

December 28, 2021

**Usage of DOH 5178A Medicaid Application Supplement
and DOH 4495A**

This Alert is to advise Medicaid Providers, Hospitals, Residential Health Care Facility (RHCF), Client Representatives, Community Based Organizations, Advocates, and Agencies assisting consumers in applying for Medicaid, of the usage of the DOH 5178A Supplemental A to the Medicaid Application and the DOH 4495A (Access NY Supplemental A).

New York State Department of Health changed the Supplement A form number from the DOH 4495A to the DOH 5178A. The DOH 4495A has been made obsolete on the DOH Website. This change is required by the implementation of the Asset Verification System (AVS) as relayed to providers via Medicaid alerts posted under AVS (see Medicaid Alert dated April 2018, December 2019, and December 2020), as well as via the New York State Administrative Directive 17 OHIP/ADM-02.

New applications must be accompanied by a Supplement A form, even if the applicant is attesting to the amount of their resources. The form is used to indicate the level of coverage the consumer needs. The level of coverage requested determines which resource documentation is required from the consumer. Please refer to New York State Medicaid Modifications COVID-19 Emergency Alerts posted in MARC through the health emergency. The latest Alert update is dated 12/6/2021.

The Medical Assistance Program will continue to accept the DOH-4995A as long as it is accompanied by either the DOH-5148 (Authorization for Verification of Resources [Applicant]) form or the DOH-5149 (Authorization for Verification of Resources [Legal Spouse]) form, as appropriate, which are part of the DOH-5178 Supplement A package. While the Medical Assistance program will accept the DOH-4495A form, it is preferred that submitters use the DOH-5178A form. As of March 1, 2022, only the DOH 5178A will be accepted.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF