



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

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| INFORMATIONAL LETTER |
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TRANSMITTAL: 06 OMM/INF-2

TO: Local District Commissioners,
Medicaid Directors, Temporary
Assistance Directors and
CNS Coordinators

DIVISION: Office of Medicaid
Management

DATE: July 10, 2006

SUBJECT: Revision of the LDSS-4807: "HEALTH CARE PROGRAMS FOR NEW YORKERS"

SUGGESTED

DISTRIBUTION: Local District Commissioners
Medical Assistance Staff
Temporary Assistance Staff
Staff Development Coordinators
CNS Coordinators

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

ATTACHMENTS: LDSS-4807, rev. 01/06, "HEALTH CARE PROGRAMS FOR NEW YORKERS"

FILING REFERENCES

| Previous ADMs/INFs | Releases Cancelled | Dept. Regs. | Soc. Serv. Law & Other Legal Ref. | Manual Ref. | Misc. Ref. |
|-----------------------|-----------------------|-------------|---|-------------|---------------|
| | | | | | GIS 03 MA/007 |

The purpose of this Office of Medicaid Management/Informational Letter (OMM/INF) is to inform local districts that the LDSS-4807: "HEALTH CARE PROGRAMS FOR NEW YORKERS" has been revised.

A summary of the revisions follows.

1. The title and footer of the document were reformatted.
2. The revision date was changed to (1/06).
3. To accommodate the added information, the document is now printed in a smaller font on legal size paper. The English version is on the front and the Spanish version is on the reverse side.
4. Under "Programs for Adults:", "If you get Temporary Assistance or SSI, can you get Medicaid?", the following sentence was added to the end of the paragraph:

"People who get Medicaid can get Family Planning Services."

5. Under "Programs for Adults:", "What if you do not qualify for Medicaid or Family Health Plus? Is there any other help?", a paragraph was added concerning the "Cancer Services Program". The paragraph reads as follows:

"The New York State Department of Health Cancer Services Program provides breast, cervical, and colorectal cancer screening at no cost to eligible women and men who are uninsured or cannot pay for these services. Screening services are available in every county/borough in NYS. For more information call 1-800-422-6237."

6. Under "Programs for Adults:", three additional paragraphs were added concerning, "Medicaid Buy-In Program For Working People With Disabilities" (MBI-WPD), and "Medicare Part D". These paragraphs read as follows:

"If you have a disability and are working and have more income and resources than are allowed for Medicaid, is there any way to get or keep Medicaid health care coverage?"

Yes, if you are between 16 and 64 years old, have a disability as defined by the Social Security Administration, and are working, you can have income up to 250% of the FPL and resources as high as \$10,000 by participating in the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). A monthly premium may be charged for participants in this program who have countable income between 150% and 250% of the FPL.

If you receive Medicare, is it possible to get help in paying for your prescription drugs even if you are not eligible for Medicaid or the Medicare Savings Program?

If you are entitled to Medicare Part A or Medicare Part B, you are eligible to receive prescription drug benefits through Medicare Part D. To get more information about this program, you may call 1-800-Medicare (1-800-633-4227). You may also be eligible to receive extra help in paying the premiums, coinsurance and deductibles for the Medicare Part D

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prescription drug benefit. To find out more about getting this extra help, you may call 1-800-772-1213.

If you are currently receiving your prescription drugs through the Medicare prescription drug program and your Medicaid case is being closed, will you lose your Medicare prescription drug benefit?

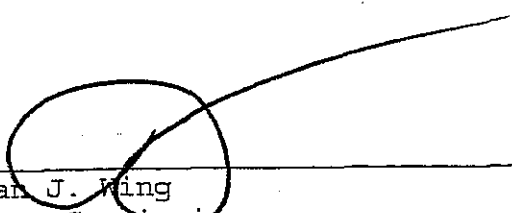
If your Medicaid benefit is being discontinued, and you are currently receiving your prescription drugs through Medicare instead of Medicaid, any action to discontinue your Medicaid benefits will have no effect on the prescription drug coverage that you are receiving through Medicare, at least until the end of this calendar year (as long as you continue to be eligible for Medicare Part A or Medicare Part B). If you have any questions about your Medicare prescription drug benefit or to find out how your Medicare prescription drug benefit might change next year, please call 1-800-Medicare (1-800-633-4227). If you are moving out of State, you must notify the Social Security Administration (1-800-Medicare) of your new address, as you will have to enroll in a plan that is offered in your new state of residence."

The 01/06 version of the LDSS-4807: "HEALTH PROGRAMS FOR NEW YORKERS" is currently available. To order this form, the local district should submit a request to:

New York State Department of Health
Empire State Plaza
Corning Tower
Room 2029
Albany, NY 12237
Attention: Michael Margiasso.

The document may be ordered at FAX# (518) 486-1432.

Local districts should begin distributing the 01/06 version immediately. All copies of the 05/05 version should be destroyed. The LDSS-4807 must be included with most acceptance, closing and denial notices, and given to each applicant with the client information booklet, LDSS-4148B: "New York State What You Should Know About Social Services Programs". The LDSS-4807 is not needed when the recertification package is mailed, or when the recipient has died, is not a NYS resident or is in prison. The LDSS-4807 is also not required when the temporary assistance case is closed or decreased and Medicaid is continued unchanged or is Rosenberged. More information concerning the distribution of the LDSS-4807 can be found in GIS 03 MA/007: "Introduction of the LDSS-4807: 'HEALTH CARE PROGRAMS FOR NEW YORKERS'".



Brian J. Wang
Deputy Commissioner
Office of Medicaid Management

Do you need help paying for medical care?

Medical Assistance (Medicaid) is help for New Yorkers who cannot pay for their medical care. There are **several ways you can be eligible for Medicaid**. Eligibility depends on your age, income, health, sometimes your resources and other requirements. The Medicaid Programs that are available include:

Programs for Adults:

If you get Temporary Assistance or SSI, can you get Medicaid?

Yes, you can get Medicaid and cash assistance. You can also get Medicaid without cash assistance. Citizens and aliens with satisfactory immigration status can get Medicaid. People who get Medicaid can get Family Planning Services.

If you stop getting cash assistance because you are working and earn too much money, can you continue to get Medicaid?

Yes, if you have a child(ren) and a job, you might be eligible for 12 months of Medicaid when your income goes up. This program is called **Transitional Medical Assistance (TMA)**.

If your income and/or resources are too high to get cash assistance, can you still get Medicaid?

Yes, if you live with a child(ren), are age 65 or older, or are certified blind or certified disabled, you may be eligible for **Medicaid**. If you have too much income and/or resources, you may be eligible after you incur medical bills at least equal to your excess income and/or excess resources. If you are not eligible for Medicaid, you may be eligible for **Family Health Plus (FHPlus)**. You can qualify for FHPlus if you live with a child(ren) and have income up to 150% of the Federal Poverty Level (FPL). Your 19 or 20 year old child living with you may also be eligible. If you do not live with a child, or if you are 19 or 20 years old and not living with your parent(s), you can qualify for FHPlus if you have income up to 100% of the FPL. Citizens and aliens with satisfactory immigration status can get FHPlus. Even if you are not otherwise eligible for Medicaid or FHPlus, if you are of child-bearing age and have income up to 200% of the FPL, you may be eligible to have Medicaid pay for family planning services under the Family Planning Benefit Program.

If you are pregnant, can you have more income and get Medicaid?

You can have income up to 200% of the FPL and get Medicaid. Your resources are not counted. Pregnant women do not need to prove citizenship or immigration status.

What if you do not qualify for Medicaid or Family Health Plus? Is there any other help?

The **Healthy NY** program is designed to help small business owners provide employees and their families with health insurance. If you are uninsured and your employer does not provide health insurance, you may also purchase coverage directly through the Healthy NY program. For more information call 1-866-432-5849.

The New York State Department of Health Cancer Services Program provides breast, cervical, and colorectal cancer screening at no cost to eligible women and men who are uninsured or cannot pay for these services. Screening services are available in every county/borough in NYS. For more information call 1-800-422-6237.

If you have a disability and are working and have more income and resources than is allowed for Medicaid, is there any way to get or keep Medicaid health care coverage?

Yes, if you are between 16 and 64 years old, have a disability as defined by the Social Security Administration, and are working, you can have income up to 250% of the FPL and resources as high as \$10,000 by participating in the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). A monthly premium may be charged for participants in this program who have countable income between 150% and 250% of the FPL.

If you receive Medicare, is it possible to get help in paying for your prescription drugs even if you are not eligible for Medicaid or the Medicare Savings Program?

If you are entitled to Medicare Part A or Medicare Part B, you are eligible to receive prescription drug benefits through Medicare Part D. To get more information about this program, you may call 1-800-Medicare (1-800-633-4227). You may also be eligible to receive extra help in paying the premiums, coinsurance and deductibles for the Medicare Part D prescription drug benefit. To find out more about getting this extra help, you may call 1-800-772-1213.

If you are currently receiving your prescription drugs through the Medicare prescription drug program and your Medicaid case is being closed, will you lose your Medicare prescription drug benefit?

If your Medicaid benefit is being discontinued, and you are currently receiving your prescription drugs through Medicare instead of Medicaid, any action to discontinue your Medicaid benefits will have no effect on the prescription drug coverage that you are receiving through Medicare, at least until the end of this calendar year (as long as you continue to be eligible for Medicare Part A or Medicare Part B). If you have any questions about your Medicare prescription drug benefit or to find out how your Medicare prescription drug benefit might change next year, please call 1-800-Medicare (1-800-633-4227). If you are moving out of State, you must notify the Social Security Administration (1-800-Medicare) of your new address, as you will have to enroll in a plan that is offered in your new state of residence.

Are there special programs for children?

Yes, **Child Health Plus A** is for children under age 21. Children ages 1 through 5 can have income as high as 133% of the FPL. Children ages 6 through 18 can have income as high as 100% of the FPL. Resources are not counted.

If you are age 19 or 20, you can qualify if you have income and resources below certain levels. If you have too much income and/or resources, you may be eligible after you incur medical bills at least equal to your excess income and/or excess resources. As noted above, you may also be eligible for **FHPlus**.

Child Health Plus B is free or low cost health insurance for children under age 19 who are not eligible for Child Health Plus A.

Can my child get help finding a health care provider and getting regular checkups?

Yes, the **Child/Teen Health Program** covers medical and dental care, provides regular checkups and helps you make sure your child is growing right.

If you need health care coverage, contact your local Department of Social Services or the Human Resources Administration in New York City.

¿Necesita ayuda para cubrir sus gastos de atención médica?

El programa de Asistencia Médica (Medicaid) brinda ayuda a los neoyorquinos que no pueden pagar por atención médica. Existen varias maneras por las cuales usted puede reunir los requisitos de Medicaid. Los requisitos incluyen, entre otros: edad, ingresos, estado de salud, y en algunas circunstancias, sus recursos. A continuación citamos algunos de los programas de Medicaid:

Programas para adultos:**Si recibe Asistencia Temporal o SSI, ¿puede recibir Medicaid?**

Si. Usted puede recibir Medicaid y asistencia en efectivo. Usted también puede recibir Medicaid sin asistencia en efectivo. Los ciudadanos estadounidenses y extranjeros con situación migratoria aprobada pueden recibir Medicaid. Las personas que reciben Medicaid pueden recibir servicios del programa de Planificación Familiar.

Si usted deja de recibir asistencia de dinero en efectivo porque trabaja y gana demasiado dinero, ¿puede continuar recibiendo Medicaid?

Si. Si usted tiene niños y trabaja, es posible que reciba 12 meses de Medicaid si sus ingresos aumentan. Este programa se conoce como **Asistencia Médica Transitoria (TMA)**.

Si sus ingresos y/o sus recursos son demasiado altos como para obtener asistencia de dinero en efectivo, ¿puede recibir Medicaid?

Si. Si usted tiene niños viviendo con usted, tiene 65 años de edad o más, o ha sido declarado ciego o incapacitado, podría reunir los requisitos de Medicaid. Si sus ingresos y/o recursos son demasiado altos, usted podría reunir las condiciones si sus gastos médicos son, por lo menos, igual al monto de sus ingresos y/o recursos excesivos. Si usted no reúne las condiciones necesarias para recibir Medicaid, puede habilitar para recibir **Family Health Plus (FHPlus)** si tiene un niño o niños viviendo con usted y sus ingresos son de hasta un 150% del índice nacional de pobreza (FPL). Si su hijo de 19 ó 20 años de edad vive con usted, él o ella también puede recibir este seguro médico. Si usted no tiene un niño viviendo con usted, o si usted tiene entre 19 y 20 años de edad y no vive con, al menos, uno de sus padres, puede recibir Family Health Plus si tiene ingresos de hasta un 100% del índice nacional de pobreza (FPL). Los ciudadanos estadounidenses y los extranjeros con situación migratoria aprobada pueden recibir Family Health Plus. Aunque usted no pueda recibir Medicaid o Family Health Plus, si usted está en edad de concebir y tiene ingresos de hasta un 200% del índice nacional de pobreza (FPL), puede reunir las condiciones para que Medicaid pague por servicios de planificación familiar por medio del Programa de Planificación Familiar.

Si usted está embarazada, ¿puede tener ingresos altos y recibir Medicaid?

Usted puede tener ingresos de hasta un 200% del índice nacional de pobreza (FPL) y recibir Medicaid. Sus recursos no se toman en cuenta. Las mujeres embarazadas no necesitan presentar comprobante de ciudadanía estadounidenses ni de situación migratoria.

¿Qué sucede si usted no reúne las condiciones de Medicaid o Family Health Plus? ¿Existe algún otro tipo de ayuda?

El programa **Healthy NY** está destinado a pequeños empresarios con el fin de que estos ofrezcan seguro médico a los empleados y sus familias. Si usted no tiene seguro y su empleador no lo ofrece, puede comprar cobertura de seguro médico directamente del programa **Healthy NY**. Si desea información adicional, llame al 1-866-432-5849.

El Programa de Servicios Oncológicos del Departamento de Salud del Estado de Nueva York proporciona pruebas de detección de cáncer de senos, cuello uterino y colorrectal, sin costo alguno, a mujeres y hombres que no tengan seguro médico o que no puedan pagar por estos servicios. Los servicios de detección los puede obtener por medio de los servicios del condado o municipio del Estado de Nueva York. Si desea más información, llame al 1-800-422-6237.

Si usted sufre de una incapacidad, trabaja y sus ingresos y recursos sobrepasan los límites permitidos por el programa de Medicaid, ¿existe alguna manera de obtener o quedarse con la cobertura médica de Medicaid?

Si. Si usted tiene entre 16 y 64 años de edad, sufre de una incapacidad (según la define la Administración del Seguro Social) y trabaja, puede tener ingresos de hasta un 250% del índice nacional de pobreza y recursos de hasta \$10,000 participando en el Programa de Adquisición de Beneficios de Medicaid para Trabajadores Incapacitados (MBI-WPD). Se cobra una prima mensual a los participantes que tengan ingresos contables de entre 150% y 250% del índice nacional de pobreza.

Si usted recibe Medicare, ¿es posible obtener ayuda para pagar medicamentos recetados, aun cuando no reúna las condiciones necesarias para recibir Medicaid o Programa de Ahorros de Medicare?

Si usted recibe Medicare Parte A o Parte B, usted tiene derecho a recibir cobertura de medicamentos recetados Medicare Parte D. Si desea más información acerca de este programa, llame al 1-800-Medicare (1-800-633-4227). Es posible que también reciba ayuda adicional para pagar las primas, el co-seguro y los montos deducibles de la cobertura de medicamentos recetados de Medicare Parte D. Para averiguar más acerca de cómo obtener esta ayuda adicional, llame al 1-800-772-1213.

Si usted actualmente recibe los medicamentos recetados por medio del programa de medicamentos recetados de Medicare y su caso de Medicaid está por cerrarse, ¿perderá la cobertura de medicamentos recetados de Medicare?

Si sus beneficios de Medicaid están en proceso de ser suspendidos, y usted actualmente recibe sus medicamentos recetados por medio de Medicare en vez de Medicaid, ninguna acción iniciada para suspender sus beneficios de Medicaid afectará la cobertura de medicamentos recetados que usted recibe de Medicare, por lo menos hasta el final de este año calendario (siempre y cuando usted habilite para Medicare Parte A o Parte B). Si tiene preguntas acerca de la cobertura de medicamentos recetados de Medicare, o si desea averiguar de qué manera puede cambiar dicha cobertura el año próximo, llame a 1-800-Medicare (1-800-633-4227). Si usted se muda fuera del Estado, debe notificar su nuevo domicilio a la Administración del Seguro Social (1-800-Medicare), dado que deberá inscribirse en un plan ofrecido en su nuevo Estado de residencia.

¿Existen programas especiales para niños?

Si. **Child Health Plus A** está destinado a niños menores de 21 años. Los niños de entre 1 y 5 años de edad pueden tener ingresos de hasta un 133% del índice nacional de pobreza (FPL). Los niños de entre 6 y 18 años de edad pueden tener ingresos de hasta un 100% del índice nacional de pobreza (FPL). Los recursos no son considerados.

Si usted tiene entre 19 y 20 años de edad, usted tiene derecho a participar en este programa si sus ingresos y recursos son menores a ciertos niveles establecidos. Si sus ingresos y/o recursos son demasiado altos, puede tener derecho a este programa una vez los gastos médicos sean, por lo menos, igual al monto de sus ingresos y/o recursos excesivos. Tal como se indica arriba; también, puede recibir el seguro médico Family Health Plus.

Child Health Plus B es un programa gratuito o de bajo costo para niños menores de 19 años que no pueden recibir Child Health Plus A.

¿Puede mi niño obtener ayuda para encontrar un profesional médico y recibir exámenes médicos regulares?

Si. El Programa de Salud para Niños y Adolescentes cubre atención médica y dental, proporciona evaluaciones médicas regulares y le ayuda a monitorear el crecimiento sano de su niño.

Si necesita cobertura médica, póngase en contacto con el departamento local de servicios sociales o con la Administración de Recursos Humanos de la ciudad de Nueva York.