



November 25, 2024

DAL: NH # 24-20

Subject: Nursing Home Coverage for
Undocumented Consumers Aged 65
and Older

Dear Nursing Home Administrator:

On January 1, 2024, the New York State Department of Health (Department) implemented an expansion of health insurance coverage for undocumented non-citizens who are age 65 or older. This coverage expansion is available through mainstream Medicaid managed care plans in NY State of Health.

Previously, this population only qualified for Medicaid coverage for the treatment of emergency medical conditions (Emergency Medicaid). This change allows eligible 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 NYRx (the Medicaid pharmacy benefit) using their New York State Benefits Identification Card.

Consumers who are eligible for the new health coverage are 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). Consumers need to be income and resource eligible. This includes application of the 60-month transfer of assets lookback period and the application of a transfer of assets penalty period, as applicable. Eligibility determinations for nursing home coverage will be performed by Department staff.

Undocumented consumers will generally not have a Social Security Number (SSN) and may not have income or resources. A consumer who is lacking an SSN or who does not have income or resources may still apply for coverage of long-term nursing home care. Applications and related forms should be filled out as completely as possible. However, for example, if a consumer does not have an SSN, no SSN would be entered on their application materials. Additionally, if a consumer does not have income, there is no expectation for the consumer to document income. Department staff are still able to complete an eligibility determination for these consumers.

Consumers who are admitted for a short-term stay do not need a chronic care eligibility determination for nursing home coverage completed by the Department. The following information applies only to consumers who are: undocumented, aged 65 or older, and have

been permanently placed in a nursing facility (or are hospitalized with an alternate level of care date).

Required documentation includes, but is not limited to:

- DOH-4220 “Access NY” (for consumers without any existing Medicaid coverage);
- DOH-5178A “Supplement A;”
- LDSS-3559 “Residential Health Care Facility Report of Medicaid Recipient Admission/Discharge/Re-Admission/Change in Status” or MAP-2159i “Notice of Permanent Placement Medicaid Managed Care” (NYC)
 - Plan approval is required.
- DOH-5147 “Submission of Application on Behalf of Applicant” or MAP-5044 “Facility Submission of Application on Behalf of Consumer” (NYC); and
- any documentation or information provided by the consumer needed to determine financial eligibility.

Facilities assisting non-New York City residents with applying for long-term nursing home benefits will continue to send all required documentation to the appropriate Local Department of Social Services (LDSS). The LDSS will forward any documentation to the Department for an eligibility determination. Facilities assisting New York City residents with applying for long-term nursing home benefits need to fax all required documentation to the Department at 518-408-9792. Please separate faxes by consumer.

Department staff will use these documents to determine eligibility and issue related notices for long-term nursing home coverage. Department staff will enter the appropriate N-code which will allow for appropriate capitation payments to be made to the plan.

As a reminder, undocumented consumers aged 65 and older only receive the expanded health insurance coverage through mainstream managed care plans; coverage for long-term nursing facility services will only be available once the consumer is enrolled in their plan and the plan has approved the placement. The fee-for-service coverage available to these consumers while they await plan enrollment is limited to NYRx and does not include coverage of long-term nursing facility services. For example:

- Consumer A has been determined eligible for Medicaid including coverage for long-term nursing facility services and will be enrolled in a mainstream managed care plan effective June 1, 2024. This consumer has been permanently placed in a facility since November 22, 2023. Coverage for their permanent placement will not begin before June 1, 2024, dependent on plan approval.
- Consumer B has been determined eligible for the coverage expansion and has been enrolled in their mainstream managed care plan since January 1, 2024. This consumer is permanently placed in a facility on March 7, 2024. Coverage for their permanent placement can begin on March 7, 2024, dependent on plan approval.

In all scenarios, plan approval must be granted before coverage for a consumer’s permanent placement can be authorized. This means that billing for the timeframe approved by the plan cannot take place immediately. For Consumer A, plan approval would likely be received in June or July and the appropriate coding, authorizing chronic

care premium payments, will be entered at that point. For Consumer B, plan approval would likely be received in March or April. The coding will always reflect the plan-approved timeframe but is being entered after plan approval.

Please direct any questions regarding eligibility to MCfor65PlusUndoc@health.ny.gov.

Sincerely,

Kathleen Johnson
Deputy Director of the Division of Eligibility and
Marketplace Integration