

**90-DAY NOTICE OF QUALIFYING STATUS
FOR MEDICAID EXTENDED COVERAGE**

*(space for policyholder's or designee's
name and address)*

Dear Partnership Policy/Certificate Holder:

According to our records, you will meet the minimum benefit duration requirement of your four-year New York State Partnership for Long Term Care Insurance policy/certificate (i.e., 1,460 days of nursing home care, home and community-based care, and/or a residential facility care and other required benefits or permissible alternative benefits) within approximately 90 days of continued benefit use. At that time, you may qualify for Medicaid Extended Coverage under the Partnership. As a Qualifying Partnership Policy/Certificate Holder (QPP) under this program, you can apply for Medicaid Extended Coverage for your continuing long-term care needs without regard to your assets.

To apply for Medicaid Extended Coverage, you must contact the Local Department of Social Services (LDSS) in the county where you reside. If you are residing in a nursing home or an adult residential care facility, your county of residence for Medicaid purposes should, in most instances, be the county where you were residing prior to your admission. The LDSS is responsible for conducting the Medicaid Extended Coverage eligibility process.

To facilitate the transition in payer sources for your care from private insurance benefits to Medicaid Extended Coverage, you are encouraged to contact your LDSS and initiate the Medicaid Extended Coverage application process as soon as possible. The telephone number of the appropriate LDSS office appears in the blue pages of your telephone directory under County Government, Department of Social Services.

This notice will serve as verification to the LDSS that you are expected to attain QPP status within 90 days. The precise date on which Medicaid funding may commence will depend on:

- the date you apply for Medicaid Extended Coverage;

- the date on which you exhaust four years (1,460 days) of nursing home care, home and community-based care, and/or residential facility care and other required benefits or permissible alternative benefits; and
- whether you are found otherwise eligible for Medicaid; for example, whether you are income-eligible for Medicaid.

The approximate date when you will meet the minimum benefit duration requirement of your New York State Partnership Long Term Care Insurance policy/certificate is listed below. You will need to provide this letter to your LDSS to verify your QPP status. In addition, as part of the Medicaid Extended Coverage application process, the LDSS will request that you provide information pertaining to your financial status, particularly your income. While assets are exempt from consideration in determining Medicaid Extended Coverage eligibility, the LDSS will ask you to document your assets to the extent that they produce income.

Policy/Certificate Holder:

SSN:

Date of 90-Day Notice:

Approximate date of satisfying minimum benefit duration requirement:

Approximate number of benefit days available before policy/certificate benefits are exhausted:

Insurer Toll-Free Telephone Number for inquiries: