NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 21, 2020

Re: COVID-19 Guidance for:
Medicaid Eligibility and Enrollment

Dear Commissioner:

The New York State Department of Health (NYSDOH) is providing this guidance to local Departments of Social Services pertaining to the current novel coronavirus (COVID-19) outbreak.

Background

The health and safety of the State's health care providers and our ability to provide and support patient care remain our priorities. Community-wide transmission of COVID-19 is occurring in the United States, and the number of both Persons Under Investigation (PUIs) and confirmed cases is increasing in NYS. The situation with COVID-19 infections identified in the US continues is evolving rapidly. It is important for all agencies to keep apprised of current guidance by regularly checking NYSDOH's Novel Coronavirus website, at https://coronavirus.health.ny.gov/home, for the most up-to-date information for healthcare providers.

It is important to keep staff updated as the situation changes and educate them about the disease, its signs and symptoms, and necessary infection control to protect themselves and the people they serve. It is therefore vital that providers maintain up-to-date contact with NYSDOH. Districts should also consider providing an internal contact telephone number for their staff and clients to call with concerns, reports or questions.

Guidance for Medicaid Eligibility and Enrollment

In recognition of the many challenges that local districts and consumers are facing, the Department's Office of Health Insurance Programs (OHIP) is coordinating efforts with necessary partners to implement several strategies to support ongoing Medicaid eligibility and enrollment during this disaster. The following changes are intended to address a reduced work force and challenges to consumers' ability to respond to requests for documentation and other verification requirements during this disaster emergency. Effective immediately and until further notice, in determining Medicaid eligibility, local social services districts should:

- *Allow self-attestation for all eligibility criteria (except for citizenship and immigration status on new applications).* This includes when processing an initial application, a request for increased coverage and redeterminations. In addition, due to the limited ability of many consumers to provide documentation in response to a request, no documentation should be requested based on reports (received after March 1, 2020) of failed verifications of Social Security Numbers or in response to a Resource Verification Indicator "Hit" or Asset Verification System response. No negative

action (denial or discontinuance) should be taken if a consumer fails to provide requested information or documentation.

- *Conditions of eligibility to maintain existing coverage.* Individuals turning age 65 must not be required to apply for other benefits as a condition of eligibility; including but not limited to Medicare and Social Security benefits. Referrals for Veterans Benefits are suspended. Individuals with an absent parent must not be referred to child support and will not be required to comply with child support requirements as a condition of Medicaid eligibility. Individuals with available Third Party Health Insurance will not be required to provide information concerning available insurance and local districts are not required to make new cost effective determinations for possible reimbursement if sufficient information is not available.

- *Extend Medicaid eligibility beyond the end of redetermination periods.* This applies to cases with an authorization "To" date of March 31, 2020 or after. Authorizations should be extended for a 12-month period in order to maintain monthly caseloads at their current levels. Individuals who were mailed a recertification but failed to return the form or complete documentation should be extended for a 12-month period.

- *Consumers participating in the Excess Income and Pay-In program.* If a district identifies a consumer who has regularly participated in the Excess Income or Pay-In program, and the district does not have staff to process bills or pay-in amounts or the individual does not have the ability to send in bills or pay-in amounts to the local office, the district should authorize coverage and maintain a list of such consumers.

The Department is pursuing the possibility of a systemic solution to extending authorization periods and will keep districts informed of developments in this area. Additionally, the Department can assist districts, if needed, with an extension of MIPP (Medicare reimbursements) and HIPP (health insurance reimbursements) payments to coincide with the extension of an individual's authorization period. Districts should contact their local district representative if this assistance is needed.

By removing certain requirements from the eligibility determination and redetermination process it is hoped that local districts are better able to utilize their limited staff in other critical areas of work. If a district requires further assistance or has questions regarding any of the information provided in this letter, please contact your local district representative.

Instructions for Provider Personnel at Risk of Being a Person Under Investigation (PUI)

Staff exposed to the community could become infected with COVID-19, if community transmission is occurring in the area. Providers should have a policy in place to speak with staff prior to staff conducting face-to-face visits with enrolled members, in order to screen the staff for symptoms or contacts that might have put them at an increased risk of exposure. It is important that providers strictly enforce their illness and sick leave policies. Staff showing

symptoms of illness should not be permitted to remain at work or visit members and should not return to work until completely recovered.

Staff who have been potentially exposed to an individual testing positive for COVID-19, or to a person under investigation (PUI) for COVID-19, might be placed under movement restrictions by public health officials.

If a staff person is found to be ill upon initial screening, the agency should send the person home immediately and suggest that they contact their primary care physician or refer them to medical care.

Where can I direct my questions about COVID-19?

Questions can be directed to the following email address: icp@health.ny.gov; or to the toll-free call center at 888-364-3065.

Where can I direct my questions about this guidance?

Please send any questions relating to this guidance to _____

Your diligence in implementing appropriate measures for COVID-19 preparedness is appreciated.

Submission of Application on Behalf of Applicant

COMPLETE THIS FORM IF SOMEONE OTHER THAN THE APPLICANT SIGNED THE MEDICAID APPLICATION

If you are signing a Medicaid application on behalf of an applicant who is age 18 or older, complete **Sections A** through **C** and submit this form along with proof of authorization (if applicable). **Failure to submit this form and/or proof of authorization may result in a denial or discontinuance of Medicaid benefits.**

The authorization in **Section D** may be used by the applicant to allow you to apply for Medicaid on his/her behalf.

SECTION A APPLICANT INFORMATION

Applicant's Name | Last Name | First Name | Middle Initial |

Social Security Number ___ - ___ - ____ Date of Birth ___ - ___ - ___

SECTION B INFORMATION FOR PERSON SIGNING APPLICATION ON APPLICANT'S BEHALF

Name of Person Signing Application | Last Name | First Name |

Relationship to Applicant | Phone ___ - ___ - ____

Address | Number | Street | Apt. Number |

| City | State | Zip Code |

If a representative of a facility/company/agency is signing application, provide the following information:

Name of Facility/Company/Agency

Address | Number | Street | Suite Number |

| City | State | Zip Code |

Name of Representative | Last Name | First Name |

Title | Phone ___ - ___ - ____

SECTION C REASON FOR SUBMISSION

INSTRUCTIONS: If you are signing a Medicaid application on behalf of the applicant, you must provide the authorization/legal document authorizing you to apply on the applicant's behalf **OR** attest that the applicant is incompetent or incapacitated. **Please check the appropriate boxes below. Attach the authorization (if applicable) to this form and sign and date below.**

☐ I have authorization to apply for Medicaid on behalf of the applicant.
(Check the box for the type of authorization you have and submit the authorization OR complete Section D below.)

- ☐ Guardianship Document
- ☐ Power of Attorney (POA) Document
- ☐ Other Written Authorization (Specify) _____

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

Signature of Person Completing This Form _____

Date Signed _____

SECTION D AUTHORIZATION TO APPLY FOR MEDICAID ON APPLICANT'S BEHALF

INSTRUCTIONS: If the applicant would like to provide the below authorization allowing you to represent him/her in applying for and/or renewing Medicaid, the applicant or his/her legal representative or spouse must sign the authorization below.

NOTE: If a legal representative is signing this authorization, also include the legal document giving him/her authority to act on behalf of applicant.

I authorize the person or the facility/company/agency named in **Section B** of this form to represent me in the Medicaid application and/or renewal process.

I authorize the release of necessary information/documentation between the local Department of Social Services/ Medicaid Program and the person or facility/company/agency named in **Section B** in regard to my application and/or continuing eligibility.

Signature of Applicant/Legal Representative/Applicant's Spouse _____

Date Signed _____