

## Fast-Track Medicaid Applications

### **If you have an "IMMEDIATE NEED" for Personal Care or Consumer-Directed Personal Assistance Services – NYC**

If you apply for Medicaid in order to enroll in a Managed Long Term Care (MLTC) plan, it can take 3 – 4 months or more before you are actually enrolled in a plan and start receiving home care. The Medicaid application takes about 6 weeks to process, then it takes 2 weeks to schedule a "Conflict Free" assessment by New York Medicaid Choice, then another 2-3 weeks while you ask MLTC plans to schedule a nursing assessment, so that you can select a plan and enroll. The plan must submit the signed enrollment form by the 19<sup>th</sup> of the month for enrollment to start the 1<sup>st</sup> of the next month. If you miss that deadline, enrollment is delayed another month.

**If you have an IMMEDIATE NEED for Medicaid home care**, you can apply at your local Medicaid program and **get Medicaid approved and home care started in 2-3 weeks**. If you don't have Medicaid, you can apply for Medicaid AND home care at the same time. If you already have Medicaid, you just ask for "immediate need" home care.

**You can apply whether you are home, in a hospital, or nursing home.**

**In New York City, submit the following documents in person, by mail or fax to:**

**HRA--HCSP Central Medicaid Unit FAX - 1-917-639-0665**  
785 Atlantic Avenue, 7th Floor  
Brooklyn, NY 11238

1. [HRA HCSP Transmittal Form HCSP -3052<sup>1</sup>](#) – Cover form in NYC
2. **Medicaid application** with all required documents. This must include "Supplement A" ([DOH-4495A](#) in NYC) (alternate languages and formats of forms posted at [this link](#)). See more about Medicaid eligibility [here](#).
  1. If you already have Medicaid, submit the approval notice and CIN number.
  2. If an application was submitted and is pending, submit a copy of it along with all documentation, and proof of when and where it was filed.
3. **Physician's order/ [Form M11q in NYC](#)** - Must be current, meaning that your doctor saw you and signed the form less than 30 days before you submit it. See tips at [Q-Tips](#). Doctor may attach extra comments describing your needs.
4. **Attestation of Immediate Need (OHIP 0103)** -- Consumer must sign this [form](#) to attest to immediate need. Form is attached. You have an immediate need even if your family has been providing some assistance, if that assistance is not enough or cannot continue. Explain the particular facts in a COVER LETTER.

5. Married applicants whose spouse does not need or receive Medicaid can request **[spousal impoverishment budgeting](#)**, which allows the couple to keep about \$3400 in combined income and \$90,000 in combined assets. You may not need to use "Spousal Refusal" or a Pooled Income Trust with this budgeting. Use the DOH "**Request for Assessment**" form to request spousal budgeting (page 9 of this [link](#))
6. **HIPAA release** - [OCA Form No. 960 - Authorization for Release of Health Information Pursuant to HIPAA](#)
7. **If you are requesting Consumer Directed assistance**, include a completed application for CDPAP  
[https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/m\\_13d.pdf](https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/m_13d.pdf)
8. **If you will need a pooled trust**, submitting it now will slow down the application. If you do submit it (with all of the documents listed in <http://www.wnylc.com/health/entry/44/>) then in cover letter request that you be initially budgeted with a spend-down, until the trust is approved.
9. **Cover letter** that explains:
  - why you have an "immediate need" for services,
  - gives contact info for a family member or friend to arrange home visits for assessment and explains who will be "directing" care if the applicant has dementia,
  - requests "spousal impoverishment" budgeting if helpful for married applicant
  - if you are requesting CDPAP, explain your plan for arranging care
  - if you are submitting a pooled trust, request that you be initially budgeted with a spend-down, until the trust is approved.

## **What Happens After I Submit the Application Package?**

In the next **12 days**, the Medicaid office should process your Medicaid application, send a nurse to your home to assess your need for home care, and authorize you for personal care or CDPAP services provided by an agency that contracts with NYC. They may ask you to provide some additional documents.

**After the home care services are provided for 120 days**, you will receive a notice from [New York Medicaid Choice](#), a state contractor that serves as the enrollment broker for all managed care programs. The notice will explain that you need to select and enroll in an [Managed Long Term Care](#) (MLTC) plan within 60 days. If you do not select one, you will be auto-assigned to one.

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<sup>1</sup> **Links to all forms and links in this fact sheet can be found here -**

<http://www.wnylc.com/health/entry/203/>

See also DOH website [https://www.health.ny.gov/health\\_care/medicaid/#need](https://www.health.ny.gov/health_care/medicaid/#need)



**IMMEDIATE NEED FOR PERSONAL CARE SERVICES/CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES: INFORMATIONAL NOTICE AND ATTESTATION FORM**

If you think you have an immediate need for Personal Care Services (PCS) or Consumer Directed Personal Assistance Services (CDPAS), such as housekeeping, meal preparation, bathing, or toileting, your eligibility for these services may be processed more quickly if you meet the following conditions:

- You have no informal caregivers available, able and willing to provide or continue to provide care;
- You are not receiving needed help from a home care services agency;
- You have no adaptive or specialized equipment or supplies in use to meet your needs; and
- You have no third party insurance or Medicare benefits available to pay for needed help.

**If you don't already have Medicaid coverage**, and you meet the above conditions, you may ask to have your Medicaid application processed more quickly by sending in: a completed Access NY Health Insurance Application (DOH-4220); the Access NY Supplement A (DOH-4495A or DOH-5178A), if needed; a physician's order for services; and a signed "Attestation of Immediate Need."

**If you already have Medicaid coverage that does not include coverage for community-based long term care services**, you must send in a completed Access NY Supplement A (DOH-4495A or DOH-5178A), a physician's order for services and a signed "Attestation of Immediate Need."

**If you already have Medicaid coverage that includes coverage for community-based long term care services**, you must send in a physician's order for services and a signed "Attestation of Immediate Need."

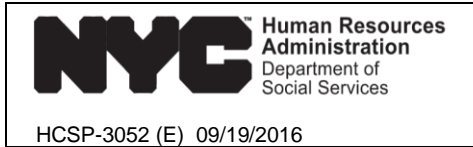
**If you don't already have Medicaid coverage or you have Medicaid coverage that does not include coverage for community-based long term care services**: All of the required forms (see the appropriate list, above) must be sent in to your local social services office or, if you live in NYC, to the Human Resources Administration (HRA). As soon as possible after receiving all of these forms, the social services office/HRA will then check to make sure that you have sent in all the information necessary to determine your Medicaid eligibility. If more information is needed, they must send you a letter, by no later than four days after receiving these required forms, to request the missing information. This letter will tell you what documents or information you need to send in and the date by which you must send it. By no later than 7 days after the social service office/HRA receives the necessary information, they must let you know if you are eligible for Medicaid. By no later than 12 days after receiving all the necessary information, the social services office/HRA will also determine whether you could get PCS or CDPAS if you are found eligible for Medicaid. You cannot get this home care from Medicaid unless you are found eligible for Medicaid. If you are found eligible for Medicaid and PCS or CDPAS, the social services office/HRA will let you know and you will get the home care as quickly as possible.

**If you already have Medicaid coverage that includes coverage for community-based long term care services**: The physician's order and the signed Attestation of Immediate Need must be sent to your local social services office or HRA. By no later than 12 days after receiving these required forms, the social services office/HRA will determine whether you can get PCS or CDPAS. If you are found eligible for PCS or CDPAS, the social services official/HRA will let you know and you will get the home care as quickly as possible.

The necessary forms may be obtained from your local department of social services or are available to be printed from the Department of Health's website at: [http://www.health.ny.gov/health\\_care/medicaid/#apply](http://www.health.ny.gov/health_care/medicaid/#apply)

\*Found on the back side of this page.

**IMMEDIATE NEED TRANSMITTAL TO THE HOME CARE SERVICES PROGRAM**



DATE: \_\_\_\_\_ CONSUMER'S NAME: \_\_\_\_\_ LAST 4 DIGITS OF CONSUMER'S SSN: \_\_\_\_\_

<b>From</b>
NAME OF SUBMITTING ORGANIZATION
STREET ADDRESS
CITY, STATE, ZIP CODE

<b>To:</b>
HOME CARE SERVICES PROGRAM – IMMEDIATE NEEDS
785 ATLANTIC AVENUE, 7 <sup>th</sup> Floor
BROOKLYN, NY 11238

I am submitting this application package on behalf of the above named consumer for processing as an “Immediate Need” for home care services. S/he wishes to be enrolled in the following program (check one):

- Personal Care (PCS)                       Consumer Directed Personal Assistance (CDPAS)

I understand that the documentation listed in the table(s) below is **required** for this request to be processed. All are attached and appear to be fully completed.

For **all** Immediate Need Requests

OHIP-0103, <b>Attestation of Immediate Need</b>	HCSP M-11q, <b>Medical Request for Home Care</b>	OCA-960, <b>Authorization for Release of Health Information Pursuant to HIPAA</b>
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**Also** required, in addition to the three items listed above, **if** the consumer already has Medicaid coverage, but it does not include long term care coverage

DOH-4495A, <b>Access NY Supplement A</b>	All necessary proofs that apply to this supplemental form <b>only</b> , as detailed in the DOH-4220 “ <b>Documents Needed When You Apply For Public Health Insurance</b> ” section
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**Also**, required in addition to everything listed in both tables above, **if** the consumer does not already have Medicaid coverage at all

DOH-4220, <b>Access NY Insurance Application</b>	All necessary proofs as detailed in the DOH-4220 “ <b>Documents Needed When You Apply For Public Health Insurance</b> ” section
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Though not required, I understand that submission of a cover letter that includes an explanation of the immediate need, the status of consumer’s current whereabouts, a listing of submitted documents, the type of service requested (PCS or CDPAS), is strongly recommended.

- I have attached a cover letter                       I have not submitted a cover letter

Print Name:	Sign Name:	Telephone Number:
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