



Medicaid Managed Long-term Care (MLTC) Tip Sheet: Know your rights!

**A guide written by people with Medicare, Medicaid,
and long-term care needs, their caregivers, and advocates**

What is long-term care?

Long-term care is ongoing care a person needs to complete everyday activities. Examples of services include:

- Home care (such as personal care, nursing care, physical and occupational therapy),
- Adult day health care,
- Home-delivered meals and congregate meals,
- Medical equipment,
- Eyeglasses,
- Hearing aids,
- Certain home modifications,
- Non-emergency medical transportation,
- Podiatry, audiology, dentistry, and optometry, and
- Nursing home care

What is Medicaid Managed Long-term Care (MLTC)?

Medicaid Managed Long-term Care (MLTC) is a program that provides coverage for Medicaid **long-term care services**. Your MLTC services will be provided by a private health insurance company.

What are your rights when you have an MLTC plan?

1. **You have the right to a care manager.** A care manager is assigned to you by your MLTC plan. The care manager is a person at your plan who is your point person for any questions and issues. Your care manager should assist you with obtaining medical, social, educational, psychosocial, financial and other services in support of your care plan regardless of whether the needed services are covered by the plan itself. **If you do not know who your care manager is, contact your MLTC plan. Your MLTC plan's phone number should be on your MLTC card and/or mailings.**

2. **You have the right to a Person Centered Service Plan (or plan of care)**, which is a written description of your health care goals and the amount, duration, and scope of the covered services to be provided to you to achieve such goals. **If you want a copy of your care plan, you can ask your care manager. If you have problems getting your care plan, you can reach out to the Independent Consumer Advocacy Network (ICAN) at 844-614-8800.**
3. **You have the right to appeal.** An appeal is a formal request for the MLTC plan to reconsider its coverage decision. You can file an appeal any time your MLTC plan denies (refuses to cover) care you think you should receive, or reduces the amount of care you have, or ends care you have or think you should receive.
4. **You have the right to request additional services that are not included in your care plan.**
5. **You have the right to request an increase in services you feel you need more of, such as home health care hours.** You can make requests at any time by contacting your care manager.
6. **You have the right to file a complaint (grievance) with your MLTC plan.** A grievance is not an appeal. Instead, it is a complaint about something the plan has said or done. Grievances are filed over the phone or in writing to your MLTC plan. You cannot get in trouble for complaining about your plan. If you feel you have been punished for complaining, you can call the Independent Consumer Advocacy Network (ICAN) at 844-614-8800.
7. **You have the right to request additional assessments from your plan.** An assessment is when a nurse from your plan comes to your home to assess what sort of needs you have and what services your plan should provide, including how many hours of home health care you need. Once you enroll in an MLTC plan, an assessment should be conducted by the plan you choose within 30 days of enrollment. The MLTC plan will then use the assessment to formally create a plan of care, which lays out exactly what services you will receive. You should receive a new assessment at least every six months, and additional assessments if/when you request one or your needs change.
8. **You have the right to switch to a different plan.** You can switch to a different plan at any time during the year. If you wish to switch plans, you should contact New York Medicaid Choice at 888-401-6582. It is best to switch plans earlier in the month, because you can start to get services from your new plan sooner.
9. **You have a right to your medical records.** If you wish to see the medical records your plan has for you, you can contact your care manager. If there are any errors in your medical records, you can have them fixed.

Something to Consider: the Consumer Directed Personal Assistance Program (CDPAP)

The Consumer Directed Personal Assistance Program (CDPAP), also called Consumer Directed Personal Assistance Services (CDPAS), or more simply referred to as consumer direction, gives

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people in MLTC more control over how they receive home care. Consumer direction places the individual (or their designated representative) as the employer of their Personal Assistants (PAs).

You would be responsible to find, train, and hire all PAs and determine the way tasks are completed. You would supervise their work, set the schedule and, if necessary, terminate PA employees. If a PA is sick, takes leave or cannot otherwise show up to their shift, it is your responsibility to find a replacement PA for that shift. A home care agency or the MLTC plan is NOT responsible for filling these gaps.

To enroll in CDPAP, individuals should call their MLTC plan and ask for a CDPAP evaluation.

Once the plan completes the evaluation with you, they will notify you how many hours per week you may have assistance in your home. You have the freedom to choose how many hours per day within each week you would like assistance. For example, you may choose to have PAs come four hours on Monday and eight hours on Tuesday, as long as you do not use more than the authorized weekly CDPAP hours.

After your evaluation and authorization are complete, you must then choose a fiscal intermediary from a list your plan provides you. The fiscal intermediary acts as the payroll company, and they set the wage and benefits your employees will receive. You and each of your PAs must enroll with the fiscal intermediary. Your employees cannot be paid for their work until after the fiscal intermediary has completed all paperwork and medical requirements.

For more information on CDPAP, you can call the Independent Consumer Advocacy Network (ICAN) at 844-614-8800.

Who can help answer questions or address problems with MLTC plans?

- **Your MLTC care manager**
- **New York State Department of Health Complaint Hotline** – You can call this hotline with complaints or grievances about an MLTC plan: 866-712-7197.
- **New York Medicaid Choice** – Contact New York Medicaid Choice with any questions about switching or enrolling in an MLTC plan: 888-401-6582 or www.nymedicaidchoice.com.
- **New York State Ombudsman** for people with long-term care services – All individuals can reach out to the Ombudsman in New York State. New York's Ombudsman is the Independent Consumer Advocacy Network (ICAN) at 844-614-8800

Share Your Experience!

This tip sheet was developed by the Medicare Rights Center's [Coalition to Protect the Rights of New York's Dually Eligible \(CPRNYDE\)](#). CPRNYDE is comprised of people with Medicare, Medicaid, and long-term care needs, as well as their caregivers and advocates. If you would like to learn more about us and/or share your own experiences, you can contact the Medicare Rights Center by calling 800-333-4114.