

When Documentation of Resources and Income is Required for Medicaid Applications & Renewals - and When is "Attestation" Enough?

Since 2004, Medicaid documentation requirements have been simplified by allowing some applicants merely to "attest" rather than document certain eligibility factors. In that year, attestation to the amount of one's resources was first allowed for Medicaid applicants who were not seeking Medicaid long-term care services (including home care and other community-based long-term care services) and for applicants for Medicare Savings Programs.

- LAW: Section 366-a(2) of the Social Services Law, enacted by Chapter 1 of the Laws of 2002,
- Implementation directives: 04ADM-06 - Attestation of Resources (as updated by 2010 changes), 05/OMM-INF - 2 June 8, 2005; 17ADM-02 - Asset Verification System with attachments here. See more on Asset Verification System here
- This HRA chart, explains the different types of documentation required of an Aged, Blind, or Disabled (non-MAGI) applicant's resources (aka "assets") for the three different levels of coverage provided by New York State's Medicaid program. It also explains which services are covered for each of the three levels. See more about the 3 levels of coverage here.

Here are the general rules on simplifications of documentation by allowing "attestation" --for

- Documentation of Resources
 - ♦ What documentation is required
- Documentation of Income

DOCUMENTATION OF RESOURCES - who may "attest" and who must prove the amount of resources

A. Programs with NO asset test - Medicare Savings Programs & MAGI Medicaid

- **Medicare Savings Programs** - have NO resource limit since 2008.
- Medicaid recipients **under age 65 who are not disabled -- (MAGI/MEDICAID)** have had NO resource limits since January 1, 2010. GIS 09/MA027 - Elimination of Resource Test for Non-SSI Related Medicaid Applicants/Recipients (Nov. 2009)

B. Disabled, Age 65+ or Blind DO Have an Asset Test - NON-MAGI Medicaid

Medicaid recipients who are **Disabled, Age 65+, or Blind** ("DAB" or "SSI-related) **DO have an asset test. See levels [here](#).** But - the documentation required for an application depends on what services they are seeking. See [NYS DOH 2010-ADM-01](#) (January 2010). **All Applicants** must submit Supplement A - DOH-5178A (English) with the application.

SPOUSE of the applicant MUST SIGN Supplement A, even if they are not applying and even if they are doing a Spousal Refusal.

Three Levels of Medicaid Coverage

Section B of Supplement A (page 3) asks them to check one of the three following options for the services they want Medicaid to cover: This option then controls whether they must document their assets. This option also controls what services they may receive.

1. You are applying for **Medicaid coverage but not coverage of community-based long-term care services**. You may attest to the amount of your resources. You are not required to submit documentation of your resources at this time. If a computer match shows something different than what you reported, you may be asked to submit proof at a later date. This coverage does not include nursing home care, home care or any other community-based long-term care services listed on Supplement A. However, those who choose this option should still qualify for up to 29 days of short term rehabilitation, whether at home through a certified home health agency, or in a rehabilitation facility (nursing home). See more [here](#).
2. You are applying for **coverage of community-based long-term care services**. Documentation of the current amount of your resources is required. However, you only need to submit documentation for certain resources at this time. See "Documentation Requirements" in the Supplement A for a list of these resources. This section of Supplement A lists the various community-based long term care services including all home care programs - Managed Long Term Care, personal care services, CDPAP, private duty nursing, all waiver programs (TBI, Nursing Home Transition & Diversion Waiver, OPWDD), Assisted Living Program, and hospice (home and residential).

COMMENT: NYLAG always recommends choosing this option for anyone who MAY need home care or other long term care services in the foreseeable future. If the applicant "attests" under option 1, and then they need home care, they must resubmit Supplement A and check this box, and submit the documentation then. It causes a big delay in accessing services.

There is no look-back at this time for this level of care. They may present only bank statements showing the balance at the beginning of the month they apply for Medicaid. If they are seeking retroactive coverage, for up to 3 months before the month in which they

applied, they must document their assets for the entire 3-month retroactive period. **However, a 30-month lookback for this level of care was enacted in 2020, but postponed as required by federal COVID legislation. DOH has said the earliest it would be implemented is in 2025. See more about the lookback for home care, MLTC, and ALP services [here](#).**

3. You are institutionalized and applying for coverage of **nursing home care**.

Documentation of your resources for the past 60 months is required. However, you only need to submit documentation for certain resources at this time. See "Documentation Requirements" below for a list of these resources.

See articles on [Nursing Home Medicaid](#) and [transfer of asset penalties](#) for nursing home care.

- ◆ NOTE: you may NOT select this option unless you are actually admitted to a nursing home

What documentation is required for those in age 65+, Blind, or Disabled non-MAGI category seeking long term care, whether community-based or in a nursing home?

Supplement A lists only certain assets for which documentation must be provided:

- Life insurance policy - cash value
- Burial agreement or burial fund;
- Securities, stocks, bonds, and mutual funds;
- Trust document and accounts (including supplemental needs trusts and pooled trusts and all other trusts)
- Annuities;
- IRAs - individual retirement accounts -- this is not listed but should be included, with statement showing the Required Minimum Distribution for the current year. If the applicant is younger than the age required to take RMDs, then include the last statement showing the closing balance for the prior year, upon which the Required Distribution is calculated for Medicaid.

"You do not need to send proof of any other resources at this time. This is because other resources may be verified through computer matches. If the resources you report do not match our records or cannot be verified through our records, we may ask you to submit proof of those other resources at a later date."

For which resources is no proof required, that HRA/DSS can verify through the Asset Verification System?

- bank accounts
- real property

TIP: If you are an advocate helping an individual apply or review eligibility, it is best to obtain and review the relevant bank account statements. If assets are over the limit, then you can advise on Medicaid planning to bring the assets below the limit and apply the next month.

Asset Verification System Background: Since 2017, the State has required local Medicaid programs to implement an electronic Asset Verification System (AVS) that verifies accounts held in banking institutions or real property owned by the applicant. See [17ADM-02 - Asset Verification System](#) with attachments [here](#). NYC HRA has implemented this gradually - first in [Nursing Homes in 2018](#) and then in [hospital applications in 2019](#). NYC implemented it in community applications in 2022, which led to replacing the old Supplement A form with the current **DOH-5178A** ([English](#)).

- **12/2021 HRA alert announcing the new Supplement A is 2021-12-28 Usage of DOH 5178A Medicaid Application Supplement and DOH 4495A**
- **2020-12-22 HRA Alert -- [Asset Verification System Expanded to all DAB/SSI Related Submissions](#)**
- These directives require the spouse to sign Supplement A even if not applying or even if doing a spousal refusal.

RENEWAL (recertification) of Medicaid for Disabled, Aged or Blind Medicaid recipients -- they may attest to the amount of resources, and are not required to document them ([effective March 2011](#)).

- **However, through June 2025, these Medicaid recipients have NO asset test on renewal.** This is because of special rules during the UNWINDING of the COVID Public Health Emergency. See [more here](#).

DOCUMENTATION OF INCOME - who may "attest" and who must document all or some income

A. MAGI Medicaid has no resource test (those who are under age 65, not disabled or blind) - and generally apply on NYSoHealth, though in some cases apply at the local DSS/HRA, ie if seeking to enroll in a [waiver](#) program, MLTC or seeking nursing home.

- **For Applications --**
 - ♦ **may attest to their interest income.** If based on information available to the district, the amount of reported interest income is questionable and the inconsistent amount could affect eligibility for Medicaid benefits, the applicant may be required to provide follow-up documentation to determine eligibility, as described in Section IV. B. of [this ADM](#).
 - ♦ **may since 2013, attest to the amount of their [Social Security income](#) and do not need to prove the amount.** [NYC MICSA Alert dated March 5, 2013](#).

- ◆ Do not have to prove any resources since they have **no resource limit**
- **At renewal**, they may attest to their income, including interest income, and a third party database is used to validate the information.

B. Medicaid & Medicare Savings Program for applicants who are age 65+ or who are disabled or blind ("DAB")

- For **applications and renewals**, since 2013, they may attest to the amount of their Social Security income and do not need to prove the amount. If they are not in a nursing home, they may attest to other types of income as well. Nursing home residents must show proof of income other than Social Security. The Medicaid offices can look this information up electronically.
 - ◆ **IRAs** - Verification of the current year's Required Minimum Distribution (RMD) must be provided, which is counted as income. If paid annually or quarterly, it is pro-rated to calculate monthly income. For those applicants who are under the age required to take RMDs (73 for those who turn 72 between 2023 and 2032) - they must still take out an actuarially sound payment, even though the IRS doesn't require taking an RMD. To calculate this payment, they must provide a statement showing the last balance in the IRA for the prior year, and use the current Life Expectancy tables issued by DOH annually to calculate it. Find these in the DOH Library of Official Documents. For example, most recent as of May 2024 -
 - ◇ GIS 23 MA/09 - 2023 Update to the Actuarial Life Expectancy Table (PDF)
 - GIS 23 MA/09 - Life Expectancy Table (PDF)
- For **RENEWALS of Medicaid** since ***March 1, 2011 -- they may attest to income, resources and a change in residency at the time of renewal.*** These individuals are required to document income other than Social Security income and resources at the time of initial application and when applying for Medicaid to pay for nursing home care. SSI-related or "DAB" individuals will also be required to document income other than Social Security and resources when a change in coverage is required in the community (e.g., moving from Community Coverage without Community-Based Long-Term Care to Community Coverage with Community-Based Long-Term Care).
- **Renewals of Medicare Savings Program** - no proof of Social Security income required. See 12ADM-04 - Automated Medicaid Renewal Expansion: Medicare Savings Program (MSP) Individuals with Fixed Incomes --PDF + Attachment
- **NURSING HOME RESIDENTS on RENEWAL of Medicaid** do not have to prove the amount of their Social Security income, but must document the amount of other types of income.
- **Proof of Health Insurance Premiums** must be submitted on application and renewal, if the cost is to be deducted from income. See 11ADM-01 - Expansion of Attestation of Income, Resources and Residence at Renewal, and Attestation of Interest Income at Application for Family Health Plus and Certain Medicaid Applicants

2011 Changes described above in 11-ADM-01 - Expansion of Attestation of Income, Resources and Residence at Renewal, and Attestation of Interest Income at Application for Family Health Plus and Certain Medicaid Applicants (March 11, 2011).

- HRA Alert Implementing Changes (May 3, 2011)

2013 Changes in MICSA Alert March 2013

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