

GIS 10 OLTC/001**TO:** Local District Commissioners, Medicaid Directors, Long Term Home Health Care Program Coordinators**FROM:** Mark Kissinger, Deputy Commissioner
Office of Long Term Care**SUBJECT:** Long Term Home Health Care Program (LTHHCP) and AIDS Home Care Program (AHCP) Consumer Information Booklet**EFFECTIVE DATE:** Immediately**CONTACT PERSON:** Office of Long Term Care
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The purpose of this GIS is to advise district staff of the requirement for issuing the attached Long Term Home Health Care Program Consumer Information booklet and forms to all individuals seeking nursing home placement, applicants for and participants of LTHHCP/AHCP, as well as other individuals who may be interested in the LTHHCP/AHCP.

The purpose of the consumer booklet and forms is to:

- Provide information about the LTHHCP which includes the AHCP;
- Provide brief information on other available Medicaid waiver programs for which an individual may be eligible;
- Provide and document the individual's choice of Medicaid home care services and/or other available Medicaid waiver programs;
- Provide pertinent contact information to enrolled LTHHCP/AHCP participants;
- Survey participant satisfaction as required for the LTHHCP/AHCP LDSS Quarterly Report; and,
- Comply with Centers for Medicare & Medicaid Services (CMS) waiver assurance requirements.

The documents attached to this GIS must be reproduced by the LDSS. The Department will notify local districts when the forms and informational materials become available online as electronic documents posted to the Office of Health Insurance Program's intranet site.

For questions regarding the LTHHCP/AHCP Consumer Information Booklet and/or instructions, contact OLTC LTHHCP waiver management staff at 518-474-5271.

Attachments