

MEDICAID MANAGED LONG-TERM CARE (MMLTC): AN OVERVIEW

WHO IS MANDATED/ELIGIBLE?

■ Who Must Join a Plan?

■ You must join a Plan if:

- You have both Medicaid and Medicare
- You need home care, adult day health care, or other long term care for more than 120 days (four months).
- You are age 21 or older.

■ Enrollment in MLTC plan is voluntary for those who:

- Are dual eligible, 18 through 21 years of age, need community based long term care services for more than 120 day, and are assessed as nursing home eligible.
- Are non-dual eligible and over 18 years of age and are assessed as nursing home eligible.

BENEFITS/COVERED SERVICES

Adult Day Health Care
Personal Care
DME, including Medical//Surgical Supplies*, Enteral and Parenteral Formula#, and Hearing Aid Batteries, Prosthetics, Orthotics and Orthopedic Footwear**
Personal Emergency Response System
Non-emergent Transportation
Podiatry
Dentistry
Optometry/Eyeglasses
PT, OT, SP or other therapies provided in a setting other than a home. Limited to 20 visits of each therapy type per calendar year, except for children under 21 and the developmentally disabled. MLTC plan may authorize additional visits.
Audiology/Hearing Aids
Respiratory Therapy
Nutrition

Private Duty Nursing
Consumer Directed Personal Assistance Services
Home Delivered or Congregate Meals
Social Day Care
Social and Environmental Supports
Home Care <ul style="list-style-type: none"> a. Nursing b. Home Health Aide c. Physical Therapy (PT) d. Occupational Therapy (OT) e. Speech Pathology (SP) f. Medical Social Services
Nursing Home Care

WHAT IS OUR ROLE?

■ Enrollment assistance:

- NY Medicaid Choice “Conflict-Free Enrollment Center”: 1-888-401-6582
 - RN from Maximus will complete assessment for eligibility for MMLTC.
- Member chooses plan: HH CM provides assistance w/linkage to plans.
 - RN from plan completes assessment for needed services/aide hours.

■ Ongoing support/education:

- Communication w/MMLTC plan CM regarding services.
- Care Planning and Coordination document.

WHAT ARE THE HEALTH HOMES LOOKING FOR?

- The MLTC/HH Care Planning and Coordination document must outline services needed and provided by each CM (MLTC and HH), and must be uploaded into our documentation system.
- A plan-of-care must be collaboratively developed with MLTC Plan and HH CM
 - Clear roles and responsibilities
 - Primary CM identified
- Service provider notes must document on-going collaboration between providers.

Managed Long Term Care Plans

These are the three different types of Plans that you can join.

All Plans provide home care and other long term care services.



MLTC Medicaid Plan:

You keep seeing your Medicare doctors.



Medicaid Advantage Plus: Also provides Medicare services.

You must also join the plan's Medicare Advantage Product.



Program of All-Inclusive Care For the Elderly (PACE):

Also provides Medicare services. Many services are offered at day centers-clinics.

MLTC Medicaid Plans

	Contact	Service Area
Centers Plan for Healthy Living	1-855-270-1600 TTY: 1-800-421-1220 www.centersplan.com	Erie, Niagara
Elderwood Health Plan	1-866-843-7526 TTY: 711 ElderwoodHealthPlan.com	Erie, Genesee, Monroe, Niagara, Orleans, Wyoming
Fidelis Care at Home	1-800-688-7422 TTY: 1-800-695-8544 www.fideliscare.org	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates
Kalos Health	1-800-894-2464 TTY: 1-800-662-1220 www.KalosHealth.org	Chautauqua, Erie, Genesee, Niagara, Orleans
iCircle Care	1-844-424-7253 TTY: 711 www.icirclecarecny.org	Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates
Fallon Health Weinberg	1-866-882-8185 TTY: 711 www.fallonweinberg.org	Erie, Niagara
UnitedHealthcare Personal Assist	1-855-345-6582 TTY: 711 www.uhccommunityplan.com	Erie, Monroe
VNA Homecare Options, LLC	1-855-877-8868 TTY: 711 www.vnahomecareoptions.org	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates
VNSNY CHOICE Managed Long Term Care	1-888-867-6555 TTY: 711 www.vnsnyChoice.org	Erie, Monroe
WellCare Advocate MLTC	1-866-661-1232 TTY: 1-877-247-6272 www.newyork.wellcare.com	Erie

Western Region **Managed Long Term Care Plans**



Medicaid Advantage Plus

There are no Medicaid Advantage Plus Plans available at this time.



Program of All Inclusive Care for the Elderly (PACE)

	Contact	Service Area
Catholic Health Life Living Independently for Elders	1-855-671-3341 TTY: 1-716-819-5084 www.chsbuffalo.org/life	Erie
Complete Senior Care	1-888-303-4333 TTY: 1-800-662-1220 www.completeseniorcare.org	Niagara
ElderONE - Rochester General Health System	1-855-457-4636 TTY: 1-800-662-1220 www.elderone.org	Monroe
Fallon Health Weinberg - PACE	1-855-665-1113 TTY: 711 www.fallonweinberg.org	Erie
Total Senior Care	1-866-939-8613 TTY: 1-800-662-1220 www.totalseniorcare.org	Allegany, Cattaraugus, Chautauqua

Here are some of the long term care services covered by all the Plans. Medicaid Advantage Plus and Program of All-Inclusive Care for the Elderly (PACE) also cover Medicare services.



MLTC Medicaid Plan



Medicaid Advantage Plus



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

Care Inside Your Home

Health Services at Your Home

- Nurses
- Home Health Aides
- Physical Therapy

Personal Care

- Help with bathing, dressing, and grocery shopping

Consumer Directed Personal Assistance Services

Social and Environmental Support

- Home delivered meals
- Personal emergency response services
- House modifications

Supplies and Equipment

- Eyeglasses, Hearing Aids
- Wheelchairs and other support
- Prostheses and Orthotics (medical devices, like artificial arms and legs)

Care Outside Your Home

Adult Day Health Care

Social Day Care

Nursing Home Care

Specialty Health

- Audiology
- Dental Services
- Optometry
- Podiatry
- Physical, Occupational Therapy

Transportation

- Van/Car services to medical appointments
- Ambulettes



Questions?

1-888-401-MLTC or
1-888-401-6582
(TTY: 1-888-329-1541)

New York Medicaid Choice

APPENDIX A

Managed Long Term Care Plan Covered Services (Covered by the Capitation^{1,2}, Services Provided as Medically Necessary)	Managed Long Term Care Plan Non- Covered Services (Excluded From The Capitation; Can Be Billed Fee-For-Service)
Nursing Home Care	Inpatient Hospital Services
Home Care a. Nursing b. Home Health Aide c. Physical Therapy (PT) d. Occupational Therapy (OT) e. Speech Pathology (SP) f. Medical Social Services	
Adult Day Health Care	Outpatient Hospital Services
Personal Care	Physician Services including services provided in an office setting, a clinic, a facility, or in the home. ³
DME, including Medical//Surgical Supplies*, Enteral and Parenteral Formula#, and Hearing Aid Batteries, Prosthetics, Orthotics and Orthopedic Footwear**	Laboratory Services
Personal Emergency Response System	Radiology and Radioisotope Services
Non-emergent Transportation	Emergency Transportation
Podiatry	Rural Health Clinic Services
Dentistry	Chronic Renal Dialysis
Optometry/Eyeglasses	Mental Health Services
PT, OT, SP or other therapies provided in a setting other than a home. Limited to 20 visits of each therapy type per calendar year, except for children under 21 and the developmentally disabled. MLTC plan may authorize additional visits.	Alcohol and Substance Abuse Services
Audiology/Hearing Aids	OPWDD Services
Respiratory Therapy	Family Planning Services
Nutrition	Prescription and Non-Prescription Drugs, Compounded Prescriptions
Private Duty Nursing	Assisted Living Program
Consumer Directed Personal Assistance Services	All other services listed in the Title XIX State Plan:
Home Delivered or Congregate Meals	
Social Day Care	
Social and Environmental Supports	

PART 1: CARE PLANNING and COORDINATION for PARTIAL MLTC PLANS and HEALTH HOMES

Section I. Identifying Information:

Name:	Last	First	MI
Address:	Number & Street	City/Town	State Zip

Phone: () -	Qualifying Health Home Diagnosis: HIV/AIDS ___ SMI ___ 2 Chronic Conditions ___
Family/Guardian Information:	Qualifying MLTC Eligibility Criteria: Requires more than 120 days of community based LTC Services ___

Name:	Relationship	In Household	Telephone Number/Email Address
1)		y/n	
2)		y/n	
3)		y/n	
4)		y/n	

NOTE: The State requires a collaborative, team approach to service coordination between the Health Home and the Managed Long Term Care Plan. The assigned MLTC Plan care coordinator and the Health Home care manager will assure that duplication of care management services does not occur, and that any in-plan services recommended on the care plan are authorized by the MLTC Plan. It will be the responsibility of the Health Home and MLTC Plan care managers to determine who is going to be the lead care manager and it will be reflected and documented on this form under **Section II Referral Acceptance Coordination, Assigned Care Managers.** A description of in-plan and out of plan services of the MLTC Plan will be included in **Part 2** of this form. Utilizing the format in Section III of this form, identify and list the needs/goals which will document collaboration between the MLTC Plan and the HH in order to provide comprehensive, unduplicated care management. The MLTC Plan and Health Home must clearly define their respective roles in order to develop a comprehensive, integrated, person-centered care plan. Attach additional pages as necessary. **This form should be completed in conjunction with each reassessment to ensure continuity of care and reflect the long term care expertise of the MLTCP and the behavioral health expertise of the Health Home.**

Section II. Referral Acceptance/Coordination:

Client referred from current CM provider (HH or MLTCP) _____

Date of Referral _____ to (HH/MLTCP) _____

Assigned Care Managers:				Lead care manager (check)
Agency	Care Manager	Phone	Contacted	
*A			y/n	
*B			y/n	

Reviewed need/reason for joint CM with ___ Client ___ Other (identify) _____

Date of discussion with other CM on joint service plan: Date / /

Attach the joint service plan when finalized. This form and service plan copy must be kept in both programs' care management records, in addition to intake/assessment/reassessment information.

Dates of Coordination/Discussions:	Multidisciplinary Team Names:
Date / /	
Date / /	
Date / /	
Date / /	
Date / /	

***Key A = Managed Long Term Care Plan
B = Health Home**

Section III. Joint Care Management Needs Assessment (complete as many blocks as needed)

#1							
Need/Goal:							
*A Explain the role and task(s) of the MLTCP care manager in achieving this goal:							
*B Explain the role and task(s) of the HH care manager in achieving this goal:							
#2							
Need/Goal:							
*A Explain the role and task(s) of the MLTCP care manager in achieving this goal:							
*B Explain the role and task(s) of the HH care manager in achieving this goal:							
#3							
Need/Goal:							
*A Explain the role and task(s) of the MLTCP care manager in achieving this goal:							
*B Explain the role and task(s) of the HH care manager in achieving this goal:							
#4							
Need/Goal:							
*A Explain the role and task(s) of the MLTCP care manager in achieving this goal:							
*B Explain the role and task(s) of the HH care manager in achieving this goal:							
Supervisor Review and Approval: _____						Date / /	

***Key A = Managed Long Term Care Plan
B = Health Home**