

TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Director
Division of Health Reform and Health Insurance Exchange Integration

SUBJECT: New York Health Care Proxy Form

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Support Unit
Upstate (518)474-8887 NYC (212)417-4500

The purpose of this General Information System (GIS) message is to inform local departments of social services (LDSS) of a new requirement to provide the New York Health Care Proxy form (DOH publication #1430) to all interested individuals applying for Medicaid.

Chapter 512 of the Laws of 2011 requires that every person making application for Medicaid, and every person on whose behalf an application is made, if interested, be given the New York State Department of Health (DOH) model Health Care Proxy form (DOH publication #1430) by the person taking the application, except where doing so would impede the immediate provision of health care services. The provision was effective November 22, 2011.

The Medicaid application is the optimum vehicle for informing applicants of the Health Care Proxy form. Until the application can be revised to include language pertaining to how to access the Health Care Proxy form, Medicaid applicants who mail in their application will be apprised of the Health Care Proxy form via a message attached to CNS acceptance and denial notices. These notices will contain language informing the applicant of the Health Care Proxy form and supply the DOH web site address where the form may be accessed and printed. The language on the notice will also supply the New York Health Options toll-free number (1-800-541-2831) should the applicant wish to obtain a paper copy of the form. Additionally, the notice will instruct the applicant to please **NOT** send the completed form to the LDSS. In the event a LDSS receives a completed Health Care Proxy form from a Medicaid applicant, the LDSS worker should return the form to the applicant.

For Medicaid applicants who present at the LDSS to submit a Medicaid application or apply through a facilitated enroller, the LDSS worker or facilitated enroller, if applicable, must inform the applicant of the Health Care Proxy form and offer to assist interested individuals in obtaining a copy of the form, either by providing a copy of the form and the associated informational materials printed from the DOH web site at:

http://www.health.state.ny.us/professionals/patients/health_care_proxy/

or by providing the applicant with the New York State DOH web address where

he/she may obtain and print the online form. If an applicant requests a paper copy of the form and the district or facilitated enroller is unable to provide a printed copy, the district or facilitated enroller shall give the applicant the telephone number for the New York Health Options office at 1-800-541-2831. New York Health Options will mail a copy of the form to the applicant. If an applicant requires assistance making the call, the LDSS worker or facilitated enroller must assist the individual with the call to New York Health Options.

The language on the CNS notice pertaining to the Health Care Proxy form is attached to this GIS message. Districts or facilitated enrollers may use this language to inform individuals of the Health Care Proxy form when they present in person.

HEALTH CARE PROXY INFORMATION

The New York Health Care Proxy Law allows you to appoint someone you trust - for example, a family member or close friend - to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Information about the New York Health Care Proxy and the New York State Health Care Proxy form is available on the New York State Department of Health web site at:

http://www.health.state.ny.us/professionals/patients/health_care_proxy/.

If you would like a copy of the form mailed to you, call the New York State Medicaid Help Line at 1-800-541-2831. **Please, do NOT send the completed form to the local department of social services.**

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INFORMACION SOBRE APODERADO PARA FINES DE ATENCION DE SALUD

La ley pertinente al Apoderado para Fines de Atencion de Salud del Estado de Nueva York, le permite designar un individuo de su confianza – por ejemplo: un familiar o un amigo cercano – para que tome decisiones de salud por usted en caso de que usted pierda la habilidad para hacerlo. Al designar un apoderado de salud, usted se esta asegurando que el personal medico sigue sus deseos. Si desea informacion sobre la ley de Apoderado para Fines de Atencion de Salud del Estado de Nueva York, o desea el formulario asociado con el mismo, lo puede obtener de la siguiente pagina web:

http://www.health.state.ny.us/professionals/patients/health_care_proxy/.

Si desea que le enviemos una copia de dicho formulario, llame a la line directa de ayuda de Medicaid del Estado de Nueva York al 1-800-541-2831. **Le rogamos NO ENVIAR el formulario relleno al departamento local de servicios sociales.**