

Dear **[Insert Member Name]**,

This letter is to inform you of a change in State law that may impact your enrollment in your Partial Capitation Managed Long-Term Care (MLTC) plan, **[Insert Plan Name]**.

Nursing Home Benefit Change

Starting **[January 1, 2019 (requested; subject to CMS approval)]**, the long-term nursing home benefit for all MLTC plans will change. The benefit will be limited to three calendar months of long-term nursing home care. The three-month period of coverage begins after your nursing home tells your local department of social services that you need long-term nursing home services. However, if you have coverage through Medicare or other insurance plans, the three months of coverage through your MLTC plan will start after that coverage ends.

Residents enrolled in a MLTC plan who have been receiving long-term care in a nursing home for more than three months will be disenrolled from their plan. All long-term nursing home residents must have their local department of social services determine their eligibility for Medicaid coverage of nursing home care. This applies whether a resident is enrolled in a MLTC plan or is covered under Medicaid fee-for-service. Residents who are disenrolled from their MLTC plan will be covered under Medicaid fee-for-service for long-term nursing home care, so long as they qualify for institutional Medicaid coverage.

What does this change mean?

If you are receiving long-term nursing home care, and have been in the nursing home longer than three months, you will be disenrolled from your MLTC plan. You will receive a separate notice of the disenrollment at least 10 days before the disenrollment which will include the effective date of the disenrollment. If your eligibility for Medicaid coverage of nursing home care has been approved by your local department of social services, the cost of your nursing home care will be covered under Medicaid fee-for-service. You will receive a separate notice from your local department of social services telling you if you have been approved for nursing home coverage and if you have to pay any amount toward the cost of your care to the nursing home. If your eligibility for Medicaid coverage of nursing home care has not been determined and you are disenrolled from your MLTC plan, your local department of social services will continue to determine your eligibility for Medicaid coverage of long-term nursing home care and will send you a notice when your eligibility has been determined. While you are waiting for your eligibility determination, you should continue to pay your income contribution to the nursing home.

Individuals in long-term care who are eligible for both Medicare and Medicaid may be eligible for enrollment in one of New York's other integrated insurance products. If you wish to receive information about your eligibility for joining another type of health plan, contact New York Medicaid Choice at 1-888-401-6582.

What if I want to leave the nursing home and return to the community?

If you decide you want to leave the nursing home and return to the community, you can talk to staff in your nursing home about available resources, including the transition specialists at New York State Open Doors. In addition, your MLTC plan care manager will be available while you are enrolled in your plan to discuss whether or not you may safely return to the community and receive community-based long-term care.

If you transition from a nursing home back to the community within six months of your MLTC plan disenrollment, you will not need to have an independent “conflict free” assessment first. You can contact New York Medicaid Choice at 1-888-401-6582 to learn what plans are available in your area and request an assessment from a MLTC plan of your choice. The MLTC plan you choose will develop a new plan of care based on your new assessment.

What if I currently live in the community?

This change will not impact you now. You can continue to receive your community-based care in the community. If you go into a nursing home for long-term care in the future, your plan will cover three calendar months of long-term nursing home care as described above. The plan will discuss this with you again at that time.

What if I have questions about this change?

The following resources are available to assist in answering your questions:

1. If you are in a nursing home, your nursing home can help answer questions, including helping you to understand if you are receiving long-term nursing home care.
2. Also, **[Insert Plan Name]** is glad to answer your questions and can be reached by calling your Member Services at **[Insert Plan Member Service Phone Number]**, **[Insert Plan Member Service Hours of Operation]**. **[Insert TTY/TDD Information]**.
3. The Independent Consumer Advocacy Network (ICAN) is a free service sponsored by NYS Department of Health. ICAN can connect you with a counselor who can provide free, confidential and independent assistance regarding your long-term care services. You can contact ICAN at (844) 614-8800 between the hours 8 AM to 8 PM (TTY users should call 711, then follow the prompts to dial 844-614-8800).

Sincerely,

New York State Department of Health