

public benefits

for low-income individuals and families
applying for and using
public benefit programs

medicaid

Center for
Benefits and
Services

**Community
Service
Society** | Fighting Poverty
Strengthening
New York

The Community Service Society of New York, a non-partisan social services agency, has been in the forefront of the fight against poverty for over 150 years. It has pioneered programs for school children, low-income tenants, health care patients, immigrants and poor people of every color and race throughout its history. At the midway point of its second century, CSS continues to do research on the causes and solutions to poverty-induced problems and to provide needy people with direct emergency help. Using advocacy and court challenges, CSS works to effect societal changes to improve the lives of those in poverty and empower them to provide better conditions for their children and communities.

Part of CSS, the Center for benefits and Services (CBS) is a single source for social service providers for information, training, and expert case assistance on the full range of government benefit and subsidized housing programs. The Center provides training on government benefits, telephone consultations to service providers, direct assistance to the general public and publications, including the *PBRC Manual*, a comprehensive guide to government benefit programs.

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Medicaid

Center for Benefits and Services

A PROGRAM OF THE COMMUNITY SERVICE SOCIETY

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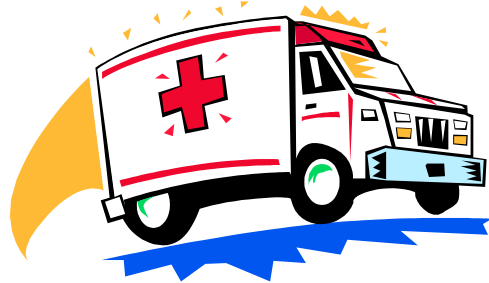
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Community Medicaid

What is Medicaid?

Medicaid is a government program that can help you pay for medical care. If you qualify, Medicaid will pay for the following medical bills:

- Doctors and dental visits
- Hospital care
- Medicine
- Family planning services
- Pregnancy care
- Eye care and glasses
- Hearing aids
- Medical supplies like crutches
- Health care for children and teens
- Home health care
- Nursing home care
- Lab and X-ray services
- Transportation to medical appointments



Who operates the Medicaid program?

Medicaid is a federal, state and local government program. In NYS, it is under the jurisdiction of the NYS Department of Health. In NYC, the local Human Resource Administration (HRA) operates it through its Medical Assistance Program (MAP). MAP determines whether you are eligible or not for Medicaid.

How Do I Use Medicaid?

Each member of your family that is found eligible for Medicaid will receive a benefit card. You can use this benefit card to see doctors, dentists or to obtain the medical services that are listed above. However, you can only see doctors, pharmacies and other medical services that accept Medicaid. Use the benefit card just like a credit card. Medicaid providers will check the card to make sure that you are eligible for Medicaid before they provide the service. You may also have to pay a small fee, called a co-payment, for some Medicaid services.

Must I join a managed care plan?

That depends. Most Medicaid recipients living in NYC must join a managed care plan. Medicaid applicants will enroll in a plan during the

application process, or when they are called in to recertify for Medicaid.

Are there any situations when I do not have join if I don't want to?

Yes, these are known as exemptions. You are exempt if you receive Supplemental Security Income, or Social Security Disability benefits, have HIV infection, are seriously mentally ill, homeless, are in a long-term alcohol or drug residential program, are pregnant and getting prenatal care from a provider who is not in any plan, or live in a facility for the mentally retarded.

Are there any other reasons that might exempt me from joining managed care?

Yes. If you receive an enrollment form from Medicaid you should read it carefully to see if you are exempt from joining. If you fit an exemption and you do not want to enroll, call the Medicaid Choice phone line at **(800) 505- 5678** and ask for an exemption form. Complete it and mail it to Medicaid.

Are there any situations when I cannot join, even if I want to?

Yes, this is known as an exclusion. You are excluded if you are living in a nursing home, psychiatric facility, or family care home, receive both Medicare and Medicaid, if you receive Medicaid through the excess income program, if you are in foster care, or if you are receiving hospice care.

Are there any other reasons that might exclude me from joining managed care?

Yes. Call the Medicaid Choice phone line at **(800) 505-5678** to find out if you fit an exclusion. If you fit an exclusion, you should not get a package with information about joining a managed care plan. However, if you do receive a package, call the Medicaid Choice phone line and follow their instructions.

How does a managed care plan work?

Under a Medicaid managed care plan you will choose a personal doctor, who becomes your primary care physician. The doctor will provide you with medical care or, if necessary, send you to a specialist. If the plan does not cover services like prescriptions or dental care, you can use the Medicaid benefit card to get them outside the managed care plan.

Do I have to pay any co-payments or other fees if I join a managed care plan?

No. One of the benefits of joining a managed care plan is that you will not have to pay any co-payments or other fees.

Can I change my managed care plan if I don't like it?

Yes, you can. You can change it within the first 90 days of enrolling. After the 90-day period, you can't change your plan for another 9 months.

How do I make a complaint about a managed care plan?

If you don't like the care you are getting at your managed care plan, you have the right to complain to the plan. You can also complain to the New York State Department of Health by calling **(800) 206-8125**.

Who Can Get Medicaid?

You can get Medicaid if you or family members pass certain eligibility tests, called eligibility criteria. These criteria are explained below.

How Much Income Can I Have?

You must have limited income. Income is a recurring payment from any source such as salary, Social Security, a pension, unemployment insurance, disability benefits, or bank interests. Medicaid counts most, but not all, of the income you might have. Medicaid adds all your income from all sources and then subtracts certain deductions such as work-related expenses, insurance premiums, or other deductions to figure out your net monthly income. After the Medicaid worker works out your net monthly income, he or she will compare it to the Medicaid allowable income limits.

What happens if I am over the income limits?

If you are over the income limits you are likely to be ineligible for Medicaid, unless you qualify under the Excess Income Program. See the brochure, *Medicaid's Excess Income Program*.

If you do not qualified for Medicaid, you may qualify for Family Health Plus. See the brochure, *Family Health Plus*.

What are the income limits?

The income limits that Medicaid uses to decide your eligibility will depend on your family size and your coverage group. Your coverage group can be one of the following: aged, blind, disabled, whether you have children or not or your age if you are a child. Each coverage group has different income limits. This means that, depending on your net monthly income some of your family members may qualify for Medicaid while others in your family may not.

What are the income levels if I am blind, or aged or disabled or caring for a child under 21 or if I am a 19 or 20 years old?

| <i>Number in Family</i> | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> | <i>6</i> | <i>Each additional member</i> |
|---------------------------|----------|----------|----------|----------|----------|----------|-------------------------------|
| <i>Net Monthly Income</i> | \$725 | 1067 | 1,234 | 1,392 | 1,550 | 1,709 | +159 |

Is there any special consideration for children or pregnant women?

If you are pregnant or a child 18 and under, the Medicaid income standard for your coverage group is higher than the regular income levels, listed above. Also, if you are pregnant you count as two. For example, if you are pregnant and have one other child, your family size is 3.

What are the income levels if I am pregnant or have a child under 1?

In 2008, the expanded Medicaid net monthly income levels for pregnant women and children under 1 are:

| <i>Number in Family</i> | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> | <i>6</i> | <i>Each additional member</i> |
|---------------------------|----------|----------|----------|----------|----------|----------|-------------------------------|
| <i>Net Monthly Income</i> | \$1,734 | 2,334 | 2,934 | 3,534 | 4,134 | 4,734 | +600 |

What are the income levels if I have children age 1 through 5?

| <i>Number in Family</i> | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> | <i>6</i> | <i>Each additional member</i> |
|---------------------------|----------|----------|----------|----------|----------|----------|-------------------------------|
| <i>Net Monthly Income</i> | \$1,153 | 1,552 | 1,951 | 2,350 | 2,749 | 3,148 | +399 |

What are the income levels if I have children age 6 through 18?

| <i>Number in Family</i> | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> | <i>6</i> | <i>Each additional member</i> |
|---------------------------|----------|----------|----------|----------|----------|----------|-------------------------------|
| <i>Net Monthly Income</i> | \$867 | 1,167 | 1,467 | 1,767 | 2,067 | 2,367 | +300 |

What are the Income Levels if I am a single person or couple without children under 21?

| <i>Number in family</i> | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> | <i>6</i> | <i>Each additional member</i> |
|---------------------------|----------|----------|----------|----------|----------|----------|-------------------------------|
| <i>Net Monthly Income</i> | \$673 | 840 | 999 | 1,160 | 1,326 | 1,448 | +95 |

Does Medicaid count in-kind support?

No, Medicaid does not count in-kind support. If you have someone helping you by giving you cash every month to help you pay for your living expenses, you may want to ask them to pay bills on your behalf instead. For example, you can ask them to pay your landlord or utility company directly, and then Medicaid will not count it as income. If friends or relatives give you the money and you pay your bills yourself it will be counted as income.



What is in-kind support?

In-kind support is not cash; rather it is goods or services that someone else gives you that you can use for food, shelter, or clothing. Thus, a bag of groceries, a winter coat, a delivery of heating oil, a cord of wood or someone paying your rent directly to your landlord would all be considered in-kind support.

How Many Resources Can I Own?

You must have limited resources. Resources are assets or possessions that you own or have partial interest in. Some examples of resources include a home, an automobile, life insurance policies, savings or checking accounts, CD's, or IRA's. This is not a complete list.

Under Medicaid, resources count from the first moment of a month, so if you don't actually have a resource in your possession on the first day of a month, it won't be counted as a resource until the following month.

What are the maximum amounts of resources I can own?

The maximum amount of resources you can have depends on your coverage group.

What are the resource levels if I am blind, aged or disabled or caring for a child under 21?

| <i>Number in family</i> | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> | <i>6</i> | <i>Each additional member</i> |
|-------------------------|----------|----------|----------|----------|----------|----------|-------------------------------|
| Maximum Resources | \$13,050 | 19,200 | 22,200 | 25,050 | 27,900 | 30,750 | +2,850 |

What are the resource levels if I am pregnant or have a child 18 and under?

If you are pregnant or you are a child under 18, there are no resource limits.

What are the resource levels if I am a single person or couple without children under 21?

| <i>Number in family</i> | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> | <i>6</i> | <i>Each additional member</i> |
|-------------------------|----------|----------|----------|----------|----------|----------|-------------------------------|
| Maximum Resources | \$13,050 | 19,200 | 22,200 | 25,050 | 27,900 | 30,750 | +2,850 |

What kind of resources does Medicaid count?

- any property that you own, if you are not living in it as your primary residence
- funds in bank accounts, stock accounts, bonds or other financial instruments which can be readily turned into cash and which exceed the applicable resource limit.
- all the money in a joint bank account, unless you are able to show that it belongs to someone else
- jewelry or other goods that have inherent resale value.



Are there resources that Medicaid does not count?

There are some types of resources that Medicaid does not count when they determine your eligibility. This is not a complete list, but will give you an idea of what does not count under the rules.

- the home you own if you live in it, it can be a house, a condo, or a co-op
- personal and household goods: furniture, kitchen utensils, clothing, television, stereo and other household equipment and furnishings
- a wedding or engagement ring
- a burial fund of up to \$1,500 plus any interest, or a life insurance policy with a cash value not exceeding \$1,500, if you are blind, aged or disabled
- family burial plot for each member of the household
- an automobile of any value if you are aged or disabled, or with a value up to \$4,650 for other categories
- tools or other equipment used for work.

Where Must I Live?

You must be living in New York State. You do not have to have lived here for any length of time to be eligible for Medicaid.

Must I be a U.S. Citizen?

No, you can be an immigrant and still get Medicaid.

Are all immigrants eligible for Medicaid?

Most immigrants are now eligible for Medicaid, although there are a few restrictions. Those who are eligible include:

- All U.S. citizens, including naturalized citizens, regardless of when they obtained their citizenship status.
- Since June 1, 2001 New York State has provided Medicaid coverage to both lawful immigrants, including those who entered the country on or after August 22, 1996, as well as those who are residing in the U.S. under color of law (PRUCOL).



What is PRUCOL?

PRUCOL stands for Persons Residing Under the Color of Law. That is any person who is residing in the U.S. with the knowledge and permission of the INS and whose departure from the U.S. the INS is not seeking to put into effect.

What if I am undocumented and pregnant?

At this time Medicaid assists undocumented women with prenatal coverage.

What if I do not qualify for Medicaid because of my immigration status and I have a medical emergency?

If you are undocumented, if you are a student or a visitor, you may still qualify for Medicaid if you have an emergency medical condition and meet the Medicaid financial tests. A doctor is the only one who can decide whether you have a medical emergency or not. Medicaid does not necessarily consider entering a hospital through the emergency room as a medical emergency. The doctor who treated you must complete a form called *Certification of Treatment of Emergency Medical Condition*. You must bring this form to the local Medicaid office when you apply for Medicaid.

Must I Have a Job?

You don't have to hold a job to qualify for Medicaid. If you are receiving Public Assistance and you lose your benefits because you failed to work, you should not lose your Medicaid benefits.



How do I Apply for Medicaid?

You can apply for Medicaid in several ways. If you are eligible for SSI or PA you will also automatically get Medicaid without applying separately for it. However, you may also be eligible for Medicaid even if you do not qualify for SSI or PA.

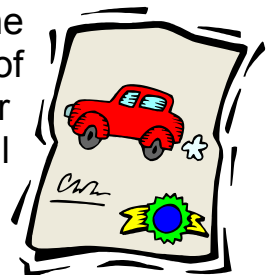
Where can I go to apply?

There are four different points of entry, depending on your circumstances. They are as follows:

- You can apply at any of the Medicaid offices in each borough. Call the HRA Information line at **(877) 472-8411** for the closest Medicaid office.
- If you are a patient in a hospital or nursing home, the hospital or nursing home business office will help you apply.
- If you are homebound, you can call **(877) 472-8411** to schedule a home visit or
- You can also have a relative or friend apply for you at a Medicaid office.
- If you want to apply for home care services, you can apply by calling a CASA office. Call the HRA Information line at **(877) 472-8411** to find a CASA office.

What documents must I bring?

You must be able to prove all the statements you made on the application, including proof of identity, proof of income, proof of resources, proof of residency, and proof of age, disability or blindness, proof of citizenship/immigration status. Medicaid will give you a checklist of documentation requirements. Medicaid will generally accept the following documents:



- Proof of Identity
 - Driver's License
 - Photo ID
 - Birth certificate

- Proof of Income
 - Pay stub for the previous four weeks
 - Award letters for other benefits

- Proof of Resources
 - Bank book/savings account statements
 - Checking account statements for past two months

- Proof of Residence
 - Rent receipt
 - Recent utility bill
 - Lease

- Proof of Citizenship
 - U.S. Passport
 - Citizenship papers
 - INS Documentation

- Proof of Social Security Number

- Proof of Disability
 - Social Security Disability award letter
 - Completed Disability forms DSS 486 and DSS 1151



What happens during the application process?

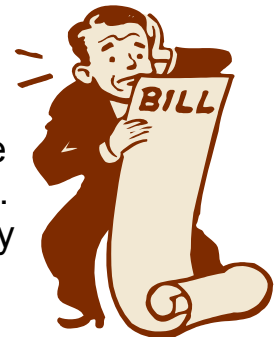
You or your representative must have a face-to-face interview with a Medicaid eligibility specialist at the Medicaid office. They will review your application and documents. They will ask you questions about your income and resources. Based on the information and documentation you give them, they will determine whether you are eligible for Medicaid or not. The Medicaid worker will then decide if you qualify.

How and when will I know if I am accepted?

You will be notified in writing whether your case is accepted or denied. Medicaid has 45 days to make a decision if you are a family case or are blind. If you are claiming a disability and have submitted disability forms to Medicaid, Medicaid has 90 days to make a decision. You will receive a written notice from Medicaid telling you if you are eligible or not. If you do not qualify because your income is higher than Medicaid allows, you may still qualify under the Excess Income Program. See the brochure on *Medicaid's Excess Income Program*.

Will Medicaid cover any of my old medical bills?

At the time of your application, Medicaid can pay for old medical bills up to three months old, if you meet all the criteria of Medicaid eligibility during those three months. Bring these bills to the Medicaid office when you first apply for Medicaid. They can be paid or unpaid bills.



How do I Keep Medicaid?

You have to continue to prove that you meet all the eligibility criteria. This process is known as renewal/recertification.

How often must I renew/recertify?

After you become eligible for Medicaid, you must renew at least once a year to keep your Medicaid benefits. Some people may have to renew more often than that. MAP will let you know how often you will need to renew.

How will I know when to renew?

Approximately 75 to 90 days before your Medicaid will end, you will receive a recertification notice in the mail.

What must I do during renewal?

If you are not on SSI or Public Assistance, receiving home care, or disabled, blind or aged recipients, you must complete and sign the Medicaid/Family Health Plus *Mail Renewal Notification* form, as well as the

Terms, Rights and Responsibilities form, and return both in the postage-paid envelope by the date on the renewal form. The renewal form will be pre-printed with the current information MAP has on your household, such as size, residency, income, etc. You must indicate any changes on this form.

Will I need to send in any documents?

If there are no changes, the only documentation you need to send in is documentation on your income. However, if you do have changes, you must document these changes. MAP will include a documentation guide in your renewal package. The only changes you do not have to document are changes in your resources; you can just write if there are any changes in resources, you do not have to document these changes. However, if MAP finds that what you wrote is not true, they will investigate.

What if I don't send in all the documents I need to?

If you don't send all the documents you need to, MAP will hold off on doing any action for two weeks. MAP will also send you a notice telling you what documentation is missing.

What if I am an SSI or PA recipient?

If you are an SSI or PA recipient you will be renewed for Medicaid at the same time you are renewed for SSI or Public Assistance.

What if I receive home care?

You will be renewed during a home visit by the Home Care Case Manager.

What if I am aged, blind or disabled?

You will be renewed once a year through a mail-in process.

What are My Rights?

Almost any time that HRA makes a decision about your case, they must send you a written notice. This includes when they want to accept your case, reject your case, or close your case. In all of these cases, they must

send a notice that describes what they are going to do and why. You have both informal and formal rights.

What are my informal rights?

You have the right to request an informal conference to get the problem resolved. To request a conference, call: **(212) 630 0996**.

To request a conference by mail, you may write to:

Medical Assistance Programs
Medicaid Conference Unit
330 West 34th Street
New York, New York 10001

What are my formal rights?

Your formal right is to request a fair hearing (FH). This is the process where you, a representative for the city, and a NYS judge come together and discuss your case. The NYS judge hears the case and makes the decision on your issues. A fair hearing must be requested within 60 days of the date on your notice, if you received one. Otherwise as soon as you know there is a problem with your case request a FH immediately. To request a fair hearing call: **(800) 342-3334**.



To make the request in writing:

New York State OTDA
Office of Administrative Hearings
P.O. Box 1930
Albany, New York 12201

Fax for a fair hearing: **(518) 473-6735**

Or make a request online at:

www.otda.state.ny.us/oah/oahforms/erequestform.asp

What happens at the fair hearing?

There will be a judge who works for the state, HRA will have someone

there to explain why they believe they are doing the right thing, and you will have the opportunity to explain why you believe they are not correct. When you prepare for a hearing, you should think about whether there are documents or witnesses that can help you win your case. You can also have a lawyer, paralegal, social worker, a community advocate, or even a friend help you at your hearing.

What is aid continuing?

If you are receiving Medicaid and are mailed a notice which states that Medicaid will end, you can continue to receive Medicaid benefits if you request a fair hearing within 10 days of the date on the notice.

What if I lose my fair hearing, will I have to pay Medicaid back for the benefits I received during this time?

No.

Where Can I Turn for Help?

HRA Toll Free Info line at **(877) 472-8411** for:

- Applications for Medicaid
- Medicaid Office Locations
- Replacement Medicaid Cards

New York Medicaid Choice
(800) 505-5678

Medicaid Client Services Office for Managed Care
(212) 273-0063

New York State Department of Health call center
(212) 230-1111

Community Service Society
Center for Benefits and Services Benefits Counseling
(212) 614-5552

Legal Aid check your local yellow pages under “lawyer”, Legal Aid or Legal Services

Get an application online at:

www.health.state.ny.us/nysdoh/fhplus/application.htm

Local Offices http://www.nyc.gov/html/hra/downloads/pdf/medicaid_offices.pdf