



ICAN

**Independent
Consumer Advocacy
Network**

Best Practices for Getting the Most out of Managed Long Term Care Plans!

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**Community
Service
Society** | Fighting Poverty
Strengthening
New York





Legal Aid Society of Northeastern NY

Provides effective, free civil legal services and education to and advocacy for people with low income or other barriers to accessing the legal system. Offices in Albany, Amsterdam, Canton, Plattsburgh and Saratoga Springs.

Disclaimer

This presentation provides general information only based on laws applicable in New York State. This is not legal advice and receiving this information or attending a presentation which includes this information does not make you a client of this office.

The law may change after the writing of this presentation. You should consult with an attorney for legal advice and help if you have a legal problem and for help in interpreting and applying the law.

Agenda

- MRT 90 and ICAN Overview
- Case Studies
- MLTC Overview and Enrollment
- Case Studies
- MLTC Appeal & Grievance Process
- Case Studies
- ICAN to the Rescue!!!

MRT 90 and ICAN Overview

Medicaid Redesign Team – Project #90

"It is of compelling public importance that the State conduct a fundamental restructuring of its Medicaid program to achieve measurable improvement in health outcomes, sustainable cost control and a more efficient administrative structure."

– Governor Andrew M. Cuomo, January 5, 2011

The Start of MLTC

- Designed to integrate services and improve health outcome for people in need of CB-LTSS
- Phase In Period – September 2012 thru July 2015
- Mandatory Enrollment:
 - Dual Eligible
 - Age 21 and over
 - Need for community based long term care for over 120 days

WHICH LED TO ...



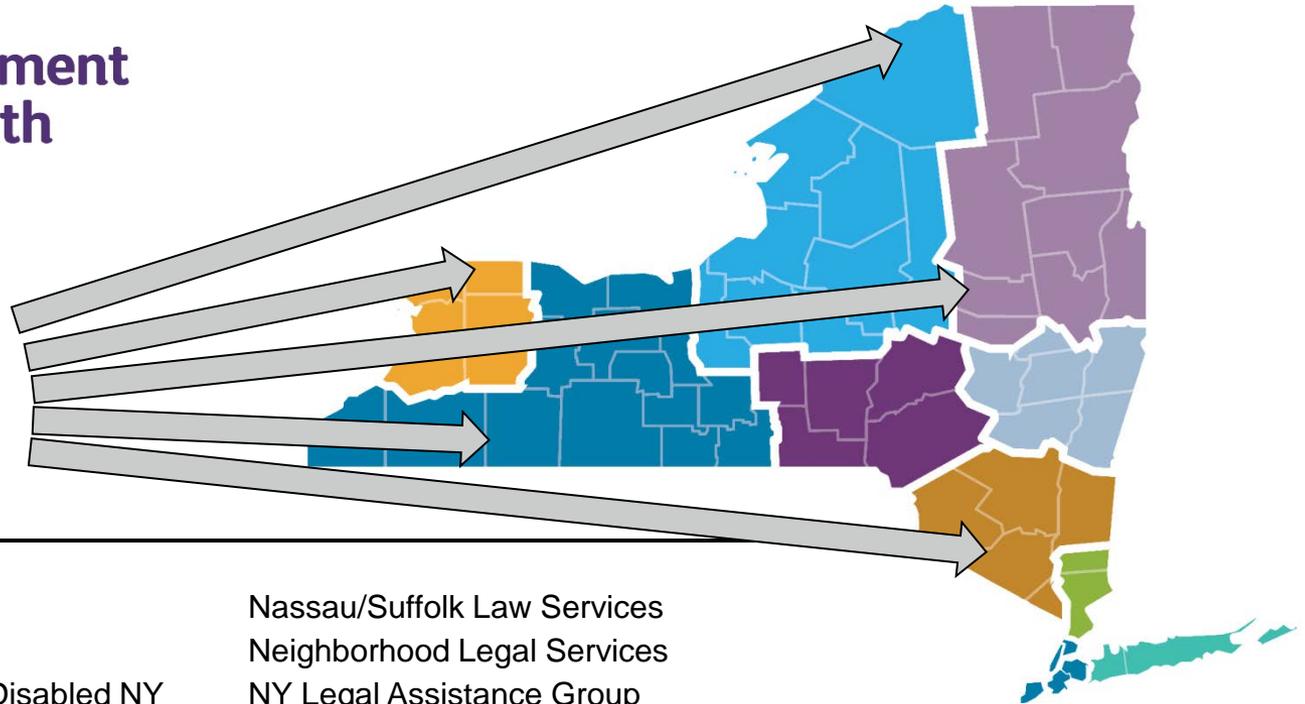
The ICAN Program



Department of Health



Community Service Society
Fighting Poverty
Strengthening
New York



Our Network of Agencies:

- | | |
|--|---|
| ACR Health | Nassau/Suffolk Law Services |
| Action for Older Persons | Neighborhood Legal Services |
| BronxWorks | NY Legal Assistance Group |
| Center for Independence of the Disabled NY | South Asian Council for Social Services |
| Korean Community Services | Southern Adirondack Independent Living |
| Legal Aid Society of Northeastern NY | Urban Justice Center |
| Legal Assistance of Western New York | Westchester Disabled On the Move |
| Legal Services of the Hudson Valley | Western NY Independent Living |
| Medicare Rights Center | |



Case Studies

Activity – MRT issue

Sam recently became Medicare eligible after receiving Social Security Disability (SSD) for the last two (2) years. He has been receiving long-term care services through his Medicaid Managed Care plan.

Does he now have to join an MLTC in order to receive long-term care services?

Who can help Sam through this process?

Best Practice

Yes - Sam will have to join an MLTC to continue receiving long-term care services.

If the Medicaid Managed Care plan he has now also provides MLTC coverage, he may be transferred into that “sister” plan, unless he enrolls in another plan.

If his current plan does not offer MLTC coverage, than he will be auto-assigned into an MLTC plan, unless he choices one beforehand.

Sam can contact ICAN for help if any problems arise.

Activity - Eligibility

Martha is a dual eligible who wants to have help around her home while she recovers from minor surgery for a few weeks. She wants assistance with grocery shopping, laundry, and light housekeeping. She is presently not receiving long-term care services and has not needed these services in the past.

Are there any options for Martha under an MLTC plan?
Who can help Martha through this process?

Best Practice

Martha may not meet the criteria to enroll in an MLTC plan because it appears that her need for services will not exceed 120 days.

If she has no neighbors or family to call upon for help, Martha can call her local DSS, Office for Aging, or NY Connects to find local help.

MLTC Overview and Enrollment

MLTC is managed care

- There are **different types of plans** that cover long-term care services
 - Medicaid MLTC is a separate health insurance plan that **adds onto** your existing Medicare and Medicaid coverage.
 - There are three kinds of MLTC plan that **combine your Medicare and Medicaid into one plan**: FIDA, PACE, and MAP.
- All plans must **follow the same rules** as the Medicaid program.

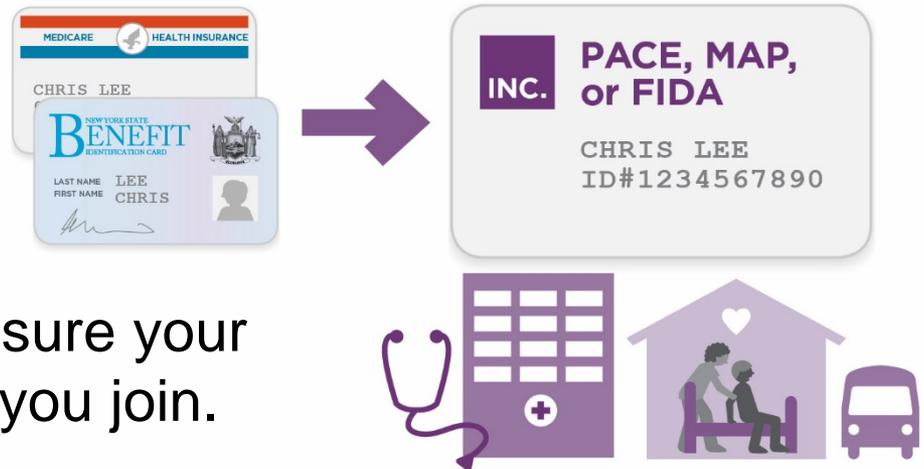
Medicaid MLTC

- 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.



Combined Plans

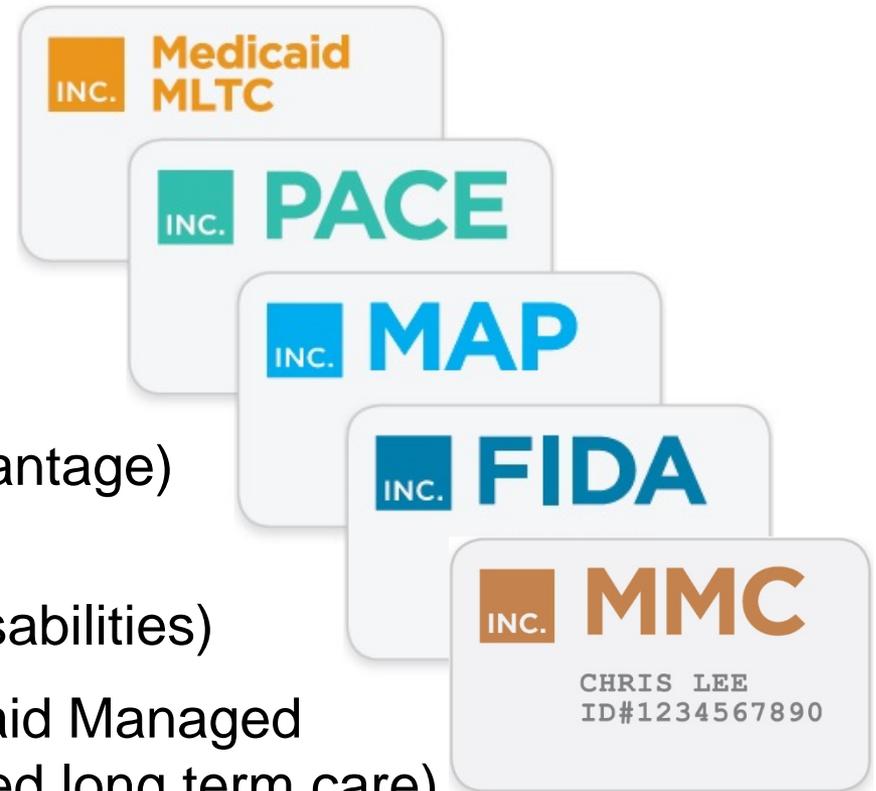
- There are three kinds of MLTC plan that **combine your Medicare and Medicaid into one plan**: FIDA, PACE, and MAP.
- With these plans, **you would no longer use your Medicare card** to get medical care. Everything would be through your plan.
- These plans are **more convenient** because you have only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



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** (Fully Integrated Dual Advantage)
- **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)



Steps to MLTC Enrollment

1 Apply for Medicaid – Facilitated Enroller

2 Conflict-Free Evaluation – 855-222-8350

3 What type of plan? – ICAN can help

4 Choose your plan – Plan Assessment

5 Enroll – Plan or NY Medicaid Choice 888-401-6582

Services Covered:

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

Care Manager



- Your first point of contact for any issue with your plan is your **Care Manager**.
- Your care manager will visit you **at least twice a year** and help you **develop your care plan** to get the care you need.
- Your care manager will **coordinate any other services** that support your needs
- Helps you **transition between care settings** (e.g., discharge from hospital back to your home)

Case Studies

Activity - Enrollment case

Joe needs long-term care services in his home. He has many preferred practitioners that he wants to keep. He is happy with his present healthcare needs under Medicaid and Medicare.

What TYPE of plan would Joe prefer for his long-term care services?

Why would Joe prefer this type of plan?

Best Practice

Although Joe should be informed about all the options available in his county, most likely he would prefer to enroll in a Medicaid MLTC plan because:

- He could keep his preferred practitioners
- He could keep his Medicaid and Medicare insurances as they are now
- He does not need to check to make sure his healthcare providers/suppliers are covered under the plan's network

Activity - Access to Services

Tony has not had an aide in four (4) months. His aide just stopped coming around and he has had no success in speaking with his case manager. He is told that there are no aides available for him.

What can Tony do to get services into place?

Best Practice

- **Call ICAN**

- Evaluate for other options with Tony (CDPAP, Adult Day Care)
- File Complaint/Appeal with Plan
- MLTCTAC@health.ny.gov – 866-712-7197
- Work with Care Manager to search network for other available aides

(ICAN has a list of Liaison Reps for all MLTC Plans.)

Activity - Return to Community

Jan has been in rehab following a stroke and wants to return to her home in the community. She has never had long-term care services in the home before and doesn't know what to do. She has Medicaid. Her family does not live local.

Who can she turn to for help in returning home?

Best Practice

If Jan is safe to return home, she can:

- Call ICAN
- Talk to LTC Ombuds at Facility
- Talk to Social Worker and/or Discharge Planner at Facility
- Call CFEEC to conduct the initial assessment

MLTC Appeal & Grievance Process (changes)

Changes as of May 1, 2018

- New federal Medicaid managed care rules take effect in New York State. These rules change the way Medicaid managed care plans make decisions about health care services and Plan Appeals.
- These rules change how you can ask the State for a Fair Hearing about plan decisions. Starting May 1, 2018, if you think a plan decision is wrong, you must first ask for a Plan Appeal **before** asking for a fair hearing. If your care is changing, and you want to keep your services the same while your case is reviewed, you must first ask for a Plan Appeal **before** asking for a Fair Hearing.

Must exhaust Plan Appeal before Fair Hearing

If you think your plan's decision about your health care is wrong, you can ask the plan to look at your case again. This is called a **Plan Appeal**. This change means **you must first ask for Plan Appeal before you ask for a Fair Hearing**. You will have 60 days to ask for a Plan Appeal.

Aid Continuing

- If the plan's decision is changing a service you are getting now, the plan must keep your services the same while you are waiting for a decision on the Plan Appeal. This is called Aid Continuing and you must ask for it.
- If you want Aid Continuing, you must first ask for a Plan Appeal within **10 days or by the date the decision takes effect**, whichever is later.
- If you lose your Plan Appeal, you may have to pay for the services you got while waiting for the decision.

How to request a Plan Appeal

- When your plan makes a decision about your care, they must send you a written notice. This notice contains instructions on how to request a Plan Appeal, and includes a form for requesting it in writing.
- You can request a Plan Appeal by phone or in writing. But if you request it by phone, you must follow up with a written request.
- If you want someone else to ask for the Plan Appeal on your behalf, you must send the plan a signed statement designating that person.

Decisions after Plan Appeals

- The plan has 30 days to make a decision on a Plan Appeal.
- If your health is at risk, your plan must fast track your appeal and decide in 72 hours.
- The plan may give itself up to one 14-day extension if it can show this is in your best interests (e.g., to obtain additional documentation).

What if you disagree with the Plan Appeal decision?

- **Fair Hearings**

- If you think the plan's decision about your appeal is wrong, you can ask for a Fair Hearing. You will have 120 days to ask for a Fair Hearing.
- If the plan is changing care you are getting now and you want Aid Continuing, you must ask for a Fair Hearing within 10 calendar days from the appeal decision or by the date the appeal decision takes effect, whichever is later.

- **External Appeals**

- If the plan said the service is not medically necessary, you can still ask the State for an External Appeal. You will have four months to ask for an External Appeal. If you ask for both, the Fair Hearing decision will always be the final answer.

Service Authorizations

- For some services, you have to ask the plan for approval before you get them.
- If you request approval for a service, your plan has **14 days** to make a decision.
- If your health is at risk, your plan must fast track your request and decide in **72 hours**.
- The plan may give itself up to one 14-day extension if it can show this is in your best interests (e.g., to obtain additional documentation).
- If your plan covers prescription drugs, the plan must make decisions about your prescriptions in 24 hours.

Complaints

- **Actions** are when your plan makes a decision about whether a service is covered or how much of the service is covered, or doesn't provide timely service.
- Only **Actions** are subject to Plan Appeals.
- A **Complaint** (also known as a grievance) is any expression of dissatisfaction that isn't an Action. For example, if someone was rude to you or you do not like the quality of care or services.

How to file a Complaint

- You may file a complaint orally or in writing to the plan.
- The plan must notify you of their decision on your complaint within 45 days of receipt of necessary information, and no more than 60 days from receipt of the complaint.
- If a delay would significantly increase the risk to your health, the plan must decide the complaint within 48 hours after receipt of necessary information, and no more than 7 days from receipt of the complaint.
- If you are dissatisfied with the plan's decision on your complaint, you can file a complaint appeal within 60 days.

Case Studies

Activity - Denial of Services

Kyle received a denial two days ago from his plan for a wheelchair ramp. He does not know what to do since his present ramp has been deemed unsafe.

What do you tell Kyle?

Best Practice

Kyle is facing deadlines. It is recommended that he call ICAN as soon as possible.

It is important to make sure that the denial he received is ONLY for the wheelchair ramp and that he is not seeing a reduction of any other services. If it is a reduction of other services, Kyle (or his Rep/ICAN) will want to ask for a plan appeal **with aid continuing within ten days.**

If the denial is for the ramp alone, Kyle (or his Rep/ICAN) should call and write a letter requesting a plan appeal.

Activity - Issues with Care Manager

Tonya is enrolled in an MLTC plan. She is having trouble with her medical transportation to her doctor appointments and cannot get through to her plan's case manager.

What should Tonya do?

Best Practice

It is recommended that Tonya call ICAN for assistance with this issue.

ICAN has staff liaisons from every plan that can assist with these type of issues.

Tonya could also file a complaint with her plan against the Care Manager.

ICAN to the Rescue !!!

How we help ...



We can answer questions, give advice, help with enrollment issues, and help people understand their rights.



Our services are completely **free and confidential**. We can meet people in person at our offices or in their homes.



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



We can help people file complaints, appeals, and represent them in Fair Hearings.



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



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



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Any Questions or Comments?

