



The Horizon NJ Health MLTSS program provides services and supports to adults and children to help them perform activities of daily living such as bathing, dressing, eating and toileting, as well as supportive activities such as making meals, shopping, cleaning and laundry. Eligibility for these services is based on multiple pieces of information, including how well a person 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.

Horizon NJ Health members who are eligible for MLTSS will be assigned a dedicated Care Manager. The Care Manager, with you and your caregiver's input, and working with your PCP, will create a Plan of Care based on your care needs. Once the Plan of Care is completed, the Care Manager will arrange for service providers. The Care Manager will follow up with you to make sure that the services continue to meet your care needs.

Horizon NJ Health wishes to provide quality MLTSS that promote independence, dignity, and choice. Horizon NJ Health understands 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 a flexible package of services based on the member's 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 a member to remain in the community. In such situations, the Care Manager may recommend that the member be placed in a nursing facility or community residential setting.

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

Our multilingual Member Services staff is ready to help you get the most out of your Horizon NJ Health membership. You can call us anytime at **1-844-444-4410 (TTY 711)**. Your Care Manager will be available Monday through Friday, from 8 a.m. to 5 p.m., ET. At other times, you can call and 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 be sure to give enough detail for us to understand why you are calling. We will return your call within one business day.

## Translation services and audio/visual information

We have staff members who can speak many languages. If you speak another language, our customer service representative can use the Language Line service, which has more than 100 languages and dialects.

We can also arrange for a translator to talk over the phone with you and your doctor to help during your doctor's visit. Horizon NJ Health can coordinate a sign language interpreter to be with you at the doctor's office. Translators will make sure that your doctor knows what you are saying and you know what the doctor is saying. With the translator's help, you can get answers to all of your questions.

# Managed Long Term Services & Supports Program

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**).

All Horizon NJ Health information for members is available in Spanish. If you need information printed in another language, call Member Services. Materials for the visually and hearing impaired are also available through Member Services.

## 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

The program rules, and your needs and general health and welfare can be addressed by the MLTSS program.

In order to be a Horizon NJ Health member, you have to keep your NJ FamilyCare eligibility. You must fill out a Renewal Application at least **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](https://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.
- You can 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 **1-800-35-1561** (TTY **711**) or visit [state.nj.us/humanservices/dfd/programs/njsnap/cbss/index.html](https://state.nj.us/humanservices/dfd/programs/njsnap/cbss/index.html).
- Pay your premiums on time, if you have any.



## MLTSS member rights and responsibilities

You deserve the best health care. As a member of Horizon NJ Health, you have a partner who will help you get the care you need. Horizon NJ Health will treat you with respect, and there are certain rights you can expect from Horizon NJ Health. There are also responsibilities that Horizon NJ Health expects you to live up to.

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 can be sure you have read and understand these guidelines.

### You have the right to:

1. Ask for and receive information on the choice of 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 receiving chosen and approved services.
4. Get services no matter what your race, religion, color, creed, gender, national origin, political beliefs, sexual orientation, marital status or disability.
5. Have access to all services that are best for your health and welfare.
6. Make your own decisions after being assisted to 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 from your Care Manager 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 a list of resident rights, and receive a copy in writing, upon admission to an institution or community residential setting.
13. Be told of all 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 to 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 that are 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, including but not limited to, medication, circumstances, living arrangements, and informal and formal supports, to the Care Manager to identify care needs and develop a Plan of Care.

# Managed Long Term Services & Supports Program *(continued)*

2. Understand your health care needs and work with your Care Manager to develop or change goals and services.
3. Work with your Care Manager to develop and/or revise your Plan of Care to facilitate timely authorization and delivery of services.
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, medication, circumstances, living arrangements, informal and formal supports to the Care Manager.
8. Notify your Care Manager should any problems occur or if you are not pleased with the services being provided.
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**

Horizon NJ Health provides every MLTSS member with a Care Manager and care management team. The Care Manager leads the team. Your Care Manager is a health care professional, generally a nurse or a social worker. The care management team includes Nurses, Social Workers and a clinical support coordinator to help with your daily needs.

The MLTSS Care Manager will visit you in your home and talk to you about your needs. Together, you will develop your Plan of Care. Your Plan of Care is based on your health status and health care needs. Horizon NJ Health will also get input from your family, caregivers and others you think are important for us to talk with. The Plan of Care will list the services you will get from Horizon NJ Health and describe the services that Horizon NJ Health will schedule for you. Your Plan of Care is important. It shows we have all worked together to decide how we will help you. The goal of the Plan of Care is to help you get and stay as healthy as you can be to keep your independence and stay in your community.

After your Plan of Care is developed, your care team will help you get all the care and services you need. The care management team will work with you to make appointments. Your Care Manager will call you regularly and will also come to your home to assess your needs and services, and to review and update your Plan of Care. 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, you can call to talk to the clinical care coordinator for help at any time. If you need help after work hours or on weekends, your call will be sent to someone who can help you right



away. For example, if you need to know where to go for urgent care, your call will be sent to the on-call staff. If that happens, your Care Manager will get information about your call to be sure you got what you needed.

Services will be provided to you within 45 calendar days of your enrollment, except for residential modification and vehicle modification. Your care management team will help coordinate your care, such as physician visits, prescription drugs, behavioral health care, applying for services and coordinating other health providers. You can participate in your care by sharing your needs and concerns with your care management team so you may continue to live independently in your community.

You and your care management team will review your Plan of Care at least every 90 calendar days if you are living in the community or in a pediatric specialty care nursing facility (SCNF). You and your care management team will review your Plan of Care plan at least every 180 calendar days if you are living in a Nursing Facility, non-pediatric SCNF or a Community Alternative Residential Services (CARS) setting. The care team may also review your Plan of Care plan if your condition changes. Horizon NJ Health members must use in-network, contracted providers to get covered MLTSS services.

Horizon NJ Health ensures that its Care Managers work in a conflict-free environment. This means that Care Managers cannot work directly with their family members who are blood relatives or related by marriage. They also cannot be a direct-paid caregiver or be financially responsible for or empowered to make financial or health-related decisions on behalf of a member they are assigned to.

Your Care Manager will call you to introduce him/herself when you join. You have the right to change your Care Manager. You may do so by telling your Care Manager or calling Member Services at **1-844-444-4410** (TTY **711**).