



Department of Health

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INFORMATIONAL LETTER

TRANSMITTAL: 23 OHIP/INF-2

DIVISION: Office of Health Insurance Programs

TO: Local District Commissioners

DATE: 12/29/2023

SUBJECT: Medicaid Mainstream Managed Care for Undocumented Non-Citizens Aged 65 and Over

SUGGESTED DISTRIBUTION: Local District Commissioners, Medicaid Directors

CONTACT PERSON: Local District Liaison
Rest of State (formerly Upstate): (518) 474-8887
New York City: (212) 417-4500

ATTACHMENTS: None

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
			§366.1(g)(4)		

The purpose of this Informational Letter (INF) is to inform local departments of social services (LDSS) of an expansion of health insurance coverage for undocumented non-citizens who are at age 65 or older. This change is effective January 1, 2024.

Chapter 56 of the Laws of 2022 amended New York State Social Law §366(1)(g)(4) to provide undocumented non-citizens aged 65 and older, who are otherwise eligible except for their immigration status, health insurance coverage through a Medicaid Mainstream managed care plan. Note: This health insurance coverage does not apply to HIV Special Needs Plans (HIV SNPS), Health and Recovery Plans (HARPs) or Managed Long-Term Care Plans (MLTC). This coverage is provided using state-only funds. Chapter 57 of the Laws of 2023 amended the effective date of the provision to January 1, 2024.

Previously, this population only qualified for Medicaid coverage for the treatment of emergency services (Emergency Medicaid). This change will allow these consumers to access all services covered by Medicaid Mainstream managed care plans. Any benefit carved out of the Mainstream managed care benefit package after January 1, 2023, will be made available to these consumers on a fee-for-service basis. Pharmacy benefits were carved out of the Mainstream managed care benefit package in April 2023. Consumers who are eligible for this new coverage will access pharmacy benefits using their New York State Benefits Identification Card, formerly known as the Common Benefit Identification Card (CBIC). Transportation to emergency services will continue to be available to consumers, however, non-emergency transportation is not available as it was carved out of the Mainstream managed care benefit package prior to January 1, 2023.

Other groups of non-citizens continue to qualify for Emergency Medicaid and do not qualify for this new expanded coverage. These non-citizens are temporary non-immigrants, such as tourists, who are not New York State residents.

New Applications

Most applicants for the new expanded coverage will have their initial eligibility determined by their LDSS/HRA using SSI-R budgeting methodologies because they are in the SSI-Related (SSI-R) category of Aged (Age 65 or older). However, there might be a small number of consumers who are parents or caretaker relatives. If a consumer is either a parent or caretaker relative of a dependent child who is under age 18 or age 18 and a full-time student, they can apply for the new expanded coverage through NY State of Health because they are in a Modified Adjusted Gross Income (MAGI) category of parent/caretaker relative. A parent or caretaker relative is a parent or relative of a dependent child by blood, adoption, or marriage with whom the child is living and who assumes primary responsibility for the child's care and who is:

- the child's parent, grandparent, sibling, stepparent, stepsibling, parent's sibling, first cousin, child of a sibling; or
- the spouse of such parent or relative even after the marriage is terminated by death or divorce.

The few consumers who apply through NY State of Health will have MAGI budgeting rules and methodologies used to complete their initial eligibility determination.

Consumers who apply with their LDSS/HRA will have SSI-R budgeting rules and methodologies used to complete their initial eligibility determination. The consumer's income will be compared to the Medically Needy Income Level, which is the level used for the SSI-R population and their resources will be compared to the appropriate Medically Needy Resource Level for their family size (household of one or two, depending on marital status).

Districts will provide Emergency Medicaid, using coverage code 07, for eligible consumers.

Once eligibility is established, consumers will transition to NY State of Health, following the "Current Emergency Medicaid Enrollees" path, described below.

Current Emergency Medicaid Enrollees

Consumers who are currently enrolled in Emergency Medicaid will be systematically identified to facilitate enrollment into the new health insurance coverage. Consumers who have eligibility in the Welfare Management System (WMS) will be transitioned, in the monthly transition file, to NY State of Health to obtain this coverage. The first transition file containing these consumers was run in November 2023. This file will continue to be run monthly.

Prior to systematically converting to the new coverage for the first time the Department of Health (DOH) will send a letter to consumers, describing this new comprehensive health insurance coverage. Consumers will have already received information about their transition to NY State of Health from WMS. The letter will also alert consumers to required next steps, which includes expecting an eligibility notice from NY State of Health with instructions on choosing a Medicaid managed care plan and information about auto-assignment if no plan is selected by the consumer within 10 days.

Consumers who have eligibility in NY State of Health, either as result of the transition from WMS or who are aging into eligibility for this new coverage, will be systematically converted to the new expanded coverage within their existing NY State of Health account. The first conversion will occur in mid-December. For December 2023 only, enrollment into Medicaid managed care plans is being allowed for January 2024 even when plan selection or auto-assignment is occurring after December 15th. After December 2023, normal enrollment rules will apply to this population, meaning if a consumer is identified as eligible for this new expanded coverage and chooses their Medicaid managed care plan on or before the 15th of the month, they will be enrolled into the plan for the following month. If a consumer chooses their Medicaid managed care plan after the 15th of the month, their enrollment will not begin until two months later. In this scenario, a consumer might choose their plan on January 23rd, which means their enrollment into that plan will not be effective until March 1st. Whereas, if the consumer chooses their plan on January 12th, their enrollment will be effective February 1st.

The new expanded coverage will be provided through NY State of Health, only. During the unwind period, New York State has received federal waiver approval under section 1902(e)(14)(A) of the Social Security Act to renew consumers over the age of 65 in NY State of Health using MAGI

budgeting, as well as approval to waive the resource test for renewals. These streamlined processes allow for this new coverage to be given in NY State of Health.

Consumers will have the ability to opt out of this new health insurance coverage if they do not wish to have this level of coverage. Consumers who opt out will be eligible for coverage for Emergency Medicaid. Consumers can make their choice known by reaching out to NY State of Health customer service at 1-855-355-5777. Consumers who opt out of this coverage will remain on NY State of Health.

Long Term Nursing Home Coverage

Consumers who are eligible for the new health coverage are also entitled to nursing home benefits, available within the mainstream managed care plan, if determined financially eligible under existing eligibility rules used to determine Medicaid coverage of long-term nursing home care (permanent placement). This includes application of the 60-month transfer of assets look-back period or the application of a transfer of assets penalty period, as applicable. Eligibility determinations for nursing home coverage cannot be accomplished systemically in NY State of Health at this time. Therefore, DOH staff will perform this function. DOH established an e-mail address, MCfor65PlusUndoc@health.ny.gov, for both general inquires related to eligibility for this new coverage and to receive all documentation provided to the LDSS by nursing home providers for consumers who are aged 65 or older and who are undocumented who are seeking nursing home benefits/coverage. Any documents received by the LDSS/HRA pertaining to requests for Medicaid coverage of nursing home care for these consumers must be forwarded to this mailbox. This includes documents such as the LDSS-3559 "RESIDENTIAL HEALTH CARE FACILITY REPORT OF MEDICAID RECIPIENT ADMISSION/DISCHARGE/READMISSION/CHANGE IN STATUS" as well as any information provided by the consumer to the district required to determine financial eligibility. DOH is not instructing nursing home providers to change their process for providing documentation related to applications for nursing home coverage to districts. DOH staff will use these documents to determine eligibility and issue related notices for long-term nursing home coverage. Any documents received by DOH staff will also be uploaded to the consumer's NY State of Health account to create a complete eligibility record. Information on fair hearings for nursing home coverage issues for this population will be forthcoming.

Systems Implications

To implement this new coverage for undocumented non-citizens aged 65 and over, several new codes have been developed. There will be no new State and Federal Charge codes associated with this coverage. The new aid category and coverage codes, only available through NY State of Health are:

- New aid category is 93 - Managed care for undocumented 65+. This aid category drives state-only funding for non-emergency services.
- New coverage codes:

- 37 – Managed care for undocumented individuals aged 65 and over. Mnemonic: PCPUNDOC
- 38 – Fee for service for undocumented individuals aged 65 and over. Mnemonic: FFSUND65

Please direct any questions to your Local District Support Liaison.



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Office of Health Insurance Programs