

**MEDICAID MANAGED CARE
EXEMPTIONS AND EXCLUSIONS**
(Effective 04/01/2013)

EXEMPTIONS

The following persons may voluntarily enroll, but are not required to enroll in Medicaid Managed Care Plan

EXEMPT POPULATIONS		DEFINITIONS
1.	Residents of Intermediate Care Facilities for the Developmentally Disabled	A resident of an Intermediate Care Facility (ICF/MR) has a developmental disability and lives in a residence which is operated by the State or by a private agency such as ARC. At this residence, the person receives room and board, ongoing health services, and training in skills which encourage independence.
2.	Developmentally or physically disabled individuals receiving services through a Home and Community Based Services (HCBS) Waiver	An individual has a developmental or physical disability and is receiving any of the following services in the community: case management, respite, skills training (residential or vocational), adaptive technology or supported employment, through HCBS, Traumatic Brain Injury (TBI), At Home Residential Habitation (AHRA), Office of Mental Health (OMH) Waivers.
3.	Participants in the Medicaid Model Waiver (Care-at-Home) programs	The waiver was designed for children whose medical conditions can be cared for at home safely and at no greater cost than in a hospital or long term care facility. These children under the age of 18 are determined disabled according to standards in the Social Security Act. They are ineligible for Medicaid due to the parents' excess income and/or resources.
4.	OPWDD Waivered Services	Individual who are qualified and identified by OPWDD to receive any program services through OPWDD.
5.	Individuals with chronic medical conditions being treated by a specialist not participating in any MA managed care plan in the service area. Note: Exemption limited to 6 months	Individual who is not currently enrolled in a Medicaid managed care health plan that has a medical condition and is currently under the care of a physician specialist, and there is at least a 6-month treatment plan for ongoing care. This includes individuals scheduled for surgery within 30 days of enrollment with a surgeon that does not participate with any MCO. (See the Exemption Request Form for this criteria to meet this exemption.)
6.	Residents of Chemical Dependence Long Term Residential Program	A person residing in a facility including drug-free residential communities (therapeutic communities), recovery homes, community residences and supportive living facilities. A letter from the residence Director or Program Supervisor on program letterhead that verifies that the individual is a resident is required. Exemption applies only until individual leaves residence.
7.	Native Americans	An individual who provides any of the following documentation: Bureau of Indian Affairs, Tribal health, Long House or Canadian Dept. of Indian Affairs ID. Cards; documentation of roll or band #, or of parent or grandparent roll or band number with birth or baptism certificate indicating descendants from parent or grandparent, birth certificate or notarized letter from medical or state recognized American Indian/Alaska Native/Tribe or Village stating heritage.
8.	Bridges to Health (B2H) waivers for children in Foster Care	For children who may be in foster care up to 21 years of age who have significant mental health care needs, developmental disabilities or medical fragility and who require institutional level of care.
9.	Nursing Home Transition and Diversion Medicaid Waiver (NHTD)	Individuals aged 18-64 with a physical disability, or age 65 and older upon application to the waiver. All individuals need to be assessed to need nursing home level of care.

EXCLUSIONS**The following persons are excluded and cannot join a Medicaid Managed Care Plan**

EXCLUDED POPULATIONS		DEFINITIONS
1.	Resident of State-operated psychiatric facilities	Individuals in receipt of inpatient services at a State-operated psychiatric facilities.
2.	Residents of state certified or voluntary operated treatment facilities for children	Medical facilities certified by the State Office of Mental Health which provide for long term psychiatric care for persons 21 years of age and younger.
3.	Participants in capitated long term care demonstration projects	Similar to the Long Term Home Health Care Program. Services are capitated rather than fee-for-service. Example: Elderplan.
4.	Medicaid eligible infants living with incarcerated mothers in state or local correctional facilities	Infants living in correctional facilities with their mothers. Usually lasts up to age one. Examples of State correctional facilities are Taconic Hills and Bedford Hills.
5.	Individuals who are expected to be MA eligible for less than 6 months (except for pregnant women)	Individuals who are anticipated to receive Medicaid for less than six months. Cases that are routinely authorized for six months are not included in this category.
6.	Blind or disabled children living separate from their parents for 30 days or more	Certified blind (By the Commission for the Blind and the Visually Handicapped) or disabled (In receipt of Social Security Disability or Approved for AD Group 1 or 2) children living or expected to live separate from their parents for thirty days or more and categorically SSI .
7.	Permanent residents of RHCF and temporary residents of RHCF at the time of Enrollment	Individuals that are permanently placed in an RHCF and individuals that are temporarily residing in an RHCF at the time of enrollment.
8.	Adolescents admitted to Residential Rehabilitation Services for Youth	The RRSY program is designed specifically to serve chemically dependent individuals who are under the age of 21.
9.	Individuals receiving hospice services (at time of enrollment)	Individuals that are in receipt of hospice care are not eligible to enroll in Medicaid Managed Care. If an individual is already enrolled and then begins to receive hospice care, s/he remains enrolled, however, hospice services are billed to regular Medicaid.
10.	Individuals with access to comprehensive private health insurance	Comprehensive health insurance covers most medical services; Major Medical, Inpatient, ER, Physician, DME, Clinic, Substance Abuse, Mental Health. Includes any private health insurance through an HMO.
11.	Individuals in receipt of Medicaid/Medicare	Individuals in receipt of Medicare and Medicaid are not eligible to enroll in Medicaid Managed Care, but may voluntarily enroll in Medicaid Advantage, if available in their County (some dually eligible individuals may be required to enroll in a Managed Long Term Care Plan).
12.	Foster care children placed by voluntary agencies or in the care and custody of the Office of Family and Children	Foster Care children in Local Districts that utilize voluntary agencies to place children in communities or facilities.
13.	Spend-down medically needy	Individuals who have to spend some of their own money for medical needs on a monthly basis to receive Medicaid.
14.	Individuals receiving family planning services only	Individuals who are not fully eligible for Medicaid but are eligible to receive family planning services through the Family Planning Benefit Program.
15.	Fiscal responsibility of State OMH	These individuals reside in an OMH Family Care setting, Community Residence or Residential Care Center.
16.	Fiscal responsibility of State OPWDD	Individuals reside in a Community Residence (CR), Individual Residential Alternative (IRA), Developmental Center, Small Residential Unit or Family Care setting.
17.	Individuals under 65 years of age, who have been determined eligible by the Medicaid Cancer Treatment Program: Breast, Cervical, Colorectal and Prostate Cancer	