Questions/Answers
Medicaid Managed Long Term Care (MMLTC)

Through the months of October 2013 – January 2014, Lifespan is hosting information sessions about mandatory Medicaid Managed Long Term Care (MMLTC) changes in Monroe County.

Attendees who have participated in these information sessions have asked the following questions.

We hope they’re helpful to you, too!
Please check back periodically for updates.

For information about upcoming MMLTC educational seminars, call Lifespan at (585) 244-8400.

1. **May someone who uses a pooled trust utilize a MMLTC plan?**

Yes. The supplemental needs trust/community pooled trust helps an individual to be eligible for Medicaid through a spend down amount to the trust. If a member meets mandatory MMLTC criteria (dually eligible for Medicaid & Medicare, are 21 yrs or older and, are predicted to require 120 days of long term care) and if the member has active Medicaid or are eligible for Medicaid (depending on the plan), then he/she will have access to MMLTC.

2. **Does the member’s care plan determine the amount of money the provider gets to care for that member?**

No, the provider gets the same amount for every member, regardless of the care plan or member’s needs. It is the provider’s responsibility to manage these funds properly and to provide all members with the care needs they require, as identified by a Universal Assessment System for Long Term Care in NYS.

3. **What if a plan reduces, denies or ends services a member feels he/she needs. What rights does the member have?**

If a MLTC plan denies, reduces, or ends services that a member thinks he/she should have, the member has the right to appeal. An appeal is a request for a review of an
action taken by a plan. First, the member must request an internal appeal by the Plan. The Plan will take another look at the member’s service needs and will send a letter to the member with their decision. Second, if the member is not satisfied with the plan’s internal appeal decision, the member may request a Fair Hearing. At a Fair Hearing, also known as an administrative hearing, the member can explain to an Administrative Law Judge, assigned by the State Department of Health, why the plan’s decision is wrong. Both the member and the MLTC plan can bring witnesses and documents. The Administrative Law Judge will listen and make a decision. For more information about appeals, see http://www.wnylc.com/health/entry/184/.

4. Can a person already enrolled in a Medicaid Managed Long Term Care Plan make a later switch to Nursing Home Transition and Diversion Medicaid Waiver program?

Yes, this is possible. It is important to note that there are plans in the future (no dates have been set at the time of this posting) for NHTD waiver participants to be moved to Medicaid Managed Long Term Care plans, so eventually, choosing a MLTC plan for long term care needs may be unavoidable.

Answered with assistance by Terri Mercado, Regional Resource Development Director, NYS DOH NHTD Waiver Program

5. Can an individual enrolled in Program for All-inclusive Care for the Elderly (PACE) also be enrolled in the Consumer Directed Personal Care Assistance Program (CDPAP) at the same time?

Yes, an MMLTC plan member may have CDPAP services as well, regardless of the type of plan they enroll in.

6. Should a Medicaid applicant who believes he/she is going to qualify for MMLTC services complete the Medicaid application with the name of the preferred MMLTC plan? Or, does this selection happen once the Medicaid application is approved?

An applicant may identify the MMLTC plan of their choice on the Medicaid application using Section I – Health Plan Selection, if they believe they may qualify and wish to enroll in a MMLTC. However, indication of interest in a MLTC plan during the Medicaid application does not equate to enrollment. The applicant must reach out to the individual MLTC plan to be assessed as eligible to enroll. Consumers may be applying for Medicaid, contacting a plan and being assessed concurrently – once the Medicaid is approved and the plan has completed the assessment to determine eligibility, enrollment may then be submitted.
7. How will the enrollment process roll out? Will Monroe County duals mandated to choose a MMLTC plan be sent letters all at one time, or will certain zip codes receive their letters first?

Letters will be sent to Monroe County individuals who must choose a plan. They will be sent by the New York State Department of Health. No other information is available at this time (11/25/13).

8. Can a person enrolled in MMLTC receive 24-hour care (like was possible under the previous system)?

Yes, this is possible. The assessment decides on the type and amount of care needed. Members should refer to the plan for more information about their unique situation and needs.

9. Can an individual be enrolled BOTH in a Medicare Managed Care Plan (to support Medicare-covered services) and a Medicaid Managed Long Term Care Plan?

Yes, an individual may have both. Each plan covers different services – the Medicare plan covers only those services covered under Medicare and the Medicaid MLTC plan covers the long term care services and supports covered by Medicaid.

10. Does a consumer have a choice as to how his/her needs are met? For example, if a plan recommends adult day service but the consumer prefers care at home, are the wishes and preferences of the consumer taken into consideration?

Yes, consumers’ preferences should be considered. Plans may not require participation in adult day social model program as an alternative to care at home. The plans are required to do the assessment for the level of services the patient requires at home. Although adult day social may be available to meet some of the member’s needs, if the patient doesn’t want it, the plan can’t require it.
11. I am a MMLTC member and I need transportation from the hospital back to my home. Will this be covered under the plan?

Yes, transportation becomes the responsibility of the plan, and Medicaid covers non-emergency transportation to and from covered medical services.

If you have additional questions about Medicaid Managed Long Term Care (MMLTC), or about services and supports available for older adults, persons with disabilities or their caregivers, call Eldersource, a program of Lifespan, at (585) 325-2800.

Beginning in December 2013, NY Medicaid Choice will be assisting with questions about MMLTC plan options in Monroe County. Call, or find helpful resources on the website:

1-888-401-6582
http://www.nymedicaidchoice.com/