# Managed Care Information

*for CDPAP Consumers*


March 1, 2013

*Compiled by*
Concepts of Independence &
Concepts of Independent Choices

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# INTRODUCTION

Many Consumers of Concepts of Independence are being notified that they must enroll with a managed care plan. This can be quite confusing, so Concepts put together this informational booklet to help our Consumers make an informed decision. Included is information on who must enroll, who is exempt, the difference between the types of plans available, how to enroll with the plan of your choice, along with other helpful information.

Please note that this guide is for informational purposes only. If any information that you received from New York State or NY Medicaid Choice differs from information in this booklet, you must use the information from New York State or NY Medicaid Choice. If you are unsure, please call NY Medicaid Choice at 800-505-5678 or visit the NY Dept. of Health website at http://www.health.ny.gov/health_care/managed_care/mltc/

# ACKNOWLEDGEMENTS

All of the information in this informational booklet is available to view online. NY Health Access (a collaboration between Self Help, The Legal Aid Society, WNY Law Center, and Empire Justice Center) is the author of the vast majority of these articles, which we have summarized and simplified here.

In addition, publications by the New York State Department of Health are included. The information presented here is only a summary of a very complex subject. NY Health Access provides greater depth and detail in their articles, which are cited in the Resource section, on the last pages of this informational booklet.

# THINGS YOU NEED TO KNOW BEFORE YOU GET STARTED

**VERY IMPORTANT:**

- If you are eligible **for ONLY Medicaid**, you will probably be in a Medicaid Managed Care Plan with a Managed Care Organization (MCO).

  If you are with a Managed Care Organization (MCO), you have been receiving most of your health care benefits from the MCO, but now your CDPAS home care services have been added as another benefit.

- If you are eligible **for Medicaid AND Medicare**, you will probably be mandated to be in a Managed Long Term Care (MLTC) Plan. There are 3 types:
  - **MLTC** – Partially Capitated (Most Common and most widely selected). You can keep your existing Medicaid/Medicare doctor, but your CDPAS will be included.
  - **PACE** – For most members 55 and older
  - **MAP** – Usually for members 18+ to 65+.
- Some Medicaid populations are exempt (for now) from the mandatory enrollment requirement (i.e., if you are under age 21 or in certain waiver programs).
- NY State has hired a company called New York Medicaid Choice to help you with questions that you may have. Their number is 800-505-5678.
- If you get a letter that states that you must select a plan, and you do **NOT** select a plan by a certain date, a Medicaid plan will be selected for you (this is called auto-enroll).
- **If for any reason you are unhappy with your managed care plan and you file an appeal, you MUST ask for AID-CONTINUING.**

**VERY VERY Important:**

- **In order to stay with Concepts, you must choose a plan that we participate with. See a listing of plans in the next section of this informational booklet.**

**How do I pick a Managed Long Term Care Plan to Transition to?**

You should speak with your family, doctor or others that help you with your health care decisions in order to discuss your plan options.

- If you do NOT want to change your doctor, then you can select an **MLTC – Partially Capitated plan**. This MLTC plan focuses on your home care and long term care needs. You will continue to use your Medicare card for your primary care physician and other Medicare covered services.
- If you want to receive all of your Medicaid and Medicare services from one plan, with their network of doctors and other providers, then you can choose a **MAP** plan.
- If you are 55 or older and would like to attend an adult day center, where you can find your doctor and other health service providers, then you can choose a **PACE** program.

# TYPES OF MANAGED CARE PLANS

There are two main types of managed care plans:
**Type 1 - Medicaid Managed Care** (For Consumers that are **ONLY** eligible for Medicaid, **NOT** Medicare - i.e. NOT dual-eligible)**:**

- Plans that offer Medicaid Managed Care are called Managed Care Organizations (MCO). Like an HMO, they cover your doctor, hospital, pharmacy and now CDPAS.
- Population Enrolled: NYS Residents with full Medicaid eligibility (i.e. those who are NOT eligible for both Medicaid and Medicare)
- Who is covered: Most Medicaid covered adults, children & pregnant women
- Mandatory Enrollment: In all upstate counties and NYC as of November 2012
- Exempt Populations: Some Medicaid populations are exempt (but can enroll voluntarily) and are discussed later in this informational booklet.
- Excluded Populations: Some Medicaid populations are excluded (cannot enroll). Individuals with Medicare are excluded (cannot enroll). Permanent residents of nursing homes are currently excluded, but may be mandated to enroll in an MLTC at a later date.
- Type of Benefits: Comprehensive including in/outpatient hospital, physician, pharmacy, personal care, vision, some behavioral health, home health, home infusion, rehabilitation and other care provided by nursing homes, dental and orthodontics. Nursing home stays for members in permanent residence some time in 2013.
- Fully Capitated: Since Medicaid Managed Care covers almost all of your health care needs, it is called fully capitated. That means that your Managed Care Organization gets a monthly "capitated" amount of money from NY State Medicaid. This monthly amount is the "cap" that Medicaid will pay to "fully" cover all of your health care needs. This is just like an employer that pays a monthly premium to an insurance company for the health care costs of their employees.

**Type 2 - Managed Long Term Care (For Consumers that are dually eligible for BOTH Medicaid AND Medicare - *Most Concepts Consumers Fall into this Category*):**
**There are Three Options That are Included in Managed Long Term Care: (MLTC, PACE and MAP)**

» **MLTC - Partially Capitated (The most Common of the MLTC Plans)**

- Covers long term needs, but **NOT** primary care and hospitalization needs. When you enroll in an MLTC, you can continue your primary care doctor and hospital visits in the same way as before (whether that is via straight Medicaid or Medicare, or private insurance).
- MLTC plans are "partially capitated," which means that they don't cover ALL of

the services Medicaid and Medicare cover. This is why MLTCs do not include primary care. MLTC plans do cover your CDPAS services.

- Services that are **NOT** covered by the MLTC plan will continue to be covered on a fee-for-service method (just like in the past).

## » PACE – Programs of All-Inclusive Care for the Elderly

- PACE plans accept only 55+. A PACE organization provides a comprehensive system of health care services for members age 55 and older who are otherwise eligible for nursing home admission.
- This plan is "fully capitated" which means that they include ALL Medicare and Medicaid services. All care you receive must be in the plan's network, including hospitals, doctors, nursing homes, labs, clinics, home care agencies, dentists, etc.
- When you join this plan, you give up your original Medicare card or Medicare Advantage card. Instead, you use your new plan card for ALL of your Medicare and Medicaid services.
- Type of Benefits: Comprehensive including in/outpatient hospital, physician, pharmacy, personal care, vision, some behavioral health, home health, home infusion, rehabilitation and other Medicare covered services.

## » MAP - Medicaid Advantage PLUS

- Age requirements for MAP Plans vary among plans from 18+ to 65+.
- This plan is "fully capitated" which means that they include ALL Medicare and Medicaid services. All care you receive must be in the plan's network, including hospitals, doctors, nursing homes, labs, clinics, home care agencies, dentists, etc.
- When you join this plan, you give up your original Medicare card or Medicare Advantage card. Instead, you use your new plan card for ALL of your Medicare and Medicaid services.
- Type of Benefits: Comprehensive including in/outpatient hospital, physician, pharmacy, personal care, vision, some behavioral health, home health, home infusion, rehabilitation and other Medicare covered services.

# PLANS YOU MUST CHOOSE TO ENROLL IN IF YOU WANT TO STAY WITH CONCEPTS OF INDEPENDENCE

**Please remember that if you are required to switch to managed care, in order to stay with Concepts, you must choose a plan that we participate with.** We have fully signed contracts with the following plans as of January 2016. Check with NY Medicaid Choice if a plan serves your county. The last column shows the current number of Concepts' Consumers in that plan:

| PLAN | MLTC | MCO | No. in Plan |
|---|---|---|---|
| Aetna Better Health | X | X | 54 |
| Affinity Health Plan, Inc | | X | 14 |
| AgeWell New York | X | | 30 |
| Alpha Care | X | | - |
| Amerigroup New York (HealthPlus) | X | X | 57 |
| AmidaCare | | X | 2 |
| ArchCare | X | | 14 |
| CDPHP | | X | 20 |
| CenterLight Health Care | X | | 143 |
| Centers Plan for Healthy Living | X | | 50 |
| Eddy Senior Plan | X | | 6 |
| Elant Health Choice | X | | 2 |
| Elder Plan | X | | 15 |
| ElderServe Health, Inc | X | | 81 |
| Emblem (HIP) | X | X | 97 |
| Fidelis Care at Home/NYSCHP | X | X | 249 |
| Guildnet | X | | 384 |
| Hamaspik | X | | 13 |
| HealthFirst/ Neighborhood Health Plan | X | X | 205 |
| HomeFirst | X | | 91 |
| Hudson Health Plan | | X | 21 |
| Independence Care System | X | | 775 |
| Integra | X | | 22 |
| MetroPlus Health Plan | | X | 25 |
| Northshore | X | | 25 |
| Senior Health Partners | X | | 190 |
| Senior Whole Health | X | | 4 |
| United Health Care | X | X | 40 |
| Village Care Max | X | | 9 |
| VNA Home Care | X | | 6 |
| VNSNY | X | X | 192 |
| WellCare | X | X | 72 |

# WHO MUST ENROLL IN A MANAGED LONG TERM CARE PLAN (MLTC)?

Medicaid recipients who:

- Are **dually eligible** - they have Medicare AND Medicaid, AND
- Are **age 21 or older**, AND
- **Need long-term care** - "Long-term" means you need home care or other long-term care services for more than 120 days. Specific long-term care services require enrollment in MLTC according to the roll-out schedule below, AND
- **Live in NYC or one of the counties where mandatory enrollment has begun**, AND
- Are **NOT "exempt" or "excluded"** from enrolling in an MLTC plan.

# WHO DOES NOT HAVE TO ENROLL IN AN MLTC? EXCLUSIONS & EXEMPTIONS

**WHO CANNOT ENROLL IN AN MLTC? (EXCLUSIONS)**

- People in a hospice program and nursing home residents who are under the age of 21 at the time of enrollment.
- Children or adults who live in state psychiatric or residential treatment facilities
- People who will get Medicaid only after they spend some of their own money for medical needs (spend-down cases)
- People with other full benefit health insurance
- Infants living with their mothers in jail or prison
- All foster care children in New York City
- All foster care children living in an institutional setting outside of New York City
- Children who are blind or disabled and living apart from their parents for 30 days or more
- People eligible for TB services only
- People eligible for the Medicaid Cancer Treatment Program: Breast, Cervical, Colorectal and Prostate Cancer (MCTP)

## WHO MAY ENROLL IN AN MLTC BUT IS NOT REQUIRED TO? (EXEMPTIONS)

- American Indian/Alaskan Native
- People in long-term alcohol or drug residential programs
- People who live in facilities for the developmentally disabled
- People with regular Medicaid and being treated for a chronic medical condition for 6 months or longer. They are seeing a regular Medicaid specialist who is not in a Medicaid health plan. (This exemption is limited to a 6 month period and for one time only)
- People in waivered programs such as Care At Home and Traumatic Brain Injury (TBI)

## HOW TO BE EXEMPT FROM MEDICAID MANAGED CARE:

To get excused you must ask Medicaid CHOICE for an exemption form. You may contact their Helpline at 1-800-505-5678 (TTY: 1-888-329-1541) and request to speak with an Exemptions Unit Counselor. If you complete and file the exemption or exclusion request within the 60 day time frame your request will temporarily stop the automatic assignment into a Managed Care Plan until a decision is made on your exemption request. If your request to be exempt or excluded is denied you can appeal the denial by asking the Department of Social Services for a fair hearing. You have 60 days from the date of the denial notice to request a fair hearing. The denial notice will include information about how to make the fair hearing request. If you request the fair hearing within 10 days of the date of the notice you will remain in fee-for-service Medicaid rather than being automatically assigned to an HMO until the case is decided. If you do not request the fair hearing within 10 days you will be automatically assigned to an HMO. You will remain in that HMO unless you win the fair hearing and are found to be exempt.

# WHICH SERVICES ARE PROVIDED BY THE MLTC PLANS?

MLTC plans must provide the services in the MLTC Benefit Package listed below. Once you are enrolled in a MLTC plan, you may no longer use your Medicaid card for any of these services, and you must use providers in the MLTC plan's network for all of these services, including your dentist.

» **Home Care,** including**:**
  - Personal Care (Home attendant or Housekeeping)
  - Certified Home Health Agency Services (home health aide, visiting nurse, visiting physical or occupational therapist)
  - Private Duty Nursing
  - Consumer Directed Personal Assistance Program
» **Adult Day Health Care** (medical model and social adult day care)
» **Personal Emergency Response System (PERS)**
» **Nutrition --** Home-delivered meals or congregate meals
» **Home modifications**
» **Medical equipment** such as wheelchairs, medical supplies such as incontinent pads, prostheses, orthotics, respiratory therapy
» **Physical, speech, and occupational therapy** outside the home
» **Hearing Aids and Eyeglasses**
» **Four Medical Specialties:**
  - **Podiatry**
  - **Audiology** + hearing aides and batteries
  - **Dental**
  - **Optometry** + eyeglasses
» **Non-emergency medical transportation** to doctor offices, clinics (ambulette)
» **Nursing home** care [iii]

**NOTE WHICH SERVICES ARE <u>NOT COVERED</u> BY MLTC - "PARTIALLY CAPITATED" PLANS** -- but **<u>are covered</u>** by "fully capitated" Medicaid Advantage Plus or PACE plans.

- Primary and acute medical care, including all doctors other than the Four Medical Specialties listed above, all hospital inpatient and outpatient care, outpatient clinics, emergency room care, mental health care
- Lab and radiology tests
- Prescription drugs
- Assisted living program

**HOW DO PEOPLE IN MLTC PLANS RECEIVE SERVICES NOT COVERED BY THE PLANS?** Continue to use original Medicare or Medicaid card as you had before.

# HOW TO GET STARTED WITH A MANAGED CARE PLAN
# NOTIFICATIONS & ENROLLMENT

**Notifications**

You will receive a series of letters from New York Medicaid Choice (www.nymedicaidchoice.com), also known as MAXIMUS, the company hired by New York State to handle MLTC enrollment.

- **"Announcement Letter" (Important Medicaid Notice)** - This "announcement letter" tells you "MLTC" is coming, that you do not have to enroll yet, but to expect another letter when it is mandatory.
- **Mandatory Enrollment Package** - This letter states the recipient has 60 days to select a plan OR they will be auto-assigned to an MLTC plan. It also includes a brochure and listing of plans. These materials are also available online. See Resources page for links).

**Choosing & Enrolling In A Plan**

**Note:** If you don't select and enroll in a plan midway through the 60-day period, you will receive a letter with the name of the MLTC plan to which you will be randomly assigned if you do not select a plan. You will still have until the third Friday of that month to select your own plan.

**How Do I Enroll In A Plan?**

Once you select a plan, you can enroll either directly with the Plan by signing their enrollment form, OR if you are selecting an MLTC plan, you can enroll with NY Medicaid Choice.

**When Is My Enrollment in an MLTC Plan Effective?**

Enrollment in MLTC, MAP and PACE plans is always effective on the 1st of the month. If you enrolled late in the month (after the third Friday of the month), the enrollment will not be effective -- and the new plan will not take charge of your care -- until the first of the second month after you enroll.

# AFTER YOU ENROLL IN AN MLTC
## IS THERE A TRANSITION PERIOD AND A NEW ASSESSMENT?
## ARE THERE OTHER CHANGES MADE BY THE PLAN?

What happens after you enroll depends on whether or not you were already receiving CDPAS or other long-term care services before you enrolled in the MLTC plan.

1. **NEW APPLICANTS** -- If you were not previously receiving CDPAS services, the MLTC plan will send a nurse to assess your needs. The plan must complete an assessment and authorize services that you request within the initial assessment in your home within 30 days of when you were referred to the plan or requested enrollment in the MLTC plan. [iv]

2. **PEOPLE WHO WERE ALREADY RECEIVING CDPAP** when they enrolled in an MLTC plan in NYC or another mandatory County:

- **60-Day Transition Period**: The MLTC plan must provide the same services and the same number of hours as CASA/DSS had authorized for 60 days.
- **Midway through this 60-day transition period (by Day 30):** The plan must assess the new member's needs in her/his home.[v] The plan's nurse will decide how much care the plan will approve for after the 60-day transition period.
- **Notice of a Reduction in Services after Transition Period:** If the plan wants to reduce or end the services you previously received from CASA/DSS, the plan must give you a WRITTEN NOTICE stating the amount of home care and other services they will give you effective on Day 61 of your enrollment. The notice will explain your right to appeal.
- **Can you still stay with Concepts, thereby keeping your same PA with you? <u>As long as Concepts participates with the MLTC you are enrolled in, you can stay with Concepts.</u>**

3. **HOW DOES THE PLAN ASSESS MY NEEDS?** The Plan's nurse conducts an assessment using a standardized assessment tool (See link to this tool on Resources page). Remember that all decisions by the plan regarding which services and how many hours to authorize, can be appealed.

4. **CAN I CHANGE MLTC PLANS?** YES. You may change plans once a month. The change will not take place until the 1st of the next month. If you enroll in a new plan after the third Friday of the month, you will not move to the new plan until the 1st of the SECOND month. So you will have to stay with your current plan until then. Don't sign up for a new plan unless the new plan confirms that it will approve the services you want and the hours you need. You may call any plan and request that they send a nurse to assess you and tell you what services they would provide. You have the right to receive the result of the assessment in writing. **<u>Always notify Concepts if you change plans.</u>**

## 5. I HAVE A SPEND-DOWN (SURPLUS INCOME). WHAT HAPPENS IF I DON'T PAY IT?

The MLTC plan will bill you for the spend-down. If you don't pay it, the MLTC plan may disenroll you. If you live in NYC or another mandatory county, you will not be able to get Medicaid home care or other long-term care services if this happens.

SPEND-DOWN TIP: Enrollment in pooled or individual supplemental needs trusts is more important than ever to eliminate the spend-down and enable the enrollee to pay their living expenses with income deposited into the trust. For more information about pooled trusts see http://wnylc.com/health/entry/6/.

## 6. IF A PLAN CAN ONLY BEGIN SERVICES ON THE 1ST OF ANY MONTH, WHAT DO I DO IF I NEED SERVICES RIGHT AWAY WHEN I GET OUT OF THE HOSPITAL OR OUT OF A REHAB CENTER?

You may contact a Certified Home Health Agency (CHHA) and ask it to provide you with a home health aide and visiting nurse temporarily until you enroll in an MLTC plan. The CHHA may give short-term Medicaid home care for up to 120 days. During that time, you can select the type of plan you want and pick a plan that meets your needs. To find a CHHA that serves your county or borough, look through the online directory posted at http://homecare.nyhealth.gov/

# APPEALS & GRIEVANCES IN MANAGED LONG TERM CARE

**NOTE: If for any reason you are unhappy with your managed care plan and you file an appeal, you should ask for AID-CONTINUING.**

The procedure for appealing a decision with an MLTC plan is different than what you might be used to with CASA/Medicaid Offices. Now, Consumers need to learn when to file a "GRIEVANCE" and when to file an "APPEAL." For Appeals, consumers need to request an INTERNAL APPEAL first before they request a FAIR HEARING.

## GRIEVANCES

### What is a Grievance?

A grievance is a complaint you make directly with the MLTC plan about the quality of care, services or treatment you received or about communications with the plan. A grievance is NOT about the scope, amount or type of service that was approved by the plan. Examples where you would request a grievance: you can't reach your care coordinator by phone, you were treated rudely, or there is a long delay in approving services you requested.

### How to File a Grievance:

- You or someone on your behalf can file a grievance with the plan in writing, over the phone or in person. Your member handbook or member services representative should explain how to file the grievance.
- The plan must decide your grievance within 45 days after receiving the information they need, and no later than 60 days. If you or your provider thinks that a delay in deciding the grievance would result in serious harm to your health or ability to function, you can request an expedited grievance. The plan must decide expedited grievances within 48 hours of receiving information needed, and within no more than 7 calendar days.
- If you are not satisfied with how your grievance is handled, or it is an emergency, you can also call the State Department of Health MLTC Complaint Hotline at 1-866-712-7197.
- If you do not agree with the grievance decision, you can file a grievance appeal. You must do so within 60 days of receipt of the grievance decision. Grievance appeals can also be expedited.

## APPEALS

### What is an Appeal?

An Appeal is a request for a review of an action taken by a plan. If your MLTC plan denies, reduces, or ends services that you think you should have, you have the right to appeal. For

example, the plan reduces your personal care services from 12 hours to 8 hours/day, or denies your request to participate in the Consumer-Directed Personal Assistance Program (CDPAP).

**How to File an Appeal**

**<u>STEP 1</u>: REQUEST AN INTERNAL APPEAL**

In an internal appeal, a supervisor in the MLTC plan will review the decision made to reduce, deny or end your services.

**HOW TO REQUEST THE INTERNAL APPEAL:**

You may either:

1. ***Call*** the member services phone number of your plan. Ask if you need to confirm your request in writing and ask for the address, fax number, and/or email, OR
2. ***Write*** to your plan. Write to Member Services return receipt requested and write APPEAL REQUEST on the envelope and on the letter. Make sure you include your Member ID number, name, address, Medicaid number, phone number, and the reasons for your appeal.

**WHEN TO REQUEST THE INTERNAL APPEAL:**

- You should request it right away – within 10 days of the date of the notice or before the "effective date" on the notice.
- Be sure to ask for "aid continuing" in order to keep your same hours while the appeal is pending.
- You may still request the appeal within 45 days of the date of the notice, but you will not receive "aid continuing" if you do not appeal within the first 10 days.
- If you missed the deadline to request "aid continuing," ask for the appeal to be expedited because a delay would jeopardize your health. The plan must decide an expedited appeal within 3 days instead of 30 days.

***You have the right to examine and receive copies of your case file for your appeal.***

**<u>STEP 2</u>: FAIR HEARING**

If your internal appeal is denied, the MLTC plan will send you a **written notice of its decision** to deny your appeal, which will explain your right to request a fair hearing and/or an external appeal (an external appeal is explained in Step 3 below). The notice from the plan should explain that if you request the hearing within 10 days and ask for **"aid continuing"** the plan will continue your services in the current amount – with no reduction -- until the hearing is decided.

**HOW TO REQUEST A FAIR HEARING:**

- In person: 14 Boerum Place (NYC) or, if you are outside NYC, your Local Department of Social Service
- By fax: (518) 473-6735 (Download form http://otda.ny.gov/oah/FHReq.asp)
- By telephone: (800) 342-3334
- Online: http://otda.ny.gov/oah/FHReq.asp
- By mail: New York State Office of Temporary and Disability Assistance
  Office of Administrative Hearings
  P.O. Box 1930
  Albany, New York 12201-1930

**Be sure to ask for AID CONTINUING when you request the hearing, to continue your services unchanged while the hearing is being held. You must request the hearing quickly – within 10 days of the plan's notice – to get Aid Continuing.**

***You have the right to examine and receive copies of your case file for your hearing.***

**STEP 3: REQUEST AN EXTERNAL APPEAL**

The plan's notice denying your Internal Appeal will explain your right to request an External Appeal, if the reason for the denial is because they determine the service is not medically necessary or is experimental or investigational. You may request an External Appeal even if you also request a Fair Hearing. External Appeals are reviewed by a different State agency than Fair Hearings. If you request both an External Appeal and a Fair Hearing, the decision from your Fair Hearing will be the one that is followed by your plan.

**WHERE TO GO FOR HELP**

**Government Hotlines**

| | |
|---|---|
| NYS Department of Health MLTC Complaint Hotline | (866) 712-7197 |
| New York Medicaid Choice (for enrollment problems) | (888) 401-6582 |
| Fair Hearing Requests (must wait until after internal appeal decision) | (800) 342-3334 |

**Statewide Advocates**

| | |
|---|---|
| The Legal Aid Society Health Law Help-line: NYC | (212) 577-3575 |
| The Legal Aid Society Health Law Help-line: Outside NYC | (888) 500-2544 |
| Community Health Advocates Hotline | (888) 614-5400 |
| Empire Justice Center | (585) 454-6500 |

Find other organizations throughout NYS (by zip code or population) at www.lawhelp.org/NY

**Advocates for New York City Only**

| | |
|---|---|
| New York Legal Assistance Group | (212) 750-0800 |
| Cardozo Bet Tzedek Legal Services | (212) 790-0240 |
| Selfhelp Community Services | (212) 971-7658<br>legal@selfhelp.net |
| Services for people Age 60+ by Borough: | |
| Legal Aid Society Brooklyn Office for the Aging | (718) 645-3111 |
| JASA/ Queens Legal Services for the Elderly | (718) 286-1500 |
| Bronx Legal Services | (718) 220-0030 |
| Manhattan Legal Aid for Seniors Project - Above 110th St | (212) 822-8300 |
| Senior Intake Line - Below 110th Street | (212) 417-3880 |
| Staten Island | (718) 233-6480 |

NOTE: Some of the organizations listed above give only advice, not legal representation.

**NON-LEGAL ADVOCACY ORGANIZATIONS**

There are other organizations that can provide non-legal advocacy assistance, such as independent living centers. For a list of local centers, visit http://www.nysilc.org/directory.htm.

# RESOURCES

**NY Health Access**

This is a collaboration of Self Help, The Legal Aid Society, WNY Law Center, and Empire Justice Center.

- "Managed Long Term Care" - http://www.wnylc.com/health/entry/114/
- "Tools for Choosing an MLTC," which includes a chart of MLTCs with links to each plan's member handbook and provider directory where available, along with a contact phone number, along with many other resources (some listed here as well): http://www.wnylc.com/health/entry/169/
- "Appeals and Grievances in Managed Long Term Care: Consumer Rights" is a comprehensive guide to help you when you are unhappy with your MLTC: http://www.wnylc.com/health/entry/184/
- Chart of Plans developed by Self Help, showing each insurance company and what types of plans they offer: http://www.wnylc.com/health/afile/169/381/

**New York State Department of Health**

- NYS DOH MLTC information: http://www.health.ny.gov/health_care/managed_care/mltc/
- SDOH Plan directory of MLTCs: http://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm
- SDOH Plan directory for MCOs: http://www.health.ny.gov/health_care/managed_care/mcplans.htm
- Nurse Assessment Tool Used by MLTCs: http://www.health.ny.gov/health_care/managed_care/mltc/pdf/mltc_saam_ver_2_1_5.pdf
- NY Medicaid Choice (Maximus) – What is their role? Powerpoint presentation: http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-06-14_mltc_stakeholder_presentation.pdf
- Monthly Medicaid Enrollment Charts published by the SDOH: http://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/
- Performance Ratings: The SDOH publishes performance ratings by each plan in various areas:
    - Long Island: http://www.health.ny.gov/health_care/managed_care/mltc/consumer_guides/long_island/
    - NYC: http://www.health.ny.gov/health_care/managed_care/mltc/consumer_guides/nyc/
    - Westchester: http://www.health.ny.gov/health_care/managed_care/mltc/consumer_guides/westchester/

**NY Medicaid Choice:** 800-505-5678

- http://www.nymedicaidchoice.com/
- Brochure: Official Guide to Managed Long Term Care, written and published by NY Medicaid Choice (Maximus): http://nymedicaidchoice.com/sites/default/files/content-docs/119056%20%2029OCTMMLTBRO%20PRESS.pdf_0.pdf
- List of MLTC Plans in New York City, published by NY Medicaid Choice: http://nymedicaidchoice.com/sites/default/files/content-docs/MLTC-MED-PL-E-1112%20%20REV%20B_0.pdf
- List of PACE Plans in New York City, published by NY Medicaid Choice: http://nymedicaidchoice.com/sites/default/files/content-docs/MLTC-PACE-PL-E-0912%20r9-18-12%20MECH.pdf
- List of MAP Plans in New York City, published by NY Medicaid Choice: http://nymedicaidchoice.com/sites/default/files/content-docs/MLTC-MAP-PL-E-0912%20r9-18-12v2%20mech.pdf
- Lists of plans by location through out the state, from NY Medicaid Choice: http://www.nymedicaidchoice.com/program-materials

# FOOTNOTES

i CMS Special Terms & Conditions, Amended Sept. 2012), at p. 14 -15

ii CMS Special Terms & Conditions, Amended Sept. 2012), at p. 14

iii NYS DOH Model Contract for MLTC Plans (See Appendix G), CMS Special Terms & Conditions, Amended Sept. 2012), at p. 57, Attachment B

iv CMS Special Terms & Conditions 9/2012 sec.17(d)(ii)(1)(c)(p. 19)

v CMS Special Terms & Conditions 9/2012 sec.17(d)(ii)(1)(c)(p. 19)