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Clarification regarding continued access and services under the 1915(c)
Long Term Home Health Care Program (LTHHCP) waiver in relationship to the
State's plan for implementation of mandatory Managed Long Term Care (MLTC)

The New York State (NYS) 2011-12 Enacted Budget required mandatory enrollment of certain Medicaid (MA) recipients in MLTC Plans. Specifically, certain people aged 21 and over, who are eligible for both Medicaid and Medicare (dual eligibles) and in need of certain community-based long term care services for over 120 days, will be required to enroll in a MLTC plan upon approval from the Centers for Medicare & Medicaid Services (CMS) of an amendment to the Partnership 1115 waiver. Certain LTHHCP 1915(c) MA waiver participants meeting those conditions are included in the requirement to enroll in a MLTC Plan. In order to effectuate that requirement, the Department of Health submitted 1915(c) LTHHCP waiver amendments to CMS on June 13, 2012. Current LTHHCP services to enrolled participants and enrollment of new waiver participants will continue statewide until CMS approves the 1915(c) LTHHCP waiver and the Partnership 1115 waiver amendments.

When CMS approves the 1915 (c) waiver amendment, the State will amend the 1115 waiver and only at that time will new LTHHCP enrollments cease in counties deemed mandatory. The transition of LTHHCP recipients meeting Mainstream Managed Care (MMC) requirements is also pending approval of the 1915(c) amendment. The process of closing new LTHHCP enrollment and transition of existing participants will continue statewide, as sufficient MMC/MLTC capacity is established. The LTHHCP waiver will remain operational for as long as required to meet the needs of those participants not required to transition to MMC/MLTC.

Until further notice from the Department of Health, applications and referrals to participate in the LTHHCP will continue to be accepted and participants currently enrolled in the LTHHCP should continue to receive services in accordance with program guidelines.

