YJ	718-921-7979	800-662-1220	
Emblem Health (Formerly Health Insurance Plan)	02707899	YC	800-447-9733	877- 208-7920	
Emblem Health Medicare Choice Value (Formerly Group Health Insurance)	02591073	Y4	866 -557-7300	877- 208-7920	
Fidelis Dual Advantage NYC	02738989	YD	800-247-1447	800-695-8544	All, except SI
Healthfirst Maximum	02594847	Y8	888-260-1010	800-662-1220	
Liberty Health Advantage, Inc.	02660144	Y9	866- 542-4269	800- 662-1220	All
MetroPlus MA Advantage	02922750	YM	800-303-9626	800-881-2812	All, except SI
Senior Whole Health of New York Medicaid Advantage	02872888	YR	877-353-0185	711	All, except SI
Touchstone Health (Prestige Plan)	02902761	YT	888-777-0204	888-777-0301	All, except Manhattan
UnitedHealthcare Dual Advantage	03238240	YU	800-514-4912	877-486-2048	All
Wellcare Liberty (Medicaid Advantage Plan)	02645710	YW	800-650-4359	877-247-6272	Brooklyn, Bronx, Queens

MA ADVANTAGE PLUS PLANS

PLAN NAME	PLAN ADDRESS	BOROUGHES	PLAN TEL. NO.	TTY/TDD	PROVIDER ID	eMedNY CODE	BP
Elderplan, Inc	745 64 th Street Brooklyn, NY 11220	All	866-386-9437	800-662-1220	03173113	YL	72
Emblem Health (Formerly Health Insurance Plan)	55 Water Street New York, NY 10041	All	800-447-9161	888-447-4833	03239801	ZH	72
Fidelis	95-25 Queens Blvd. Rego Park, NY 11374	All	877-533-2404	800-558-1125	02927631	YF	72
Guildnet Gold, Inc.	15 West 65 th Street, 4 th Fl New York, NY 10023	All, except Staten Island	800-932-4703	800-662-1220	02942923	YG	72
HealthFirst CompleteCare	100 Church Street New York, NY 10007	All	888-260-1010	888-542-3821	03420808	MH	72
HealthPlus, an Amerigroup Company	241 37 th St, 4 th Fl. Brooklyn, NY 11232	All	866-805-4589	800-855-2880	03173080	YO	72
Senior Whole Health of New York Medicaid Advantage Plus	450 7 th Avenue Suite 1601 New York, NY 10001	All, except Staten Island	877-353-0185	711	02932896	YH	72
VNSNY CHOICE Total	1250 Broadway, 11 th Fl. New York, NY 10001	All	866-597-6674	711	02914056	YN	72

PROGRAM FOR ALL INCLUSIVE CARE FOR THE ELDERLY (PACE) PLANS

PLAN NAME	PLAN ADDRESS	BOROUGHES	PLAN TEL. NO.	PROVIDER ID	eMedNY CODE	BP
ArchCare Senior Life	155 E. 56 th Street 2 nd Fl. New York, NY 10022	Bronx, Manhattan, Staten Island	866-263-9083	03114514	AC	75
Centerlight Healthcare PACE	612 Allerton Avenue Bronx, NY 10457	All	877-226-8500	01234037	C7	75

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MANAGED LONG TERM CARE (MLTC) PARTIAL CAP PLANS

PLAN NAME	PLAN ADDRESS	BOROUGHES	PLAN TEL. NO.	PROVIDER ID	eMedNY CODE	BP
Aetna Better Health	55 West 125 th Street, 13 th Fl. New York, NY 10027	Brooklyn, Manhattan, Queens	855-456-9126	03458546	AH	66
Agewell	271-11 76 th Avenue New Hyde Park, NY 11040	All, except Staten Island	866-586-8044	03481927	AG	66
AlphaCare	335 Adams Street, 26 th Fl. Brooklyn, NY 11201	All, except Staten Island	888-770-7815	03560441	AL	66
Archcare Community Life	205 Lexington Avenue New York, NY 10016	All	855-467-9351	03466800	AP	66
Centerlight Healthcare Select	612 Allerton Avenue Bronx, NY 10457	All	877-226-8500	02710185	TF	66
Centers Plan For Healthy Living	75 Vanderbilt Avenue, Suite 600 Staten Island, NY 10304	All	855-270-1600	03506989	CP	66
ElderServe Health Inc.	5901 Palisades Avenue Riverdale, NY 10471	All	800-370-3600	03234044	EH	66
Extended	21 Penn Plaza, Suite 304 New York, NY 10001	All	855-299-6492	03549135	EC	66
Fidelis Care at Home	95-25 Queens Blvd. Rego Park, NY 11374	All	800-688-7422	01788325	GD	66
Guildnet, Inc.	15 West 65 th Street, 4 th Fl. New York, NY 10023	All	800-932-4703	01827572	GN	66
HealthPlus, an Amerigroup Company	241 37 th St, 4 th Fl. Brooklyn, NY 11232	All	800-600-4441	02644562	KX	66
HHH Choices Health Plan, LLC (Co-op Care Plan)	2100 Bartow Avenue, Suite 310 Bronx, New York 10475	All, except Staten Island	866-745-8111	01750476	AN	01
HIP/Emblem MLTC	55 Water Street New York, NY 10041	All	888-447-9161	03416231	HP	66
HomeFirst, Inc	6323 Seventh Avenue Brooklyn, NY 11220	All	866-389-2656	03253707	ED	66
Independence Care System	257 Park Avenue South, 2 nd Fl. New York, NY 10010	All, except Staten Island	877-427-2525	01865329	IX	66
Integra	2701 Emmons Avenue Brooklyn, NY 11235	All	855-661-0002	03475427	IT	66
MetroPlus	160 Water Street, 3 rd Fl. New York, NY 10038	All, except Staten Island	855-355-6582	03466906	MP	66
Montefiore HMO	200 Corporate Boulevard South Yonkers, NY 10701	Bronx	855-556-6683	03594052	MF	66
North Shore LJJ	145 Community Drive Great Neck, NY 11021	All, except Bronx	855-421-3066	03580307	NS	66
Senior Health Partners A Healthfirst Company	100 Church Street, 17 th Fl. New York, NY 10007	All	866-585-9280	02104369	H1	66
Senior Whole Health of New York MLTC	450 7 th Avenue, Suite 1601 New York, NY 10001	All, except Staten Island	877-353-0185	03459881	SW	66
UnitedHealthcare Personal Assist	77 Water Street, 14 th Fl. New York, NY 10005	All	877-512-9354	03439663	UH	66
VillageCareMax	154 Christopher Street New York, NY 10014	All, except Staten Island	800-469-6292	03420399	VL	66
VNSNY CHOICE	1250 Broadway New York, NY 10001	All	888-867-6555	01750467	VC	66
WellCare Advocate	11 West 19 th Street, 2 nd Fl. New York, NY 10011	All	866-661-1232	02825230	WN	66

<Date>

<Case Name>

<Address>

<City, State> <Zip Code>

Important Medicaid Notice

<Dear Consumer Name.>

<CIN#>

This is an important notice from the Medicaid Program. We are writing because you get home care or other long-term care services. The way you get these services will change in the next several months. To keep receiving your services, you will be required to join a Managed Long Term Care Plan.

The requirement that you must join a Plan is subject to approval by the federal Centers for Medicare & Medicaid Services (CMS). **You do not need to do anything at this time.** This letter is to tell you what this change means to you and how it will happen.

What this change means

We have enclosed a list of Managed Long Term Care Plans. These Plans are for people who have a long-lasting health problem or disability. You will be asked to choose one of these Plans. The Plan you select will arrange for all your long-term care services - not just home care but also the other services listed on the enclosed Plan List.

After you join a Plan, your Medicaid CASA office or local Social Services office will no longer be in charge of approving your services. Your Plan will do this for you.

(Please turn this page over)

What Happens Next

When federal approval is received, you will get another letter and more information from *New York Medicaid Choice*. This State program can help you choose a Plan. You have 60 days after you receive that letter to choose a Plan. If you do not select a Plan, the Medicaid Program will select a Plan for you.

What You Can Do Now

- Share this letter with your family or someone who knows about your health care needs.
- You may also speak to your CASA office or local Social Services office. They also know about this change and can keep you informed.
- Call *New York Medicaid Choice*. Counselors can answer any questions you may have about joining a Plan. **They can tell you which Plan works with your home care agency or other providers.** Please have the name of your home care agency or other providers handy when you call.

If you have trouble reading or understanding this letter or if you have questions - call *New York Medicaid Choice*:

Phone Number: 1-888-401-MLTC or 1-888-401-6582

TTY Service: 1-888-329-1541

Monday to Friday, 8:30 am – 8:00 pm

Saturday, 10:00 am – 6:00 pm

Thank you.

New York

Medicaid Choice New York State's Medicaid managed care enrollment program

1-888-401-6582
Ask • Choose • Enroll

P.O. Box 5009, New York, NY 10274-5009

July 8, 2012

John Sample
123 Main Street
Anytown, N.Y. 01234

Important! You Must Join a Managed Long Term Care Plan

Dear John Sample:

AB1234C

The Medicaid program has changed the way you get home care and other long term care services. Your local Department of Social Services, CASA office or home health agency will no longer approve these services. Instead, you must now join a Managed Long Term Care Plan. (It is also called a Plan).

It is important that you join a Plan by September 6, 2012. If you do not choose a Plan by this date, the Medicaid Program will select a Plan for you.

If you want help in choosing a Plan, please call ***New York Medicaid Choice***. This State program has counselors who will be glad to answer your questions about joining a Plan. If you want someone to speak to us on your behalf, please contact us to arrange this. You or the person you authorize can contact us for help in choosing a Plan **over the phone or TTY**.

New York Medicaid Choice – we are here to help.

Choosing your Plan is an important decision. You may want to share this letter with your family or someone who knows about your health care needs. If you have trouble reading or understanding this letter – a Medicaid Choice counselor can help.

(Please turn this page over)

Some people are exempt from joining a Plan. This means they do not have to join a Plan. In some situations, a person cannot join a Plan. Please see Page 21 in the enclosed Guide for more information.

Please contact *New York Medicaid Choice*. Counselors can:

- tell you about the different types of Plans, their services and how they work
- help you choose a Plan that works with your home care agency or other providers.

Please see the **Provider Worksheet** on Page 14 in the enclosed Guide. You can fill out this worksheet and have it handy when you call us.

Call: 1-888-401-MLTC or 1-888-401-6582. Monday-Friday from 8:30 am – 8:00 pm and Saturday, from 10:00 am- 6:00 pm. TTY Service: 1-888-329-1541.

The New York Times

April 30, 2013

Advocates Say Managed-Care Plans Shun the Most Disabled Medicaid Users

By **NINA BERNSTEIN**

Managed-care companies in New York have come under fire for signing up vigorous older adults referred to them by **social day care centers**, customers whose health needs are relatively small.

But on Tuesday, legal advocates for the disabled told the state's Medicaid director that the most seriously impaired people were getting the opposite treatment.

Among the examples reported to the director, **Jason A. Helgerson**, in a meeting were cases in which the advocates said representatives of the managed-care plans deterred people who were bedbound or affected by dementia from enrolling in a plan, often by refusing to do an assessment at all, or by falsely saying that the plan's budget or policies did not allow as much care as the person needed.

The meeting was closed to the news media, but Mr. Helgerson vowed to hold plans accountable, participants said, and some said they were encouraged that he worked with them to come up with a list of quick fixes, including a dedicated complaint line.

But the issues raised at the meeting illustrated again the difficulties as Gov. Andrew M. Cuomo, through the state Department of Health, moves tens of thousands of Medicaid recipients who need long-term care, like personal aides or nursing homes, into managed-care plans.

Medicaid pays the privately run managed-care plans roughly \$3,800 a month for each person they enroll in New York City, regardless of how many services they need. The idea, borrowing from the use of health maintenance organizations to deliver health insurance, is to save money and harness competition among private plans to provide better, more efficient community care than under costly and fraud-ridden fee-for-service models.

But representatives from a dozen advocacy organizations for disabled people warned Mr. Helgerson that they were seeing a systemic problem: some of the neediest people were not being allowed to enroll, or were being denied the hours of service they need without a meaningful chance to appeal.

"The plan's incentive to enroll low-need people creates a conflict of interest and opens to Medicaid fraud — see adult day care," advocates wrote in an 18-page document for the meeting.

They were referring to the state's new scrutiny of the relationship between the plans and

proliferating day care centers that send the plans new customers from a largely healthy elderly clientele. The same financial incentives cause plans to deny enrollment to those with high needs, advocates contended.

In an e-mail statement after the meeting, Mr. Helgerson said the move to mandatory managed long-term care had been successful in meeting its goals for patient care and lowering costs across the Medicaid system. "As I have made clear, we will continue to move quickly and aggressively to stamp out and prevent fraud, and address implementation issues," he wrote.

Valerie Bogart, a lawyer with the New York Legal Assistance Group who was at the meeting, said advocates were encouraged. "Jason promised more transparency on quality measures, and more meaningful oversight," she said.

Last week Mr. Helgerson suspended all new enrollment in **VNS Choice**, the largest managed-care plan, and other plans run by Visiting Nurse Service of New York pending an investigation into its use of social adult day care centers like **R&G** in Bensonhurst, where a stream of agile older people had been recently seen picking up free takeout food there and walking or bicycling away with it.

Managed-care plans pay adult day care centers out of their Medicaid allotment to provide supervised activities and meals to plan members. But the centers also refer new customers to the plans.

Medicaid fraud investigators are also looking into allegations that R&G and other centers used illegal inducements to lure new clients, like cash gifts and grocery vouchers, and that a VNS executive rebuffed complaints about such practices.

At R&G on Monday afternoon, a man who had previously identified himself as a receptionist said he was in fact the owner, Wei Xin Liang. He denied that the center had used such inducements, and contended that people seen leaving the center with stacks of just-delivered takeout food were taking leftovers home or just stepping out for a smoking break.

Mr. Liang, 28, said that members eager to attend his center every day chose to enroll in VNS Choice, because unlike other plans, it regularly allowed its members to attend social day care six or seven days a week, at \$85 for each four-hour session, with door-to-door transportation. "We didn't force them," he said.

At the other end of the spectrum, advocates reported to Mr. Helgerson that a VNS Choice nurse had acknowledged that one of her clients needed two 12-hour shifts of home care each day, but claimed that VNS would only provide half that much, and the impaired woman would have to privately pay for the rest. She has no funds and no family, her advocates said, and it took lawyers four months to obtain the care she was entitled to.

“VNSNY CHOICE recognizes its obligations under New York and Federal law and does not discriminate on the basis of health, frailty or any other circumstance,” a spokesman for VNS, Richard Rothstein, said in an e-mail statement.

The daughter of a bedbound 87-year-old woman complained to advocates that after being promised two shifts of 12-hour care by another plan, Fidelis, a Fidelis nurse told her that the rules had changed, that Fidelis would not provide that much care, and that her mother should look for another plan.

“Nobody can leave her for 10 minutes,” said Bella Zaltsman, director of Social Services at the United Jewish Council of the East Side, who interceded for the woman with Fidelis. “She doesn’t walk. She sleeps at night, but has to be changed five or six times.”

Darla Skiermont, a spokeswoman for Fidelis, said that although she could not comment on an individual member, “We would not inappropriately reduce the level of care or service provided to a member, and an individual’s care is never influenced by financial considerations.”

Office of Health Insurance Programs

Division of Long Term Care

Managed Long Term Care Policy 13.10: MLTC Policy Guidance – Communication with Recipients Seeking Enrollment and Continuity of Care

Date of Issuance: May 8, 2013

The purpose of this policy is to establish clear expectations for plan communication with Medicaid recipients who either contact a plan directly expressing interest, or who are being transitioned from fee-for-service to Managed Long Term Care (MLTC). The policy will also apply to recipients who approach a plan seeking information on plan to plan transfer.

In dealing with interested parties, plan representatives are permitted to screen out potential enrollment only with regard to establishing residency in the plan's approved service area and/or plan specific age requirements. Medicaid eligibility issues are to be referred to the Local Department of Social Services / Human Resources Administration.

For Medicaid recipients who are in receipt of services and are transitioning to MLTC, plan representatives may inquire about the recipient's current plan of care and service provider only for informational purposes to assist with the required in home assessment process. The MLTC plan shall not engage in any communication that infers the plan could impose limitations on provision of services, or requires specific conditions of family / informal supports; any of which could be viewed as an attempt to dissuade a transitioning recipient or interested party.

Communication is defined as phone inquiries and / or web-based inquiries. At no time should the MLTC utilize such communication as a mechanism to substitute for an assessment.

Within a Mandatory District, any Medicaid recipient that is being transitioned from fee-for-service to MLTC shall be enrolled in their plan of choice, without regard to the recipient's plan of care. The Department has determined that all recipients who are currently in receipt of fee-for-service community based long term care (CBLTC) services are appropriate for transition into MLTC.

Effectively with the release of this policy, each enrollee who is receiving services must continue to receive those services under the enrollee's pre-existing service plan for at least 90 days after enrollment, or until a care assessment has been completed by the Plan, whichever is later. In addition, the recipient / workers relationship shall be preserved for the same 90 days period. This change is the result of an amendment to the Special Terms and Conditions of the State's 1115 Waiver with CMS.

As a reminder, any reduction, suspension, denial or termination of previously authorized services shall trigger the required notice under 42 CFR 438.404 which clearly articulates the enrollee's

right to file an appeal (either expedited, if warranted, or standard), the right to have authorized service continue pending the appeal, and the right to a fair hearing if the plan renders an adverse determination (either in whole or in part) on the appeal.

Therefore plans must treat **all** enrollees (age 21 and over eligible for Medicaid and Medicare) in mandatory counties transitioning from fee for service Medicaid in the same manner related to continuity of care and access to aid to continue through the appeal and fair hearing process.

This means that, for any individual receiving fee for service Medicaid community based long term services and supports and enrolling under any circumstance, the plan must provide 90 days of continuity of care. Further, if there is an appeal or fair hearing as a result of any proposed Plan reduction, suspension, denial or termination of previously authorized services, the Plan must comply with the appropriate actions. In particular, if the enrollee requests a State fair hearing to review a Plan adverse determination, aid-to-continue is to be provided until the fair hearing decision is issued.

MLTC MEDICAID COVER SHEET



**Home Care Services Program
Centralized Medicaid Eligibility Unit
Managed Long Term Care Division
785 Atlantic Avenue, 7th Floor
Brooklyn, New York 11238**

DATE: _____

PLAN NAME: _____

CONTACT NAME: _____

CIN: _____

CONSUMER NAME: _____

SOCIAL SECURITY# _____
(Last four digits only)

You must indicate a requested action:

Section A:

- New Application – DOH-4220 with Supplement A (DOH-4495A)
- Return Deferral
- Pooled Trust, Supplemental Needs Trusts, Other Trusts
- Budget change request
- Demographic changes (Name, DOB, etc)
- Address correction
- NAMI request
- Budget review/correction
- Medicaid eligibility expired over 60 days

Section B:

- Consumer Returning to the Community from a Nursing Home (MAP-259f required)
Date of discharge_____. Requested MLTC enrollment effective date_____
- RVI-3 Conversion (Supplement A and resource documents required)
- Conversion Request (Community surplus cases)
- Re-link to plan
- Withdrawal
- Rescind of Disenrollment
- Retroactive Disenrollment
- Other (Specify): _____

TO: Local District Commissioners, Medicaid Directors

FROM: Mark Kissinger, Director
Division of Long Term Care

SUBJECT: Availability of 24-Hour Split-Shift Personal Care Services

EFFECTIVE DATE: Immediately

CONTACT PERSON: Margaret Willard, 518-474-5888

The Department has been directed by the U.S. District Court for the Southern District of New York, in connection with the case of Strouchler v. Shah, to clarify the proper interpretation and application of 18 NYCRR 505.14 with respect to the availability of 24-hour, split-shift personal care services for needs that are predicted and for Medicaid recipients whose only nighttime need is turning and positioning.

It is the Department's policy that 24-hour split-shift care should be authorized only when a person's nighttime needs cannot be met by a live-in aide or through either or both of the following: (1) adaptive or specialized equipment or supplies including, but not limited to, bedside commodes, urinals, walkers, wheelchairs, and insulin pens, when the social services district determines that such equipment or supplies can be provided safely and cost-effectively; and (2) voluntary assistance available from informal caregivers or formal services provided by an entity or agency.

When a person's nighttime needs cannot be met by the use of adaptive or specialized equipment or supplies or voluntary assistance from informal caregivers or formal services, a determination must be made whether the person needs 24-hour split-shift care (included within the regulatory definition of "continuous personal care services") or live-in 24-hour personal care services. Under Section 505.14, this depends on whether the person needs "some" or "total" assistance with toileting, walking, transferring, or feeding, and whether these needs are "frequent" or "infrequent", and able to be "scheduled" or "predicted".

The intent of the regulation is to allow the identification of situations in which a person's needs can be met by a live-in aide and still allow the aide to have an uninterrupted five hours for sleeping. The Department is considering changes to the regulations to better achieve this goal.

In the meantime, the Department provides the following clarifications:

1. The fact that a person's needs are predictable does not preclude the receipt of 24-hour split-shift care, if the person has a documented medical need for the tasks to be performed with a frequency that would not allow a live-in aide to perform them and still obtain an uninterrupted five hours of sleep.

2. The need for turning and positioning and/or the need for diaper changes, by themselves, neither preclude nor justify the receipt of 24-hour split-shift care. In order to receive 24-hour split-shift care, the person must have a documented medical need for those tasks to be performed so frequently that a live-in aide cannot provide them and still obtain an uninterrupted five hours of sleep.
3. A person with a documented medical need for turning and positioning may, if otherwise appropriate, qualify for either 24-hour split-shift care or live-in care depending on the frequency at which turning and positioning is required at night, regardless of whether the person has a nighttime need for transferring.
4. When determining whether a person requires 24-hour split-shift care or live-in care, the local professional director must consider whether the physician's order and other required assessments document the following:
 - The existence of a medical condition that directly causes the person to need frequent assistance with personal care services tasks during the night;
 - The specific task or tasks with which the person requires frequent assistance during the night;
 - The frequency at which the person requires assistance with these tasks during the night;
 - Whether the person requires similar assistance with these tasks during the daylight hours and, if not, why not;
 - The informal supports or formal services that are willing, able and available to provide assistance with the person's nighttime tasks;
 - The person's ability to use adaptive or specialized equipment or supplies to meet his or her documented medical need for assistance with nighttime tasks; and whether the person's physician has documented that, due to the person's medical condition, he or she could not safely use the equipment or supplies; and
 - Whether a live-in aide would likely be able to obtain an uninterrupted five hours of sleep were live-in services to be authorized.

If you have any questions concerning this policy, please contact Margaret Willard at the above number.