Understanding Managed Long-Term Care

Managed Long-Term Care (MLTC) plans are insurance plans that are paid a monthly premium ("capitation") by the New York Medicaid program to approve and provide Medicaid home care and other long-term care services to people who need long-term care because of a health condition or disability that is expected to last 120 days or more. Long term care includes help with routine and personal activities, home health aides, adult day health, and other services. Contact New York Medicaid Choice, also known as MAXIMUS, with questions about managed long-term care. This is the company hired by New York State to handle managed long-term care enrollment. MAXIMUS contact information for MLTC enrollment is: 1-888-401-6582 (TTY: 1-888-329-1541) or www.nymedicaidchoice.com. MAXIMUS counselors will tell you which plan in your area works with the home care agency and other providers you already have or would like to have as a plan member.

Those enrolled in a MLTC plan will have a Care Manager who will talk with them about their services. The Care Manager will assist the enrollee (and anyone else they want involved) in developing a Plan of Care that meets their specific needs. The MLTC plans take the place of the local CASA or Medicaid offices. MLTC plans decide if someone needs Medicaid home care and how many hours a person may receive and arrange for the care by a network of providers that the plan contracts with. They also approve, manage, and pay for the other long-term care services. Visit the following webpage for a list of those services: http://www.wnylec.com/health/entry/114/#MLTC%20service%20package

There are three types of Long-Term Care Plans:

There is the Managed Long-Term Care Medicaid Plan, Medicaid Advantage Plus, and the Program of All-Inclusive Care for the Elderly (PACE). All three types will give you the home care and other long term care services you need.

1. MLTC Medicaid Plan (partially capitated plan)
You do not have to change doctors or the way you get your health care services when you join a MLTC Medicaid Plan. As a plan member you are free to continue seeing your Medicare or Medicare Advantage doctor and other providers of services not covered by your plan. Your plan covers all Medicaid home care and other long term care services. The following are some of these services:
• Health services at your home (Nurses, Home Health Aides; Physical Therapists)
• Personal Care (assistance with bathing, dressing, and grocery shopping)
• Adult Day Health Care
• Social Day Care
• Nursing Home Care
• Specialty Health (Audiology, Dental, Optometry, Podiatry; Physical Therapy)
• Other Services (Home delivered meals, personal emergency response; transportation to medical appointments)

Call New York Medicaid Choice to enroll in a MLTC Medicaid Plan (1-888-401-6582 or TTY: 1-888-329-1541). Make a list of your providers and have it with you when you call.

2. Medicaid Advantage Plus
You must also enroll in the plan’s Medicare product when you join Medicaid Advantage Plus. The plan will take care of all your long term care and health services. You choose one of the doctors from the plan to be your Primary Care Provider (PCP). The plan will cover all Medicaid home care and long term care services. You will also get your Medicare services from the plan. The following are some of the Medicaid and Medicare services covered by the plan:

Medicaid long-term care services-
• Health services at your home (Nurses, Home Health Aides; Physical Therapists)
• Personal Care (assistance with bathing, dressing, and grocery shopping)
• Adult Day Health Care
• Social Day Care
• Nursing Home Care
• Specialty Health (Audiology, Dental, Optometry, Podiatry; Physical Therapy)
• Other Services (home-delivered meals, personal emergency response; transportation to medical appointments)

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

Call New York Medicaid Choice if you’d like help choosing a Medicaid Advantage Plus plan (1-888-401-6582 or TTY: 1-888-329-1541). Make a list of your providers and have it with you when you call. Counselors will also connect you by phone to the plan you want to join. The plan will complete your enrollment.

3. Program of All-Inclusive care for the Elderly (PACE)
You will have a team of doctors, nurses, social workers and others who will help you take care of your health when you join PACE. You will see your primary care doctor and receive other services at the plan’s adult day center. You can go to the center to participate in social activities with other plan members. The plan arranges for your transportation to the center. You must be 55 and older to join PACE. The plan will cover all Medicaid home care and other long term care services. You will also get your Medicare services from the plan. The following are some of the Medicaid and Medicare services covered by PACE:

Medicaid long-term care services-
• Health services at your home (Nurses, Home Health Aides; Physical Therapists)
• Personal Care (bathing assistance, dressing, and grocery shopping)
• Adult Day Health Care
• Social Day Care
• Nursing Home Care
• Specialty Health
• Audiology, Dental, Optometry, Podiatry, Physical Therapy
• Other Services (Home-delivered meals, personal emergency response; transportation to medical appointments)

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

Call New York Medicaid Choice if you’d like to join PACE (1-888-401-6582 or TTY: 1-888-329-1541). Make a list of your providers and have it with you when
you call. Counselors will also connect you by phone to the plan you want to join. The plan will complete your enrollment.

On Sept. 4, 2012 the federal government Medicaid agency (CMS) approved the state's request for a 1115 waiver that will allow NYS to require that all dually eligible (those eligible for Medicare and Medicaid) adults age 21 and above enroll in a Managed Long-Term Care (MLTC) plan if they are currently receiving or intending to apply for community-based long-term care services such as personal care/home attendant services, long-term Certified Home Health Agency services, Consumer-Directed Personal Assistance program services (CDPAP), and private duty nursing and medical adult day care. The MLTC plan will control access to, approve, and pay for all Medicaid home care services and other long-term care services in the MLTC service package. This is the only way to obtain these services for adults who are dually eligible, unless they are exempt or excluded from MLTC. If they do not choose a MLTC plan they will be automatically assigned to a plan. The requirement to enroll in an MLTC plan is being rolled out gradually throughout the State, starting in NYC, Long Island, Westchester, and then to other counties. See roll-out schedule.

Exemptions and exclusions for Managed Long-Term Care:

The following people are not required to join a Managed Long-Term Care Plan, but may join a plan if they would like to:

Native Americans

• Adults age 18–20 who need more than 120 days of community-based long term care
• Adults who are nursing home eligible and enrolled in the Medicaid Program for the working disabled

People receiving the following services cannot join a Managed Long-Term Care Plan:

• People enrolled in an Assisted Living Program
• People enrolled in the Traumatic Brain Injury (TBI) or the Nursing Home Transition & Diversion programs
• People receiving hospice services or who are residents of a psychiatric or residential care facility or nursing home
• People who have a developmental disability and are receiving care in a facility, in the community or through a waiver program, and those who have similar needs
• People who live in Family Care Homes licensed by the 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 with less than 6 months of Medicaid eligibility or eligible for emergency Medicaid only

Please visit the following website for more information on MLTC exemptions and exclusions:  [http://www.nymedicaidchoice.com/ask/who-does-not-have-join-mltc-plan](http://www.nymedicaidchoice.com/ask/who-does-not-have-join-mltc-plan)

**Considerations for choosing a MLTC plan:**

You may want to take into consideration if you can keep your aide that worked with you when CASA/DSS or a CHHA authorized your care before you enrolled in the MLTC plan. If you learn that the assigned MLTC plan does not contract with your current home attendant vendor you should ask the MLTC plan to do so if you want to keep your aide. Cite the following policy:  [MLTC Policy 13.04: Personal Care Contracting](http://www.nymedicaidchoice.com/ask/who-does-not-have-join-mltc-plan) and Final Continuity of Care Policy for Managed Long Term Care. If the MLTC plan refuses to allow you to keep your aide, call the State Department of Health at 1-866-712-7197 (MLTC Complaint Line).

**Making changes to your MLTC plan:**

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. It might be best to sign up for a new plan once the new plan confirms 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 outcome of the assessment in writing. You can find these helpful tips for selecting a plan by visiting the following websites:

http://www.wnylv.com/health/entry/169/
http://www.wnylv.com/health/entry/114/#exclusions
www.nymedicaidchoice.com

*** Please note that the information in this document is subject to change. Please refer to the websites listed above for updates.