

# MEDICAID ALERT

---

## Application Dates and Deferral Timeframes

December 4, 2017

Application dates for Medicaid-only and Medicare Savings Program (MSP) applications are calculated from the date the application is received by HRA. This methodology is the same for applications submitted manually and those submitted electronically (via EDITs).

There are only two exceptions:

- The application date for applications referred from the New York State of Health (Marketplace) will continue to be the date the consumer applied on the Marketplace.
- The application date for Medicare Improvement for Patients and Provider Act (MIPPA) will continue to be the date the consumer applied for the Low Income Subsidy. These are application referrals from the Social Security Administration of clients applying for the Low Income Subsidy.

### **Deferrals**

Effective December 11, 2017, deferral timeframes for new applications are changing.

- Clients applying for nursing home coverage, including conversions and MLTC cases requiring a 60 month look back, will be given 21 calendar days to respond to a deferral.

- All other clients will be given 15 calendar days to respond to a deferral.

### **Deferral Extensions**

Effective for Medicaid applications with application dates of December 11, 2017 or later, clients can ask for additional time to respond to a deferral. We have developed a new form MAP-3062a, **Request for Time Extension** for clients to use for this purpose. This form must be submitted manually to the area where the application was originally submitted. It is important that the client provide specific information regarding the reason they need additional time to comply with the deferral and the attempts that have been made to secure the needed documents. EDITS is being modified to allow electronic submission of this form and should become available in late February, 2018. Clients can also call the Medicaid Helpline (888-692-6116) to request additional time to respond.

Clients will be notified of whether or not their deferral extension request has been approved using new form MAP-3062b, **Decision on Your Request for Time Extension**.

- Approved first extension requests will be either for 15 or 30 calendar days depending on the consumer request.
- Any additional approved extension requests will be for 30 calendar days.

Sample copies of each form (both subject to minor revision) are attached to this Alert. They will be posted directly to MARC as we more closely approach the implementation date for these changes.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

**REQUEST FOR A TIME EXTENSION**



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

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

CIN: \_\_\_\_\_

I am unable to provide the documentation that HRA requested at this time. I am requesting additional time past the deferral due date that HRA provided. I understand that this extra time may delay the final processing of my case which could result in an eligibility determination taking longer than the normal case processing timeframe of 30 days for a case containing a child, 45 days for a case containing adults only, or 90 days for a case based on a disability.

**INITIAL EXTENSION REQUEST** (place a checkmark in the appropriate box or boxes)

- I am requesting the following:
  - Up to 15 additional calendar days to give you my documents
  - Up to 30 additional calendar days to give you my documents

Reason for Extension: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOLLOW-UP EXTENSION REQUEST** (place a check in the box below if this is **not** your first extension request)

- I am requesting up to 30 additional calendar days to give you my documents

Reason for Extension: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain what you have done to get the documents. Include the name and contact information of the third party contacted (e.g. Bank, Life Insurance Company, Pension Company, IRS etc.), the dates contacted and the response received. Attach copies any correspondence.

---



---



---



---



---



---

I understand that if I do not provide the documents requested by the date it is due, or send HRA a request for an additional extension explaining why I need more time, and have HRA approve it, HRA will make an eligibility determination based upon the documents and information on file and:

My application may be:

- Denied for Medicaid. HRA will not authorize Nursing Home coverage;
- Determined eligible for Medicaid Community Coverage **with** Community Based Long Term Care, **only**;
- Determined eligible for Medicaid Community Coverage **without** Long-Term Care, **only**.

Name of Consumer/Representative (Print)	Name of Consumer/Representative (Sign)	Date

**Do you have a medical or mental health condition or disability?** Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

**DECISION ON YOUR REQUEST FOR A TIME EXTENSION**



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

**If you have any questions, call the HRA Infoline at 718-557-1399**

Dear Consumer/Representative:

You asked for more time to give us the documents we need to determine your eligibility for Medicaid.

Your request has been approved

Your new due date is: \_\_\_\_\_

This extra time may delay the final processing of your case. It could result in an eligibility determination taking longer than the normal 30 days for a case containing a child, 45 days for case containing adults only, or 90 days for a case based on a disability.

If, by the date above, you do not provide the documentation requested (or send us a request for an additional extension explaining why you need additional time and get it approved), we will make our eligibility determination based upon the documents and information that we have on file and:

Your application may be:

- Denied for Medicaid. We will not authorize Nursing Home coverage;
- Found eligible for Medicaid Community Coverage **with** Community Based Long Term Care, **only**;
- Found eligible for Medicaid Community Coverage **without** Long-Term Care, **only**.

Your request for additional time has been **denied** for the following reason:

- Your request was received too late to be processed. You needed to respond by \_\_\_\_\_. If a request comes in past the first due date, but before processing the application denial, then you could be given an extension. Your request was received after that, on \_\_\_\_\_.
- You did not provide a reason for your request for additional time.
- The reason you supplied was insufficient to justify additional time.
- Other: (specify) \_\_\_\_\_

If you were denied Medicaid coverage or received lesser coverage than you need because of the lack of documentation; you may re-apply at any time after the missing documents become available.

---

**Do you have a medical or mental health condition or disability?** Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

Worker	Title	Section
Supervisor	Title	Section