

# MEDICAID ALERT

March 27, 2020

## New York State Medicaid Program Modifications COVID-19 Emergency

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 in applying and recertifying Medicaid/Medicaid Homecare cases of the Easements implemented by New York State because of the COVID-19 emergency.

The following easements apply to all Medicaid clients, including Community Medicaid, Disabled Aged and Blind, Nursing Home Eligibility, Managed Long Term Care and the Home Care Services Program.

### **New Applications:**

- Clients may attest to all elements of eligibility except Immigration Status and Identity, if immigration document does not also prove identity. Copies of documents that prove immigration/identity status should still be submitted. Do not submit original documents. If clients are unable to submit this documentation due to the COVID-19 Emergency, the application should still be submitted. Clients will be given an opportunity to submit the documents later. Clients whose citizenship status is not verified through data sources will also be given an opportunity to submit the documents later.
- Clients do not need to provide proof of their Medicare application; this requirement is waived for the period of the COVID-19 emergency.

### **Signing applications:**

- If a Hospital or Nursing Home is signing an application on behalf of a client because the client is unable to sign due to the COVID-19 emergency, the MAP-3044 (form Attached) Submission of Application on Behalf of an Incapacitated Consumer must be submitted with the application. In Section II, Reason for Submission, the representative should indicate COVID-19 Emergency.

### **Guardianship:**

- If a district receives a copy of the petition for guardianship of an alleged incapacitated person (AIP) along with an attestation from the attorney or the representative for the AIP explaining the reason proof of filing is not available, or that they are unable to file a petition with the court, and that proof of filing with the court will be submitted to the local district once received by the attorney from the court, or that filing will be made once the court allows, income and assets are

to be considered unavailable for purposes of determining Medicaid eligibility. For nursing home residents, Social Security benefits continue to be counted as income as they can be made payable to the nursing home and are therefore considered available.

**Renewals:**

- During the COVID-19 emergency, no Medicaid cases will be closed for failure to renew or failure to provide documentation. Any case that is closed for failure to renew or failure to provide documentation will be re-opened and coverage restored to ensure no gap in coverage. Renewals will be extended for 12 months. Excess resources cases will be extended for 6 months. See below for information regarding coverage for Surplus cases.
- The renewal extension applies to all renewal cases including Office of Mail Renewal, , MLTC, Nursing Home Eligibility, Medicare Savings Program, MBI-WPD (entitled to 6 months extended grace period if loss of employment), Stenson/Recipients who lose their SSI eligibility and Rosenberg/Recipients who lose their eligibility for cash assistance.
- Guardianship at renewal:
  - All cases will be extended regardless of the status of the guardianship.

**Undercare:**

- Guardianship:
  - If the district receives proof that a guardian has been appointed for a consumer who was authorized coverage without regard to income and resources based on the filing of a petition to appoint a guardian with the court, the newly appointed guardian can attest to the value of the consumer's income and resources. After the period of the COVID-19 emergency, assets will be reviewed at renewal, including review of the 60-month look-back period for consumers authorized Medicaid coverage of nursing home care.
- Luberto Process County to County Transfer continues and is not suspended.

**Surplus:**

- Clients who have met their surplus for March will have their coverage extended for 6 months. Clients who have a spend down and have been unable to submit a bill or payment due to the COVID-19 emergency should call the MICSA Surplus Helpline at 929-221-0835 and leave a voicemail with the following information.
  - Name
  - CIN
  - Phone Number
  - If submitting a bill, please provide the name of the provider, the date of the service, and the amount of the bill.
  - If submitting a payment, please indicate the amount of the payment. Please do not leave credit card information on the voicemail.
- Clients will only receive a call back if additional information is needed.
- If the requested information is provided, coverage will be extended for 6 months.

**Offices:**

Effective immediately, a limited number of Medicaid Offices will remain open. Please only visit an office if your needs cannot be met over the phone. Speak with one of our agents at 1-888-692-6116 or call 311 for more information.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

**SUBMISSION OF APPLICATION ON BEHALF OF AN  
INCAPACITATED CONSUMER**



MAP-3044 (E) 02/28/2019

**I. FACILITY AND CONSUMER INFORMATION**

**A. Facility Information:**

Facility Name \_\_\_\_\_ Submission Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

First and Last Name of Representative (**Print Clearly**)  
\_\_\_\_\_

Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

**B. Consumer Information:**

Consumer's Name \_\_\_\_\_ SSN (last four digits) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Telephone Number \_\_\_\_\_

Community Address \_\_\_\_\_  
\_\_\_\_\_

**II. REASON FOR SUBMISSION**

If you are signing a Medicaid application on behalf of your consumer you must attest that the consumer is incompetent or incapacitated.

- I attest that the consumer is incompetent or incapacitated. S/he is unable to sign the application herself/himself and is unable to provide written consent for us to apply on his/her behalf.

Signature of Facility Representative completing this form: \_\_\_\_\_