



Corporate Office:
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Medicaid Eligibility During COVID-19 Crisis

On April 2, 2020, the NYS Department of Health (DOH) issued GIS 20MA04 to advise Medicaid districts of significant changes to Medicaid eligibility processes in response to the COVID-19 crisis; these changes are in effect now and will help to ensure people have access to needed coverage throughout this difficult time.

It is important to be aware of these changes to be able to detect when an inappropriate action has been taken and to help resolve the issue for the individual. As with any systemic change, there will be errors and intervention may be necessary.

Processing of new applications continues – refer to the websites for specific county social services offices for current information on hours, processes and other COVID-19 related information specific to their districts.

Changes Applicable to all Medicaid Cases

- No one with good Medicaid coverage on or after March 18, 2020 is to lose coverage or have coverage downgraded at this time.
- Cases that were closed on or after March 18, 2020 will be reopened.
- A special notice will be sent to individuals when their coverage is extended. The notice will inform the individuals that they will not lose their Medicaid coverage during the pandemic emergency.
- If a Medicaid notice or other correspondence is returned to a district with no forwarding information, the district must maintain coverage for the case for the duration of the emergency. Medicaid should not be discontinued if an individual's whereabouts are unknown.

Recertifications

- Medicaid cases are being extended and individuals will not be required to renew their Medicaid eligibility during the emergency period.
 - ***All active Medicaid cases with authorization and coverage dates ending in March, April, May and June will be systemically extended for 12 months.***
 - Medicaid recipients will be sent a special notice letting them know that their coverage is being extended.
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- If a district does process a recertification, Medicaid coverage as it existed on or after March 18, 2020 must be maintained and cannot be decreased or discontinued throughout the duration of this emergency.
- If a renewal, notice or other correspondence is returned to a district with no forwarding information, the district must maintain coverage for the case for the duration of this emergency. Medicaid should not be discontinued because the individual's whereabouts are unknown.

Reporting Changes

- Report changes as usual (income, resources, employment, address, etc.) – no negative action will be taken and it is a best practice to report all changes.
- If a district does process a reported change, Medicaid coverage as it existed on or after March 18, 2020 must be maintained and cannot be decreased or discontinued throughout the duration of this emergency.
- If an individual informs the district of a change that results in an increase in Medicaid coverage, the district is required to process the change.

Suspended Processes

- Former SSI cash recipients and former Temporary Assistance/Medicaid cases that require a separate Medicaid eligibility determination will have Medicaid coverage extended.
 - No renewal is required to be sent at this time and no redeterminations are required at this time.
- Recertifications that are returned to the district are not required to be processed (but coverage must be maintained).
- Coverage for an individual who may otherwise age out of a Medicaid eligibility group (e.g., turning age 65).

Spenddown (Excess Income)

- Individuals participating in the Excess-Income or Pay-In program who met their spenddown in March will have coverage extended for six (6) months.
 - Individuals who have a spenddown and have been unable to submit a bill or payment due to the COVID-19 emergency should contact their local district.
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- When contacted, districts should authorize coverage for such individuals for six (6) months and maintain a list of these cases.
- During this emergency, local districts should not increase an individual's spenddown liability as that is a reduction in coverage.

Medicaid Buy-In for Working People with Disabilities

- Individuals in the Medicaid Buy-In Program for Working People with Disabilities who have experienced job loss as a result of the COVID-19 emergency must be given a grace period due to loss of work.
 - If applicable, the grace period should be extended for six (6) additional months.

Transition of Cases from NYSoH to LDSS

- Referrals from NYSOH to WMS will continue at this time, including "HX Facility" referrals for individuals who require long term care services and supports (individuals who are certified disabled and seeking OPWDD Waiver services).

Medicaid Applications

- Self-attestation - Districts must allow self-attestation for all eligibility criteria, except for immigration/identity status when processing an initial application, a request for increased coverage and redeterminations.
 - Disability determinations where needed are still being completed by the State Disability Review Team (SDRT) and are required for people seeking a disability-based type of Medicaid coverage, including people under the age of 18 who require a waiver of parental deeming to qualify for Medicaid. Individuals cannot attest to disability status.
 - If a district does process a reported change, it is important to note that Medicaid coverage as it existed on or after March 18, 2020 must be maintained and cannot be decreased or discontinued throughout the duration of this emergency.
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Fair Hearings

- During the period of this emergency, consumers in Aid to Continue (AC) status on or after March 18, 2020 must be maintained with the same coverage. Medicaid coverage cannot be decreased or discontinued.
- Should it become necessary to file for a Fair Hearing as a result of inappropriate action taken on a Medicaid case, it is important to request AC to ensure the person can maintain their coverage as it existed prior to the Fair Hearing.
- If a case has been mistakenly closed, request a Fair Hearing with AC and try to get the situation resolved with the Medicaid office to avoid having to proceed with a Fair Hearing (we anticipate most of these issues will be resolved without need for a FH to be held, but advise to request one to be cautious).

Questions? Please contact:

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