What Is Medicaid Long-Term Care?

• Services and supports that people may need when they have difficulty caring for themselves as a result of aging, disability, or chronic illness

• Ranging from home- and community-based services to institutional services:

- Personal Care
- Home Health Care
- Private Duty Nursing
- Adult Day Health Care
- Assisted Living Services
- Long-Term Nursing Home Care

- Rehabilitation Services: Physical, Occupational, and Speech Therapy
- Consumer-Directed Personal Assistance Services
- Home-Delivered Meals, Social Day Care, and Other Social & Environmental Supports
Who Receives Long-Term Care from Medicaid?

New York’s recipients are a diverse group of all ages, with a range of physical, cognitive, behavioral health, and social needs.

Examples include, among others:

- Older adults with moderate functional limitations
- Older adults with multiple chronic conditions (including behavioral health) or advanced dementia
- Individuals with physical disabilities
- Individuals with intellectual and developmental disabilities
- Children who are medically fragile
- Individuals who may/may not be Medicare-eligible

Source: Truven Health analysis of MAX and Alpha-MAX Medicaid data

473,376 Total Recipients (2013)
Long-Term Care’s Context:
Different Programs for Different Services

900,000 New Yorkers were dually eligible for Medicare and Medicaid, as of Nov. 2018. Many need, or will need, long-term care...

... but the two programs cover different services, and only Medicaid covers long-term care.

Examples:

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>Inpatient (secondary payer)</td>
</tr>
<tr>
<td>Physician</td>
<td>Physician (secondary payer)</td>
</tr>
<tr>
<td>Nursing facility services for post-acute care (≤100 days)</td>
<td>Nursing facility services for long-term care (&gt;100 days)</td>
</tr>
<tr>
<td>Home health (homebound patients)</td>
<td>Home health (not limited to homebound)</td>
</tr>
<tr>
<td>Personal care and other home- and community-based services</td>
<td></td>
</tr>
</tbody>
</table>

Medicare: 3.6 million (adults age 65+ and individuals with disabilities)

Medicaid: 6.0 million (low-income individuals)

Sources: CMS Medicare Enrollment Dashboard and Health Data NY Medicaid Program Enrollment by Month
Long-Term Care’s Context: Potentially Different Plans for Different Services

- Most dual eligibles needing long-term care must enroll in one of four types of Medicaid managed long-term care plans:
  - Partial Managed Long-Term Care (MLTC)
  - Medicaid Advantage Plus (MAP)
  - Programs of All-Inclusive Care for the Elderly (PACE)
  - Fully Integrated Duals Advantage* (FIDA) *Ending Dec. 2019

- Separately, these individuals can choose to receive Medicare services through:
  - Traditional Medicare (fee-for-service)
  - Regular Medicare Advantage Plans
  - Medicare Advantage Special Needs Plans for Duals (D-SNPs)
  - Special Plans that Integrate Medicare & Medicaid Services

(May be unaffiliated with Medicaid managed long-term care plans)
Considering this complex landscape, what does it mean to “integrate” Medicaid long-term care with other services and supports?