

**Office of Health Insurance Programs**

**Division of Long Term Care**

**MLTC Policy 13.03: Definition of Community Based Long Term Care (CBLTC) Services**

**Date of Issuance: January 25, 2013**

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The Department has engaged in ongoing communications with Managed Long Term Care Plans and other stakeholders throughout the course of development for the Medicaid Redesign initiative of Mandatory Managed Long Term Care. During these communications the definition of community based long term care (CBLTC) has repeatedly been presented as the primary condition of eligibility for enrollment in a Managed Long Term Care plan.

Despite various written communications, conference calls and trainings; it has come to our attention that there may be some confusion as to the correct operating definition of CBLTC. A requirement of eligibility for enrollment in a Managed Long Term Care plan is for the consumer to demonstrate need for CBLTC Services for more than 120 days. These services are defined as: Nursing Services in the home, Home Health Care (which is further defined as traditional CHHA services such as therapies or home health aide service in the home), Personal Care Services in the home (including Level 1), Adult Day Health Care, Private Duty Nursing; and effective November 1, 2012 Consumer Directed Personal Assistance Services. Social Day Care, used as a substitute for in home Personal Care Services, is no longer considered as a CBLTC service for purposes of determining plan eligibility. Social Day Care remains a benefit in the service package.

Please note that this definition is applicable on a Statewide basis to MLTC Partial Cap, Medicaid Advantage Plus, and PACE plans. Plans should revise any member materials or policies and procedures accordingly.