## **Electronic Notice Option**

iCircle Care and our vendors can send you notices about service authorizations, plan appeals, complaints and complaint appeals electronically, instead of by phone or mail. We can also send you communications about your member handbook, our provider directory, and changes to Medicaid managed care benefits electronically, instead of by mail.

We can send these notices to you by Web Portal.

If you want to get these notices electronically, you must ask us. To ask for electronic notices contact us by phone, email, fax, or mail:

Phone	1-844-694-2273
Email	info@icirclecarecny.org
Fax	1-888-384-2962
Mail	860 Hard Rd, Webster, NY 14580

## When you contact us, you must:

- Tell us how you want to get notices that are normally sent by mail,
- Tell us how you want to get notices that are normally made by phone call, and
- Give us your contact information (mobile phone number, email address, fax number, etc.).

iCircle Care will let you know by mail that you have asked to get notices electronically.



YOUR MEMBER HANDBOOK HAS BEEN CHANGED TO INCLUDE UPDATED ELIGIBILTY CRITERIA FOR NEW MEMBERS AND EXISTING MEMBERS WHO LEAVE AND RE-ENROLL IN A MANAGED LONG TERM CARE (MLTC) PLAN

For new enrollees, starting **September 1, 2025**, the MLTC Program eligibility criteria to join a MLTC Partial Capitation (MLTCP) plan requires an individual to be assessed as in need of community based long term services and supports (CBLTSS) for more than 120 days and the following Minimum Need Requirements:

- at least limited assistance with physical maneuvering with more than two activities of daily living (ADLs); or
- individuals with a Dementia or Alzheimer's diagnosis, assessed as needing at least supervision with more than one ADL

If you enrolled in any MLTC Plan prior to September 1, 2025, you will not be subject to the new Minimum Needs Requirements at reassessment as long as you remain continuously enrolled in any MLTC plan. If you leave the MLTC program and want to rejoin, you will need to meet the eligibility criteria that is in place for MLTC enrollment at the time you rejoin.

If you have any questions, please call iCircle Care member services at 1-844-694-2273 TTY 711.



## YOUR MEMBER HANDBOOK HAS BEEN UPDATED TO INCLUDE ADDITIONAL INFORMATION FOR SOCIAL CARE NETWORKS

As of **January 1, 2025**, you can receive screening and referral to existing local, state and federal services through regional Social Care Networks (SCNs). If you are eligible, these local groups can connect you to services in your community that help with housing, transportation, education, employment, and care management at no cost to you.

- After screening through this SCN, you and any interested member(s) in your household can meet with a Social Care Navigator who can confirm eligibility for services that can help with individual health and well-being. They may ask you or members in your household for supporting documentation to determine where extra support may be needed.
- If you or any member(s) in your household qualify for services, the Social Care
  Navigator can work with you to get the support needed. You may qualify for more
  than one service, depending on individual eligibility. These services include:
  - Housing and utilities support:
    - Installing home modifications like ramps, handrails, grab bars, pathways, electric door openers, widening of doorways, door and cabinet handles, bathroom facilities, kitchen cabinet or sinks, and non-skid surfaces to make your home accessible and safe.
    - Mold, pest remediation, and asthma remediation services.
    - Providing an air conditioner, heater, humidifier, or dehumidifier to help improve ventilation in your home.
    - Providing small refrigeration units needed for medical treatment.
    - Helping you find and apply for safe and stable housing in the community which may include assistance with rent and utilities.

NOTE: Some housing services may be covered by your plan. Therefore, some housing services will require coordination between the Social Care Navigator and your health plan's care manager.

- Transportation services:
  - Helping you with access to public or private transportation to places approved by the SCN such as going to a job interview, parenting classes, housing court to prevent eviction, local farmers' markets, and city or state department offices to obtain important documents.
- Care management services:
  - Getting help with finding a job or job training program, applying for public benefits, managing your finances, and more.
  - Getting connected to services like childcare, counseling, crisis intervention, health homes program, and more.



## Getting in Contact with an SCN in your area:

- 1. You may call the health plan's member services at (844) 694-2273 TTY: 771 and we will connect you to a SCN in your area.
- 2. You may call the SCN within your county and request a screening or more information. See the SCN contact information in the chart below.
- 3. You may also visit their website to begin a self-screening.

Once connected with the SCN, a Social Care Navigator will confirm your eligibility by asking questions, requesting supporting documentation (if necessary), tell you more about eligible services, and help you get connected to them.

SCN	Counties	Phone number	
Care Compass Collaborative	Broome, Chenango, Delaware, Otsego, Tioga, Tompkins	607-352-5264	
	https://carecompasscollaborative.org/social-care-network/		
Forward Leading IPA	Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates	315-264-9991	
	https://forwardleadingipa.org/welinkcare		
Healthy Alliance Foundation Inc.	Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego	315-505-2290	
	https://www.healthyalliance.org/member/		
Western New York Integrated Care	Cattaraugus, Chautauqua, Erie, Niagara	716-431-5100	
Collaborative Inc.	https://wnyscn.org/		