

June 30, 2023

Unwinding of the Medicaid Continuous Coverage Requirement Related to the COVID -19 Public Health

This Alert is to inform Providers, Client Representatives, Community Based Organizations, Hospitals, Homecare Agencies, Advocates, Managed Care/ Managed Long-Term Care Plans, and agencies assisting consumers that the Medicaid Continuous Coverage Requirement (CCR) easements related to the COVID-19 Public Health Emergency (PHE) has ended March 31, 2023, as required by the Consolidation Appropriations Act 2023 (CCA,2023).

The CAA, 2023 has revised rules around the Medicaid easements that were put in place in 2020 and allows the district to close cases after a redetermination of eligibility. Pursuant to the CAA, the Center for Medicare & Medicaid Services (CMMS) has issued guidance to local districts detailing the requirements for readying Medicaid eligibility systems and processes for restarting Medicaid redeterminations and returning to pre-pandemic regular Medicaid program rules.

Cases Missing Verification

Consumers with unresolved immigration or citizenship will be expected to document at their renewal. Extension of the reasonable opportunity period is allowed; HRA can assist consumers in obtaining such documentary evidence when requested.

Resumption of Medicare Requirements

During the PHE, consumers in Mainstream Medicaid Managed Care and HARP, who were newly in receipt of comprehensive Medicare, were not disenrolled from their Mainstream Managed Care. Disenrollment from Mainstream Managed Care will resume for clients in receipt of Medicare. Individuals who became eligible for to apply for Medicare during the PHE will be required to comply with the Medicare application requirement.

HIPP/MIPP Payments

Health Insurance Premium Payments (HIPP) and Medicare Insurance Premium Payment (MIPP) program payments will be updated should past payments need any adjustments. Any adjustments that result in a reduced payment will be made prospectively with proper notice. Overpayments made during the Public Health Emergency will not be recovered.

MBI-WPD

At consumer's earliest contact, HRA will verify that individuals in the Medicaid Buy-In Program for Working Peoples with Disability (MBI-WPD) are under the age of 65, working or in a current grace period, and have a current disability certificate. MBI-WPD individuals must submit proof of work to remain in the MBI-WPD program but may attest to the amount of their income and resources at renewal. The grace period will no longer be extended beyond six months.

Excess Income Cases

All Excess Income or pay-in program cases will be processed under regular policy rules at the next regular renewal, with "From" dates of July 1, 2023, for existing cases, or upon receipt of any new application received on or after July 1, 2023, or when addressing a Medicaid consumer's change in circumstance on and after July 1, 2023. Current Medicaid consumers who do not contact HRA for a recalculation of their income in response to the December 2022 one-time letter, will have their eligibility redetermined based on the new Medically Needy income level at the next consumer contact or at renewal, whichever comes first.

For Spenddown cases, districts **will not seek retroactive recoupment** of pay-in payments not made during the PHE nor for Medicaid received during the PHE for coverage provided by the districts.

Self-Attestation End

After June 30, 2023, applicants and recipients for nursing home care is no longer permitted to self-attest to income, resources, and asset transfers during the look-back period. Additionally, effective July 1, 2023, individuals applying for nursing home care can **no longer** attest that the State has been named remainder beneficiary on an annuity. If proof that the State has been named remainder beneficiary is not provided, the annuity purchase is subject to treatment as an uncompensated transfer.

- If attestation that the State was named remainder beneficiary was accepted at application during the PHE, consumers must submit proof at the next renewal. Medicaid eligibility may be discontinued if a consumer fails to provide requested documentation at renewal.

Guardianship

When an individual is alleged incapacitated and there is no one with legal authority to act on behalf of the alleged incapacitated person, assets are considered unavailable from the time a petition for guardianship is filed with the courts, until the court appoints a guardian.

Effective July 1, 2023, consumers can no longer submit an attestation of filings or of intent to file a petition for guardianship. Guardianship papers with proof of filing must be submitted. Additionally, HRA will review cases from the PHE period where assets were considered unavailable based on an attestation from an attorney. Proof of filing of the petition with the courts must be provided once received.

Asset Verification System

Effective July 1, all applications will be subject to the Asset Verification System. Failure of the applicant and the applicant's spouse to authorize AVS could result in a client being found ineligible..

Returned Mail

If a renewal packet is returned with a yellow U.S. Postal Service sticker, indicating a new address, HRA will update the address and send the renewal packet to the individual at the new address and provide a minimum of 30 days for the client to respond. If no forwarding address is provided by the U.S. Postal Service, HRA will attempt to update the address by reviewing existing cases within the agency SNAP, HEAP etc., and by attempting to contact the client.

“HX Facility” referrals to HRA of NY State of Health individuals who require long-term care services and supports have continued during the PHE and will continue unchanged during the Unwind.

Applications

Effective July 1, 2023, application easements previously authorized by PHE will end. Application and requests for increase in coverage received on or after that date are to be processed in accordance with regular Medicaid rules. Applications must be signed by the applicant or authorized representatives. Documentation will be required for eligibility criteria, such as U.S. Citizenship, immigration status, income, and resources if it cannot be verified by the program.

The following conditions of eligibility will be required for new applications and requests for increases in coverage received on or after July 1, 2023:

- Individuals turning 65 must apply for other benefits as a condition of eligibility, including, but not limited to Medicare, Social Security, and Veteran's benefits.
- Individuals must pursue all available income and resources as a condition of Medicaid eligibility. This includes the requirements to pursue maximum periodic payments from a retirement account. If a consumer who is eligible to receive periodic payments without incurring a penalty does not show proof of filing for such payments, the consumer is ineligible for Medicaid; the retirement fund cannot be treated as a countable resource if a consumer fails to pursue periodic payments.
- Individuals with TPHI will be required to provide information concerning available insurance so that the agency can make new cost-effective determinations for possible reimbursement. Information provided regarding terminated or changed TPHI will require verification with the carrier, or written documentation to substantiate the terminations or changes. The agency will request necessary information whenever they become aware of a possible change or during any renewal process.

Medicaid Separate Determination

Cases resulting from closed and rejected Cash Assistance cases or closed SSI cases will continue to be extended through the end of the PHE. Thereafter, clients will have to comply by submitting an appropriate redetermination form (for Rosenberg and Stenson cases) and by providing necessary documentation (Reynolds cases) in order to continue Medicaid eligibility.

MAP-3044

HRA will no longer accept MAP-3044 that list COVID-19 as the reason for incapacity. The MAP-3044, "Submission of Application on behalf of an incapacitated Applicant" must be submitted when an applicant is unable to sign an application and the application is being signed by the applicant's spouse on behalf of the applicant, or an authorized representative. If the individual is unable to sign the application, the individual signing the application must submit proof of their legal authority to sign on behalf of the applicant, or complete Section C (Reason for Submission/Section II of the MAP-3044) and attest to the applicant's inability to sign the application due to incompetence or incapacity.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF