



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Richard F. Daines, M.D.  
*Commissioner*

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*Chief of Staff*

**ADMINISTRATIVE DIRECTIVE**

**TRANSMITTAL:** 08 OHIP/ADM-2

**TO:** Commissioners of  
Social Services

**DIVISION:** Office of Health  
Insurance Programs

**DATE:** February 11, 2008

**SUBJECT:** Medicaid Presumptive Eligibility for Children

<p><b>SUGGESTED DISTRIBUTION:</b></p> <p><b>CONTACT PERSON:</b></p> <p><b>ATTACHMENTS:</b></p>	<p>Medicaid Directors Fair Hearing Staff Legal Staff Staff Development Coordinators Temporary Assistance Directors</p> <p>Bureau of Local District Support Upstate: (518) 474-8887 NYC: (212) 417-4500</p> <p>I: Medicaid Presumptive Eligibility for Children Screening Form (DOH-4441) II: Presumptive Eligibility for Children Screening Determination Letter (OHIP-0012) III: Memorandum of Understanding</p>
<b>FILING REFERENCES</b>	

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
			SSA 1920 (A)  SSL 364-i 4. (a)-(e)		

**I. PURPOSE**

The purpose of this administrative directive (ADM) is to advise local departments of social services (LDSS) of required actions necessary for implementation of Medicaid Presumptive Eligibility for Children, pursuant to Chapter 58 of the Laws of 2007. This change is effective February 11, 2008.

**II. BACKGROUND**

The federal Balanced Budget Act of 1997 (Public Law 105-33) provided states with opportunities to expand health care coverage for children. One option allows certain Qualified Entities (QEs) to "presumptively" enroll children in Medicaid who appear to be eligible based on their age and income. With the passage of Chapter 58 of the Laws of 2007, the Department of Health will implement Presumptive Eligibility for Children up to age 19.

Currently, in determining eligibility for Medicaid for children, a full Medicaid application must be received and all eligibility requirements completed before a child is enrolled and receives Medicaid covered services. Generally, the current process can take up to 30 days before enrollment occurs, and may serve as a potential barrier to Medicaid access of covered services for children at the time they are first needed.

Presumptive Medicaid Eligibility for Children provides immediate Medicaid coverage for a limited period of time for all Medicaid covered care and services and supplies to children who screen as eligible by a QE. Parents/guardians are also able to file an application for ongoing Medicaid at the QE when their children are screened as presumptively eligible.

**III. PROGRAM IMPLICATIONS**

Social Services Law § 364-i (4) (a)-(e), enacted by Chapter 58 of the Laws of 2007, allows for a presumptively Medicaid eligible child to be enrolled by a Qualified Entity for all Medicaid covered care, services and supplies prior to a full Medicaid determination by the LDSS.

The State Department of Health (SDOH) has signed a Memorandum of Understanding (MOU) with designated Qualified Entities who, initially, are Federally Qualified Health Centers (FQHCs) and will provide PE services. Subsequent to start-up, SDOH will designate, as needed, additional QEs consistent with the applicable provisions of section 1920(A) of the federal Social Security Act. The MOU has been provided as Attachment III at the end of this document.

A list of all selected QEs who have signed MOUs with NYSDOH will be forwarded as soon as the MOUs are signed by all parties.

Upon implementation, parents/guardians of children up to age 19 may attest to basic information including citizenship/identity, residency, household size and composition as well as income during a brief interview with a Qualified Entity. The QE may provide services under Medicaid presumptive eligibility (PE) when the screened child's estimated family income (after applying simple disregards), does not exceed the applicable income standards. The PE eligible child may receive all care, services and supplies covered by the Medicaid program, from any Medicaid enrolled provider, prior to a full Medicaid determination by the LDSS.

Children screened eligible for PE may receive one presumptive coverage authorization period per child in a 12-month period. Children found fully eligible for ongoing Medicaid through the Presumptive Eligibility for Children application process will be authorized for no less than 12 months of Medicaid coverage, or through the last day of the month in which their 19th birthday occurs, whichever is earlier.

**IV. REQUIRED ACTION**

**1. Qualified Entity Responsibilities**

The designated Qualified Entity, who has entered into a Memorandum of Understanding with NYSDOH, is responsible for determining Presumptive Medicaid Eligibility for uninsured or underinsured children who present for treatment at their facility.

The QE first conducts a personal screening interview using the State approved "Medicaid Presumptive Eligibility for Children Screening Form" (DOH-4441) (Attachment I), and then makes a determination of presumptive Medicaid eligibility based on the applicant's attestation of their current circumstances. All confidentiality requirements that apply to Medicaid also apply for all screenings and applications at the QE. The QE is responsible for informing the applicant of his/her rights and responsibilities, required by 18 NYCRR 360 2.2 (f), as well as issuing required informational materials and brochures made available by NYSDOH.

As a child is entitled to only one period of PE in a 12 month period, the QE is required to call the designated toll-free number provided by the NYSDOH (1-888-375-1912), to determine whether the screened eligible child is entitled to PE. The QE will be given an authorization number for children who meet the criteria. This number is entered in the appropriate section of the screening form, as well as the name of the individual who provided the authorization number.

The QE must also issue a determination letter, on the approved form "Presumptive Eligibility for Children Screening Determination Letter" (OHIP-0012) (Attachment II), to the applying household indicating their findings, and advise the applying household of the next steps in the process, which includes mandatory completion of a full application for Medicaid if eligible for PE, and/or referrals to the LDSS, or to a Facilitated Enroller if ineligible for PE.

If the applicant screens eligible for PE, the DOH-4220, "Access NY Health Care Application" must be completed and signed by the applicant/representative in order for PE to be authorized by the LDSS. The QE may assist the family in completing the Access NY application. The signed application and required documentation are necessary for the LDSS to determine ongoing Medicaid eligibility, as well as to authorize any Medicaid coverage. The responsibility for requesting and compiling necessary documentation is delegated to the QE. Part of this process includes assisting the applying household to obtain and collect this documentation, as needed.

QEs may enter into formal agreements, if desired, with Facilitated Enrollers (FEs) to assist them in the Medicaid application, documentation requirement and collection process. However, the QE continues to be responsible for the PE screening process and issuance of the PE screening determination form.

The completed application package must be compiled by the QE and submitted to the LDSS within 21 days from the date of initial screening (or within a reasonable extended timeframe if the applicant is making a good-faith effort to secure necessary documentation). Upon receipt of the package, the LDSS will complete a determination of ongoing Medicaid eligibility. For children found ineligible for ongoing Medicaid, the period of presumptive eligibility will be authorized, only from the date of initial screening to 10 days after the date the LDSS makes a final determination on the application.

QEs are not responsible for forwarding completed PE screening forms to the LDSS for children who do not screen as PE eligible. There will be no completion of the DOH-4220 in these situations. The QE should provide the ineligible household with the DOH-4220 application form to complete and submit to a Facilitated Enroller or to the LDSS. Children are to be referred to FEs and/or Child Health Plus health plans. The QE must retain copies of all completed screening forms for a period of time agreed upon with the NYSDOH.

Qualified Entities will be informed by the LDSS of the final determination of all submitted applications at the same time the applying household is notified, and such notification will include the applicant's Client identification Number (CIN), so billing for covered services provided during the presumptive period may occur.

Comprehensive training will be provided to all designated Qualified Entities before implementation occurs. Persons engaging in QE activities must be trained and sign confidentiality agreements. Proof of signed confidentiality agreements must be retained onsite by the QEs.

The QE must secure all forms, documents and information related to Presumptive Eligibility in locked file cabinets and/or rooms that are not accessible to the general public.

## 2. Local District Responsibilities

The LDSS must coordinate the application process with the approved QEs. The responsibilities of the LDSS in the PE process include the following:

- a. Designate one or more staff at the LDSS to act as a liaison to designated Qualified Entities. Accept the QE's PE screening interview of the applicant as meeting the requirement for the face-to-face interview for ongoing Medicaid. Local districts must delegate to the QE the authority to conduct the Medicaid face-to-face interview with any members of the applying family, including the parents/guardians. The LDSS cannot require applying members of the PE household to come into the district for the face-to-face interview.
- b. Accept completed applications from the QE and process them in a timely manner, but in no event later than 30 days from the date of the QE screening/assessment for pregnant women or children or 45 days from the date of application for any adults who have also applied. Allow for reasonable extensions to secure documentation when requested by the applying household and/or the QE on behalf of the household. Extend Medicaid coverage as appropriate in these cases until the final determination can be completed.
- c. Accept applications from other family members of the PE child(ren). It is anticipated that a significant number of adults may request to apply and be identified as potentially eligible for Medicaid. While adults age 19 and over are not entitled to PE for children, individuals who are part of a presumptively eligible child's household, as defined by Medicaid rules, may also apply for Medicaid with the QE.
- d. Establish internal processes and procedures providing for immediate data entry of Medicaid applications received from QEs using the date of the initial presumptive screening by the QE as the date of application. All provisions for determining eligibility for the three-month retroactive period apply with respect to PE applicants who are determined to be eligible for ongoing Medicaid, including attestation of resources and documentation of income for that time period.
- e. Pay attention to the date of birth of an applying child who is between age 18 and age 19. If the applying child who screens as eligible for PE turns 19 during the presumptive period, Medicaid coverage can only be authorized until the last day of the month in which the child turns 19.
- f. Districts must also provide notice of the results of the final Medicaid eligibility determination simultaneously to the applicant, and to the QE.

- g. Document in the case record if there is a delay in the receipt of a completed application from the QE resulting in the 30/45-day timeframe being exceeded. This will serve to hold the LDSS harmless in the event of an audit or other administrative review.
- h. Develop processes for notifying the QE and the applicant when additional documentation is required including extending deadlines for documentation as appropriate and for notification of the final eligibility determination.
- i. Provide prompt feedback to the QE on incomplete or incorrect applications, so that problems can be addressed in a timely fashion. Work with the QEs to establish best practices.
- j. Notify the QE as well as the applicant if and when any additional documentation is required by the LDSS to complete the final Medicaid eligibility determination.
- k. Open and maintain Medicaid case(s) including all undercare and renewals for individuals found eligible for ongoing coverage for a period of no less than 12 months from the date of screening/application. The exception to this would be if the PE child turns 19, then MA coverage may only be authorized until the last day of the month in which he/she turns 19.
- l. Issue appropriate Notices of Decision to the applicants/representatives as appropriate per Medicaid rules after the full Medicaid eligibility determination is completed.
- m. Establish procedures to notify the QE of the outcome of the applicant's final eligibility determination for ongoing Medicaid (including CIN) at the same time the applying household is notified, so billing for any covered services provided during the presumptive eligibility period may occur.

**V. NOTICE REQUIREMENTS**

Qualified Entities will provide PE applicants/representatives with the Presumptive Eligibility for Children Screening Determination Letter informing the applying household of the child(ren)'s eligibility status for PE (Attachment II).

Upon determination of ongoing eligibility, workers will use the appropriate CNS opening code when eligibility is established. For children found ineligible, certain existing upstate CNS closing codes will be used with an open/close (09) transaction for case type 21 (Medicaid Presumptive Eligibility).

The WMS and CNS Code Cards will be updated to reflect these changes and all new codes. See the 2007.3 WMS/CNS Coordinator Letter for more details.

In NYC, PE children found ineligible for ongoing coverage will be closed using the existing case level non-CNS code 198 - 60 Day Presumptive Eligibility Period Ended/Ineligible for MA.

A Manual notice will be required.

**VI. SYSTEM IMPLICATIONS**

Systems implications which now are detailed in the October 2007 WMS/CNS Coordinator Letter, are described below.

**Upstate**

For presumptively eligible children who are found to be eligible for ongoing Medicaid, cases are processed using normal procedures as a Case Type 20 - Medical Assistance (MA) for a period of 12 months from the screening/application date, or until the end of the month in which the PE child turns 19.

Case Type 21 - Medicaid Presumptive Eligibility, will be used for applicants who appeared to be presumptively eligible at the time of the QE screening and are later found to be ineligible for ongoing Medicaid by the LDSS. This will provide coverage for the presumptive period only.

Case Type 21 is processed with an Open/Close transaction (Transaction Type 09).

For Case Type 21, the authorization period "From Date" on screen one is equal to the application date, which is also equal to the date of the PE screening. The authorization period "To Date" is the transaction date + 10 days.

For Case Type 21, MA coverage cannot be retroactive prior to the Application date.

The Individual Categorical Code for the PE child is "65" (Presumptive Children).

To be eligible for PE for Children, an individual must be less than 19 years of age.

The Medicaid Coverage Code for presumptive eligibility for children cases will be "01" (all covered care, services and supplies).

The WMS Screen 5 Medicaid Coverage "From Date" is equal to the application/screening date. The Medicaid Coverage "To Date" is the Transaction Date + 10 days for Case Type 21.

There is no managed care enrollment for children on a Case Type 21 with an Individual Category Code of "65".

There is no continuous save date for an individual with a Case Type 21 and an Individual Category Code of "65".

CBIC cards are not issued for presumptive-only cases.

**NYC - Manual Processing**

In NYC, the PCAP Unit will process Presumptive Eligibility for Children applications.

NYC MA applications for presumptively eligible children and applying household members should initially be registered as a Case Type 20.

Case Type 21 - Medicaid Presumptive Eligibility, will be used for those applicants who appear to be presumptively eligible at the time of the QE screening and then are later found to be ineligible for ongoing Medicaid by the LDSS, to provide coverage for the presumptive period only.

The MA Coverage "From Date" is equal to the application date, which is also equal to the date of the QE screening for Presumptive Eligibility.

The MA Coverage "From Date" cannot be retroactive prior to the Application date. If the applicant is found to be eligible for ongoing Medicaid, retroactive coverage requests may be addressed as per regular Medicaid rules as a part of the final determination process.

The MA Coverage "To Date" must equal to the "From Date" + 59 Days for a total of 60 days.

If the PE application is not completed within the initial 60 days, coverage must be extended until the eligibility determination is completed. If the applicant is found to have continued eligibility for ongoing Medicaid, coverage will be extended for a period of 12 months from the date of application/screening for PE, or until the end of the month in which a PE child turns 19.

If the applicant is found to be ineligible for ongoing Medicaid, Case Type 21 will be used to provide coverage for the presumptive period only - from the date of application to the transaction date plus 10 days.

The Individual Categorical Code "65" is to be used for the presumptively eligible children (Presumptive Children). To receive PE for Children, an individual must be less than 19 years of age.

The MA Coverage Code for presumptive eligibility for children cases will be "01" - all covered care and services.

Entry of Center Code '506' is required for children with an Individual Category Code of "65".

Entry of MA Responsible Area Code 'PC' is required for children with an Individual Category Code of "65".

There is no managed care enrollment for children on a case type 21 with an Individual Category Code of "65".

CBIC cards will not be issued for presumptive-only cases.

In NYC, PE children found ineligible for ongoing coverage will be closed using the existing case level non-CNS code 198 - 60 Day Presumptive Eligibility Period Ended/Ineligible for MA.

A Manual notice will be required.

NYC will have an automated processing capability in the near future which will be addressed separately.

For questions concerning NYC Systems procedures, please contact NYC Systems staff by telephone at (212) 383-3542.

**MBL**

There are no budget requirements for presumptive eligibility cases.

In NYC, a budget is not allowed for Case Type 21.

For more NYC systems details, please see the October 2007 WMS/CNS Coordinator Letter and Attachments.

**VII. EFFECTIVE DATE**

The provisions contained in this ADM are effective February 11, 2008.

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Deborah Bachrach, Deputy Commissioner  
Office of Health Insurance Programs



**Instructions for Completing PE for Children Screening Form**

**Section 1:**

- **Name:** List name of parent(s)/guardian(s) of the applying child(ren)
- **Address:** List the address where the child(ren) live(s) including house number, street name, apt number, city, and zip code
- **County of Residence:** Enter county in which above address is located
- **Presumptive Screening Date:** List today's date
- **Home Phone / Contact/Message Number:** Enter home, contact/message number
- **Application Site:** List the name of the Qualified Entity Site
- **Authorization Number/Name:** Call NYSDOH to obtain authorization number for children who screen eligible. Document the name of the person who provided you with the number.

**Section 2:**

- **Child(ren)'s Names:** List all children who are being screened for PE for Children
- Enter **SSN** (if known), SSN or proof of application for SSN will have to be provided for full Medicaid determination
- **A/B: Citizenship/Immigration Status:** Check boxes as appropriate. Explain that Medicaid is available to people who are US Citizens or have satisfactory immigration status. Others may receive treatment only for an emergency medical condition. If unsure of the child(ren)'s status, ask if they have any of the following: a Green Card, a Passport, a Visa or any other document that allows them to stay here indefinitely. Also ask if they are working with immigration services to get permanent status.

**Section 3:**

- **Health Insurance:** Complete as much information as known. Inquire about recent applications for Child Health Plus, Medicaid, and Family Health Plus. If yes, indicate when and where the application was taken.

**Section 4:**

- **Family Size:** Enter numbers to identify number of persons living in the household. If the mother of the applying child is pregnant, count as 2 (mom plus the unborn child). Count the legal spouse and/or father of the child, if they live in the household. Count 1 for Caretaker Relative (if no parents live in the household) and if they will also be applying for Medicaid. Count all of the children under age 21 in the household whether or not they are applying. Do not count persons who receive Temporary Cash Assistance or SSI cash assistance. Total number of household members will be recorded on line 4.a.

**Section 5:**

- **Income:** On line 5a. enter the total amount of the monthly gross (before taxes and deductions) household income. Verification is not required for PE. Weekly wages are converted to monthly by multiplying by 4.3333. Do not count grants, loans, student's wages, Temporary Cash Assistance or SSI Cash Assistance. Enter caretaker relative's income if they are in the household count and are applying for MA. Enter monthly amounts as allowed in b. Child care expenses may be deducted only if parent/guardian is employed. Only one \$50 deduction per household is allowed if anyone (or more than one person) in the HH receives child support payments. Enter the total monthly premium paid out for health insurance premiums. Add deductions and enter on line 5.b. The Net Monthly Income amount, entered on line 5.c., is the figure that results when the total allowable deductions (line 5b) is subtracted from the household gross income (line 5a).

**Section 6:**

- **Compare the net monthly income** with the income standards chart for the appropriate household size (4.a.) and percentage of the Federal Poverty Level for the age of each child. If the child(ren) is found to be eligible, the corresponding box(es) is checked, the child(ren)'s name(s) is listed and a Presumptive Eligibility Screening Determination letter is given to the applying parent or guardian with the names of the children who are Presumptively Eligible for Medicaid. This letter advises households of next steps to take to apply for ongoing Medicaid. This completed screening form, an accompanying Medicaid application, determination letter and all documentation are forwarded to the appropriate county Local Department of Social Services (LDSS) within 21 days for further review and a determination for ongoing Medicaid.
- If any child applying is ineligible, list the name of the child(ren) that is ineligible and refer to the phone numbers at the bottom of the screening sheet for information on applying for Child Health Plus, and/or refer to the nearest Facilitated Enroller for application assistance. If all children on the screening are ineligible, do not send the PE screening form to the LDSS, but retain copies in a locked, secure area.

**Section 7:**

- **Qualified Provider must enter their name, address, telephone number, and sign the bottom of the form.**

**Presumptive Eligibility for Children Screening Determination Letter**

Parent/Guardian name _____/_____	Applying Child(ren)'s name(s) _____
Applying Child(ren)'s names (cont.) _____	
Street Address/Apt # _____/_____	City _____/_____
	ZIP _____/_____
	County _____
Phone/Message Number _____	Date of Presumptive Eligibility Screening/Determination _____

**To the Applying Parent/Guardian:**

According to our review, (names) \_\_\_\_\_, **are presumptively eligible** for covered Medicaid services until the Local Department of Social Services (LDSS) completes a full determination of their ongoing Medicaid eligibility.

Based on this determination, covered Medicaid services have been temporarily authorized from today's date of \_\_\_\_/\_\_\_\_/\_\_\_\_. In order for your children to continue to get Medicaid, you must complete a full Medicaid application. This center or a partner Facilitated Enroller will assist you in completing this process.

If determined by the LDSS to be eligible for ongoing Medicaid coverage, you will receive a notice and a Medicaid ID card for your child(ren) approximately 10 days after the full determination is completed.

We are able to provide most covered Medicaid services through our Health Care Centers and associated medical partners.

It is important that you complete all of the eligibility requirements for your child(ren)'s application for ongoing Medicaid, including returning requested documentation to us within \_\_\_\_ days. We will forward your Medicaid application package including all of the documents you have provided us to \_\_\_\_\_ County DSS for a full determination of ongoing Medicaid coverage.

Presumptive Medicaid for Children ends at age 19. If your child is between 18 and 19 years old and ongoing Medicaid is not determined by his or her 19<sup>th</sup> birthday, your child's presumptive coverage will end at the end of the month in which he/she turns 19.

If the LDSS determines your child(ren) is/are not eligible for ongoing Medicaid coverage, your child(ren)'s presumptive eligibility coverage will end, and you will receive a notice informing you of the end date. Please be aware that only one Presumptive Eligibility period for each child is allowed in a 12 month period.

According to the information you have provided us, we are **not** able to determine that (names) \_\_\_\_\_ is/are **presumptively eligible** for Medicaid services at this time. You may apply for Medicaid at \_\_\_\_\_ County Department of Social Services, where a complete eligibility determination can be done. You may also apply for Medicaid/CHPlus with a Facilitated Enroller. Call the Growing Up Healthy Hotline at 1-800-522-5006 for more information.

(Names) \_\_\_\_\_ is/are **not presumptively eligible** for Medicaid services at this time because your child(ren) has/have already received Medicaid Presumptive Eligibility within the last 12 months. You may apply for Medicaid at \_\_\_\_\_ County Department of Social Services where a complete eligibility determination can be done. You may also apply for Medicaid/CHPlus with a Facilitated Enroller. Call the Growing Up Healthy Hotline at 1-800-522-5006 for more information.

\_\_\_\_\_  
Signature of Screening Interviewer

\_\_\_\_\_  
Qualified Entity's Name - Please Print

\_\_\_\_\_  
Qualified Entity's Location

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of PE Screening/Determination

\_\_\_\_\_  
Qualified Entity's Phone Number

\_\_\_\_\_  
NYS DOH Authorization Names/Numbers



# STATE OF NEW YORK DEPARTMENT OF HEALTH

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

Richard F. Daines, M.D.  
*Commissioner*

Wendy E. Saunders  
*Chief of Staff*

## **MEMORANDUM OF UNDERSTANDING Presumptive Eligibility for Children**

Memorandum of Understanding between New York State Department of Health/Office of Health Insurance Programs (NYSDOH/OHIP) and \_\_\_\_\_, (hereafter referred to as “Qualified Entity” (QE)) that services New York State residents in which QE staff will screen individuals up to age 19 for Presumptive Eligibility (PE) for Children and will also conduct interviews and accept applications for Medicaid programs.

All screenings, applications, and documentation taken at these sites will be forwarded to the appropriate Local Social Services District (LDSS) as determined by the applicant’s county of residency to conduct a final and ongoing Medicaid eligibility determination for PE Children and their applying family members within the agreed upon timeframes.

Whereas, Social Services Law 364-i (4) Title 11 provides reimbursement for all covered Medicaid care and services provided to children up to age 19 who screen as Medicaid presumptively eligible for a period of 60 days from the date of initial screening and application, or until a final determination is completed by the Local District of Social Services:

The undersigned parties agree as follows:

A. The NYSDOH agrees to:

1. Make available to designated provider staff all necessary forms and applications, including but not limited to:

\_\_\_\_\_ The “Presumptive Eligibility for Children Screening Form”  
DOH-4441 (Attachment I);

\_\_\_\_\_ The “Presumptive Eligibility for Children Determination Letter” (OHIP-0012) (Attachment II);

\_\_\_\_\_ The “Access NY Health Care Application” (DOH-4220) (including all attachments) for individuals applying for ongoing Medicaid (Attachment III);

\_\_\_\_\_ The “Confidentiality Agreement / Confidentiality Statement” (Attachment IV)

2. Make available for distribution to applicants currently available public health insurance information material and brochures approved by NYSDOH.
3. Provide face to face training at start-up and then electronically for ongoing training to QE personnel and their designees regarding the policies and procedures for screening of eligibility for PE. Both training methodologies will include instruction on the use of the required PE screening forms and PE determination letter as well as the general eligibility requirements for Medicaid programs. Specific attention will be given to documentation requirements and document collection procedures needed to complete the full determination by the LDSS for ongoing Medicaid eligibility.
4. Provide access to a NYSDOH telephone number(1-888-375-1912) to obtain necessary authorization numbers from NYSDOH/OHIP for children who screen as Presumptively Eligible.
5. Inform the QE about other health insurance programs available for applicants to be referred to if ineligible for PE, for example, Child Health Plus.
6. Advise the QE of relevant changes in Medicaid program regulations and procedures in a timely manner. Make available new/updated forms as they are released for use. Advise QEs of all changes in Federal Poverty Levels/MA Standards related to MA Eligibility as they occur.
7. Assure that the LDSS will simultaneously notify applicants and the QE of the final eligibility determination that includes the applicant’s CIN on all applications submitted. This information is to be used by the QE in billing for services provided during the period of presumptive eligibility, and beyond, if eligibility is continued.
8. Instruct the LDSS to provide the QE with the name of a contact person, including a phone number, a fax number, and e-mail address if available.
9. Assist the LDSS with creating partnerships with FEs if needed who can assist families with completion of Medicaid applications.

B. For the purpose of this program, the Qualified Entity will:

1. Designate an interviewer(s) and notify the LDSS in writing of the name(s), title(s), telephone number(s) and qualifications of the person(s) and names of any backup or replacement staff that will be conducting presumptive eligibility screenings and Medicaid interviews.
2. Retain documentation of the name, title, and telephone number of all staff persons assisting individuals to complete PE screenings and Medicaid applications. Assure that all staff person(s) who are involved in the PE screening process complete available training prior to screening applicants. Retain documentation of all training completed on file at the health care facility.
3. Assure that all designated staff persons who are involved in any part of the presumptive eligibility process individually sign the Confidentiality Agreement after reading the accompanying Confidentiality Statement (Attachment IV), and keep confidential all information obtained while acting as a QE to facilitate the filing of an application. The signed confidentiality agreements must be kept on file at the health care facility.
4. Screen uninsured/underinsured potential applicants using the Presumptive Eligibility for Children Screening Form (DOH-4441) (Attachment I) and perform any necessary calculations to determine if the applicant meets the criteria for Medicaid Presumptive Eligibility for Children.
5. Obtain a NYSDOH authorization number by calling the number provided by the NYSDOH/OHIP (1-888-375-1912) for all children who screen as presumptively eligible for Medicaid and record both the number and the name of the person who gave the authorization on the appropriate forms.
6. Provide applicants who screen as presumptively eligible with the Medicaid application form "Access NY Health Care" (DOH-4220) (Attachment III) and assist the applicant in completing the form as needed. This may be done in partnership with the FE.
7. Issue a Presumptive Eligibility for Children Determination Letter (OHIP-0012) (Attachment II) to the applicant that clearly indicates and informs them of the outcome of the screening interview and explain next steps they should take to complete the application/eligibility process.
8. Inform applying households with older children that there is no PE coverage available after the end of the month in which a PE child turns age 19.
9. Allow adults age 19 and over (who are not entitled to PE), but are part of a presumptively eligible child's household, to apply for Medicaid on the "Access

ATTACHMENT III

- NY Health Care” DOH-4220 Medicaid application form. Only adults who have a family member who screens as PE may apply for ongoing Medicaid on the same application.
10. Refer members of a household who wish to apply for Medicaid or Child Health Plus where there are no children screened as presumptively eligible in the household to a Facilitated Enroller or the LDSS for further application, and provide them with a “Access NY Health Care” DOH-4220 application for their use. The QE will not conduct interviews for Medicaid for individuals if there is no presumptively eligible child in the household.
  11. Interview the applicant or the applicant’s parent, guardian or other designated representative. Obtain as much required documentation as possible of statements made on the application.
  12. Enter all necessary documentation not submitted at the interview on the Documentation Checklist attachment of the “Access NY Health Care” DOH-4220. Provide a copy of the Documentation Checklist to the applicant; notify the applicant of any missing documentation and the due date for submission of such documentation.
  13. At the QE’s discretion, enter into formal agreements with Facilitated Enrollers (FE) to assist in the “Access NY Health Care” DOH-4220 application completion as well as the documentation requirements and collection process.
  14. Forward the completed PE screening form, a copy of the determination letter, the original Medicaid application and documentation, to the LDSS using agreed upon procedures and timeframes(within 21 days). All completed applications must include the applicant’s signature and date.
  15. Secure all documents in a locked file cabinet not accessible to public or staff who are not trained for PE or who have not signed a confidentiality agreement.
  16. Communicate with the LDSS and NYSDOH/OHIP to resolve any issues or concerns and to establish efficient policies and procedures that will benefit all parties involved in this application process.

For a listing of the LDSS responsibilities, please see OHIP/ADM xx - Medicaid Presumptive Eligibility for Children, which is located online at the NYSDOH website [http://www.health.state.ny.us/health\\_care/medicaid/publications/](http://www.health.state.ny.us/health_care/medicaid/publications/).

**Confidentiality Rules and Concerns:**

The unauthorized release of information collected can result in termination of this agreement for violation of the confidentiality requirements cited below and in section 136 of the Social Services Law and can result in potential legal action.

All persons who are designated to take applications and assist applicants as agreed to must sign the confidentiality agreement provided by the NYSDOH/OHIP. (Attachment III)

The Medicaid Confidential Data (MCD) includes, but is not limited to, names and addresses of Medicaid applicants/recipients, the medical services provided, social and economic conditions or circumstances, the Department of Health's evaluation of personal information, medical data, including diagnosis and past history of disease and disability, any information regarding income eligibility and the amount of Medicaid payment, income information, and/or information regarding the identification of third parties. Each element of Medicaid confidential data is confidential regardless of the document or mode of communication or storage in which it is found.

Note that this Memorandum of Understanding involves Medicaid Data, which is confidential pursuant to the New York Medicaid State Plan requirements, section 1902 (a) (7) of the federal social security act, 42 U.S.C. §1396 (a) (7) and federal regulations at 42 C.F.R. § 431.300 et seq.

Also, pursuant to section 367b (4) of the New York State Social Services Law, information relating to persons applying for Medicaid shall be considered confidential and shall not be disclosed to persons or agencies without the prior written approval of the New York State Department of Health.

**Additional AIDS/HIV Related Confidentiality Restrictions:**

Also note that MCD may contain HIV related confidential information, as defined in § 2780 (7) of the New York Public Health Law. As required by New York Public Health Law § 2782 (5), the New York Department of Health hereby provides the following notice:

**HIV/AIDS NOTICE**

**This information has been disclosed to you from confidential records which are protected by State law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of State law may result in a fine**

**or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure.**  
The Qualified Entity agrees that any further disclosure of MCD requires the prior, written approval of the New York State Department of Health (NYSDOH), Medicaid Confidential Data Review Committee (MCDRC). The QE will require and ensure that the approved agreement, contract or document contains the above Notice and a statement that any other party may not disclose the MCD without the prior, written approval of the NYSDOH MCDRC.

**Signature Section**

Any Qualified Entity participating in the program who consistently fails to meet minimum performance standards as determined by the NYSDOH/OHIP may be ineligible to continue as a designated provider to assist individuals in the presumptive eligibility application process.

The participating Qualified Entity may withdraw from this program and terminate this Memorandum of Understanding upon 60 days written notice to the NYSDOH/OHIP. The NYSDOH/OHIP may terminate this Memorandum of Understanding upon 60 days written notice to the Qualified Entity.

Both parties whose signatures appear below are equally bound by all of the aforementioned agreements.

\_\_\_\_\_  
Qualified Entity Representative

\_\_\_\_\_  
NYSDOH/OHIP Representative

\_\_\_\_\_  
Agency Name/Location

\_\_\_\_\_  
Agency Name/Location

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please mail 2 signed original documents to the following address and we will return one of the documents to you after we have also signed it:

Contact person @ NYSDOH is Donna Johnson (518) 473-8888,  
[DXJ06@health.state.ny.us](mailto:DXJ06@health.state.ny.us)

NYS DOH / Office of Health Insurance Programs  
Division of Coverage and Enrollment  
One Commerce Plaza  
99 Washington Avenue Suite 826  
Albany NY 12210

**Confidentiality Agreement** (Attachment IV)

ATTACHMENT III

I, \_\_\_\_\_, (title) \_\_\_\_\_  
at or on behalf of the \_\_\_\_\_ (Qualified Entity)  
have been designated and agree to conduct screenings for Presumptive Medicaid  
Eligibility for Children.

I further agree to submit the DOH-4220 Access NY application for Medicaid including all  
related documents to the Local District of Social Services for children who screen as  
presumptively eligible and members of their household who may apply on the same  
application as defined by regular Medicaid rules.

I understand that all communications, information, and documents received by me in the  
course of determining Presumptive Eligibility for Children and any subsequent  
applications for Medicaid may not be disclosed by me to unauthorized personnel or  
used for any purpose other than as described in the MOU.

I have read the attached Confidentiality Statement and understand that any violation of  
the provisions of this agreement is unlawful and may subject me to loss of my status as  
a designated interviewer as well as any other penalties prescribed by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

## Confidentiality Statement

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