



Office of  
Mental Health

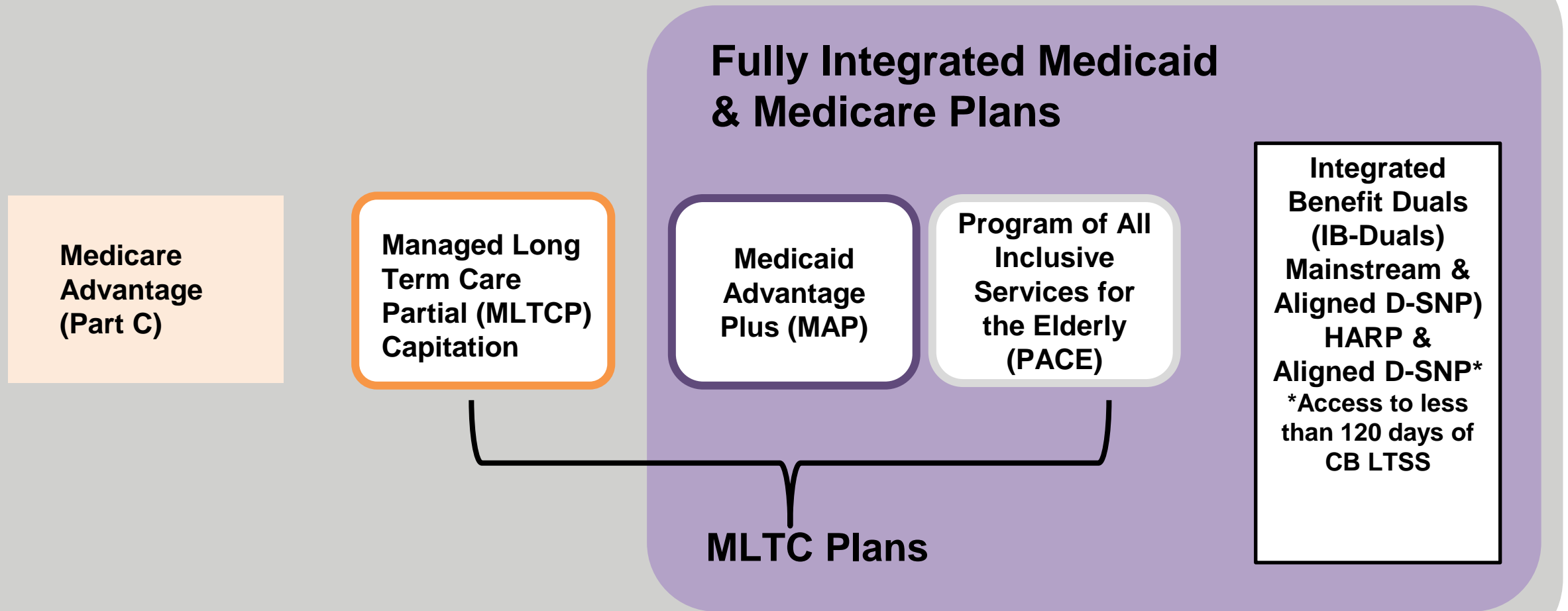
# Managed Long Term Care (MLTC) Plan Options

Karen Choens, LMSW, Aging & Geriatrics Director  
PSAP Technical Assistance Webinar

MAY 20, 2025

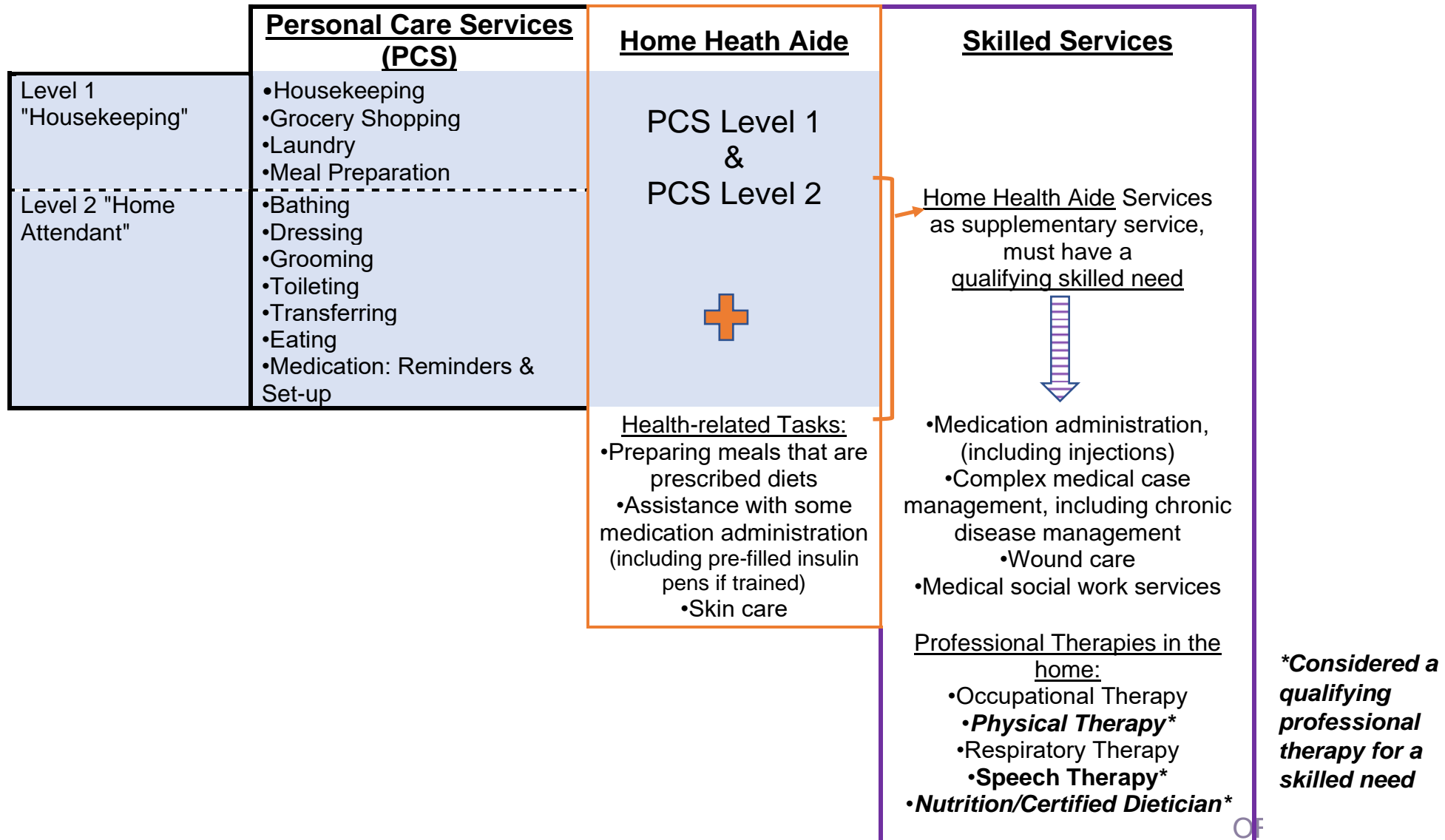
# Plan Types

# Managed Care Product Lines



Community-Based Long Term Services and Supports (CB LTSS) : nursing, personal care, home care, consumer directed personal assistance, adult day health care, private duty nursing

# Community-Based Long Term Services and Supports (CB LTSS): Home Care



## Community-Based Long Term Services and Supports (CB LTSS)

Home Care Services	Description of Services	Duration	Eligibility
Private Duty Nursing	Skilled nursing that is more individual and continuous nursing care than is available from a certified home health agency (CHHA).	Ongoing	Medicaid
Skilled Home Health care	skilled nursing, OT/PT/RT/SP therapy, home health aide (HHA) as supplementary service to skilled need	Short-term/episodic (can be renewed with Physician's Order)	Medicare and Medicaid
Personal Care Services (PCS)	dressing, bathing, grooming, toileting, eating	Ongoing, unless provided as HHA in episode of skilled home health care	Medicaid
Consumer Directed Personal Assistance Services (CDPAS)	Individual hires and schedules personal assistant to provide skilled home health, HHA, PCS	Ongoing	Medicaid
Adult Day Health Care (ADHC)	Health/Medical model combines social + skilled care, including medication administration, under medical direction of physician	Ongoing	Medicaid

# Managed Long Term Care (MLTC) Plan Types: MLTCP

## MLTC Partial Capitation (MLTCP)

Authorization	NYS 1115 Medicaid Waiver
Eligibility	<ul style="list-style-type: none"><li>• Medicaid or Medicare &amp; Medicaid (Duals), Age 18±</li><li>• Assessed as need needing 120± CB LTSS- Duals<ul style="list-style-type: none"><li>• And meeting Nursing Home Level of Care (NHLOC)- Medicaid only</li></ul></li></ul>
Enrollment	<ul style="list-style-type: none"><li>• Voluntary enrollment: Age 18±(Medicaid only), Age 18-20 (Duals)</li><li>• Mandatory enrollment: Age 21+ (Duals) mandatory to receive services</li><li>• Default Enrollment: individuals who have received 120± days of LTSS</li></ul>
Care Management	Focus on care management for Medicaid CB LTSS
Accessible through fee-for-service	Medicaid Behavioral Health (except for <a href="#">CORE</a> ) and all Medicare services
Nursing Home Coverage	Short-term/non-permanent rehabilitation (generally 3 months); disenrolled from plan and returned to FFS if transitioned to permanent/long-term stay resident

CB LTSS: nursing, personal care, home care, consumer directed personal assistance, adult day health care, private duty nursing

## Managed Long Term Care Partial Capitation (MLTCP) continued

**MLTCP:** A managed care plan for individuals seeking/needing ongoing access (defined as 120+ days of CB LTSS) to long term services and supports to remain in a community setting. **The emphasis of this plan is on care management for Medicaid CB LTSS** to prevent the need for higher levels of extended residential care, such as assisted living and nursing homes.

Medicare services are not coordinated through the MLTCP; thus, members can keep all their Medicare providers including their primary care physician. Medicaid mental health and substance use services are also carved out of the benefit package and are accessible through fee-for-service billing (**except for CORE**).

While **Medicare and behavioral health (BH) services** can be received by MLTCP members, these service are **not fully integrated** into care planning or coordination for physical health CB LTSS needs. For those enrolled in Health Home (HH) due to a serious mental illness, the HH coordinates all BH services.

CB LTSS: nursing, personal care, home care, consumer directed personal assistance, adult day health care, private duty nursing

## Community Oriented Recovery and Empowerment Services (CORE)

- Rehabilitative services intended to support individuals with choosing, getting, and keeping valued life roles.
  - For older adults and those with LTC needs, this could include but is not limited to, healthy living, parenting and grandparenting, and engaging in meaningful volunteer or leisure activities
- Provide off-site services in individuals' homes and communities
- Provided a la carte and customizable, meaning that each service is separate and distinct, and individuals can choose the services that best meet their needs and preferences

Community  
Psychiatric Support  
and Treatment

Psychosocial  
Rehabilitation

Empowerment  
Services – Peer  
Support

Family Support &  
Training



# Managed Long Term Care (MLTC) Plan Types: MAP

## Medicaid Advantage Plus (MAP)

Eligibility	<ul style="list-style-type: none"><li>• Medicare and Medicaid (Duals) only, age 18±</li><li>• Must be assessed as needing 120± CB LTSS and meeting Nursing Home Level of Care (NHLOC)</li></ul>
Enrollment	<ul style="list-style-type: none"><li>• All enrollment is considered voluntary because of Medicare</li><li>• Default Enrollment: for individuals enrolled in Medicaid managed care who become Medicare eligible, have received 1± CB LTSS in the past month, and have an aligned MAP plan approved in their county</li></ul>
Care Management	Focus on fully integrated Medicare-Medicaid, physical health-behavioral health care management; Health homes must collaborate with Plan care managers
Accessible through fee-for-service	Certified Community Behavioral Health Clinics (CCBHCs)
Continuity of Providers/Network	Upon initial enrollment, members maintain physical health, mental health, and substance use providers for 24 months (2 years).
Nursing Home Coverage	MAP members remain enrolled if they transition from short to long-term residents

CORE: Community Oriented Recovery and Empowerment Services are person-centered, recovery-oriented mobile behavioral health supports.

## Medicaid Advantage Plus (MAP) continued

MAP is a **fully integrated plan** for individuals dually eligible for Medicaid and Medicare (Medicaid LTC + aligned Medicare Advantage Dual Special Needs Plan/D-SNP) who have ongoing long-term service and support needs. MAP provides **comprehensive care management for physical and behavioral health services**.

On January 1, 2023, NYS carved in additional Medicaid behavioral health services into the MAP product line benefit, enabling members to access Medicare and Medicaid (**including [CORE](#)**) covered services directly through the MAP Plan. Additional BH services are accessible through fee-for-service Medicaid or Medicare, including Certified Community Behavioral Health Clinics or CCBHCs (all insurance statuses). MAP plans **fully integrate BH services into care planning and coordination** for physical health CB LTSS needs.

MAP plans must meet provider network adequacy and readiness standards. MAP plans make single-case agreements with providers not in the network to fulfill the requirement that upon initial enrollment, members **maintain physical health, mental health, and substance use providers for 24 months (2 years)**.

[CORE](#): Community Oriented Recovery and Empowerment Services are person-centered, recovery-oriented mobile behavioral health supports.

# Managed Long Term Care (MLTC) Plan Types: PACE

## Program of All-Inclusive Care for the Elderly (PACE)

Authorization	Section 1934 Social Security Act
Eligibility	Any or all of the following- <ul style="list-style-type: none"><li>•Medicaid (including Duals) and/or</li><li>•Medicare (Part A or B), Age 55±</li></ul> must be assessed as needing 120± CB LTSS and meeting Nursing Home Level of Care
Enrollment	All enrollment is considered voluntary because of Medicare
Care Management	Focus on fully integrated Medicare-Medicaid, physical health-behavioral health care management accomplished through an interdisciplinary care team; Health Home care management is excluded from this plan type.
Continuity of Providers/Network	All State Medicaid Behavioral Health Services with transition support to/from ACT Physical and BH providers must be in PACE network
Nursing Home Coverage	PACE members who transition from short to long-term/permanent stays remain enrolled

## PACE continued

PACE is a federally authorized nursing home alternative program that provides comprehensive medical, home health, and social care for individuals who are otherwise eligible for a nursing home level of care. **PACE is both an insurance plan as well as a service and care coordination provider with all services provided at a centralized PACE Center/Clinic or in the person's home.** PACE enrollees must live within the Plan's catchment area.

PACE utilizes an **interdisciplinary team** to develop a comprehensive, evolving care plan with the participant that meets all their physical, behavioral health and socially-related needs.

All physical and behavioral health providers must be in the **PACE network** and PACE plans do make single-case agreements to promote continuity of care. PACE participants do not have access to CORE services or housing through the plan; however, for all other services, PACE is designed as a "one-stop-shop". **Research on PACE has shown enrollment reduces hospitalizations, provides better preventative care, and maintains people in the community** (95% of PACE members live in the community).\*

# MLTC Plan Options Considerations

Considerations	MLTC Partial Cap	MAP	PACE
Eligibility & Enrollment	<ul style="list-style-type: none"> <li>• Default Enrollment: Individuals who receive more than 120 days of CBLTSS receive notice they will be default enrolled into a random MLTCP plan that covers their region by a specified date unless they choose a specific MLTCP plan or opt not to enroll</li> <li>• Must be found eligible by New York Independent Assessor (NYIA) – formerly Conflict Free Evaluation &amp; Enrollment Center (CFEEC) <ul style="list-style-type: none"> <li>• Assessed as requiring 120±days of LTSS</li> <li>• <b>(Medicaid only)</b> Nursing Home Level of Care (NHLOC) score of 5 or more</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Default Enrollment: individuals enrolled in Medicaid MC plan who have received a LTSS service in past 30 days and have a sister MAP plan in region</li> <li>• Must be found eligible through NYIA <ul style="list-style-type: none"> <li>• Assessed as requiring 120± days of CB LTSS and Nursing Home Level of Care (NHLOC) score of 5 or more</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• No Default Enrollment Option</li> <li>• Must be found eligible by NYIA <ul style="list-style-type: none"> <li>• Assessed as requiring 120± days of LTSS and Nursing Home Level of Care (NHLOC) score of 5 or more</li> </ul> </li> </ul>

# MLTC Plan Options Considerations

Considerations	MLTC Partial Cap	MAP	PACE
Primary Care Physician (PCP)	<ul style="list-style-type: none"> <li>• Paid through fee-for-service (FFS) Medicare</li> <li>• Keep same Medicare PCP</li> <li>• PCP integrated as relates to LTSS care management</li> </ul>	<ul style="list-style-type: none"> <li>• Check network – single case agreements, 2-year guarantee</li> <li>• PCP must be integrated with care management of all services &amp; care plan</li> </ul>	<ul style="list-style-type: none"> <li>• Check network – single case agreements</li> <li>• PCP must be integrated with care management of all services &amp; care plan</li> </ul>
Behavioral Health (BH) Services <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Substance Use/Addiction</li> </ul>	<ul style="list-style-type: none"> <li>• Access to most Medicaid BH services &amp; Medicare mental health through FFS;</li> <li>• No Access to BH HCBS &amp; CORE</li> <li>• BH Not integrated with LTSS care management</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Medicaid BH services, including CORE, and Medicare mental health services;</li> <li>• Fully integrated with LTSS care management</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Medicaid State BH services, such as MH clinic services and transition support for individuals in ACT, and Medicare mental health services;</li> <li>• BH integration with LTSS care management through interdisciplinary team; does vary depending on relationships in local PACE network b/w BH and LTSS</li> </ul>

# New York State Managed Care Enrollment & Insurance Ombudsman

**New York Medicaid Choice (NYMC)** is New York State's managed care enrollment program, also known as enrollment broker, contracted through Maximus, Inc. NYMC assists consumers in choosing plans in their area that they qualify for and enrolling in those plans.

**Community Health Access to Addiction and Mental Healthcare Project (CHAMP)** advocates for New Yorkers who are facing insurance obstacles to treatment, to make sure anyone who seeks treatment gets it, regardless of ability to pay. Email [ombuds@oasas.ny.gov](mailto:ombuds@oasas.ny.gov) or call 1-888-614-5400.

**Independent Consumer Advocacy Network (ICAN)**

The NYS Ombudsman for Medicaid recipients with behavioral health or long-term care needs. Email [ican@cssny.org](mailto:ican@cssny.org) or call 1-888-614-8800 (TTY Relay Service: 711).

## References and Resources

**MLTCP, MAP, PACE Find a Plan by County:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt90/plan\\_directory/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/plan_directory/index.htm)

**Maximus/NYS Medicaid Choice MLTC guide:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/docs/mltc\\_guide\\_e.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/docs/mltc_guide_e.pdf)

[Community Health Access to Addiction and Mental Healthcare Project \(CHAMP\)](#)

[Independent Consumer Advocacy Network \(ICAN\)](#)

**CORE program descriptions:** <https://omh.ny.gov/omhweb/bho/core/>

**CORE Brochure: (available in multiple languages)**

<https://omh.ny.gov/omhweb/bho/core/core-member-brochure.pdf>

**New York Independent Assessment Program (NYIAP):**

<https://nyindependentassessor.com/>

Phone: 1-855-222-8350

TTY: 1-888-329-1541



## References and Resources

### PACE Research\*:

Segelman, M., Szydlowski, J., Kinosian, B., et al. (2014). Hospitalizations in the Program of All-Inclusive Care for the Elderly. *Journal of the American Geriatrics Society*, 62: 320-24

Leavitt, M., U.S. Department of Health and Human Services, Interim Report on the Quality and Cost of the Program of All-Inclusive Care for the Elderly, 2009, Mathematica Policy Research evaluation prepared for the Secretary of Health and Human Services for submission to Congress.

# Thank you!

Questions?  
Comments?

Additional questions and feedback:  
Karen Choens, Aging & Geriatrics Director  
[Karen.Choens@omh.ny.gov](mailto:Karen.Choens@omh.ny.gov)