

## IMPORTANT CHANGES AFFECTING THE HOME CARE SERVICES PROGRAM

Effective September 2012, consumers enrolled in both Medicare and Medicaid (“dual eligible”) in New York City aged 21 and older and in need of Community Based Long-Term Care services for more than 120 days are required to enroll in a Managed Long Term Care plan. This means that the Home Care Services Program no longer accepts new personal care service applications for this group (unless the consumer is receiving hospice services, seeking Consumer Directed Personal Care Services (CDPAP), or is a participant of the traumatic brain injury waiver or nursing home transition and diversion waiver). Consumers can also continue to apply for the Long Term Home Health Care program.

For those now receiving personal care, this requirement is being phased in over time beginning with consumers receiving personal care in New York City. Consumers must enroll within 60 days of receiving an enrollment packet from New York Medicaid Choice.

### **Dual Eligible Consumer Age 21 and Over Currently Receiving Personal Care Services**

Mandatory enrollment for consumers receiving personal care is being phased-in by borough, beginning in Manhattan and followed by the Bronx, Brooklyn, Queens and Staten Island. [Read more.](#)

### **Consumers Exempt from Enrolling into Managed Long Term Care**

For a list of consumers exempt from enrolling into Managed Long Term Care [click here.](#)

### **Dual Eligible Consumer Age 21 and Over Newly in Need of Community Based Long Term Care Services for More Than 120 days**

As a result of the mandatory Managed Long Term Care enrollment, dual eligible consumers will no longer be able to make an initial application for fee-for-service personal care services through the Home Care program. Therefore, the Home Care program will no longer accept new M-11Qs (physician order for personal care services) for personal care from dual eligible consumers who are 21 years of age and older (unless that consumer is requesting services from the Consumer Directed Personal Assistance Program (CDPAP) or is currently in receipt of hospice services, or a is participant in either the traumatic brain injury waiver or nursing home transition and diversion waiver). If a consumer submitted a completed M-11Q as of September 14, 2012, the consumer will be assessed for personal care services and, if determined eligible, will receive services until s/he is selected for mandatory enrollment into a MLTC.

Home Care will continue to accept and process Medicaid applications for consumers in need of community based long term care.

For information about choices and how to apply for community based long term care [click here.](#)