

The Various Types of Medicaid Home Care in New York State

New York State has a range of Medicaid home care service programs, each oriented toward slightly different needs and sometimes to different populations. These programs are listed below, with links to detailed information posted on this site.

Beginning in September 2012, for ADULTS age 21+ who have Medicare (known as "dual eligibles"), some of the services listed below can only be accessed by enrolling in a Managed Long Term Care [MLTC] plan. The requirement to enroll in an MLTC plan if one needs long-term home care is being rolled out statewide on a gradual basis - first in New York City in September 2012, then in Long Island and Westchester in January 2013 and Orange and Rockland counties in approximately July 2013.

As of June 2013, most people who do not have Medicare, and who are enrolled in a mainstream Medicaid managed care plan, must access the following home care services through their managed care plan. This includes personal care, Consumer-directed personal assistance, certified home health care, and private duty nursing services.

The different home care services programs are as follows. Click on the hyperlinks for more information.

1. Medicaid Personal Care services (a/k/a Home Attendant services in NYC) - to see what tasks a personal care aide may do, see the **Scope of Tasks** for Personal Care aides, along with the Scope of Tasks for Home Health aides here. See lots more about personal care assessment and procedures here.
2. Certified Home Health Agency (CHHA) services - to see how the Scope of Tasks for personal care aides compares to that for Home Health aides - see here. See more about Home Health care here.
3. Consumer Directed Personal Assistance Services
4. Private Duty Nursing or LPN services -
 - 08INF-05 - Guide to Accessing Medicaid Private Duty Nursing Services in the Community (PDF)
 - ◆ Attachment I (PDF) (issued before these services were brought into the benefit package of Managed Long Term Care and mainstream Medicaid Managed Care -- establishes procedures for applying for nursing services for those not in MLTC or managed care, requires decisions to be made within 21 days of a fully documented application. It explains how to obtain a list of Medicaid private duty nurses in the local area by calling the Medicaid helpline at 1-800-541-2831 and online at www.homecare.nyhealth.gov. Establishes statewide procedures for obtaining Medicaid private duty nursing services if there is difficulty finding a provider, including requesting local DSS for a DOH case-specific enhanced payment rate. The enhanced rate is applicable in *all*

DSS districts in the State pursuant to the Settlement in Leon v. Danes, et.al., (CV 07-1674 E.D.N.Y, June 12, 2008).

- REGULATIONS: 18 NYCRR Â§Â§ 505.8; 505.13
- MLTC Policy 13.07: Private Duty Nursing Summary - applies to MLTC plans
- Sample Fair Hearing decision reversing denial of private duty nursing and directing 24-hour split-shift nursing care (11/10.20) - FH No. 8193302Y
- NYS Medicaid Directory of Private Duty Nurses - list of private duty nurses serving medically fragile children and adults by service area within New York State who receive enhanced rates only available for consumers receiving FEE FOR SERVICE nursing services, not those in managed care or MLTC plans. The enhanced rates were an initiative of the Medicaid Redesign Teams. See FAQs, more info on the DOH website.

5. Waiver programs - Lombardi, Traumatic Brain Injury (TBI), Nursing Home Transition & Diversion Waiver (NHTDW), Care at Home, etc.
6. Managed Long Term Care programs
7. Hospice care - as of June 2013, people enrolled in MLTC plans may obtain hospice services from a hospice provider outside the MLTC plan, and do not have to disenroll from the MLTC plan. The MLTC plan continues to provide all other long-term care services. See State DOH MLTC Policy 13.18; MLTC Policy 13.18(a): Update MLTC Guidance on Hospice Coverage, MLTC Policy 13.18(b): MLTC Guidance on Hospice Coverage Update; Hospice and MLTC FAQ. However, if an individual is already enrolled in a home hospice program, she may not enroll in an MLTC plan. She can obtain supplemental Personal Care services through the local Medicaid office.

This listing gives the statutory, regulatory, and administrative cites for each of the home care programs, along with leading caselaw.

The United Hospital Fund published, in May 2009, a comprehensive report on Medicaid long-term care programs in New York, which serve 247,000 Medicaid beneficiaries each month and account for roughly one quarter of all Medicaid spending. *An Overview of Medicaid Long-Term Care Programs in New York*. The report provides an excellent portrait of each program's demographics, usage, and function, using September 2007 as a snapshot.

This chart summarizes some of the key differences between the programs.

ONLINE LIST OF CHHAs, Licensed Home Care Services Agencies (LHCSA) and hospices -- searchable by county and region - https://profiles.health.ny.gov/home_care

- NOTE that licensed home care services agencies (LHCSA) may not bill Medicaid or Medicare directly. You may hire aides from a LHCSA privately or through some private insurance. Also, if you receive services from a CHHA, waiver program, the aides may be employed by a LHCSA, not by the CHHA or waiver program that is managing the over-all care plan and that is billing Medicaid. The CHHA or waiver program contracts with the LHCSA to provide the aid services as part of the plan of

care, but the overall care is managed by the CHHA or waiver program.

FAIR HEARINGS -- Hearings are often required to obtain an increase in hours of personal care or CDPAP or private duty nursing services from the Local DSS or Managed Long Term Care plan, to contest denials of MLTC enrollment by the NY Independent Assessor, etc. See more about Fair Hearings in [this article](#). \

- **HOME HEARINGS** - Consumers who people who, because of mental or physical disabilities, cannot travel to a fair hearing without substantial hardship or medical detriment, have special rights in the Fair Hearing process. Those seeking increases in Medicaid home care services have additional rights to an interim increase in hours pending a "home hearing." See [this article](#).
- **Exhaustion** - You must first appeal a denial or reduction by a Managed Care and MLTC plan before requesting a Fair Hearing. This is called a Plan Appeal or "internal Appeal.". See [this article](#).

This article was authored by the Evelyn Frank Legal Resources Program of New York Legal Assistance Group.



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