# Introduction to ICAN and Community Based Long Term Care

Presented by
Amanda Davis, Esq.

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# House Keeping

Please keep your microphone muted.

Please put questions in chat.

We will have polls throughout the presentation.

Please complete survey at end of presentation.

PowerPoint was sent earlier this morning.

Thank you!

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# Who We Are And What We Do

- Over 6,000 legal cases each year
- Direct representation, phone consultations
- Brief service or referrals
- Offices in Hempstead, Islandia, Riverhead
- Case handling staff includes attorneys, paralegals, and social workers
- Partnerships with Community Agencies

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# Office Locations

Hempstead:
1 Helen Keller Way 5th Fl
Hempstead NY 11550
(516) 292-8100

Islandia (Western Suffolk):
1757 Veterans Hwy Ste 50
Islandia NY 11749
(631) 232-2400

Riverhead (Eastern Suffolk):
400 W. Main St Suite 200
Riverhead, NY 11901
(631) 369-1112

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# Our Programs

**Family**
•Domestic Violence Family Court Project
•Child Support Defense Project (Suffolk)

**Disability & Health-Related Projects**
•HIV Unit
•Mental Health
•ICAN - Advocates in Managed Long-Term Care
•Education and Disability Rights (Special Education and Rights of Developmentally Disabled)
•Disability Advocacy Project (SSD/SSI Appeals)

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# Our Programs

**Housing**

•Civil Unit (Eviction Prevention)
•Foreclosure Project

**Other**

•Consumer Debt
•Education Debt Consumer Advocacy Project
•Veterans Rights
•Human Rights Project
•Public Benefits
•Adult Care Facility Unit
•Senior Citizen Project (Nassau)
•Pro Bono Project (Suffolk)
•Volunteer Lawyers Project (Nassau)
• Community Legal Help Project

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# Legal Support Center for Advocates:

Advocates call (631) 232-2400 for assistance:
Sharon Campo - x3368 Cathy Lucidi - x3324
Hannah Fitzpatrick- x3343

•Provide Technical Support to Advocates
•“Advocates” include legislative staff, social workers, outreach workers, medical personnel, and guidance counselors
•Host Community Trainings
•Publish Newsletters

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# POLL

POLL

**What type of advocate are you?**
**Have you ever called LSCA?**

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## Visit our Website

- All About Our Programs
- Sign up for our “Legal Lessons”
- Trainings
- “Self-Help” Resources
- Other Events

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# Just a Note

Legal Services of Long Island makes every effort to keep legal educational materials up to date. The information contained in this material is not legal advice. Legal Advice depends upon the specific facts of each situation. These materials cannot replace the advice of competent legal counsel.

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ICAN
Independent
Consumer Advocacy
Network

# Introduction to Long Term Care Services through Medicaid Managed Care

CSS Community Service Society

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## Agenda

- Introduction to ICAN
- Medicaid Long Term Care services
- What is MLTC?
- How do I join MLTC?
- How do I use my plan?
- How to get help from ICAN

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ICAN

# Introduction to ICAN

CSS Community Service Society

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# What is ICAN?

ICAN

ICAN stands for **Independent Consumer Advocacy Network**.

ICAN is the New York State Ombudsprogram for people with Medicaid who need long term care or behavioral health services.

ICAN
Independent Consumer Advocacy Network

We assist New Yorkers with understanding how to enroll in and use managed care plans that cover long term care or behavioral health services.

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# What do we do?

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- **Answer your questions** about managed care plans.
- **Give you advice** about your plan options.
- **Help you enroll** in a managed care plan.
- Identify and **solve problems** with your plan.
- Help you **understand your rights**.
- Help you **file complaints** and/or grievances if you are upset with a plan's action.
- Help you **appeal** an action you disagree with.

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# Who do we help?

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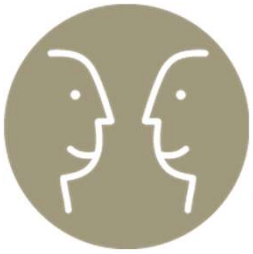
- We help anyone enrolled in a **Medicaid managed care plan** who needs:
  - **long term care services** (like home attendant, adult day care, or nursing home); or
  - **behavioral health services** (help recovering from and living with mental illness or substance use disorder.)
- We also help educate people who are newly eligible for enrollment in a Medicaid managed care plan.
- We can talk to friends, family members, social workers, providers, and anyone else who is helping people with their healthcare decisions.



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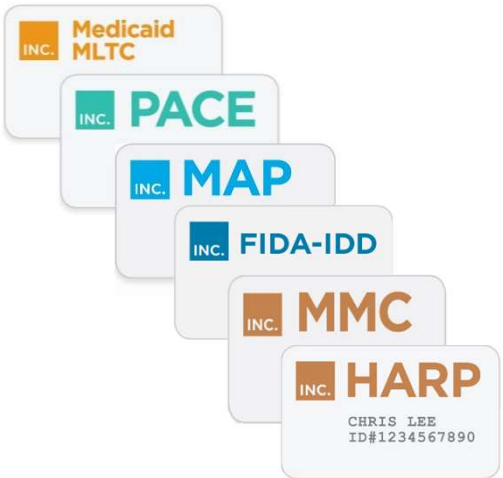
# What kinds of plans does ICAN work with?

ICAN

The plans we work with are:

- **MLTC** (partially capitated MLTC)
- **PACE** (Programs of All-inclusive Care for the Elderly)
- **MAP** (Medicaid Advantage Plus)
- **FIDA-IDD** (FIDA for People with Intellectual or Developmental Disabilities)
- **MMC-LTSS** (Mainstream Medicaid Managed Care for those enrollees who need long term care)
- **HARP** (Health And Recovery Plans)

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# Medicaid Long Term Care Services

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## What is “long term care?”

Health insurance (like Medicare or Medicaid) pays for **medical care** like doctors, hospitals and drugs.

But most health insurance doesn’t pay for **long term care,** such as home care, adult day care, or nursing home.


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## Home care

Some older adults or people with disabilities need another person to help them safely perform their activities of daily living (ADLs).

Medicaid can pay for a Personal Care Attendant or Home Health Aide to provide this help in your own home.

Here are some examples of ADLs:

- Bathing
- Dressing
- Grooming
- Using the toilet
- Walking
- Preparing meals
- Reminding to take medication
- Grocery shopping
- Laundry

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## Medicaid pays for long term care

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Many New Yorkers who need long term care get it through **Medicaid**.

And most people with Medicaid must get their long term care through a **managed care plan**.

You must join a plan offered by a private health insurance company to get Medicaid to pay for your long term care. Medicaid pays these companies to provide long term care to their members.

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# What is MLTC?

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## MLTC is managed care

- There are **different types of plans** that cover long term care.
- All of them cover services like home care, adult day care, nursing home care, medical supplies, and transportation services.
- All of them must **follow the same rules** as the Medicaid program.
- Each type of plan may cover different services.
- But all plans of the same type must cover the same services.

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# Care Manager


- When you join an MLTC plan, you will get a **Care Manager**.
- Your care manager will visit you at least twice a year and help you get the care you need.
- You can call your care manager whenever you have questions or problems.

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# Does this section apply to you?

ICAN

First question:

- **Do you have Medicaid?**
  - If the answer is **NO**, then first you need to apply for and be approved for **Community Medicaid with Community-Based Long Term Care (CBLTC).**
  - There are Facilitated Enrollers throughout the state who can help you apply for Medicaid.
  - You are not eligible to enroll in MLTC or receive ICAN services until you are approved for Medicaid.


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# Does this section apply to you?

ICAN

Second question:

- **Do you have Medicare?**
  - If the answer is **NO**, then most likely you get all of your health care through a Medicaid Managed Care (MMC) plan (or "mainstream" plan) or a Health And Recovery Plan (or HARP).
  - These plans cover all of your doctors, hospitals, and also your long term care services. You generally do not need a separate MLTC plan to get long term care services.



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# Does this section apply to you?

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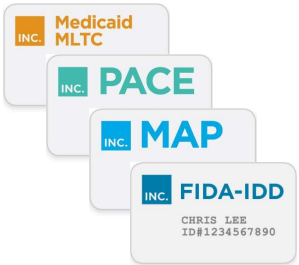
Second question:

- **Do you have Medicare?**
  - If the answer is **YES**, then that makes you a **dual eligible**.
  - There are four different kinds of MLTC plan you can choose from to get your Medicaid long term care services.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# What kind of plan is right for you?

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- **Do you want your Medicare and Medicaid to be combined into one plan?**
  - If the answer is **YES**, then you should choose:
    - PACE,
    - MAP, or
    - FIDA-IDD*
  - If the answer is **NO**, then you should choose:
    - Medicaid MLTC


* FIDA-IDD is only for people with intellectual or developmental disabilities.

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# Medicaid MLTC

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- Medicaid MLTC is a separate health insurance plan that adds onto your existing Medicare and Medicaid coverage.
- You would be able to keep your current Original Medicare or Medicare Advantage plan for doctors, hospitals, and other medical care.
- Medicaid MLTC plans just cover long term care and a few other services.
- Because they do not cover doctors, you can continue to see the same doctors you see now.


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# What long term care services are covered?

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- Home care (including personal care, home health aide, and Consumer Directed Personal Assistance)
- Adult day care
- Private duty nursing
- Physical/Occupational/ Speech therapy
- Home delivered meals
- Medical equipment and supplies
- Hearing aids and audiology
- Eyeglasses and vision care
- Dental care
- Podiatry
- Nursing home (temporary)

Note: this is not a complete list of covered services.

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# Combined Plans

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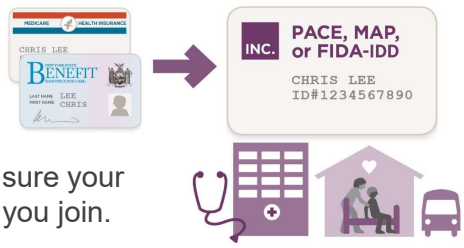
- There are three kinds of MLTC plan that combine your Medicare and Medicaid into one plan: PACE, MAP and FIDA-IDD.*
- With these plans, you would no longer use your Medicare card to get medical care. Everything would be through your plan.
- These plans are more convenient because you have only one insurance plan to worry about.
- However, you need to make sure your doctors take the plan before you join.




* FIDA-IDD is only for people with intellectual or developmental disabilities.

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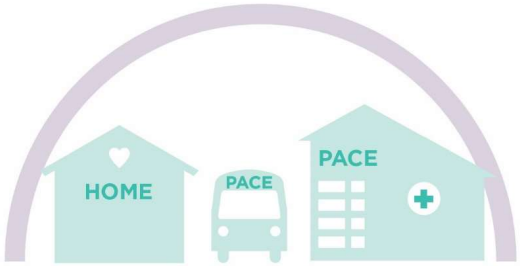
# PACE: Program of All-inclusive Care for the Elderly




- PACE combines Medicare, Medicaid and long term care services under one plan.
- You have to be **at least 55 years old** to join PACE.
- If you join a PACE, **you must go to a center** in your neighborhood to get most of your care.
- The PACE center includes doctors and nurses who coordinate your care, as well as adult day care, meals, and other services.
- PACE is not available everywhere in the State. But it is a great option for people who live near a PACE center.
- If you disagree with a decision of your PACE, there are two different appeal processes depending on whether the service is covered by Medicare or Medicaid.

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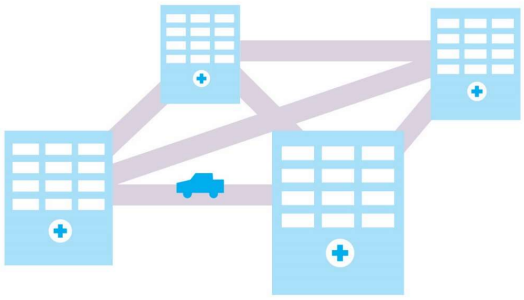
# MAP: Medicaid Advantage Plus

- Medicaid Advantage Plus is **like a Medicare Advantage plan combined with a Medicaid MLTC plan.**
- MAP includes all Medicare, Medicaid and long term care services.
- You have to be at least 18 years old to join MAP.
- Unlike PACE, there is no center you need to go to for your doctors and other care.
- Some MAP plans include extra benefits like a debit card for over-the-counter items and groceries, or a gym membership.
- If you disagree with a decision of your MAP plan, there is one simple appeal process for all services.



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# How do I join MLTC?

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## A note for people without Medicare

- The following process is only for people with Medicare and Medicaid (“dual eligibles”) who want to enroll in MLTC.
- If you have Medicaid but **not Medicare**, then you generally do not need to enroll in MLTC.
- Your **Medicaid Managed Care or HARP** plan already covers long term care services.
- Some people with Medicaid but not Medicare may be eligible to enroll in MLTC to receive services not covered by their Medicaid plan. Call ICAN at 844-614-8800 if this applies to you.
- To get long term care through your MMC or HARP plan, contact the NY Independent Assessor Program (see below)


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# Steps to MLTC Enrollment

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1. Apply for Medicaid
2. NY Independent Assessor Program
3. What type of plan?
4. Choose your plan
5. Enroll

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# ❶ Apply for Medicaid

- Most people seeking long term care need to apply for Medicaid through the Local Department of Social Services (LDSS).
- There are Facilitated Enrollers throughout the state who can help you apply for Medicaid.
- If you are age 65 or older, or certified disabled or blind, your income and resources must be under the following limits to qualify:*



| | | |
|---|---|---|
| Income | $1,732 | $2,351 |
| Resources | $31,175 | $42,312 |

* These limits are as of 2024; they may change each year. There are also some deductions from income and resources; consult with a Medicaid expert to find out if you're eligible.

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## ❷ NY Independent Assessor Program


- The next step is to contact the **NY Independent Assessor Program (NYIAP)**.
  - NYIAP is a company that works for Medicaid. NYAIP assesses people with Medicaid to find out whether they may be eligible to enroll in MLTC.
  - You will have to be assessed by NYIAP before you can enroll in an MLTC or MAP plan.
  - If you want to enroll in a PACE plan, you can enroll directly without going through NYIAP.

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## NYIAP must assess you before you can enroll in MLTC

- **MLTC is not for everyone.** Even if you already have Medicaid, you can only join MLTC if you need help with your daily activities.
- NYIAP decides if you can join MLTC by conducting a nursing assessment and a medical examination.
- You can schedule these by calling **855-222-8350**.

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# How to get assessed by NYIAP

**Call NYIAP**

- **855-222-8350.** They are open Monday-Friday 8:30am-8:00pm, and Saturday 10:00am-6:00pm.

**Community Health Assessment (CHA)**

- This is the first NYIAP appointment. A nurse will ask a long list of questions to find out about your medical condition and what you need help with.

**Clinical Appointment (CA)**

- This is the second NYIAP appointment. A doctor or nurse practitioner will ask you a shorter list of questions to find out if you have a stable medical condition and are self-directing.

**Outcome Notice**

- A few days after the second appointment, NYIAP will mail you a notice informing you whether or not you are approved for MLTC enrollment and if you have a stable medical condition.

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# CHA and CA


- Both the CHA and CA can be done either by a video call or in-person.
  - For the video call, you will need to have a computer, smartphone, or tablet that has a camera and microphone, and a connection to the internet.
  - You can have a family member or friend join you for these appointments.
- **Community Health Assessment (CHA)** – This is the first NYIAP appointment. A nurse will ask a long list of questions to find out about your medical condition and what you need help with.
- **Clinical Appointment (CA)** – This is the second NYIAP appointment. A doctor or nurse practitioner will ask you a shorter list of questions to find out if you have a stable medical condition and are self-directing.

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## Outcome Notice

- A few days after the second appointment, NYIAP will mail you an **outcome notice** informing you whether or not you are approved for MLTC enrollment and if you have a stable medical condition.
- If your outcome notice says "You may qualify to receive long term services and support through a Managed Long Term Care (MLTC) plan," that means you can proceed to the next step and choose a plan.
- It is possible that NYIAP will send you an Outcome Notice that says you are not eligible to enroll in MLTC or get home care. You have the right to appeal that decision. You can do this by requesting a **Fair Hearing**. This means you can tell a judge why you think the decision was wrong. If the judge agrees with you, they can make NYIAP change their decision.

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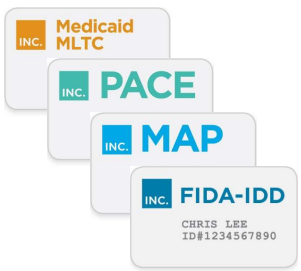
## ❸ What type of plan?

- See the prior section to review the different kinds of MLTC plans.
- **Call ICAN** to learn more about the different kinds of plans.
- Call **NY Medicaid Choice**, New York State's Enrollment Broker for managed care, at **888-401-6582** to get help deciding which plan is right for you.

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## ❹ Choose a plan

- Get a **list of plans** available in your county.
  - http://nymedicaidchoice.com
- Find out which plans have **good quality** measures.
  - http://www.health.ny.gov/health_care/managed_care/mltc/consumer_guides/
- Find out which plans contract with **preferred providers** (dentist, podiatrist, home care agency).
- For **combined plans**, also make sure doctors are in network and drugs are on formulary.

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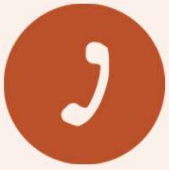
## Contact your plan



Once you have been approved for Medicaid and for MLTC, you must call a plan to find out if it is right for you. Here are some questions you should ask to help you decide:

- How many hours of home attendant services will I get?
- What other services would be given to me?
- Will I be able to keep the aide who is helping me now?
- Can I direct my own care?
- Will I be able to get care in my own home, or only in a nursing home?
- Will my dentist, podiatrist, audiologist and optometrist be covered?
- Will my doctors, hospitals, and drugs be covered? (Only for PACE, MAP, and FIDA-IDD)

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# Contact your plan

- To answer these questions, the plan will need to meet with you.
- You can have friends or family with you during this meeting. You can ask questions and tell the nurse anything you want about your needs. Be sure to ask what services and how many hours the plan would approve. If you like this plan, you can join right away.
- The plan will use the Community Health Assessment already done by NYIAP to determine which services you will receive and how many hours of home care.
- You do not need to join the first plan that meets with you. You can call another plan and ask them to do an assessment. You should pick the plan that will give you the services you need and that you like the best.

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# 5 Enroll


Once you have chosen the plan that best fits your needs, you may enroll by signing an enrollment form provided by the plan. If you are unable to sign, an authorized representative can sign this form for you.

- **Medicaid MLTC**
  - Call NY Medicaid Choice at **888-401-6582**.
  - The plan can call with you.
- **FIDA-IDD**
  - Call NY Medicaid Choice at **855-600-3432**.
- **MAP or PACE**
  - Enroll through the plan.

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# Effective date of enrollment

- If you enroll **before the 20th** of the month, your services will begin on the **1st of the next month**.
- If you enroll **after the 20th**, your services will not start until **the following month**.
- The entire process, from applying for Medicaid to enrolling in a plan, will probably take about three months.
- If you need home care services more quickly, you may be able to get them approved by your Local Department of Social Services instead of MLTC. This is called **immediate need home care**. If approved, these services are only temporary. Within a few months, you will need to join MLTC. Call ICAN to learn more about this option.

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# How do I use my plan?

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# How plans are structured

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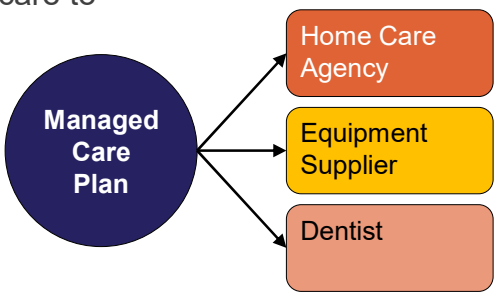
- Your Medicaid managed care plan is an insurance company.
- This means that they do not provide healthcare to you directly. Instead, they pay providers to provide care to you.
- Usually, they also decide whether you should receive care, and how much for how long.
- Once the plan has approved services through one of their participating providers, they coordinate your care.

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# Working with your care manager

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- Your first point of contact for any issue with your plan is your **care manager**.
- Your care manager:
  - Visits you **at least twice a year**
  - Works with you to **develop your care plan**
  - Helps you receive covered services
  - **Coordinates** any other services that support your needs (even if not covered by the plan)
  - **Makes changes** to your care plan if your needs change
  - Helps you **transition between care settings** (e.g., discharge from hospital back to your home)


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# Communicating with your plan

- You can do most things over the phone with your care manager.
- However, it is best to also **submit important requests in writing**.
  - Service authorizations
  - Appeals
  - Grievances
- Call your care manager and ask for a fax number or mailing address.

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# Service Authorizations

Most long term care services require prior authorization by the plan before your plan will pay for them.

- **Prior Authorization** – When you ask your plan for a new service
- **Concurrent Review** – When you ask your plan for more of a service you are already receiving
- The plan must give you a written decision within 14 days (or as short as 72 hours if fast-tracked)
- The plan's decision on a service authorization is an **action**. If you disagree with an action, you can appeal it.

N.Y. Dep't of Health, MLTC Model Contract, Appendix K.

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# Actions by your plan

Action – When a plan:

- denies or limits services requested by you or your provider;
- denies a request for a referral;
- decides that a service is not a covered benefit;
- reduces, suspends or terminates services that were already authorized;
- denies payment for services;
- doesn't provide timely services;
- doesn't make grievance or appeal determinations within the required timeframes; or
- denies a request to go out-of-network.

42 C.F.R. § 438.400(b); N.Y. Dep't of Health, MLTC Model Contract Appendix K.

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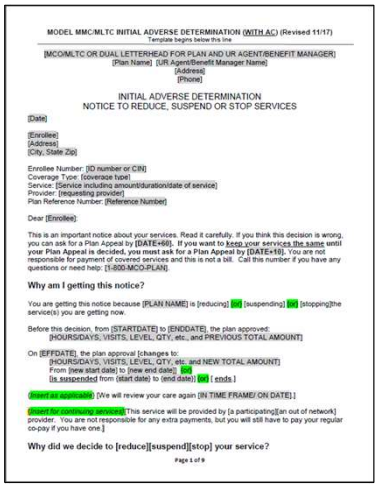
# You have the right to written notice

- Whenever your plan takes an **action** regarding your services, they must send you an **adequate, written notice**
  - Among other things, this notice must state the action being taken, the **reason for the action**, and the effective date of the action
- If the plan proposes to **reduce or discontinue** a service you are already receiving, the notice must also be **mailed to you 10 days before the effective date**



MODEL MMC/MLTC INITIAL ADVERSE DETERMINATION (WITH AC) (Revised 11/17)
Template begins below this line

[MCO/MLTC OR DUAL LETTERHEAD FOR PLAN AND UR AGENT/BENEFIT MANAGER]
[Plan Name] [UR Agent/Benefit Manager Name]
[Address]
[Phone]

INITIAL ADVERSE DETERMINATION
NOTICE TO REDUCE, SUSPEND OR STOP SERVICES

[Date]

[Enrollee]
[Address]
[City, State Zip]

Enrollee Number: [ID number or CIN]
Coverage Type: [lowercase type]
Service: [Service including amount/duration/date of service]
Provider: [requesting provider]
Plan Reference Number: [Reference Number]

Dear [Enrollee]:

This is an important notice about your services. Read it carefully. If you think this decision is wrong, you can ask for a Plan Appeal by **[DATE+60]**. If you want to keep your services the same until your Plan Appeal is decided, you must ask for a Plan Appeal by **[DATE+10]**. You are not responsible for payment of covered services and this is not a bill. Call this number if you have any questions or need help: [1-800-MCO-PLAN].

**Why am I getting this notice?**

You are getting this notice because [PLAN NAME] is [reducing] [or] [suspending] [or] [stopping]the service(s) you are getting now.

Before this decision, from [STARTDATE] to [ENDDATE], the plan approved:
[HOURS/DAYS, VISITS, LEVEL, QTY., etc., and PREVIOUS TOTAL AMOUNT]

On [EFFDATE], the plan approval [changes to:
[HOURS/DAYS, VISITS, LEVEL, QTY., etc., and NEW TOTAL AMOUNT]
From [new start date] to [new end date] [or]
[is suspended from (start date) to (end date)] [or] [ ends ]

*[insert as applicable]* [We will review your care again [IN TIME FRAME/ ON DATE].]

*[insert for continuing services]* [This service will be provided by [a participating][an out of network] provider. You are not responsible for any extra payments, but you will still have to pay your regular co-pay if you have one.]

**Why did we decide to [reduce][suspend][stop] your service?**

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42 C.F.R. § 438.404; 18 NYCRR § § 358-2.2, 358-2.23 & 358-3.3.

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# You have the right to appeal

- If you disagree with your plan's action, you have the right to request a **plan appeal**.
  - This means you are asking your plan to take another look at their decision, and if they agree with you that they made a mistake, change it.
- **Requesting a plan appeal**
  - Use the plan appeal form included with the notice.
  - You can request an appeal over the phone, but (unless it is fast-tracked; see next slide) you must also confirm it in writing.
  - You can have another person request the appeal for you by signing a letter giving them permission.

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# Plan appeal timelines

- **Aid Continuing**
  - If the proposed action is to reduce or discontinue your services, you can keep your services the same until your appeal is decided. This is called **aid continuing**.
  - If you want aid continuing, you must **request a plan appeal within 10 days** of the notice date, or by the date the change is supposed to start, whichever is later.
- For other kinds of actions (or if you don't want aid continuing), you must request the plan appeal within **60 days of the notice date**.
  - The plan must give you a written decision within **30 days** of your request.
  - **Fast Track** – You may be eligible for a decision within **72 hours** if a delay will seriously risk your health, life, or ability to function; and certain other situations.
  - **Extension** – The plan may take up to **14 days** longer if they can show that they need additional information and it would be in your interest.

42 C.F.R. § 438.402; 18 NYCRR § 358-3.1.

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# Fair Hearings

- If you lose your plan appeal, you have the right to request a **Medicaid fair hearing**.
  - A fair hearing is where you can have an impartial hearing officer listen to you and the plan and decide who is right.
- If you want to keep your services the same until the fair hearing is decided, **you must request the fair hearing within 10 days of getting the plan appeal decision** notice, or by the date the change is supposed to start, whichever is later.
  - You can get aid continuing at this stage even if you did not get it during the plan appeal stage.
- You must complete the plan appeal before you can request a fair hearing.

**Deadline to request a fair hearing:** 120 days from the date of the Final Adverse Determination notice

42 C.F.R. § 438.402; 18 NYCRR § 358-3.1.

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# External Appeals

If you lose your plan appeal, you may also be able to request an **external appeal** (in addition to a fair hearing).

- This means asking the N.Y. State Department of Financial Services to review the record to decide who is right.
- You must have a plan appeal before you can request an external appeal.
- Not all issues can be brought to an external appeal.
- If you get both an External Appeal and a Fair Hearing, it is the Fair Hearing decision that will apply.

**Deadline to request an external appeal:** 4 months from the date of the Final Adverse Determination notice

N.Y. Dep't of Health, MLTC Model Contract Appendix K.

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# Complaints

If you are unhappy with something that your plan did (or didn't do) that wasn't an **action**, you can file a **complaint** with the plan. Here are some examples of things that would be appropriate for a complaint, not an appeal:

- The plan provided you with medical supplies that were poor quality.
- Your care manager doesn't call you back.
- Your personal care aide was rude to you, or couldn't communicate with you.

42 C.F.R. § 438.400; N.Y. Dep't of Health, MLTC Model Contract Appendix K.

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# Your rights in MLTC

You have the right to:

- receive medically necessary care.
- timely access to care and services.
- privacy about your medical record and when you get treatment.
- get information on available treatment options and alternatives presented in a manner and language you understand.
- get information in a language you understand; you can get oral translation services free of charge.
- get information necessary to give informed consent before the start of treatment.
- be treated with respect and dignity.
- get a copy of your medical records and ask that the records be amended or corrected.

N.Y. Dep't of Health, MLTC Model Contract, Appendix L

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## Your rights in MLTC (cont'd)

- take part in decisions about your health care, including the right to refuse treatment.
- be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- get care without regard to sex, race, health status, color, age, national origin, sexual orientation, marital status or religion.
- be told where, when and how to get the services you need from your MLTC plan, including how you can get covered benefits from out-of-network providers if they are not available in the plan network.
- complain to the N.Y.S. Dep't of Health or your LDSS; and, the Right to use the N.Y.S. Fair Hearing System and/or a N.Y.S. External Appeal, where appropriate.
- appoint someone to speak for you about your care and treatment.

N.Y. Dep't of Health, MLTC Model Contract, Appendix L

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ICAN

## How to get help from ICAN

CSS Community Service Society

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## Get help

(844) 614-8800

ican@cssny.org

icannys.org

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