

Introduction to Long Term Care Services through Medicaid Managed Care

Presented by
Kim Bolk, Esq.



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House Keeping

Please keep your microphone muted.

Please put questions in chat. We will address all questions at the end of the presentation.

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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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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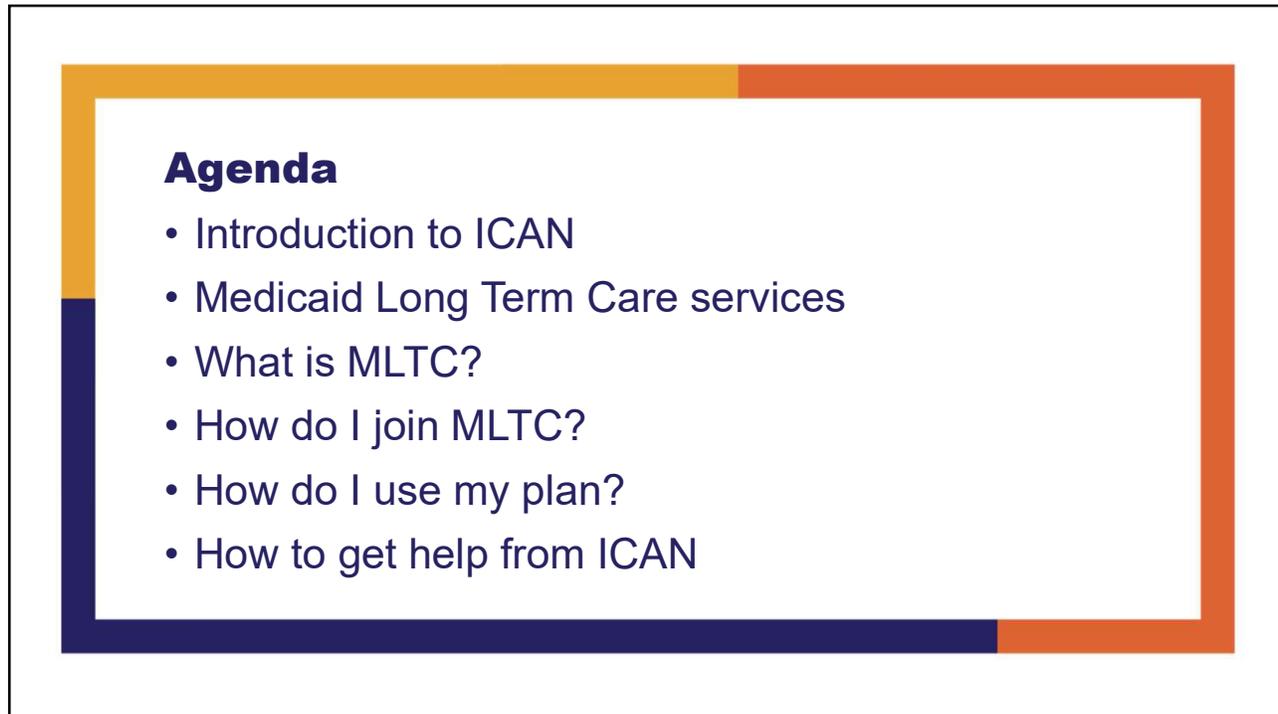
ICAN

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 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.

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



ICAN

Independent
Consumer Advocacy
Network

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What do we do?



- **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.

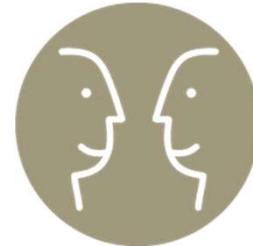
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Who do we help?



- 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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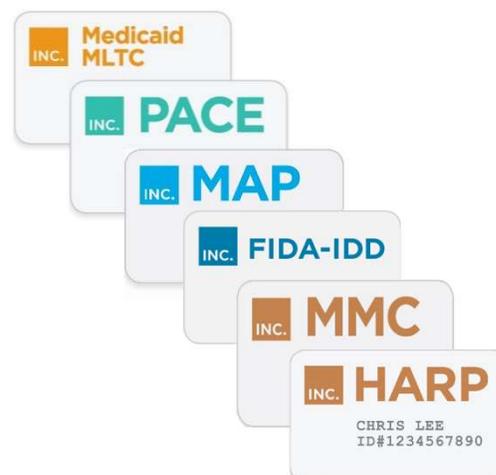
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What kinds of plans does ICAN work with?



The plans we work with are:

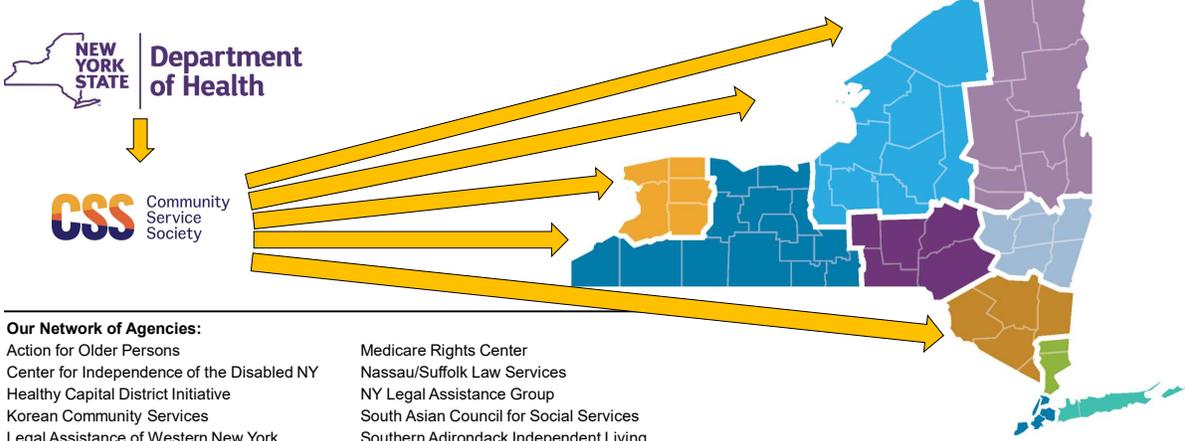
- **MLTC** (partially capitated MLTC)
- **PACE** (Programs of All-inclusive Care for the Elderly)
- **MAP** (Medicaid Advantage Plus)
- **FIDA-IDD** (FIDA for People with Intellectual or Developmental Disabilities)
- **MMC-LTSS** (Mainstream Medicaid Managed Care for those enrollees who need long term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



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Who is ICAN?

NEW YORK STATE Department of Health

CSS Community Service Society

Our Network of Agencies:

Action for Older Persons	Medicare Rights Center
Center for Independence of the Disabled NY	Nassau/Suffolk Law Services
Healthy Capital District Initiative	NY Legal Assistance Group
Korean Community Services	South Asian Council for Social Services
Legal Assistance of Western New York	Southern Adirondack Independent Living
Legal Services of the Hudson Valley	Westchester Disabled On the Move
Living Independently is For Everyone @ RCIL	Western NY Independent Living

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How we help





Our trained counselors answer our **toll-free telephone hotline** Monday-Friday, 9am-5pm (also email and online chat)



Our services are completely **free and confidential**.



Our counselors speak English, Spanish, Russian, and Mandarin Chinese.*



We'll meet you **in person** at our offices or at your home.



We give **educational presentations** to consumers, caregivers, and professionals.



We monitor our cases for **potential trends** and report them to the state.

* Interpreters are available for all other languages.

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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



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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Personal Care Services



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Personal Care Services

Some older people or people with disabilities may have a difficult time doing certain activities for themselves.

Sometimes people need another person to help them with their **Activities of Daily Living (ADL)**.

Personal Care Services (PCS) are a Medicaid benefit that can provide this kind of help.



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What are Activities of Daily Living?



Activities of Daily Living are the things you do every day in and around your home. The purpose of home care is to help you with these daily activities. There are two kinds of ADLs that a home care worker might be able to help you with: **Level 1** and **Level 2**.

Level 1 activities (also called Instrumental ADLs or housekeeping) include:

- Laundry
- Grocery shopping
- Light housekeeping
- Managing medication
- Cooking

Level 2 activities include:

- Feeding
- Walking and wheelchair use
- Bathing
- Dressing
- Personal hygiene
- Using the toilet

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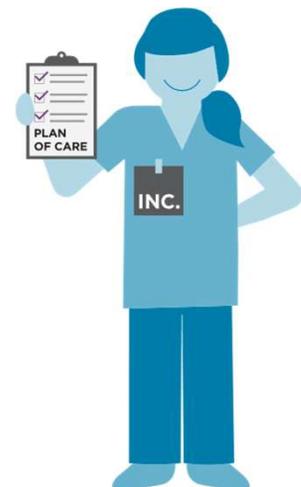
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What are Personal Care Services?



If you need help safely doing your ADLs, you can get a home care worker to come to your home and help you with those tasks. This is called PCS. The worker is called a **Personal Care Aide (PCA)**. PCAs can help a person with disabilities to safely live in their own home instead of a medical institution.

A PCA is not a nurse. They are a person who has received about 2–3 weeks of training and works for a home care agency. A PCA helps you with the activities included in your **plan of care**. Your plan of care lists all of the ADL tasks you need help with.



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Services a PCA cannot provide



Some people may need other types of care that an aide is not allowed to provide. This might include insulin injections, tube feeding, or other skilled medical care.

An aide may bring you medications in a weekly medication box that someone filled for you, and remind you to take them, but cannot put a pill in your mouth.

If you need help with these kinds of tasks, you might need other types of home care offered by Medicaid, such as **Private Duty Nursing** or **Consumer Directed Personal Assistance Program (CDPAP)**.



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Am I eligible for Personal Care Services?



Not everyone is eligible for PCS. To qualify, you must meet all the following requirements. Each requirement will be explained in detail after the list.

- Self-directing (or someone else who can direct care);
- Stable medical condition;
- Can live safely at home with home care;
- Home care services are medically necessary.



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Self-directing



You must be **self-directing**.

Self-directing means that you have the capability to make choices about ADLs, understand the impact of these choices and assume responsibility for the results of these choices.

If you cannot do these things, you must have someone you know direct care for you.

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Stable medical condition



You must also have a stable medical condition.

This means that your health is not expected to suddenly worsen or improve, and that you don't need frequent changes to your plan of care.

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Can live safely at home with home care



If it is not safe for you to continue living in your home, even with help from an aide, then you may not be eligible for PCS.

However, your safety does not have to be guaranteed to get home care.

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Medically necessary



Medicaid will only pay for the amount of home care services that are medically necessary.

Your Medicaid managed care plan will identify how many hours per week of home care services are medically necessary.

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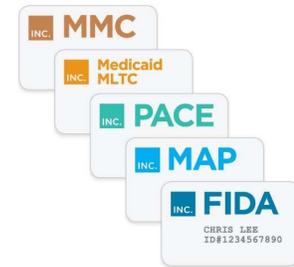
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How do I get Personal Care Services?



Most people get PCS by enrolling in a Medicaid Managed Care Plan.

Most people with Medicaid are required to enroll in managed care plans operated by private insurance companies. These companies are paid by Medicaid to cover all medically necessary care within their benefit package. There are different kinds of Medicaid managed care plans for different groups of people.



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How do I get Personal Care Services? (cont'd)



Most people with Medicaid are in a Mainstream Medicaid Managed Care (MMC) plan or a Health and Recovery Plan (HARP).

If you have one of these, you do not need to change plans to get PCS. They are already part of your benefit package. So, you can just ask your plan for the services.



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How do I get Personal Care Services? (cont'd)



If you have Medicare, you have a choice between three different kinds of plans that can provide PCS:

- Medicaid Managed Long Term Care (MLTC)
- Medicaid Advantage Plus (MAP)
- Programs of All-inclusive Care for the Elderly (PACE)



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How do I get Personal Care Services? (cont'd)



There are also some people who can get PCS without joining a managed care plan:*

- Participants in a **waiver program**, such as the Nursing Home Transition and Diversion (NHTD) Waiver, the Traumatic Brain Injury (TBI) Waiver, or the waiver for people with developmental disabilities (OPWDD)
- People who are already receiving **hospice services**
- People who have an **immediate need** for PCS and are not enrolled in a MMC or HARP. However, this is temporary. They will eventually need to join a managed care plan.
- People who have Medicaid but not Medicare and who are not enrolled in MMC or HARP (i.e., **excluded** or **exempt** from managed care)
- People ages 18–21

*These are the most common reasons. Call ICAN to see if other exceptions apply to your situation.

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NY Independent Assessor Program



The first step for most people with Medicaid to get PCS is to contact the **NY Independent Assessor Program (NYIAP)**.

NYIAP is a company that works for Medicaid. They assess people with Medicaid to find out whether they may be eligible to enroll in MLTC or get PCS.

- If you are already enrolled in **MMC or HARP**, you have to be assessed by NYIAP before your plan will approve PCS.
- If you are not enrolled in MMC or HARP, you will have to be assessed by NYIAP before you can enroll in an **MLTC or MAP** plan to get PCS.
- If you want to get PCS through a **PACE** plan, you can enroll in the PACE plan directly without going through NYIAP.
- People who are **excluded** or **exempt** from managed care also have to be assessed by NYIAP before they can get PCS.

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Steps to get assessed by NYIAP



- **Call NYIAP at 855-222-8350.** They are open Monday–Friday 8:30am–8:00pm, and Saturday 10:00am–6:00pm.
- **NYIAP will schedule two appointments with you.** They can be held 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.
- **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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Next Steps



If you are already enrolled in MMC or HARP, call your plan once you receive the **Outcome Notice**. They will schedule another appointment to complete your plan of care and determine how many hours of home care you will receive.

If you are not already enrolled in a plan, your next step is to pick an MLTC, MAP, or PACE plan. NYIAP and ICAN can help you pick a plan. Once you pick a plan, you must call them to schedule another appointment. They will use this appointment to complete your plan of care and determine how many hours of home care you will receive.



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What if I get denied?



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. It is also possible that an MLTC plan will not let you enroll even though NYIAP approved you.

In either case, 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 or the plan change their decision.

If you are enrolled in MMC or HARP and they deny you for home care, you also have the right to appeal. But first you have to file an appeal with the plan before you can request a Fair Hearing.



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How many hours of home care will I get?



After the NYIAP assessment, the Medicaid managed care plan will complete your plan of care and determine how many hours of PCS you need. You and the plan will use the information from NYIA's assessment to complete your plan of care.

The plan must consider what tasks you need help with, when you need that help, how frequently, how long it takes, and whether those tasks can be scheduled or are unpredictable. You will work with the plan to make sure that the number of hours they approve is enough to meet any unscheduled or recurring needs, whether they happen at day or night.

When you ask your plan for home care, you should be specific. Tell them exactly how many hours per day and days per week you want, and why. It is best to do this in writing.



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What if I need night-time care?



Very rarely, people might need home care services overnight. Medicaid only pays for overnight care if you need help with tasks like toileting, walking, transferring (getting up or down from a chair or bed), turning and positioning in bed, or feeding. There are two types of 24-hour care available: live-in and split-shift.

Live-in: The live-in aide spends 24 hours per day in your home. The aide is only on duty for 12 hours during the day, with 3 breaks for meals. Overnight, the aide is expected to be able to sleep for a total of 8 hours, with 5 hours of uninterrupted sleep. The aide is expected to help you a couple of times overnight when they are not sleeping. There must be separate sleeping space in your home to get live-in services.

Split-shift (also known as continuous care): One aide works the 12-hour shift during the daytime. Another aide works the 12-hour shift during the nighttime. This is called "split-shift" because two aides split the 24-hour care. The nighttime aide is on duty for the entire 12 hours and is not allowed to sleep. You can only get split-shift if your nighttime needs are so frequent that a live-in aide could not get 5 hours of uninterrupted sleep.



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What tasks are not covered by PCS?



Your Plan is only required to provide you with assistance for ADLs. This means that there are some tasks that an aide is not allowed to help you with. Your plan will not approve hours for these tasks.

One example is **safety monitoring**. Safety monitoring means making sure a person is safe without assisting them with an ADL. For example, your plan would not give you PCS during a period of time when you don't need help with any ADLs, but you just need someone to watch you to keep you from doing something dangerous.

However, an aide is allowed to help you safely perform an ADL, like walking or using the bathroom. This help doesn't have to be physical; it can be verbal as well. For example, the aide can remind you to use your walker.

Another example of tasks that are not covered is companionship. Your plan is not required to provide you with extra time from an aide because you do not want to be alone.

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Who is responsible for what?

It takes a team to help you get the care you need at home. It's important to know the members of this team and who's responsible for what.

Plan: Your plan determines the amount of home care you receive, and pays for the home care services, medical equipment, and many other things related to your long term care.

Care Manager: Your Care Manager works for your plan. The Care Manager develops your care plan with you and coordinates your care. The Care Manager is usually the first person you contact if you have a problem.



Homecare Agency: Your plan hires a Homecare Agency, which employs the PCA. The Homecare Agency schedules and supervises the aides. You will be assigned a Coordinator at the agency. You can call this person about scheduling issues.

You: You are responsible for letting your plan know of any requests, updating your plan about changes in your condition, answering your plan's calls, and participating in annual reassessments. You can also have a trusted friend or family member handle these responsibilities.

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Who can be my aide?

Most people who receive Medicaid home care have an aide from a home care agency that works with their Medicaid managed care plan.

But Medicaid managed care plans also pay for a program that lets you choose a friend or family member to get paid to be your aide. This is called the **Consumer Directed Personal Assistance Program (CDPAP)**.

CDPAP aides can also perform special tasks, such as insulin injections, tube feeding, and more, if you are able to train them on these tasks. Regular aides cannot perform these tasks.



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CDPAP

While you gain flexibility under CDPAP, you also gain responsibilities that you would not have if you received care from a traditional home care agency. These include recruiting, training, scheduling, and supervising the aides.

If you feel that you cannot handle these responsibilities, you can choose someone you know to do them for you, called a **designated representative**.



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CDPAP (cont'd)



All aides must be at least 18 years old and have a valid United States work authorization.

The CDPAP aide may be your child (if at least age 18), another family member, a friend, or someone you hire. But the following people cannot be the CDPAP aide:

- Your spouse
- Your parent (if you are a child under age 21)
- Your designated representative (see definition above) — if you need someone else to direct your care, that person cannot also be your CDPAP aide. Having Health Care Proxy or Power of Attorney does not automatically make someone your designated representative.

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What if I need more help?



If you feel that you need more hours of PCS, a certain type of equipment, or anything else related to your long term care needs, you can make this request to your **Care Manager**.

The plan must send you a written notice with their decision. If they deny or partially approve your request, this notice is called an **Initial Adverse Determination** or **Coverage Determination Notice**.

If you do not agree with your plan's decision, you can file an appeal.



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Does my family member need to help?



Just because your family is supportive or lives with you, does not mean that they need to help you with ADLs.

Some people would like some of their care provided by an aide and the rest of their care provided by a family member. The care that the family member provides must be voluntary. Your plan cannot force the family member to provide this care.

If the family member can no longer provide this care at any time, you can ask your plan for more assistance.

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How to get help from ICAN



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Get help



(844) 614-8800



ican@cssny.org



icannys.org