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DAB Medicaid Part II: Application (2016)
Borchard Foundation Training Series – Part I

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Roadmap of CLE

1. DAB Medicaid Income and Resource Limit Refresher
2. Where to Apply for Medicaid
3. Medicaid Application Walkthrough
4. Effective Date of DAB Medicaid Coverage
5. Tips for people seeking Managed Long Term Care

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Refresher : Non MAGI/DAB Income and Resource Limits

- The income limit for Medicaid in 2016 is
  - Single- $825
  - Couple - $1209
- The resource limit for Medicaid in 2016 is
  - Single - $14,850
  - Couple - $21,750
- If spouses sign spousal refusals, the Medicaid applicant is budgeted as a single person
- If spouses live apart, the Medicaid applicant is budgeted as a single person

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What is the Relationship Between Income & Resources?

- Generally, a payment is “income” in the month it is received. If not spent during that month, and saved into the next month, it becomes a “resource.”
- Resources are cash or those assets, which can be readily converted to cash, such as bank accounts, life insurance policies, stocks, bonds, mutual fund shares and promissory notes. Resources also include property not readily converted to cash (i.e., real property)
- First of Month Resource Rule – Medicaid takes a snapshot of the amount of assets on the 1st minute of the month. If that amount is under the Resource limit, the applicant is eligible. New income received during that month is NOT counted.

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HOW AND WHERE TO APPLY FOR NON-MAGI/DAB MEDICAID

- Outside NYC
- NYC

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Medicaid Applications for Non-MAGI/DAB

- **Access NY Health Care – form DOH-4220**
  - Access NY Application or form DOH-4220 has been updated. See 16 MA 009, https://www.health.ny.gov/health_care/medicaid/publications/gis/16ma009.htm
  - New Form can be found at - http://www.health.ny.gov/forms/doh-4220.pdf
- **Access NY Supplement A – form DOH-4495A or DOH-5178A**
  - **Form DOH- 4495A can be found at - https://www.health.ny.gov/forms/doh-4495a.pdf**
  - Pilot Program for Residents of **Albany County, Schoharie County and Suffolk County,** who will use the new Asset Verification System that will verify certain resources through computer matches.
    - **Form DOH-5178A can be found at** - https://www.health.ny.gov/forms/doh-5178a.pdf

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Where to File Medicaid Non-Magi/DAB Applications

- **Medicaid Applications for Disabled, Aged, Blind:**
  - Still apply to LDSS/HRA with paper application, document assets and income. If they apply on Exchange, will be referred back to local Medicaid program.
  - **Outside of NYC** – applications for Community Medicaid, Community Based Long-Term Care Medicaid, and Nursing Home Medicaid are to be submitted to the local Department of Social Services. A listing of offices can be located here: http://www.health.ny.gov/health_care/medicaid/ldss.htm

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Where to File Medicaid Applications

- **NYC – Community Medicaid** applications can be filed at the Community Based HRA Medicaid offices. A listing of offices can be located here: http://www1.nyc.gov/site/hra/locations/medicaid-locations.page
- **NYC – Nursing Home Medicaid** Applications can be submitted only after being admitted into a Nursing Home.

Already enrolled with MLTC Plan at the time you entered the NH:	Did not have Medicaid at time you entered the NH:
HRA--HCSP Central Medicaid Unit 785 Atlantic Avenue, 7th Floor Brooklyn, NY 11238	**Nursing Home Eligibility Division** 785 Atlantic Ave. Brooklyn, NY 11238

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New Applicants for Medicaid Home Care in NYC

Front Door Closed to apply through CASA/DSS *unless* in home hospice, need *only* housekeeping (limited to 8 hours/week), or require immediate need PCS.

MLTC/HOME CARE	**HOUSEKEEPING ONLY (max 8 hrs/wk)**
Medicaid application goes to: **HRA HCSP Central Medicaid Unit** 785 Atlantic Avenue, 7th Floor Brooklyn, NY 11238 T: 929-221-0849	Medicaid application **and M11q** go to: **NYC HCSP Central Intake** 109 East 16th Street, 5th Floor New York, NY 10003 T: 212-824-0706 FAX 212-896-8814

NOTE: MLTC plans can't give services Medicaid-pending. Some will help apply for Medicaid and with pooled trust.

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MEDICAID APPLICATION WALKTHROUGH

- Completion of DOH-4220 + 4495A (Supplement A)
  (Go To Application PDF)
- Required documentation
- Processing Times

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Documentation to be Submitted

- Age, Identity, and Immigration Status
  - If you are a U.S. citizen (born in the U.S. or one of its territories) and provide a valid Social Security Number (SSN), a match with the Social Security Administration (SSA) will verify your SSN, date of birth and U.S. citizenship.
    - If SSA verifies this information, no further proof is needed.
    - If the SSA match cannot verify birth information for a naturalized citizen. You will need to submit proof of naturalization (e.g., Naturalization Certificate (N-550 or N-570) or a U.S. passport.
  - Medicare Benefit Card (the red, white, and blue card).
    - See Medicare Reference Guide, Other Eligibility Requirements Chapter, pg. 592: "According to the Medicaid Reference Guide (MRG), "**applicants/recipients (A/Rs) declaring to be U.S. citizens, who are eligible for or enrolled in Medicare or receiving Supplemental Security Income (SSI) are exempt from documenting both citizenship and identity.** These individuals have already established their citizenship and identity to the Social Security Administration (SSA)."
  - Proof of age (if not verified by SSA), like a birth certificate, passport, State ID, SSA Award letter with DOB information. See Medicaid Reference Guide for exhaustive list

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Documentation to be Submitted Continued

- Proof of NYS residency
  - Rental receipt, lease, mortgage statement, SSA award letter, or mailing postmark. See Medicaid Reference Guide for exhaustive list
- Health Insurance benefit cards and/or proof of health insurance premiums
  - Medicare Card (always include)
  - Retiree insurance
  - Supplemental Insurance
  - Long Term Care insurance
  - Dental/Vision
- Proof of Income and Resources (see next slide)

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Documentation of Income, Resources and Proof of Health Insurance Premium

	Income		Resources	Health Insurance Premiums
	Social Security	Other		
Community Medicaid w/o LTC	Attestation*	Submit Proof	Attestation*	Submit Proof
Community Based Long Term Care	Attestation*	Submit Proof	Submit Proof	Submit Proof
Nursing Home	Attestation*	Submit Proof	Submit Proof for Look-Back Period of 60 months	Submit Proof
Other Information	*If electronic information does not match will request proof			To have amount deducted from income
	04 OMM/ADM-6			11-ADM-01
	NYC MICSA Alert Dated March 5, 2013			

Documenting Resources Held in Financial Institutions

- If applicant has various bank accounts and the bank statement indicating the balance as of the first of the application month is not available until later on, then the applicant must obtain a mid-month computer-generated statement, or print it on the computer.
- If unable to obtain this resource document and the applicant is well within the resource limit, you can supplement your initial filing or provide it if HRA/LDSS requests it.

Processing Times

- The federal Medicaid Act requires eligibility to be determined with "reasonable promptness." A determination of eligibility for Medicaid must generally be made within a **45-day time period**, with two exceptions.
  - Determinations of eligibility for pregnant women and children under age 19 must be completed within **30 days.**
  - Cases awaiting a disability determination have a **90-day time limit.** If the eligibility determination process for determining disability takes more than 90 days, on or before the 90th day, the applicant should be sent a written statement stating the reasons for the delay. When the applicant is eligible under a different category, Medicaid is authorized for the interim period.
- 42 USC Sec 1396a(a)(8); 42 C.F.R. Sec. 435.911;18 NYCRR 360-2.4;

NYS Medicaid Reference Guide pp. 487-488;

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Processing Times

The Reality: Delays Trigger Litigation

- Despite the clear time limits in law and regulation, many local districts take much longer time to process Medicaid applications.
- Various lawsuits have been filed over the years seeking to enforce compliance with the federally mandated time limits. Information about some of the lawsuits in NYS can be found at the links below.
- Please see the following - http://www.wnylc.com/health/entry/175/ for links that include contact information for plaintiffs' counsel.

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EFFECTIVE DATE OF MEDICAID COVERAGE

- Month of Application
- Retroactive coverage
- Reimbursement

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Medicaid Effective Date

- When eligibility determination is made, Medicaid is authorized:
  - Effective back to the First Day of the First Month for which eligibility is established
  - Retro-Active authorization for Medical expenses incurred during the 3 months prior to the month of the application, if the applicant was eligible during that time.

See *18 NYCRR 360-2.4(c)*

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RETROACTIVE COVERAGE

- Retroactive period = 3 calendar months BEFORE the Medicaid application.
- If eligible for Medicaid during the retro-active period, can either have the bills paid and/or be reimbursed for care/services from Medicaid providers.
- MUST submit proof of income and resources for any month in the retroactive period for which you have paid/unpaid medical bills. If you have medical bills for which you are seeking reimbursement, you must send copies and proof of payment
- Must answer SECTION G **Additional Health Questions:**
  - **Check YES**
  - **Name:**
  - **In which month(s) of the previous three months do you have medical bills?**

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Reimbursement Rules

- Under no circumstances will Medicaid reimburse for services paid out of pocket after the Benefit Card is issued—at this point, Medicaid will only pay for Medicaid providers, and will do so only by paying those providers directly.
- If you expect to pay out of pocket while waiting to enroll in a managed care plan, you might simplify the process by paying for home care through a Medicaid provider. This will allow you to get reimbursed for services provided BEFORE the Benefit Card is issued, and that provider can continue to bill Medicaid AFTER the Benefit Card is issued, while you wait to enroll in a managed long term care plan.
  - For home care in NY, this means a Certified Home Health Agency (CHHA); Search for CHHAs serving your area here: http://profiles.health.ny.gov/home_care/index

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Reimbursement Rules

- Medicaid reimbursement rules are fact-specific
- Your ability to be reimbursed will vary according to:
  - The date of Medicaid application;
  - The date of receipt of the Benefit card;
  - Whether eligibility is established in the retro period (the 3 months before the date of application); and
  - Whether the provider whose bill you seek reimbursement for actually accepts Medicaid.
- 10ADM-09 - Reimbursement of Paid Medical Expenses Under 18 NYCRR §360-7.5(a) Clarifies the reimbursement policy.

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Pay Now, Get Reimbursed Later

- Financial limits for Medicaid are low and private-pay PCS is costly, so friends, family, or even guardians, may private pay for PCS on your behalf, until Medicaid takes over, and then seek reimbursement from Medicaid later.
  - WARNING: If eligible for reimbursement at all, reimbursement is almost always at the Medicaid rate, which tends to be lower than many private pay rates
- You can only be reimbursed for costs incurred while you are financially eligible for Medicaid—your eligibility must be documented with Medicaid
- You are responsible for your Medicaid spend down
- Reimbursement amount authorized is reduced by the amount of your spend down

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TIPS FOR APPLICANTS SEEKING MANAGED LONG TERM CARE

- Spend Down
- Immediate Need PCS

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Tips for filing Medicaid applications for Applicants Seeking Home Care

- Must complete **Supplement A** and provide current **asset documentation** (+ last 3 months if want retro)
- Indicate on top of Application and Cover Letter that seeking MLTC
- If client will have a spend-down – special steps:
  - May be worth having MLTC plan file app, avoids "coding" problems
  - Wait to enroll in pooled trust until AFTER Medicaid approved and enrolled in MLTC. Faster.
  - Submit any medical bills client has paid in last 3 months, and any unpaid bills from before that.
  - MARRIED APPLICANTS may only have a spend-down – or have to use Spousal Refusal -- initially. Once one spouse enrolls in MLTC, can request Spousal Impoverishment protections.

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"Immediate Need" Medicaid Request to HRA

- Though "Front door" closed for requesting Personal Care/ Home Attendant from CASA, new strategy available in urgent cases where delay in MLTC enrollment will harm client.
- Submit an **M11q** with the Medicaid application to HRA HCSP, or while Medicaid application is being processed.
- For all immediate needs cases, you must provide a cover letter that details the reasons why the applicant/recipient requires PCS right away.
- See NYS DOH GIS GIS 15 MA/011 - Reminder of Expedited Authorization Process for Medicaid Recipients with Immediate Need for Personal Care Services, (July 2015) copy available at http://www.health.ny.gov/health_care/medicaid/publications/pub2015gis.htm
  - HRA may authorize personal care until client enrolls into an MLTC plan.
- If the individual already has Medicaid, then you can submit the M11Q to the HCSP Immediate Needs Coordinator, fax # 917-639-0665 (NYC cases only).

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THANK YOU

We thank the

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