

**You Were Approved for Medicaid – Now What?  
Avoiding and Troubleshooting Enrollment Delays in Managed Long Term Care for  
People with a Medicaid Spend-Down and  
People Being Discharged from Nursing Homes**

If your monthly income is over the Medicaid level, you are still eligible for Medicaid as part of the spend-down program. Your spend-down is the amount your income is over the Medicaid income level (\$845 HH1/\$1,229/HH2 2015), after deducting any Medigap or other health insurance premium. Your spend-down is like a deductible. In order to access Medicaid services, you must meet the spend-down first.

Medicaid applicants with spend-downs face new delays in accessing Medicaid home care through Managed Long Term Care plans.

When you are approved for Medicaid with a spend-down, you do not have ACTIVE Medicaid coverage. Your coverage is not ACTIVATED until you have met your spend-down with incurred or paid medical bills. There are special rules for those with spend-downs who enroll in MLTC. Instead of incurring or paying medical bills to ACTIVATE your Medicaid case, the MLTC plan will bill you for the amount of your spend-down.

Unfortunately, at the time of evaluation and enrollment in an MLTC, your Medicaid case will not show up as active in the plan's computer system. The MLTC employees may tell you that you are not eligible to enroll. THIS IS INCORRECT. In other cases, the MLTC employees do not understand the enrollment process, which generally requires the plans to take an additional step to ensure timely enrollment of people with spend-downs.

If you have or know you will have a Medicaid spend-down you can take action now to prevent delays in MLTC enrollment using these tips.

This handout also gives tips for enrolling in MLTC from a nursing home.

## TIPS FOR NEW APPLICANTS

### STEP 1: Tips for submitting Medicaid application.

- A. **You MUST file Medicaid applications at HRA--HCSP Central Medicaid Unit, 785 Atlantic Avenue, 7th Floor, Brooklyn, NY 11238** if seeking MLTC services. You should send your application certified mail with return receipt.
- B. **Make clear when you apply for Medicaid that you are seeking MLTC services.** Write this on top of your application or submit our "Cover Sheet" with your application, attached. CHECK THE BOX: *"I want to enroll in a Managed Long Term Care (MLTC) plan as quickly as possible. I will not be seeking other Medicaid services until I am enrolled in an MLTC plan. I understand the MLTC plan will bill me for the spend-down."* NOTE: If you check this box, you will not be able to ask a Certified Home Health Agency (CHHA) to provide you with Medicaid services on a temporary basis pending your MLTC enrollment.
- C. **Complete Supplement A of the Medicaid Application and Document resources.** (<http://www.health.ny.gov/forms/doh-4495a.pdf>). Include actual bank statements and other documentation of assets showing balance on the 1<sup>st</sup> of the month of the application.
- D. **Retroactive Coverage.** If you are seeking retroactive eligibility for reimbursement or so that Medicaid providers can bill for services provided in the 3 months prior to the month of application, you must include financial statements going back up to 3 months and copies of medical bills for this period or an explanation for the request. You must also complete the Section G, question 1 on page 5 of the application. Ex: Application filed in November 2014. Include statements showing balance back to August 1, 2014 with explanation or bills.
- E. **Apply for Medicaid with a Spend Down BEFORE Enrolling in a Pooled Trust.** Submitting a Medicaid application with a trust will cause additional delays. Better to apply for Medicaid and be approved with a spend-down. Once Medicaid is approved and you are enrolled in MLTC, then submit the pooled trust along with other disability forms to the same HCSP office. If you've already been enrolled in a pooled trust, you must disclose this on your application and provide proof. You

should request that Medicaid first process the application without the trust, and give you Medicaid with a spend-down, and then process the trust.

**F. Include paid and unpaid medical bills with your Medicaid application.**

- 1) If you have been billed for medical care that you received in the 3 calendar months before the month you are filing the application, including home care:
  - i. Check the box **YES** on Section G, Question 1 on page 5 of the Medicaid application that asks, “Does anyone applying have paid or unpaid medical bills or prescription bills for this month or the 3 months before this month?” – Also check the same box on the Cover Sheet.
  - ii. Attach any paid or unpaid bills from this period.
  
- 2) If you have any OLD UNPAID medical or prescription bills, including for home care, that are from services provided *before* the last 3 months, even if many years old, check the box **YES** on Section G, Question 2 on page 5 of the application that asks about unpaid bills, and attach these bills to your application.

**G. Spousal Impoverishment Protections for Married MLTC members.** If applicant seeking MLTC is MARRIED and spouse is NOT seeking Medicaid, and applicant has a spend-down, the “spousal impoverishment protections” may help eliminate or at least reduce the spend-down. This is most likely true if the couple’s combined income is under \$3,400, not counting the cost of any Medigap premiums, then the “spousal impoverishment” protections are likely to obviate the need to use a pooled trust. This is because the non-applicant spouse is allowed to keep an allowance of \$2,980.50 – his/her own income plus as much of the applicant’s income as is needed to bring her own income up to that limit. But these protections are not available until AFTER applicant’s Medicaid is accepted and enrolled in an MLTC plan. If these protections will be helpful, then:

- 1) the spouse should do a **SPOUSAL REFUSAL** with the application,
- 2) accept the initial Medicaid budget with a spend-down that is calculated based solely on the income of the applicant spouse.
- 3) Assure any MLTC plan you are seeking to enroll in that the spend-down will be reduced to -0- once the client enrolls, because you will request the spousal impoverishment protections

- 4) As soon as you are enrolled in an MLTC plan, submit **DOH Request for Spousal Impoverishment Assessment Form** (posted with Fact Sheet at [http://www.health.ny.gov/health\\_care/medicaid/program/update/2014/mar14\\_mu.pdf](http://www.health.ny.gov/health_care/medicaid/program/update/2014/mar14_mu.pdf) (copy attached hereto). This request should be submitted to HRA-HCSP Central Medicaid Unit.

## STEP 2: PREVENT EVALUATION AND ENROLLMENT DELAYS WITH MLTC PLANS

- A. **Request a Conflict-Free Eligibility Assessment** as soon as Medicaid approved. Call *New York Medicaid Choice* at **1-855-222-8350** to schedule your assessment. See <http://tinyurl.com/conflict-free-MLTC>. They should schedule it within a week. **A family member or social worker should be present** at the assessment to help point out your functional needs, medications, and diagnoses.
- B. **After your conflict free evaluation has been completed, begin scheduling assessments with MLTC plans.** We recommend scheduling three assessments – if timing permits. If a plan won't schedule an evaluation because your Medicaid case is "not active" due to your spend down:
  - a. Ask to speak to a supervisor. Explain that you have a Medicaid spend-down.
  - b. Give the plan a copy of the **notice** approving Medicaid (sometimes the notice "denies" Medicaid because you have a spend-down, but that is really an *approval* with a spend down!).
  - c. Give the plan the **HRA HCSP FAQ** dated Nov. 13, 2013, refer them to Q11. Copy attached and posted at <http://www.wnylc.com/health/download/449/>.
  - d. Tell the plan to call **HRA HCSP MLTC Provider Relations Unit (PRU)** to verify Medicaid eligibility, and that once they have assessed the client they will be able to activate Medicaid for enrollment by faxing a "conversion request" to HRA – see Section C. below. TEL: (929) 221-2427 Fax: (718) 636-7848
  - e. If the plan still refuses to schedule an assessment, **COMPLAIN!** Call the MLTC Complaint line 1-866-712-7197; NY Medicaid Choice 1-888-401-6582; HRA 929-221-0849. In addition, contact EFLRP at 212-613-7310 [eflrp@nylag.org](mailto:eflrp@nylag.org)
- C. **"Conversion" process.** Once you've been evaluated by a plan and decided to enroll in it, your MLTC plan must submit a **MAP MLTC/PRU Cover Sheet HCSP-3047a**

(known as a “CONVERSION FORM”)(1/16/2015 update to former “3022” form) to HRA HCSP MLTC Provider Relations Unit. TEL: (929) 221-2427 Fax: (718) 636-7848

MLTC plans frequently ignore this step, causing an additional delay because enrollment must be completed by the 19<sup>th</sup> of the month, for services to start on the 1<sup>st</sup> of the following month. With this form, HRA/DSS will “convert” the Medicaid eligibility code to one that allows MLTC enrollment. This is ALWAYS necessary in any spend-down case.

- a. Plan must fax a **MAP Medicaid Cover Sheet Form HCSP-3047a** (known as a “**CONVERSION FORM**”)(formerly 3022 form) to the **HRA HCSP MLTC Provider Relations Unit**, requesting that the code be changed.  
Plans can download this form on the “MARC” website, but a copy is attached and also posted at <http://www.wnylc.com/health/download/450/>.
  - 1) Must include MLTC ENROLLMENT FORM signed by consumer.
  - 2) TEL: (929) 221-2427 Fax: (718) 636-7848
- b. Give the plan the **HRA HCSP FAQ** dated Nov. 13, 2013, refer them to Q11.  
Copy attached and posted at <http://www.wnylc.com/health/download/449/>.
- c. If the plan refuses to submit the conversion form, COMPLAIN! Call the MLTC Complaint line at 1-866-712-7197; NY Medicaid Choice 1-888-401-6582, HRA 929-221-0849 or EFLRP at 212-613-7310 / [eflrp@nylag.org](mailto:eflrp@nylag.org).
- d. **FOLLOW UP!** Confirm the date that the plan submitted the conversion form to HRA. After the 19<sup>th</sup> of the month, follow up with the plan to confirm enrollment is effective for the first of the following month. You can also confirm enrollment with HCSP (929-221-0849). If you learn after the 19<sup>th</sup> of the month that the plan failed to submit the conversion form contact EFLRP immediately.

**TIPS for Nursing Home Residents with Institutional Medicaid Trying to be Discharged Home with MLTC services**

- 1) **CFEEC (conflict free eligibility and enrollment assessment)** should not be necessary if consumer already receiving Medicaid-paid nursing home services. See FAQ #42 at [http://www.health.ny.gov/health\\_care/medicaid/redesign/2015-march\\_transition\\_nursing\\_home\\_population\\_benefits\\_to\\_mmc\\_faq.htm](http://www.health.ny.gov/health_care/medicaid/redesign/2015-march_transition_nursing_home_population_benefits_to_mmc_faq.htm) -- But not clear. If required, CFEEC should be done in nursing home.
- 2) **MLTC plan should conduct assessment in NH and have consumer sign enrollment form** with enrollment to begin first of the following month. See [MLTC Policy 14.04: MLTCP Potential Enrollee Assessments](http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm) (5/22/14) (on [http://www.health.ny.gov/health\\_care/medicaid/redesign/mrt\\_90.htm](http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm)) The MLTC plan must conduct the assessment within 30 days of the referral. The plan may also require an in-home assessment to make sure the home environment is safe, but may not require the prospective member to travel to their home for the assessment. A family member or other person can attend the in-home visit.
- 3) MLTC must fax a “conversion” form to **HRA-HCSP-3047b “MLTC/NHED Cover Sheet”** -this is different than form 3047a discussed above – 3047a. Attached p. 15 or download at <http://www.wnylc.com/health/download/564/>.
  - a. Must include signed Enrollment agreement.
  - b. Fax to **HCSP Provider Relations Unit** Fax: (718) 636-7848 TEL: (929) 221-2427
  - c. Note that Enrollment does NOT have to be done by the 19<sup>th</sup> of the month – can be later and still enroll for the 1<sup>st</sup> of the next month. This is in HRA MICSA Alert “[MLTC Submissions of Nursing Home Enrollments](#)” (Feb. 14, 2013)(Download at <http://www.wnylc.com/health/download/439>
- 4) Nursing home must also fax:
  - a. Form **MAP-259f** -Discharge Alert, necessary to convert the Medicaid eligibility from institutional Medicaid to community Medicaid for MLTC enrollment. Attached p. 17 & posted at <http://www.wnylc.com/health/download/132/>.
  - b. Form **MAP 3057e for Special Income Standard for Nursing Home Residents Discharged to MLTC plans**. (attached at p. 16 and download at <http://www.wnylc.com/health/download/398/>) This allowance will reduce or even eliminate the individual’s spend-down if s/he would otherwise have one,

by increasing the Medicaid income level. The amount of the increase varies regionally. The 2014 rate is \$972 NYC, \$1066 in Long Island, \$786 in N. Metropolitan Region including Westchester.

For more information on this special income standard see:

- HRA MICSA Alert– 2/13/13  
<http://www.wnylc.com/health/download/398> and
- NYS DOH [GIS 14/MA-017](#) (Aug. 5, 2014)
- NYS DOH [12- ADM-05 - Special Income Standard for Housing Expenses for Individuals Discharged from a Nursing Facility who Enroll into the Managed Long Term Care \(MLTC\) Program](#)
- [MLTC Policy 13.02: MLTC Housing Disregard](#) available at [http://www.health.ny.gov/health\\_care/medicaid/redesign/mrt\\_90.htm](http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm)

5) If MLTC applicant is married, the **Spousal Impoverishment protections** may be requested *after* MLTC enrollment to reduce or eliminate the spend-down. See section G above on page 3 and form attached (p. 14).

## ATTACHMENTS

1. Contacts & Complaint Numbers.....	8
2. Model Cover Sheet for Medicaid Applications Seeking MLTC.....	9
3. <b>HRA HCSP FAQ</b> Nov. 13, 2013 ( <a href="http://www.wnylc.com/health/download/449/">http://www.wnylc.com/health/download/449/</a> )...	10
4. <b>MAP Medicaid Cover MLTC/PRU Sheet Form HCSP-3047a (“CONVERSION FORM”)</b> posted at <a href="http://www.wnylc.com/health/download/450/">http://www.wnylc.com/health/download/450/</a> .....	13
5. <b>DOH Request for Spousal Impoverishment Assessment Form</b> (DO NOT submit with application. Must submit AFTER Medicaid approved (p. 9 of this link with fact sheet <a href="http://www.health.ny.gov/health_care/medicaid/program/update/2014/mar14_mu.pdf">http://www.health.ny.gov/health_care/medicaid/program/update/2014/mar14_mu.pdf</a> ..14	
6. <b>MAP HRA-HCSP-3047b “MLTC/NHED Cover Sheet”</b> –Nursing Home Conversion form for discharges to MLTC. Posted at <a href="http://www.wnylc.com/health/download/564/">http://www.wnylc.com/health/download/564/</a> ..15	
7. <b>MAP 3057e for Special Income Standard for Nursing Home Residents Discharged to MLTC plans.</b> Download at <a href="http://www.wnylc.com/health/download/398">http://www.wnylc.com/health/download/398</a> .....	16
8. <b>MAP-259f</b> - Nursing Home Discharge Alert to convert from institutional Medicaid to community Medicaid for MLTC enrollment. Download at <a href="http://www.wnylc.com/health/download/132/">http://www.wnylc.com/health/download/132/</a> .....	17

## CONTACT NUMBERS

**New York Medicaid Choice** (Enrollment Broker) <http://nymedicaidchoice.com/>

- To request a Conflict-Free Assessment 1-855-222-8350
- For information about MLTC 1-888-401-6582
- **FIDA** – for information or to OPT OUT 1-855-600-3432
  - **To fax** authorization to opt out for someone else 1-917-228-8601
- Enrollment complaints – Consumers line 1-888-401-6582  
Advocates line 1-855-886-0570

---

### NYC HRA HCSP Centralized Medicaid Eligibility Unit

**Home Care Services Program, 785 Atlantic Avenue, Brooklyn, NY 11238** (includes processing of NYSARC and other trusts)

---

General Number		(929) 221-0849
<i>Director</i>	Randa Henry-Jenkins	
<i>Adm. Asst. to Director</i>	Darrell Evans	(929) 221-3257
Homebound Medicaid Unit		(929) 221-2495
<b>Supplemental Needs Trusts (&amp; pooled trusts) for home care &amp; MLTC cases</b>	Yvette Poole-Brooks	(929) 221-2493 <a href="mailto:poolebrooksy@hra.nyc.gov">poolebrooksy@hra.nyc.gov</a> Fax (718) 636-7848
<b>Pooled Trusts Non-Home Care</b>	Eileen Fraser-Smith	(929) 221-0868 /69 <a href="mailto:fraser-smithe@hra.nyc.gov">fraser-smithe@hra.nyc.gov</a> Fax (718) 636-7847
<b>MLTC Provider Relations Unit</b> (MLTC plan liaisons re eligibility)		(929) 221-2427 Fax: (718) 636-7848

---

**State Dept. of Health MLTC Complaints** 1-866-712-7197 [mltctac@health.ny.gov](mailto:mltctac@health.ny.gov)

**Conflict-Free Assessment Complaints** [CF.Evaluation.Center@health.ny.gov](mailto:CF.Evaluation.Center@health.ny.gov)

**ICAN – Statewide Ombudsprogram for FIDA & MLTC** 1- 844-614-8800

[ican@cssny.org](mailto:ican@cssny.org)

NYLAG Evelyn Frank Legal Resources Program (part of ICAN) 1-212-613-7610

[Eflrp@nylag.org](mailto:Eflrp@nylag.org)



**COVER SHEET FOR NYC MEDICAID APPLICANTS  
SEEKING MANAGED LONG TERM CARE**

File application at: **HRA--HCSP Central Medicaid Unit**  
785 Atlantic Avenue, 7th Floor  
Brooklyn, NY 11238  
TEL 929-221-0849

Name of Applicant(s) \_\_\_\_\_

Name of Contact Person Assisting with Application \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant is seeking Managed Long Term Care enrollment and is expected to have a Spend-Down. Applicant elects the following: **[Check One]**

- I want to enroll in a Managed Long Term Care (MLTC) plan as quickly as possible. I will not be seeking other Medicaid services until I am enrolled in an MLTC plan. I understand the MLTC plan will bill me for the spend-down.
- I want to obtain home health services from a certified home health agency or use Medicaid for other services before I enroll in an MLTC plan. I understand I am responsible for the spend-down and that the MLTC plan must submit a conversion for enrollment.

Applicant is enclosing paid and/or unpaid medical bills to meet his/her Spend-Down. **[Check all that apply]**

- I have paid medical bills from the 3-month period before the month I am filing this application. ATTACH BILLS.
- I have unpaid medical bills from the last 6 years. ATTACH BILLS.

*This form is not an official form. It was created by:*  
New York Legal Assistance Group - Evelyn Frank Legal Resources Program.  
212-613-7310 [eflrp@nylag.org](mailto:eflrp@nylag.org)

# MLTC FREQUENTLY ASKED QUESTIONS

(HRA/HCSP MEDICAID)



HCSP QUICK REFERENCE-03...11/13/2013

**Q1: What is the expected processing time for New York Access with Supplement A once it has been submitted to HRA?**

A: Medicaid Applications are allotted 45 calendar days for processing. However, it should be noted that additional time may be required for actions, such as deferrals, referrals due to pooled trust, supplemental needs trusts, disability determinations, and estate/ real property matters.

**Q2: What is the expected turn around time for surplus conversion packets submitted to the HCSP Centralized Medicaid Unit?**

A: The turn around time is 10 business days.

**Q3: What is the expected turn around time for a Medicaid deferral submitted to the HCSP Centralized Medicaid Unit?**

A: The turn around time for a Medicaid deferral is 10 business days.

**Q4: What is the expected turnaround time for RVI 3 (consumers who have not documented their resources) conversion submission that has been forwarded to the Centralized Medicaid Unit?**

A: The turn around time is 10 business days.

**Q5: What documents are needed for an RVI 3?**

A: An individual applying for community-based long term care who has not previously submitted documentation for all of their resources must complete form DOH-4495A Access NY Supplement A, and provide documents to HRA that verify all of their resources.

**Q6: What documents are needed for a surplus conversion case?**

A: The plan must initially assess the nursing home individual and determine the Medicaid status if deemed appropriate for Managed Long Term Care. If the individual is Medicaid eligible, follow the Medicaid Alert - **MLTC Submissions of Nursing Home Enrollment Process**, which is posted on Medicaid Authorized Resource Center (MARC) website ( [www.nyc.gov/marc](http://www.nyc.gov/marc)) on February 14, 2013.

**Q7: How can a nursing home resident who is ready for discharge enroll in a MLTC?**

A: The plan must assess the nursing home individual and determine the Medicaid status if deemed appropriate for managed long term care. If the individual is Medicaid eligible, follow the Medicaid Alert - **MLTC Submissions of Nursing Home Enrollment Process**, which is posted on Medicaid Authorized Resource Center (MARC) website ( [www.nyc.gov/marc](http://www.nyc.gov/marc)) on February 14, 2013.

**Q8: Who is the HCSP Medicaid Contact person for MLTC plans?**

A: The Centralized HCSP Medicaid office has established a Provider Relations Unit that can address plan issues. Each plan has been assigned a HRA liaison who they can directly contact to address Medicaid related matters. MLTC plans can call 929-221-0849 to find out the name and contact information for their liaison assigned to them. Please note the HRA liaison will only interact with designated plan representatives.

**Q9: How are surplus amounts reflected for supplemental needs trust and pooled trust?**

A: Upon approval of the trust, the surplus information will be updated retroactive to the trust approval date.

**Q10: What is the MLTC plan responsibility regarding a member who moves out of the county?**

A: The plan should inform the member to contact the appropriate LDSS for the county from which they are moving, to initiate the transfer of Medicaid process.

**Q11: How should a MLTC plan address a Medicaid case when ePACES screen indicates “NO COVERAGE-EXCESS INCOME” ?**

A: This ePACES message means that the individual is eligible to enroll in a MLTC plan. The individual has been determined eligible for Medicaid and has a spend-down that they have not met. The plan should submit a conversion request to HRA via the HCSP 3022, MLTC Medicaid Cover Sheet, available on MARC. This will allow HRA to convert the Medicaid coverage and the plan will be able to enroll the individual in their plan of choice. The plan should **NOT** refer the individual to the MICSA/DARB ‘pay-in’ in unit.

**Q12: How should a MLTC plan address a Medicaid case when ePACES screen indicates “ELIGIBLE ONLY – OUTPATIENT CARE”?**

A: This ePACES message means that the individual has been determined eligible for Medicaid and has a spend down. The statement “eligible only – outpatient care” indicates that the individual has not met the spend down for 6 consecutive months. Therefore, they are not currently eligible for Medicaid coverage for an in-patient hospitalization. They are eligible to enroll in a MLTC plan. The plan should submit a conversion request to HRA via the HCSP 3022, MLTC Medicaid Cover Sheet, available on MARC. This will allow HRA to convert the Medicaid coverage and the plan will be able to enroll the individual in their plan of choice. The plan should **NOT** refer the individual to the MICSA/DARB “pay-in unit”.

**Q13: How should a MLTC plan address a Medicaid case when ePACES screen indicates “54-LONG TERM CARE NON COVERED”?**

A: This ePACES message means that the individual “attested” to the amount of his/her current month resources at the time of application, but did not document them. The plan should ask the individual or representative of the consumer if they documented their resources at the time of application/renewal. If the consumer states that they did, the plan should submit form HCSP 3022, MLTC Medicaid Cover Sheet, to HRA requesting a conversion and annotate in the “other” section that the consumer has indicated their current month’s resources were documented.

If the consumer states they did not document their current month resources, then the plan should submit form HCSP 3022 to HRA along with DOH-4495 Supplement A, and current documentation of bank accounts and other related resources.

**Q14: How should a MLTC plan address a Medicaid case when ePACES screen indicates “NH CODE and/or COVERED SERVICES SKILLED NURSING HOME CARE”?**

A: This ePACES message means that the Medicaid coverage for this consumer is only for institutional care. When a plan has assessed an individual in the community and determined eligible for enrollment into MLTC, the plan should request a Medicaid conversion via HCSP 3022, MLTC Medicaid Cover Sheet. Plans should refer to the Medicaid Alert of February 14, 2013, **MLTC Submissions of Nursing Home Enrollment Process**, which is posted on MARC website at: [www.nyc.gov/marc](http://www.nyc.gov/marc)

# MLTC/PRU COVER SHEET



HCSP-3047a 01/26/2015

**Home Care Services Program  
Centralized Medicaid Eligibility Unit  
785 Atlantic Avenue, 7<sup>th</sup> Floor  
Brooklyn, New York 11238**

DATE: \_\_\_\_\_

PLAN NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

Tel 929-221-2427

Fax 718-636-7848

CONSUMER NAME: \_\_\_\_\_ CIN: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_  
(Last four digits only)

## MLTC PROVIDER RELATIONS UNIT

You MUST indicate a requested action:

- RVI-3 Conversion – Supplement A (DOH-4495A) and resource documents required
- Community surplus conversion request
- Re-link to plan
- Withdrawal
- Retroactive Disenrollment



Date: \_\_\_\_\_

# Request for Assessment Form

**Institutionalized Spouse’s Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Community Spouse’s Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

***/we request an assessment of the items checked below:***

- Couple’s countable resources and the community spouse resource allowance
- Community spouse monthly income allowance
- Family member allowance(s)

**Check [ ] if you are a representative acting on behalf of either spouse. Please call your local department of social services if we do not contact you within 10 days of this request.**

**NOTE:** If an assessment is requested without a Medicaid application, the local department of social services may charge up to \$25 for the cost of preparing and copying the assessment and documentation.

\_\_\_\_\_  
***Signature of Requesting Individual***

\_\_\_\_\_  
***Address and telephone # if different from above***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MLTC/NHED COVER SHEET



HCSP-3047b 01/26/2015

**Home Care Services Program  
Centralized Medicaid Eligibility Unit  
785 Atlantic Avenue, 7<sup>th</sup> Floor  
Brooklyn, New York 11238**

Tel 929-221-2427 Fax 718-636-7848

DATE: \_\_\_\_\_

PLAN NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONSUMER NAME: \_\_\_\_\_ CIN: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_  
(Last four digits only)

**Marital Status:**    Single    Married    Widowed    Divorced    Separated

## **NURSING HOME TRANSACTIONS**

You **MUST** indicate a requested action:

NAMI request (Include resource documentation)

Name of facility: \_\_\_\_\_ Address: \_\_\_\_\_

Provider ID: \_\_\_\_\_

Date of Permanent placement: \_\_\_\_\_

Consumer newly permanently placed in a nursing home **or**

Change of nursing home facility (Complete facility information below)

Name of facility: \_\_\_\_\_ Address: \_\_\_\_\_

Provider ID: \_\_\_\_\_

Date of permanent placement/move: \_\_\_\_\_

Consumer returning to the community from a nursing home (MAP-259F required)

Date of discharge: \_\_\_\_\_ Requested MLTC enrollment date: \_\_\_\_\_

New residence address: \_\_\_\_\_

\_\_\_\_\_

Consumer returning to community and remaining enrolled in the plan

**SPECIAL INCOME STANDARD FOR HOUSING EXPENSES FOR INDIVIDUALS  
DISCHARGED FROM A NURSING FACILITY WHO ENROLL INTO THE MANAGED  
LONG TERM CARE (MLTC) PROGRAM**



Consumer's Name: \_\_\_\_\_ Case No. \_\_\_\_\_  
or CIN \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Nursing Home Conversion/Enrollments: Consumer Returning to the Community from a Nursing Home**

When determining whether or not I continue to meet the income eligibility requirement for Medicaid, I am requesting that the special income standard for housing expenses for consumers returning to the community be budgeted against my income.

- I attest that my actual monthly housing expense is \_\_\_\_\_.

I also attest to the following:

- Immediately prior to establishing residency at the address that I have provided above, I resided in a Nursing Facility.
  - I resided at this Nursing Facility for a minimum of the last 30 consecutive days immediately prior to my discharge, not including the day of discharge;
- I agree to receive my community-based long term care Medicaid coverage care and support from a Managed Long Term Care (MLTC) plan. I understand that if I disenroll from MLTC coverage in the future, I will no longer be entitled to the special income standard that I am claiming now and that my income eligibility for continuing Medicaid will be determined without that special standard being applied to my case budget.
- I have enrolled/am in the process of enrolling in the following MLTC plan:

\_\_\_\_\_

MLTC Plan Name

- I also understand that if, for any reason, I do not enroll in a MLTC plan, I will not be eligible for the special income standard that I am claiming and that my income eligibility for continuing Medicaid will be determined without that special standard being applied to my case budget.

Signature of Consumer/Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions about this form, or if you would prefer to submit this form directly to the Home Care Services Program (instead of to the Managed Long Term Managed Care Plan that you have chosen to join), please call (929) 221-0849

**DISCHARGE NOTICE**



MAP-259f 05/22/2013  
(Replaces MAP-1124)

Date: \_\_\_\_\_

**TO:**

Medical Assistance Program  
NHED - Expedited Discharge Unit  
P.O. Box 24210  
Brooklyn, NY 11202-9810

**FROM:**

NAME OF FACILITY	
ADDRESS	
PROVIDER NUMBER	
CONTACT PERSON	TELEPHONE

RESIDENT'S NAME	
CIN	SOCIAL SECURITY NUMBER

**At the actual time of discharge, fax this form to (917) 639-0687.**

The above-named resident was discharged on \_\_\_\_\_ to \_\_\_\_\_

- Out of State       Own Home       Relative's Home       IRA       Shelter
- Out of County       ALP Adult Home       Congregate Care       Hospital       AWOL

Other \_\_\_\_\_

Community Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dialysis Services needed     Yes     No    If "yes" which center \_\_\_\_\_

Private Home Care Agency \_\_\_\_\_

CASA Office \_\_\_\_\_

Address \_\_\_\_\_

Other (specify) \_\_\_\_\_

**If resident was discharged to another Nursing Home use form MAP-2159 and submit to the Transaction Unit.**