


STATE OF NEW YORK
DEPARTMENT OF HEALTH

REQUEST: February 22, 2018

AGENCY: MAP

FH #: 7709535Q

In the Matter of the Appeal of	:	DECISION
	:	ON
	:	STIPULATION
	:	AFTER
	:	FAIR
from a determination by the New York City	:	HEARING
Department of Social Services	:	

JURISDICTION

Pursuant to Section 22 of the New York State Social Services Law (hereinafter Social Services Law) and Part 358 of Title 18 NYCRR, (hereinafter Regulations), a fair hearing was held on May 8, 2018, in New York City, before an Administrative Law Judge. The following persons appeared at the hearing:

For the Appellant



For the Managed Long Term Care Plan

A. Jacobs, Fair Hearing Representative (March 23, 2018)

J. Rolffot, Fair Hearing Representative (by telephone), (May 8, 2018)

ISSUE

Was the Managed Long-Term Care Plan's determination of February 8, 2018 to deny the Appellant's request for Social Day Care services for 3 days a week correct?

FINDINGS OF FACT

An opportunity to be heard having been afforded to all interested parties and evidence having been taken and due deliberation having been had, it is hereby found that:

1. Appellant, age 77, resides New York City, and is authorized to receive Medicaid, and, also, is enrolled with the Centers Plan For Healthy Living, a partially capitated Managed Long Term Care Plan (herein after "Centers Plan" or "the MLTC Plan").

FH# 7709535Q

2. Appellant has been in receipt of an authorization for Consumer Directed Personal Assistance Services (“CDPAS”) in the amount of 52.5 hours per week (authorized over 7.5 hours per day, 7 days per week).

3. Appellant requested authorization to receive Social Day Care Services for 3 days per week in addition to her CDPAS authorization for 52.5 hours a week.

4. By Notice dated February 8, 2018, MLTC Plan advised the Appellant of the Plan’s determination to deny the Appellant’s request for Social Day Care authorization for 3 days a week.

5. On February 22, 2018, the Appellant requested this fair hearing. The Appellant further sought review of to discontinue Appellant's CDPAP services. At the hearing, however, the Appellant withdrew that portion of the request pertaining to such review.

DISCUSSION

The record establishes that the Appellant, age 77, resides New York City, and is authorized to receive Medicaid, and, also, is enrolled with the Centers Plan For Healthy Living Managed Long Term Care Plan (herein after “Centers Plan” or “the MLTC Plan”). The record also establishes that the Appellant has been in receipt of an authorization for Consumer Directed Personal Assistance Services (“CDPAS”) in the amount of 52.5 hours per week (authorized over 7.5 hours per day, 7 days per week).

The record further establishes that Appellant requested authorization to receive Social Day Care Services for 3 days per week in addition to her CDPAS authorization of 52.5 hours a week; and that by Notice dated February 8, 2018, MLTC Plan advised the Appellant of the Plan’s determination to deny the Appellant’s request for Social Day Care authorization for 3 days a week.

Based on the parties’ agreement, at the hearing, Centers Plan’s representative agreed to authorize the Appellant to receive Social Day Care services for 2 days a week and CDPAS of 49 hours a week, authorized over 7 hours a day, 7 days a week.

At the hearing, the Appellant accepted the terms of MLTC Plan’s stipulation as a complete resolution of the Appellant's request for a fair hearing.

DECISION AND ORDER

In accordance with the MLTC Plan’s agreements made at the hearing, the Plan is directed to take the following actions if it has not already done so:

FH# 7709535Q

1. Authorize the Appellant to receive Social Day care services for 2 days a week.
2. Authorize the Appellant to receive Consumer Directed Personal Assistance Services ("CDPAS") in the amount of 49 hours per week (authorized over 7 hours per day, 7 days per week).

Should the Plan need additional information from the Appellant in order to comply with the above directives, it is directed to notify the Appellant promptly in writing as to what documentation is needed. If such information is requested, the Appellant must provide it to the Plan promptly to facilitate such compliance.

As required by 18 NYCRR 358-6.4, the Plan must comply immediately with the directives set forth above.

DATED: Albany, New York
05/21/2018

NEW YORK STATE
DEPARTMENT OF HEALTH

By

A handwritten signature in black ink, appearing to read "R. M. Warner", is written over the signature line.

Commissioner's Designee