

MEDICAID ALERT

October 19, 2016

Immediate Need for Personal Care or Consumer
Directed Personal Assistance Services

The purpose of this Alert is to inform Medicaid providers, community based organizations and others assisting Medicaid clients of the procedure for requesting Immediate Need Personal Care or Consumer Directed Personal Assistance Services.

I. Consumer with Immediate Need for Home Care Services

In order to be considered a consumer with an Immediate Need for Home Care Services, the consumer must meet the following conditions:

- a. Have an immediate need for Personal Care or Consumer Directed Personal Assistance Services;
- b. Have no informal caregivers available, able or willing to provide personal care services;
- c. Have no home care agency providing needed assistance;
- d. Does not have third party insurance or Medicare benefits available to pay for needed assistance;
- e. Does not have adaptive or specialized equipment or supplies in use to meet, or has adaptive or specialized equipment or supplies that cannot meet, the person's need for assistance.

A consumer must attest to meeting these conditions by completing and signing the OHIP-0103, **Immediate Need for Personal Care Services/Consumer Directed Personal Care Services: Informational Notice and Attestation Form**.

II. Submission of an Immediate Needs Request

A new transmittal, HCSP-3052, **Immediate Need Transmittal to the Home Care Services Program** has been developed to facilitate Immediate Needs Requests. Required documents vary depending on whether or not the consumer is already in receipt of Medicaid with coverage for long term care, needs

to upgrade their Medicaid coverage to include long term care or needs to apply for Medicaid. These requirements are detailed on the transmittal.

A. Documents to be Submitted

All consumers:

- 1) Attestation of Immediate Need (OHIP- 0103);
- 2) Medical Request for Home Care (HCSP-M11q). If the M-11q is not readily available a physician's order may be submitted for purposes of determining if the consumer has an immediate need for an expedited Medicaid eligibility determination. A M-11q is required to begin the expedited immediate need home care service assessment and determination;
- 3) Authorization for Release of Health Information Pursuant to HIPAA (OCA-960). This is needed to be able to discuss case with person(s) other than the client)
- 4) Optional (but strongly recommended) – 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), etc.

Consumers with active Medicaid coverage that needs to be upgraded to include community based long term care, also must submit:

- 1) A completed Access NY Supplement A (DOH-4495A)*

* **Note:** For purposes of the eligibility determination, a consumer who would otherwise be required to document his or her accumulated resources may attest to the current value of any real property and to the current dollar amount of any bank accounts.

Consumers without active Medicaid also must submit:

- 1) A completed Access NY Insurance Application (DOH-4220)
- 2) A completed Access NY Supplement A (DOH 4495A)*

* **Note:** For purposes of the eligibility determination, a consumer who would otherwise be required to document his or her accumulated resources may attest to the current value of any real property and to the current dollar amount of any bank accounts.

Consumers with Medicaid coverage on the Health Exchange (NY State of Health):

The consumer/representative must contact NY State of Health (855-355-5777 or via email (hxfacility@health.ny.us) to have the Medicaid transferred to HRA. For these consumers the OHIP-0103, **Immediate Need for Personal Care Services/Consumer Directed Personal Care Services: Informational Notice and Attestation Form** and the M-11Q, **Medical Request for Home Care** or physician's order for personal care, must be sent to HRA.

Where to Submit

- 1) Mail to: HRA HCSP – Attention: Immediate Needs Liaison
785 Atlantic Avenue, 7th Floor
Brooklyn, New York 11238
- 2) Deliver to: HRA HCSP – Attention: Immediate Needs Liaison
785 Atlantic Avenue, 7th Floor
Brooklyn, New York 11238
- 3) eFax to: 917-639-0665

III. Processing of Immediate Needs Cases:

The Immediate Need Request packages are logged in and date stamped to establish date of receipt. The expedited processing begins the first calendar day after receipt of the documents. The first calendar day will be referred to as day one (1).

Medicaid Determination

1. Within four (4) calendar days after day one (1), the HCSP Medicaid Eligibility Unit (MEU) will review the submitted documents for completeness to determine if a Medicaid eligibility review can proceed.
 - a. If review of the Medicaid Application, Supplement A and supporting documents determines that the package is incomplete, a written notice will be sent to the applicant explaining that the Medicaid processing is deferred. The notice will state what information and/or supporting documents are missing. It will also provide a response due date.
 - b. If the Medicaid Application and Supplement A are determined to be complete and all of the required supporting documents are submitted, a Medicaid determination will be made by the seventh day (7th) calendar day after day one (1).

Service Authorization Review

1. On day one (1), the Medical Request for Home Care (M11-q) and cover letter, if applicable, will be scanned and registered in the Long Term Care Web (LTCW) system and reviewed for completeness, accuracy and compliance with NYSDOH regulations.
2. Concurrently, the process of scheduling a home visit will be initiated upon verification of a complete Medicaid Application or conversion request for Medicaid with coverage for Long Term Care.

3. If the HCSP-M11q is found to be complete, accurate and compliant with regulations, a home visit with the applicant will be scheduled. The service authorization review will be completed prior to the twelfth (12th) day from day four.
4. If the HCSP-M11q is found to be incomplete, not accurate or non-compliant with regulations, it will be rejected. A written notice will be sent to the applicant / family / representative stating the reason for the HCSP M11q's rejection. A new Immediate Need request can be submitted with a Attestation form and properly completed M11-q
5. If the applicant is approved for services, the case will be assigned by the 12th day from day four to a HRA contracted License Home Care Services Agency or Fiscal Intermediary as appropriate.
6. If the applicant is not approved for services, a written notice will be sent to the applicant / representative indicating the reason for denial of services.

More information is available in the New York State Department of Health's ADM: [16 OHIP/ADM-02 Immediate Need for Personal Care Service and Consumer Directed Personal Assistance Services](#).

Please note that in addition to posting the new transmittal (HCSP-3052) and OHIP -0103 forms on MARC, these forms have also been added to HRA's internet site (Long Term Care) page (<http://www1.nyc.gov/site/hra/help/long-term-care.page>) to help ensure these forms are readily available.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

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

*Found on the back side of this page.

IMMEDIATE NEED TRANSMITTAL TO THE HOME CARE SERVICES PROGRAM



HCSP-3052(E) 09/19/2016

DATE: _____ CONSUMER'S NAME: _____ LAST 4 DIGITS OF CONSUMER'S SSN: _____

From
NAME OF SUBMITTING ORGANIZATION
STREET ADDRESS
CITY, STATE, ZIP CODE

To:
HOME CARE SERVICES PROGRAM – IMMEDIATE NEEDS
785 ATLANTIC AVENUE, 7 th 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, Attestation of Immediate Need	HCSP M-11q, Medical Request for Home Care	OCA-960, Authorization for Release of Health Information Pursuant to HIPAA
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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, Access NY Supplement A	All necessary proofs that apply to this supplemental form only , as detailed in the DOH-4220 "Documents Needed When You Apply For Public Health Insurance" 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, Access NY Insurance Application	All necessary proofs as detailed in the DOH-4220 "Documents Needed When You Apply For Public Health Insurance" 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: