NFW YORK



INTRODUCTION TO NEW YORK'S MEDICAID

New York State Medicaid provides health coverage to eligible low-income adults, children, pregnant individuals, elderly adults and people with disabilities.

Medicaid is administered by states and is jointly funded by states and the federal government.

It is administered in NY through the Local Departments of Social Services (LDSS) (https://www.health.ny.gov/ health care/medicaid/ldss.htm)

MEDICAID SERVICES

You are eligible for Medicaid if:

- ☐ You meet income requirements
- ☐ You are a US citizen, or legal resident, and reside in New York State
- You must be one of the following:
 - A child, up to age 19
 - Adult aged 19-65
 - Older age, age 65+
 - Pregnant
 - Have a disability, as defined by the Social Security Administration (SSA)
 - Note: the definition of what qualifies as a disability is different in children and adults.

People who receive Supplemental Security Income (SSI) are automatically eligible for Medicaid.

Income requirements are subject to change on an annual basis.

There are a wide range of covered services depending on your age, living arrangements, and more:

- Regular exams, doctor and clinic visits
- Relevant medical supplies and equipment
- Lab tests and x-rays
- Vision
- Dental
- Hospital stays and emergencies
- Non-emergency medical transportation and emergency ambulance transportation to a hospital
- And more

HOW TO APPLY FOR MEDICAID

Ways to Apply to Medicaid:





Managed Care Organization (MCO)



of Social Services



By Phone Call 1-800-541-2831

Where you apply for Medicaid will depend on your category of eligibility. Certain applicants may apply through NY State of Health while others may need to apply through their Local Department of Social Service (LDSS). For more information view the New York State Medicaid website.

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HOW TO APPLY FOR MEDICAID CONTINUED

You will need to provide required documents when you apply.

Required documents include:

- Proof of US citizenship or immigration status
- Proof of identity
- Proof of address
- Proof of income
- Current health insurance information

The state has up to 90 days to determine qualifications.

To check the status of your application, check online at MyBenefits, or call 1-800-541-2831.

If accepted, you will receive a Benefit Identification Card in the mail.



If you are denied, you will receive notice in the mail.

- If you would like to appeal, you may request a hearing.
 - If your eligibility decision was made through LDSS or Health Resources Administration, call 1-800-342-3334, or submit the <u>Online Request Form</u>.
 - If your eligibility decision was made by NY State of Health, call 1-855-355-5777, or submit an appeal online.

To maintain eligibility:

- You must renew annually
- If through the NY State of Health:
 - Many renewals are automatically renewed
 - If action is required of you, you will receive a notice
 - You can renew online at nystateofhealth.ny.gov, with an enrollment assistor, or by phone at 1-855-5777
- If through your local LDSS:
 - You will receive a renewal packet and must complete and return the packet by your renewal deadline
 - Mail it back or drop it off in person

DEVELOPMENTAL DISABILITIES SERVICES

New York State defines a developmental disability as:

- A disability that is caused by a mental or physical impairment
 - Must result in significant limitations to a person's adaptive behaviors, such as self-care, learning, mobility, or the ability to live independently
 - Can be caused by chromosomal or neurological impairments, or by an incident before, during, or after birth
- Begins before age 22
- Is expected to continue indefinitely





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DEVELOPMENTAL DISABILITIES SERVICES CONTINUED

Office for People with Developmental Disabilities (OPWDD): Medicaid pays for OPWDD services for New Yorkers with developmental disabilities.

Front Door

Front Door is how OPWDD connects you with services - How to apply:

- Call the OPWDD Infoline at 1-866-946-9733 to apply
- Let the operator know what county you live in and that you would like to apply for services and they will assist you with your application
- You must have the following:
 - Documentation that your developmental disability began prior to the age of 22
 - ☐ Full psychological report
 - Social/developmental history
 - Medical specialty report
 - Assessment of your adaptive skills
 - Diagnostic report

Front Door will then review your application to determine your eligibility.

- Once eligible, you will take an assessment to determine your needs.

Based on the assessment, your care manager will support you to create a plan and request for services.

Services offered:

Family support services
Behavioral and crisis support
Respite
Assistive technology
Home/vehicle modifications
Housing options
Clinic services (physical therapy, occupational
therapy, speech language pathology, etc.)
And more

Care Managers

Once you have been deemed eligible for OPWDD support and services through the <u>Front Door process</u>, you will need to find a Care Manager.

Care management is provided by Care Managers who work for Care Coordination Organizations (CCOs)

- They help coordinate a variety of healthcare, wellness and developmental disabilities services to meet your needs.
- Your CCO will help you with the OPWDD eligibility determination process, the Level of Care Eligibility Determination process and the process of enrolling in Medicaid.

First, you must choose a CCO in your area.

Once you have enrolled in your CCO, you can choose between 2 care management plans.

Health Home Care Management

More robust, comprehensive care management services for:

- Coordination of DD services
- Comprehensive coordination of other health and behavioral health care services

Basic Home and Community Based Services Plan Support

Planning related to HCBS waiver services



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INTERSECTION OF MEDICAID AND DEVELOPMENTAL DISABILITIES SERVICES

Home and Community Based Services (HCBS) Waiver

Operated through OPWDD; program of supports and services that enables adults and children with developmental disabilities to live in the community as an alternative to Intermediate Care Facilities (ICFs).

Eligibility:

☐ Have a diagnosis of a developmental disability
☐ Be eligible for the ICF/IDD level of care
☐ Be Medicaid eligible
☐ Have chosen HCBS waiver services over
institutional care

To apply, contact your care manager to fill out and submit the Application for Participation.

Appendices

https://www.health.ny.gov/health_care/medicaid/https://opwdd.ny.gov/https://www.drny.org/

