

Managed Long Term Services & Supports Program

Through the MLTSS program, you get services and support to help with activities of daily living such as bathing, dressing, eating and toileting, and supportive activities such as making meals, shopping, cleaning and laundry. Eligibility for these services depends on many things, including how well you can perform these basic life tasks. The State of New Jersey, Division of Aging Services, Office of Community Choice Options (OCCO), makes all final clinical eligibility decisions.

You will be assigned a dedicated Care Manager. The Care Manager will work with you, your caregivers and your PCP to create a Plan of Care based on your care needs. Once your Plan of Care is completed, your Care Manager will arrange your service providers and follow up with you to make sure that the services continue to meet your care needs.

We understand that many people want to stay in their homes as they get older or need help with everyday tasks to be on their own; some cannot afford to pay privately for this help and get most of their help from family, friends and neighbors.

We refer to help from family, friends and neighbors as “informal support.” Horizon NJ Health’s MLTSS program is NOT intended to replace this valuable assistance, but to make it even stronger by offering some support to fill the gaps that cannot be met by family and friends. By offering flexible services options based on your needs, the MLTSS program makes it easier for caregivers to remain in their critical role as the main support system.

At times, despite Horizon NJ Health’s and the member’s best efforts, it may no longer be safe for someone to remain in the community. In such situations, the Care Manager may recommend that the member transition to a nursing facility or community residential setting

Help from Member Services (1-844-444-4410)

Our Member Services staff are ready to help you get the most out of your plan benefits. You can call us anytime at **1-844-444-4410 (TTY 711)**. Your Care Manager will be available weekdays, from 8 a.m. to 5 p.m. If you need help outside of those hours, you can leave a message for your Care Manager, or speak to the on-call care management staff available 24 hours a day, seven days a week. When leaving a message, please give detailed information. We will return your call within one business day.

Translation services and alternate formats

We have staff members who can speak many languages. If you speak another language, we can connect you to someone who does. We can arrange for a translator to talk over the phone with you and your doctor so you can get the care you need. We can also coordinate a sign language interpreter to be with you at the doctor’s office. With the translator’s help, you can get answers to all of your questions.

There is no cost to you to use our translation or sign language interpreter services. To schedule these services, call Member Services toll free at **1-844-444-4410 (TTY 711)**.

Horizon NJ Health member communications are available in other languages. If you need information printed in another language or alternate format for a hearing or vision impairment, call Member Services.

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Who qualifies for MLTSS?

To qualify for Horizon NJ Health's MLTSS program, you must meet all of the following standards:

- Be a resident of New Jersey
- Be 65 years old or older, or determined physically disabled by the Social Security Administration or by the Disability Review Section of the Division of Medical Assistance and Health Services.
- Qualify for NJ FamilyCare financial eligibility by:
 - Qualifying for SSI in the community, or
 - Qualifying for NJ FamilyCare only - Institutional Level, or
 - Qualifying for New Jersey Care (with income at or below 100% of the Federal Poverty Level and resources at or below \$2,000).
- Meet clinical eligibility, which is determined by the New Jersey Office of Community Choice Options (OCCO).
- Want to enroll and receive services in a nursing home or in a community setting instead of living in a nursing home.

To enroll in MLTSS, contact your local County Welfare Agency (Board of Social Services) or your local County Area Agency on Aging (AAA) – Aging and Disability Resource Connection (ADRC). OCCO makes the final decisions about enrollment into the MLTSS program. Horizon NJ Health will perform the screening and MLTSS eligibility for existing Horizon NJ Health members.

Keeping your membership

You will stay in the MLTSS program if you remain eligible, follow all the program rules, and as long as your needs and general health and welfare can be addressed by the MLTSS program.

You must be eligible for NJ FamilyCare. A Renewal Application should be sent in **EVERY** year. Call NJ FamilyCare at **1-800-701-0710** (TTY **1-800-701-0720**) to find out your renewal date or to ask for a renewal form.

What you need to know:

- If you don't renew your NJ FamilyCare eligibility, you might have to start over as a new applicant, and the approval process will take longer.
- The NJ FamilyCare eligibility renewal process for members who are Aged, Blind and Disabled is different and requires different updates. For a list of information that may be requested for eligibility renewal, visit: state.nj.us/humanservices/dmahs/clients/medicaid/abd/ABD_Checklist_NJFC-ABD-CL-0416.pdf.
- Keep your contact information updated. NJ FamilyCare can show you how to do this.

What you need to do:

- Open and respond to all mail from your County Welfare Agency (CWA) or your eligibility-determining agency.
- Contact your case worker at your CWA or call NJ FamilyCare at **1-800-701-0710** (TTY **1-800-701-0720**). If you need the information for your local CWA, please call the Managed Care hotline at **1-800-356-1561** (TTY **711**) or visit state.nj.us/humanservices/dfd/programs/njsnap/cbss/index.html.

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MLTSS member rights and responsibilities

You deserve the best health care, and Horizon NJ Health will help you get the care you need. We will treat you with respect, and there are certain rights you can expect from us. There are also responsibilities that we expect from you.

You will get a copy of the following Member Rights and Responsibilities when you join Horizon NJ Health. You must sign and return this form, so we know you have read and understand these guidelines.

You have the right to:

1. Ask for and receive information on the services and providers available to you.
2. Have access to and choice of qualified service providers.
3. Be told about all of your rights before getting your chosen and approved services.
4. Get services no matter what race, religion, color, creed, gender, national origin, political beliefs, sexual orientation, marital status or disability you are.
5. Have access to all services that are best for your health and welfare.
6. Make your own decisions after you understand the risks and possible effects of the decisions made.
7. Make decisions about your own care needs.
8. Help develop and change your own Plan of Care.
9. Ask for changes in services at any time, including to add, increase, decrease or discontinue them.
10. Ask for and receive a list of names and duties of any people assigned to provide services to you under the Plan of Care.

11. Receive support and direction from your Care Manager to resolve concerns about your care needs and/or grievances about services or providers.
12. Be told about resident rights and receive a copy in writing, when admitted to an institution or community residential setting.
13. Be told about the covered/required services you are entitled to, required by and/or offered by the institutional or residential setting, and of any charges not covered by Horizon NJ Health while in the facility.
14. Not be discharged or transferred out of a facility unless it is medically necessary; to protect your welfare and safety as well as the welfare and safety of other residents; or because of failure, after reasonable and appropriate notice, to pay the facility from available income as reported on the statement of available income for NJ FamilyCare payment.
15. Have Horizon NJ Health protect and promote all your rights outlined in this document.
16. Have all rights and responsibilities outlined here shared with your authorized representative or court-appointed legal guardian.

Along with rights come responsibilities. Here are some of the key responsibilities for MLTSS members:

1. Provide all health and treatment-related information to your Care Manager, including but not limited to, medicine, circumstances, living arrangements, and informal and formal supports, in order to develop your Plan of Care.

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2. Understand your health care needs and work with your Care Manager to develop or change your goals and services.
3. Work with your Care Manager to develop and/or revise your Plan of Care so your services can be authorized and delivered timely.
4. Ask questions when you need more information.
5. Understand the risks that come with your decisions about care.
6. Develop an emergency backup plan for care and services with your Care Manager.
7. Report any major changes about your health condition, medicine, circumstances, living arrangements, informal and formal supports to the Care Manager.
8. Tell your Care Manager if any problems occur or you are not happy with the services you receive.
9. Pay your room and board in a Nursing Facility or Community Alternative Residential Setting (CARS) and your cost share on time each month (if applicable).
10. Treat service workers and care providers with dignity and respect.
11. Keep all Horizon NJ Health documents, such as your Plan of Care, emergency backup plan, etc., for your personal records and future reference.
12. Follow Horizon NJ Health's rules and/or those rules of institutional or community residential settings.

MLTSS Care Management

Every MLTSS member has a dedicated Care Manager. Your Care Manager is a nurse or

a social worker who provides supports and services to help with your daily needs.

Your Care Manager will:

- Help coordinate your care: doctors' visits, prescription medicines, behavioral health services, applying for services and coordinating with all your health care providers
- Call to check on you and will be available for you to call when you need them
- Work with you to develop and review your Plan of Care

We ensure that our Care Managers work in a conflict-free environment. Care Managers cannot:

- Work directly with members who are blood relatives
- Work with members who are related by marriage
- Be a direct-paid caregiver to the member
- Be financially responsible for or allowed to make financial or health-related decisions on behalf of the member they are assigned to

You will always have your Care Manager's phone number. If you leave a message for your Care Manager, he or she will return your call within one business day. If your Care Manager is unavailable, or you need help after hours or on weekends, please call **1-844-444-4410** (TTY **711**) and the on-call Care Manager can help you right away. If that happens, your Care Manager will get information about your call to make sure you got the help you needed.

You have the right to change your Care Manager and may do so by calling Member Services at **1-844-444-4410** (TTY **711**).