

Office of Health Insurance Programs

Division of Long Term Care

MLTC Policy 13.12: REVISION Personal Care Contracting Policy

Date of Issuance: May 10, 2013

The Department previously issued MLTC Policy 13.04 regarding Personal Care Contracting requirements applicable to Managed Long Term Care Plans (MLTCPs) with approval to operate in New York City, Nassau, Suffolk and Westchester Counties.

This revision applies to the new mandatory districts of Orange and Rockland, and is effective 6/1/2013.

MLTC plans operating in Orange and / or Rockland are required to contract with agencies under contract with each Local Department of Social Services (LDSS). The MLTC plan must pay the State published rate paid by the LDSS as of July 1, 2012. There is no requirement for a MLTC plan to contract with an agency that is not willing to accept the LDSS rate.

Orange and Rockland MLTC plans are required to contract with agencies under contract with Local Social Services Districts (LDSS). The MLTC plan must pay the State published rate paid by the LDSS as of July 1, 2012. There is no requirement for a MLTC plan to contract with an agency that is not willing to accept the State rate.

An enrollee transitioning from fee-for-service is entitled to the same plan of care for a period of at least 90 days or until a comprehensive assessment is completed, whichever is later. Efforts should also be made to preserve the same enrollee/worker relationship for the 90 day period. If a plan does not have a contract with the provider, then the plan should enter into a single source agreement with that enrollee's provider for the transition period. Such single source agreement may cover up to 10 enrollees. The MLTC plan must pay the rate published by the LDSS as of July 1, 2012.

This policy remains in effect until December 31, 2013.