

Office of Health Insurance Programs

Division of Long Term Care

MLTC Policy 13.13: Continuity of Care and Payment Requirements of MLTC Plans to LTHHCP Agencies Providing Care During the 90 Day Transition Period

Date of Issuance: May 30, 2013

The purpose of this policy guidance is to reiterate continuity of care policy for transitioning LTHHCP participants to MLTC and establish payment requirements for MLTC Plans when LTHHCP agencies are providing home care services to enrollees during the 90 day transition period.

As noted in previous policy documents, individuals transitioning from fee-for-service Medicaid to MLTC must 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 Plan, whichever is later. In addition, the patient/worker(s) relationship must be preserved for the same 90 day period. The worker in this case is defined as both professional and paraprofessional staff of the LTHHCP agency.

Each LTHHCP agency has an agency-specific rate associated with services provided to a LTHHCP participant. Preserving the patient/worker relationship will require MLTC plans to pay the LTHHCP agency their agency-specific fee-for-service Medicaid rate during the 90 day transition period for patients who are mandatorily enrolled into an MLTC.