

Medicaid

Medicaid Matters New York

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Managed Care Workgroup

MEDICAID MANAGED CARE FACT SHEET

Attention Individuals Who Receive Personal Care: Your Personal Care Services Are Now a Part of the Medicaid Managed Care Package!

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The following information is for individuals who are eligible for Medicaid only. If you are eligible for both Medicaid and Medicare, or you obtain your personal care services through the Consumer Directed Personal Assistance Program (CDPAP), the following information does not apply to you. If you are enrolled in the CDPAP, these changes will not affect you until July 1, 2012.

Personal care services provide individuals with assistance in meeting their non-medical needs for activities of daily living, such as bathing, dressing, and eating.

WHAT WILL CHANGE?

Effective August 1, 2011, your Personal Care/Home Attendant services are paid for by your Medicaid managed care plan, also referred to as your health plan. This means that you are getting all of your Personal Care/Home Attendant services through your Medicaid managed care plan.

Your care and your worker should not change until your health plan reviews your plan of care. However, any requests for changes to your Personal Care/Home Attendant services after August 1, 2011 must be approved by your health plan, not your county Medicaid office.

All new requests for Personal Care/Home Attendant services after August 1, 2011 must be made through your health plan.

Your plan may choose to assess and authorize your services at any time. That means that your health plan may do a reassessment even if your current authorization period has not ended. If you have questions about this change, you should contact your health plan by calling the member services number on your health plan card. If you do not have this number, or if you need information about which personal care providers are in your health plan's network, you can call New York Medicaid Choice at 1-800-505-5678 or your local social services district for help.

WHAT ARE YOUR RIGHTS?

Notice and Fair Hearing Rights:

- If your health plan reduces or terminates your Personal Care/Home Attendant services, it must provide you with notice in advance explaining the change.

- You have the right to a fair hearing if the plan reduces or terminates services that your doctor says are medically necessary for you.
- If you make the request within 10 days of the notice and your services are reduced or terminated before your original service authorization period has expired, you should qualify for “aid continuing” while the hearing is pending.

If your personal care provider does not accept your health plan, your health plan is required to pay out-of-network home care agencies for at least 30 days after August 1, 2011. This will allow you time to find a personal care provider in your plan’s network.

You also have rights as an enrollee in a managed care plan. Your plan is required to provide you with the following information:

- What services must be provided to you by the plan and any limits on this care;
- Which treatments your plan needs to approve before it pays for the service;
- A list of providers that provide the service you need and the way to change providers within the network; and
- What steps you can take if the plan will not cover a service. This includes the right to file a grievance or complaint with the plan and the right to ask the plan to review its decision. The plan must provide you with a toll-free telephone number to use to begin the review process, and an explanation of how to appeal the decision made on review, including the timeframes that you must follow.

If your health plan does not honor your rights as an enrollee in the Medicaid managed care program, you should file a complaint with the State Department of Health Managed Care Complaint Line at 1-800-206-8125.

WHAT SHOULD YOU DO?

Ask the right questions. Now that you know that personal care services will be a part of your managed care benefits package, you should begin by contacting your health plan to ensure that you can continue to receive services from your service provider.

- If your services are discontinued without notice, request a fair hearing immediately, and ask for “aid continuing” so your services can continue until the outcome of the hearing.
- If you receive a notice advising you of a change in your services that you disagree with, request a fair hearing immediately. You are eligible for aid continuing if you request the hearing within 10 days of the date of the notice and your service authorization period has not expired.
- File a complaint (grievance) with your health plan by contacting your plan’s member services. You may also want to ask the plan to review its decision and request an appeal of the review, if the plan still does not provide the services you need.

WHO SHOULD YOU CALL IF YOU HAVE A PROBLEM?

To file a complaint, call the New York State Department of Health’s Managed Care Complaint Line at 1-800-206-8125.

For advice on how to appeal or present your case at a fair hearing, contact your local advocacy organization, such as an Independent Living Center or legal services organization. You can also call the Community Health Advocates statewide hotline at 1-888-614-5400, which provides free information and assistance to New Yorkers seeking health care services and health insurance.