Medicaid Managed Long Term Care

A guide to your options for community based long term services and supports

Medicaid Managed Long Term Care

Managed Long Term Care (MLTC) plans help provide **community based long term services and supports** (CBLTSS) to people with chronic health conditions or disabilities. These services, such as **personal care services** (PCS) or **Consumer Directed Personal Assistance Services** (CDPAS), are provided through MLTC plans. All MLTC plans are approved by the New York State Department of Health.

You may be required to join an MLTC plan to get CBLTSS. See page 21 for more information.

This guide has information that will help you choose an MLTC Plan. New York Medicaid Choice can also help you choose a plan.

What is New York Medicaid Choice?

New York Medicaid Choice (NYMC) is a state program that provides free enrollment assistance. NYMC counselors can answer your questions and explain your MLTC plan options in any language. If you have any questions about this guide, contact NYMC.

New York Medicaid Choice
1-888-401-6582
or TTY: 1-888-329-1541

Monday to Friday, 8:30 am – 8:00 pm
Saturday, 10:00 am – 6:00 pm
Website: nymedicaidchoice.com

This Guide is available on CD and in Braille.

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Glossary of Key Terms

Care Manager: A Care Manager is the representative assigned to you by your Managed Long Term Care plan to ensure that you receive the services and supports you need.

Community Based Long Term Services and Supports (CBLTSS): CBLTSS are health, personal care, and other services covered by Medicaid that help people who have disabilities or illnesses to live safely in their homes and communities.

Consumer Directed Personal Assistance Services (CDPAS): CDPAS are personal care and skilled nursing services covered by Medicaid that are entirely directed by the person receiving the services or their representative, including hiring, training, and supervising the caregivers they have selected. The plan will help coordinate how that personal assistant will be paid.

Managed Long Term Care (MLTC): MLTC is a program that manages the delivery of long term services and supports for people who have disabilities or illnesses to help them live safely in their homes and communities. Long term services and supports are provided through three types of MLTC plans:

- **Medicaid Advantage Plus (MAP):** MAP is a type of plan for people 18 years of age or older who have Medicare and Medicaid. The MAP plan works together with a Medicare plan to administer all of your Medicare, Medicaid, long term care, and drug benefits under one health care organization.

- **Program of All-Inclusive Care for the Elderly (PACE):** PACE is a type of plan for people 55 years of age or older who have Medicare and Medicaid, or Medicaid only. With a PACE plan, your health care and long term care services are provided by a PACE team of doctors, nurses, social workers, and other professionals who help coordinate all your Medicare, Medicaid, long term care, and drug benefits under one plan.

- **Managed Long Term Care (MLTC) Medicaid Plan:** An MLTC Medicaid plan is a type of plan for people 18 or 21 years of age or older who have Medicare and Medicaid, or Medicaid only. This plan type provides home, personal care, and other long term care services.

Personal Care Services (PCS): PCS are services covered by Medicaid that assist people who have disabilities or illnesses and require some or total assistance with activities of daily living, such as bathing, dressing, or eating.

Plan of Care: Also known as a Person Centered Service Plan, a Plan of Care is developed by your Care Manager, with your participation, to document the services and supports you will receive through your MLTC plan.

What is a Managed Long Term Care plan?

A Managed Long Term Care (MLTC) plan is a Medicaid plan for people with Medicare and Medicaid, or Medicaid only, who need community based long term care services and supports (CBLTSS). Each MLTC plan has its own network of service providers. You must see these providers to get the plan's services.

You will have a **Care Manager** who will help you get the services you need. Your Care Manager will work with you to develop a person-centered **Plan of Care**.

There are three different types of MLTC Plans.

- **Medicaid Advantage Plus (MAP)**
- **Program of All-Inclusive Care for the Elderly (PACE)**
- **MLTC Medicaid Plan**

What services will I get from an MLTC plan?

All MLTC plans provide Medicaid home care and other community based long term care services and supports. Some MLTC plans also provide Medicare services, including doctor office visits, hospital care, pharmacy, and other health-related services. If you join an MLTC plan you must get your care from the plan's network of providers.

To help you select an MLTC plan, follow the three steps presented in this guide.
Be sure to discuss your MLTC plan options with your family, doctor, or the person who helps you make your health care decisions.

Step 1 Select the type of MLTC plan you want

Your first step is to choose the type of MLTC plan you want.

- **Medicaid Advantage Plus (MAP)**
- **Program of All-Inclusive Care for the Elderly (PACE)**
- **MLTC Medicaid Plan**

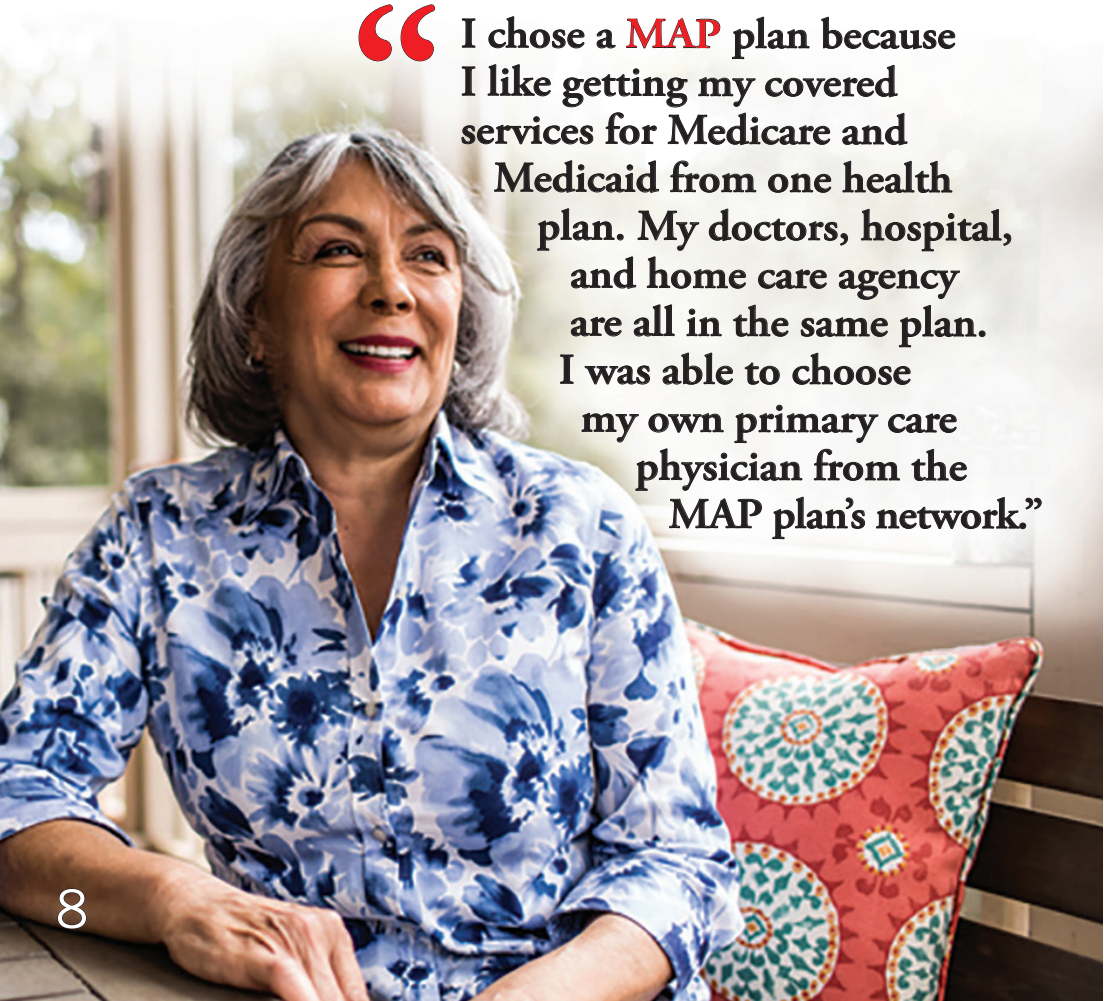
In the next few pages, MLTC plan members describe the plans they chose and why they chose them. This may help you decide which type of MLTC plan you want.

Medicaid Advantage Plus (MAP)

When you combine Medicare and Medicaid coverage you get:

- One health plan for all your services
- A Care Manager to help with your healthcare services and to make appointments
- A health plan designed especially for you that may include extra benefits such as an over-the-counter drug card, home-delivered meals, and transportation services

If you choose to enroll in a MAP plan you must join the same plan for your Medicare coverage.



"I chose a MAP plan because I like getting my covered services for Medicare and Medicaid from one health plan. My doctors, hospital, and home care agency are all in the same plan. I was able to choose my own primary care physician from the MAP plan's network."

PLAN SERVICES

Here are some of the services provided by a MAP plan:

Medicaid Long Term Services and Supports

- **Adult Day Health Care**
- **Health Services at Your Home**
  - Nurses
  - Home health aides
  - Physical, occupational, and speech therapists
- **Nursing Home Care**
- **Personal Care**
  - Help with bathing, dressing, and grocery shopping
- **Social Day Care**
- **Specialty Health**
  - Audiology
  - Dental
  - Optometry
  - Podiatry
  - Physical, occupational, and speech therapy
- **Other Services**
  - Home-delivered meals
  - Personal Emergency Response System (PERS)
  - Transportation to medical appointments
  - Consumer Directed Personal Assistance Services (CDPAS)

Medicare Services

- Doctor office visits
- Specialty care
- Clinic visits, hospital stays
- Mental health services
- X-ray and other radiology services
- Chiropractic care
- Medicare Part D drug benefits
- Ambulance services
- Emergency room visits

Program of All-Inclusive Care for the Elderly (PACE)

You have to be at least 55 years old to join PACE and receive Medicare and Medicaid or only Medicaid.

> "I chose PACE because of the plan's day center that was available. I can spend the day with other plan members. My doctor and care team are also at the day center so I get my health services there as well. Whether at home or in the day center I receive the complete package of Medicare and Medicaid services from a single plan."

PLAN SERVICES

Here are some of the services you get from PACE:

Medicaid Long Term Services and Supports

- **Clinical Day Care**
- **Health Services at Your Home**
  - Nurses
  - Home health aides
  - Physical therapists
- **Nursing Home Care**
- **Personal Care**
  - Help with bathing, dressing, and grocery shopping
- **Social Day Care**
- **Specialty Health**
  - Audiology
  - Dental
  - Optometry
  - Podiatry
  - Physical therapy
- **Other Services**
  - Home-delivered meals
  - Personal Emergency Response System (PERS)
  - Transportation to medical appointments
  - Consumer Directed Personal Assistance Services (CDPAS)

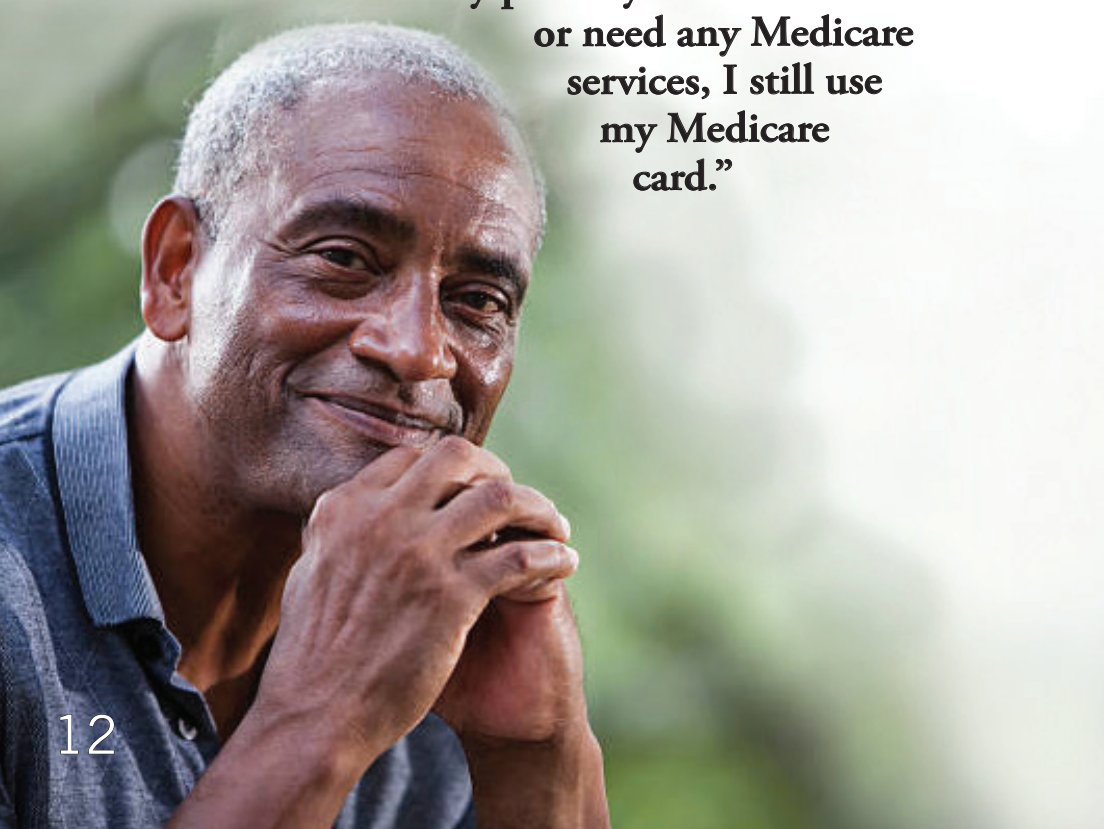
Medicare and Medicaid Services

- Doctor office visits
- Specialty care
- Clinic visits, hospital stays
- Mental health services
- X-ray and other radiology services
- Chiropractic care
- Medicare Part D drug benefits
- Ambulance services
- Emergency room visits

MLTC Medicaid Plan

As an MLTC Medicaid plan member, you can keep seeing your Medicare doctor.

> "I chose an **MLTC Medicaid Plan** because it focuses on my home care and other community based long term care services. It is separate from my Medicare plan. I did not have to change doctors or anything with my Medicare services. When I see my primary care doctor or need any Medicare services, I still use my Medicare card."



PLAN SERVICES

Here are some of the services provided by an MLTC Medicaid plan:

Medicaid Long Term Care Services

- **Adult Day Health Care**
- **Health Services at Your Home**
  - Nurses
  - Home health aides
  - Physical, occupational, and speech therapists
- **Nursing Home Care**
- **Personal Care**
  - Help with bathing, dressing, and grocery shopping
- **Social Day Care**
- **Specialty Health**
  - Audiology
  - Dental
  - Optometry
  - Podiatry
  - Physical, occupational, and speech therapy
- **Other Services**
  - Home-delivered meals
  - Personal Emergency Response System (PERS)
  - Transportation to medical appointments
  - Consumer Directed Personal Assistance Services (CDPAS)

Provider Worksheet

Make a list of the agencies and other health care and service providers you want to continue to see. NYMC can determine your available MLTC plan options based on your Provider Worksheet. It's your choice to keep or change the providers you have now.

_____
Personal Care or Home Attendant Agency

_____
Certified Home Health Agency

_____
Other Agency or Professional who visits you at home

_____
Adult Day Health Care Program

_____
Dentist

_____
Optometrist (eye doctor)

_____
Podiatrist (foot doctor)

If you are interested in a MAP or PACE plan:

_____
Your Primary Care Physician (PCP)

_____
Your Specialty Physician

Step 3 Enroll in Your Plan

Call New York Medicaid Choice (NYMC)

1-888-401-6582
TTY: 1-888-329-1541

You have the right to choose the MLTC plan that best meets your needs. To assist you, NYMC counselors will answer your questions and:

- Determine if you qualify for an MLTC plan
- Look up which MLTC plans work with the providers on your Provider Worksheet
- Explain how to join a MAP, PACE, or MLTC Medicaid plan
- Connect you by phone to the MLTC plan you want to join

After You Enroll in an MLTC Plan

You will get a confirmation letter from NYMC that tells you the date your new MLTC plan enrollment will begin.

Your new MLTC plan will send you a welcome letter and health plan card. You will also receive information about your benefits and the services your MLTC plan covers.

Your Care Manager will work with you, and anyone else you want to involve, to assess your service needs and develop a Plan of Care. Your Plan of Care will describe the services you will get from your MLTC plan.

If You Have Needs Related to a Disability

Your MLTC plan will provide the support you need, such as:

- Information in large print or other formats
- TTY services for people who have trouble hearing or speaking
- Help filling out forms and answering any questions
- Assistance locating providers with wheelchair access or other accommodations
- Help with any issues accessing care from providers

Your Rights as an MLTC Plan Member

As a plan member, you have certain rights, such as the right to:

- Get timely access to services that help with or prevent a health condition or disability
- Be told where, when, and how to get needed services from your plan or outside your plan
- Be told what you need to know to give informed consent about your care
- Take part in decisions about your health care, including the right to refuse treatment
- Get care without regard to sex, (including gender identity and status of being transgender) race, health status, color, age, national origin, sexual orientation, marital status, or religion
- Privacy about your medical records and when you get treatment
- Get a copy of your medical records and request that the records be amended or corrected
- Be treated with respect and dignity
- Be free from any form of restraint or seclusion used as a means of force, discipline, convenience, or retaliation

Your Responsibilities as an MLTC Plan Member

As a plan member, you also have responsibilities. You should always:

- Use providers who work with the plan for covered services
- Get approval from your Care Manager or care team before receiving a covered service
- Tell the plan about your care needs and concerns
- Tell the plan when you go away or out of town
- For certain people with a specific income, pay a surplus amount (also called “spend down”) to get Medicaid benefits.

After I enroll in an MLTC plan, how do I change to a different MLTC plan?

Managed Long Term Care plans have different plan transfer requirements.

- **MAP** (Page 8) or **PACE** (Page 10): With these types of MLTC plans, you may ask to transfer to a different MLTC plan at any time during your enrollment. However, there are Medicare restrictions that will need to be considered.
- **MLTC Medicaid Plan** (Page 12): This type of plan has an enrollment lock-in period. During your first 90 days in the plan, you can transfer to another MLTC Medicaid plan for any reason. After 90 days, you will not be able to transfer to another MLTC Medicaid plan for the next 9 months, unless you have a good reason to change plans.

If you qualify, you can transfer to a MAP or PACE plan at any time.

Problem Solving

Once you are enrolled in an MLTC plan, feel free to speak to your Care Manager about any concerns you may have about your Plan of Care or services. If you are not happy with something about your services or with someone from the MLTC plan, you can file a complaint with your MLTC plan. Your MLTC plan will work with you to resolve the problem. You may also:

- Call NYMC at 1-888-401-6582.
  A counselor will contact your plan and try to help resolve the problem.
- Call State Department of Health at 1-866-712-7197.

Ask for an Appeal

If your MLTC plan denies, reduces, or ends services that you think you should have, you can appeal. The plan will review your service needs and send you a letter with their decision.
Your member handbook will explain your appeal rights including your right to a Fair Hearing.

Who must join an MLTC plan?

You **must** join an MLTC plan to get community based long term services and supports if you:

- Are 21 years old or older,
- Have both Medicare and Medicaid, and
- Are receiving home care, adult day health care, or other community based long term services and supports for more than 120 continuous days based on an assessment.

I get home care now. Do I have to join a plan?

You must join an MLTC plan if you receive a letter from New York Medicaid Choice telling you to join a plan. The plan you select will help manage your care and approve your services. If you do not select a plan, one will be chosen for you.

Who does not have to join an MLTC plan?

The following people are not required to join an MLTC plan, however, they may join an MLTC plan if they choose to do so:

- American Indian/Alaskan Native persons
- Adults ages 18-20 who are nursing home eligible and are in need of more than 120 days of community based long term services and supports
- Adults who are nursing home eligible and enrolled in the Medicaid program for the working disabled

People receiving the following services **cannot** join an MLTC plan. In some cases, you may leave your program to join an MLTC plan.

- People enrolled in an Assisted Living Program
- People enrolled in the Traumatic Brain Injury or the Nursing Home Transition & Diversion programs
- People receiving hospice services or who are residents of a psychiatric or residential care facility
- People who have a developmental disability and are receiving care in a facility, in the community, or through a waiver program

- People who live in Family Care Homes licensed by the New York State Office of Mental Health
- Residents of alcohol and drug abuse residential treatment programs
- People who have Medicaid eligibility only for tuberculosis-related services
- People who are uninsured and receiving breast and cervical cancer services and those who are under age 65 and eligible for the early detection program
- People who have Medicaid eligibility only for breast and cervical cancer services
- People who are eligible for the family planning expansion program
- People who have less than six months of Medicaid eligibility or eligibility for emergency Medicaid only
- People in the Foster Family Care Demonstration program
- People who have a Long Term Nursing Home Stay designation (MLTC Medicaid plans only)

Contact New York Medicaid Choice
if you are receiving any of the above services and you have questions.
A counselor will be glad to assist you.
Call: 1-888-401-6582
TTY: 1-888-329-1541

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