

**LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP) 1915 (c) MEDICAID WAIVER AMENDEMENT
APPROVED BY THE
CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)**

New York State (NYS) has received CMS approval to amend the 1915(c) Medicaid (MA) home and community based services LTHHCP waiver to align the LTHHCP waiver with the CMS approved 1115 Demonstrations and the planned expansion of mandatory Medicaid Managed Care (MMC) and the planned impact of the Managed Long Term Care (MLTC) enrollment plan.

Amendment to Article 29-AA of Public Health Law, legislation included in the NYS 2011-12 Enacted Budget, provided for mandatory enrollment of certain Medicaid (MA) recipients into MLTC Plans—including LTHHCP waiver participants. Accordingly, all non-dual MA recipients will be required to enroll in a MMC Plan and all dual eligible recipients, age 21 and over, in need of community-based long term care for more than 120 days will be required to enroll in a MLTC.

Beginning April 1, 2013, eligible MA recipients, who might otherwise be eligible to receive services through the LTHHCP, will enroll in a MMC or MLTC plan. As an alternative and if eligible, enrollment into another Medicaid waiver program can exempt the LTHHCP participant from future mandatory managed care enrollment per current rules until such time that population is no longer exempt.

To promote continuity of care throughout the transition to managed care, the participant's current LTHHCP agency must provide the plan with the participant's current Plan of Care. Each enrollee who is receiving community based long-term care services and supports will continue to receive 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 Managed Care Organization (MCO), whichever is later. Service providers will remain unchanged throughout the transition period.

Mandated MLTC enrollment for dual-eligible LTHHCP participants began April 1, 2013 in New York City, Nassau, Suffolk, and Westchester counties.

As MLTC capacity is established statewide, new referrals and applications to LTHHCP will be closed in mandatory districts and enrollment of dual eligible community-based long term care service recipients will take place. The LTHHCP will remain operational for as long as required to meet the needs of participants for whom MLTC and MMC are not an option.

The contracted Enrollment Broker will notify LTHHCP participants, by a letter mailed to their homes, that they will soon receive their home care services through a different program. This notice will be sent to a small group of participants initially and continue. Current participants, noticed above, will receive a second letter mailed to their homes, indicating that they have 60 days to choose a MLTC Plan. If the participant has not enrolled in a plan within the choice period, auto-assignment to a plan will occur.

Upon enrollment, the plan will assume full responsibility for care management and the provision of services. The MLTC participant may request to change Plans at any time by contacting NY Medicaid Choice at 1-888-401-6582.

Mandated MMC enrollment for LTHHCP enrolled non-dual eligibles will occur on a statewide basis beginning April 1, 2013.

Referral of new non-dual applicants to the LTHHCP will cease May 15, 2013.

In Maximus counties, LTHHCP participants will receive a letter that they have 60 days to choose a Plan. The enrollment broker will provide assistance in determining which Plan contracts with the client's existing primary care physician and other service providers. Maximus is responsible for Plan enrollment in those counties and will track the special 60 day choice period.

In non-Maximus counties, the LDSS will be responsible to work with non-dual consumers to choose a health Plan. The LDSS will also be responsible to work with the LTHHCP agency and the Plan to coordinate the effective date of managed care enrollment. The local department of social services (LDSS) case worker and the LTHHCP case manager will communicate with the participant, their family or other responsible person and work with the MMC to assure a safe transition.

The MMC participant may request to change Plans anytime during the first 90 days by contacting NY Medicaid Choice at 1-800-505-5678 or the LDSS in non-NY Medicaid Choice counties.