



## **Residential Health Care Facility Services (Nursing Home)**

### **Rehabilitation:**

Affinity Health Plan covers short term, or rehab stays, in a skilled nursing home facility.

### **Long-Term Placement:**

Beginning February 1, 2015, Affinity Health Plan will **also** cover long-term placement in a nursing home for members 21 years of age and older who live in New York City (Brooklyn, Bronx, Manhattan, Queens, Richmond).

### **Long-term placement means you will live in a skilled nursing home.**

Long-term placement in a skilled nursing home will be added to the Medicaid Managed Care benefit package in phases. It is anticipated that by July 1, 2015, long-term placement in a nursing home will be covered for residents statewide who are age 21 years and older.

**Eligible Veterans, Spouses of Eligible Veterans, and Gold Star Parents of Eligible Veterans** may choose to stay in a Veterans' nursing home.

Covered nursing home services include:

- medical supervision;
- 24-hour nursing care;
- assistance with activities of daily living;
- physical therapy;
- occupational therapy;
- speech-language pathology and other services.

To get these nursing home services:

- they must be ordered by your physician, and
- authorized by Affinity Health Plan.

You must also be found financially eligible for long-term nursing home care by your County Department of Social Services to have Medicaid and/or Affinity Health Plan pay for these services.

When you are eligible for long-term placement, you must select one of the nursing homes that are in Affinity Health Plan's network.

If you want to live in a nursing home that is not part of Affinity Health Plan's network, you may transfer to another plan that works with the nursing home you have chosen to receive your care.

If you have any questions about these benefits, call our Customer Service Department at 1-866-247-5678, TTY/TDD users: 1-800-662-1220.

**Keep this update with your member handbook.**

Attached is Updated Information for the section on DISENROLLMENT AND TRANSFERS found in your member handbook.

#### DISENROLLMENT AND TRANSFERS (revised for 2/1/15)

When you enroll in Affinity Health Plan, you have 90 days (3 months) to decide if you wish to stay in our plan or leave our plan and enroll in another Medicaid Managed Care health plan.

After the 90 days, you must stay in our plan for 9 more months, *unless* you have a good reason (Good Cause) to disenroll from our plan.

Some examples of Good Cause include:

- Our health plan does not meet New York State requirements, and members are harmed because of it.
- You move out of our plan's service area.
- You, the plan, and the LDSS all agree that disenrollment is best for you.
- You are or become exempt or excluded from managed care.
- We do not offer a Medicaid managed care service that you can get from another health plan in your area.
- You need a service that is related to a benefit we have chosen not to cover and getting the service separately would put your health at risk.
- We have not been able to provide services to you, as we are required to under our contract with the State.
- You are a child that has entered foster care at the LDSS and need to transfer to a new plan to see the appropriate providers.
- We do not have a contract with the nursing home you are living in or are going to live in, and you need to transfer to a plan that does.

**Keep this update with your member handbook.**