

Continuity of Care Policy for Managed Long Term Care

Managed Long Term Care Plans (MLTCPs) must ensure that individuals transitioning from Medicaid fee-for-service to Managed Long Term Care have continuity of the long term care services they are currently receiving. Mandatory enrollment into MLTC will begin in New York City. The following are the requirements the New York City MLTCPs must adhere to in order to achieve that goal for their new members. Other counties will become mandatory as plan capacity is established. Any additional county-specific requirements for continuity of care will be released as other counties become mandatory.

For the purpose of this policy, long term care services include Personal Care, Long Term Home Health Care Program, Home Health Care over 120 days, Adult Day Health Care, and Private Duty Nursing.

The first group being transitioned into MLTC in New York City is the population in receipt of Personal Care. When mandatory Managed Long Term Care is initiated, New York City MLTC plans will be required to contract with Home Attendant Vendors contracted to the Human Resources Administration (HRA). This will enable Personal Care recipients to retain their current aide for individuals transitioning from the Personal Care fee-for-service program. The MLTC plan must pay the vendor the published rate paid by HRA. There is no requirement for a MLTC plan to contract with a vendor that is not willing to accept the HRA rate.

If the MLTCP does not have a contract with an enrolling person's Home Attendant vendor, the plan must make every effort to maintain the relationship between the person's worker and the member. Pursuant to Section 4403-f (11)(d) the participant being transitioned may elect to continue their current care until the next comprehensive assessment of the MLTC plan which is typically within 30 days of initiating enrollment.

Managed Long Term Care Plans will be required to submit a plan identifying the mechanisms that will be used to assure continuity of care for new enrollees that are transitioning from long term care service other than personal care. These transition plans must be approved by the Department of Health in order for the plan to be eligible to participate in auto assignment. The transition plans will be reviewed in consultation with the New York State Office for the Aging when appropriate. Such plans must be submitted to the Department for authorized plans by June 1, 2012.

This policy will be effective from July 1, 2012 to March 31, 2013.