



## Protections Against Gaps in Long-Term Care (LTC) Services

Medicaid managed care organizations (also called “MCOs” or “Plans”) must have a process for “*immediately reporting any unplanned gaps in service delivery.*” As part of this process, the Plan must prepare a “*Service Gap Contingency and Back-Up Plan*” for enrollees. A “gap” is the difference between the number of hours required by the care plan, and the number of hours actually provided. For example, if you are approved for 3 hours/day of personal care and the caregiver does not show up, that’s a gap.

The gap contingency plan must inform the enrollee (or authorized representative) of resources available, including on-call back-up service providers and the “enrollee’s informal support system” in the event of an unforeseeable gap, such as a service provider illness or transportation failure.

It is also important to know that the “informal support system” should not be the “primary source” for addressing a gap, unless that is the enrollee’s choice. The MCO must ensure that gap services are provided within a three-hour time frame. The MCO must discuss the contingency plan with the enrollee, provide a copy to her/him, and ensure that the plan is updated quarterly.

## Maintenance Therapy

Another important protection to help ensure that enrollees do not experience gaps in critical home based services, is that plans must approve coverage for “maintenance therapies” i.e. treatments that are supportive rather than corrective and that prevent further deterioration for no less than six (6) months.

### TIP:

Because physicians may be unaware of this “maintenance therapy” policy and the ability to write prescriptions for at least 6 months, it can be helpful to provide the physician’s office with a copy of this requirement.