



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

May 9, 2016

Dear Health Plan:

The purpose of this letter is to provide guidance to health plans regarding the transition of non-dual Medicaid Managed Care (MMC) members that have expressed an interest in voluntarily enrolling into a Managed Long Term Care Plan (MLTCP).

This process change is effective immediately and is outlined as follows:

1. Member indicates to their MMC or New York Medicaid Choice (NYMC) that they want 1 of the 3 services not available in the MMC benefit (social day care, meals on wheels, or social and environment supports).
2. Member requests Good Cause packet from NYMC. This packet consists of a physician's order and includes a section for the physician to document the need for 1 of the 3 services and information pertaining to the desire to transfer.
3. NYMC may not process the transfer until it receives the completed Good Cause packet. If no need or request for the 3 services is indicated on in the Good Cause packet, a transfer will not be processed.
4. Once the Good Cause packet is returned to NYMC, if the submission supports participation in one of the 3 services, and the consumer is otherwise eligible for MLTC, NYMC will process the transfer.
5. Member is notified that a Conflict Free Evaluation and Enrollment Center (CFEEC) evaluation is required.
6. The CFEEC evaluation must result in: a) identification of nursing home level of care (Uniform Assessment System (UAS) score of 5 or more), and b) a need for Community Based Long Term Care (CBLTC) services greater than 120 days in order for the transfer to be approved.
7. Routine transfer process is followed.

A transfer will not be processed unless all of the following criteria are met:

1. Member requests 1 of the 3 services; and
2. CFEEC evaluation indicates need for CBLTC services greater than 120 days and a UAS score of 5 or higher is indicated.

We thank you for your attention to these changes. If you have any questions, please contact the appropriate plan manager.

Mark L. Kissinger, Director  
Division of Long Term Care  
Office of Health Insurance Programs

Sincerely,

Jonathan Bick, Director  
Division of Health Plan Contracting & Oversight  
Office of Health Insurance Programs