

BASIC ELIGIBILITY FOR MEDICAID HOME CARE IN NEW YORK STATE

-- For People Age 65+ or <65 who have Medicare -- updated January 26, 2022

Since Medicare does not cover most long-term home care, many people age 65+ or who are under 65 and have **Medicare** because of disability also need to apply for **Medicaid** to obtain home care. To receive Medicaid, their income and financial resources must be below strict limits.

In addition to long-term care, Medicaid can help pay Medicare's high out-of-pocket costs for deductibles and coinsurance and can help subsidize the cost of prescription drugs. Medicaid also covers some of the gaps in Medicare such as dental care, vision, hearing aids, non-emergency medical transportation.

WARNING: This Fact Sheet Only Explains Eligibility for Age 65+ or < 65, are Disabled with Medicare:

This fact sheet describes the rules of financial eligibility for one category of people seeking Medicaid – those who are Disabled, Aged 65+ or Blind (“DAB” or “NON-MAGI”). In contrast, children and adults under 65 who do not have Medicare have expanded eligibility for Medicaid under the Affordable Care Act, sometimes called “MAGI” Medicaid. They have higher income limits than people age 65+ or younger with Medicare, and have no limit on assets for Medicaid. They apply for Medicaid on the New York State of Health Marketplace. Those different MAGI eligibility rules not covered by this Fact Sheet -- See <https://nystateofhealth.ny.gov/> for information.

EXCEPTION: Some people age 65+ or < 65 who have Medicare may be eligible for MAGI Medicaid under the more liberal rules of the Affordable Care Act. They must live with and care for a child, grandchild or other relative under 18 or under 19 and in school. Contact a Navigator for assistance. www.communityhealthadvocates.org or <https://info.nystateofhealth.ny.gov/IPANavigatorSiteLocations>.

HEADS UP: Gov. Hochul has proposed to increase Income limits for Age 65+ and Disabled in January 2023! If enacted, the income limits will be the same for MAGI and non-MAGI Medicaid. Also, the asset limit may be eliminated in January 2023. Check for updates at <http://www.wnylc.com/health/entry/144/> and <http://www.wnylc.com/health/news/90/>

CONTENTS:

Financial Eligibility – Rules about “Income” and “Asset” Limits, and new Transfer of Asset Penalties for Long Term Care	p. 2
How to Apply for Medicaid for Home Care in NY	p. 8
Where to Get Help	p. 12

I. Financial eligibility is based on INCOME and RESOURCES

A. RESOURCES (including bank accounts, CDs, stock, investments, etc.)
If you are age 65+, blind, or disabled, you are allowed to have these cash resources:

2022	Living Alone	Married Couple
	\$16,800	\$24,600 (Spousal Impoverishment rules may allow more savings. See below)

Heads Up – Gov. Hochul has proposed to ELIMINATE resource limits starting Jan. 1, 2023. This still has to be negotiated in the State budget. Stay tuned.

Is It Income or a Resource? Income is counted in month it is received. If it is saved into the next month, it counts as a resource. **EXAMPLE:** At the end of April, Sidney’s bank account balance was \$16,000. It is his only asset. His May Social Security check is \$1000, and when direct deposited, his bank account balance on May 5th is \$17,000. His Social Security is INCOME in the month received and only becomes a RESOURCE if saved into the next month. He is still eligible for Medicaid in May, as long as he spends down his account so that the closing balance at the end of May is \$16,800 or less. .

BURIAL FUND \$1500 -- The applicant and spouse may each have one burial fund (includes the cash value of any life insurance policies). This must be a separate account from your other savings. Open the account with a \$1500 deposit. You can let the interest accrue and it will not count towards your income limit. If you have life insurance with a “cash surrender value,” the cash value counts toward the \$1500 burial fund limit. Excess cash value counts toward your resource limit.

PRE-PAID NON-REFUNDABLE FUNERAL AGREEMENT – purchase this in any reasonable amount from a funeral home to cover costs of funeral, burial space, casket, etc. (This is allowed in addition to the \$1500 burial fund). However, any money left over will go to Medicaid. If the value of “non-burial space-related items” (such as flowers, religious services, transportation) is \$1500 or less, you may also have a separate \$1500 burial fund, described above. You may, in some cases, pre-pay for burial for a spouse and certain other family members too. See more information at <http://wnylc.com/health/entry/36/>.

HOUSE or co-op – Your home is an exempt resource for Medicaid, but if you are seeking home care services the equity in a house, co-op or condo must be under \$955,000 (2022). However, if you living in the home with a spouse or minor or disabled child, there is no limit on the equity value of the home. If the

equity is above the limit, and no spouse, minor or disabled child lives with you, you can reduce the equity by taking out a mortgage or reverse mortgage.

TIP: If you own a home, you should consult an elder law attorney to take steps to protect the home, since Medicaid may place a lien on the home if you later enter a nursing home (if no spouse, minor or disabled child lives there). See www.naela.org. Also, if the home is part of your Estate when you die, Medicaid may make a claim against your Estate, with certain exceptions.

WARNING - Transfer Penalty: Transfers of the home and other assets, discussed below, can disqualify you or your spouse from receiving nursing home care for up to five years after the transfer. If a new "lookback" takes effect in July 2022 or later, a transfer of the home or other assets can disqualify you or your spouse from receiving home care or the Medicaid Assisted Living Program for up to 2.5 years after the transfer. Consult an experienced elder law attorney for counseling on Medicaid planning and income tax issues. See more below about the new lookback and transfer penalty for home care and Community Based Long Term Care – that will go into effect in July 2022 or later.

HOLOCAUST Reparations, including the Ghetto Pension or other payments made based on your status as a Nazi victim are exempt. While it is best to separate the reparations from other funds going forward, one should still be eligible if, in the past, the reparations were combined with other funds, as long as the amount received can be documented. Interest on reparations is exempt as "income," but counts toward the resource limit if it is saved beyond the month received. More info at "[Holocaust or Nazi Victim Reparations -- Effect on Medicaid, SSI and other Federally Funded and New York State Benefits](http://www.wnylc.com/health/entry/65/)" posted at <http://www.wnylc.com/health/entry/65/>.

IRA, KEOGH or Retirement funds owned by you or your spouse are exempt as a resource, but only if you or your spouse are withdrawing periodic payments. Medicaid requires you to take these distributions even if the IRS does not. The IRS does not require you to take withdrawals until age 70.5, and not until age 72 if you turn 70.5 after Jan. 1, 2020. Also, the IRS allows you to take withdrawals without a tax penalty after age 59.5, or even earlier if you have a disability. However, Medicaid requires you to take IRA distributions at any age, unless you are under 65, working, disabled, and enrolled in the Medicaid Buy-in for Working People with Disabilities. See <http://www.wnylc.com/health/entry/59/>.

The minimum amount of the periodic IRA distribution varies depending on the amount of money in your IRA, your age, and marital status. Although taking these distributions exempts your IRA as a resource, the withdrawals themselves are counted as "income."

For more info on exempt resources <http://www.wnylc.com/health/entry/113/>

EXCESS RESOURCES are countable resources that are over the resource limits above, as of the first day of the month in which you are applying for Medicaid. If you have excess resources, you can become eligible for Medicaid in three ways:

1. One way is to spend the excess down on:
 - (a) Medical care or private home care, or
 - (b) Household items or expenses, or paying down mortgage or buying a house, or
 - (c) Pre-paid funeral agreement and/or burial fund – **see exempt resources above**
2. If you have old unpaid medical bills, present them with your Medicaid application. These can offset your excess resources or spend-down. They can be as much as six years old because they are still “viable,” meaning provider could still sue to collect them. See NYS website at https://www.health.ny.gov/health_care/medicaid/excess_income.htm
3. **TRANSFERS OF ASSETS – Currently there is no transfer penalty if you transfer assets before applying for Community Medicaid for home care. However --**

Beginning July 1, 2022, (unless delayed because of COVID protections under FFCRA Families First Cares Act) applicants applying **for MEDICAID FOR Community-Based LONG TERM CARE SERVICES will be subject to a LOOK BACK PERIOD**, requiring the applicant and spouse to submit all financial statements going back to October 1, 2020. This look back period will increase gradually until it is **30 months** in April 2023. If a transfer is found during the lookback period, by the applicant or spouse, then a “transfer penalty” will be imposed, meaning Medicaid will not pay for community-based long term care services such as Medicaid home care for a period of time that depends on the amount transferred. For more information, see: <http://www.wnylc.com/health/news/85/#lookback>

Applicants applying for **Nursing Home Medicaid** are subject to a LOOK BACK PERIOD OF **5 YEARS** (60 months). If a non-exempt transfer was made, Medicaid will not pay for nursing home care for the penalty period.

For information on transfers of assets and the transfer penalty, see <http://wnylc.com/health/entry/38/> and consult an elder law professional, which can be found at www.naela.org. For news about how NYS is implementing the new lookback for Community-Based Long Term Care, check <http://www.wnylc.com/health/news/85/#lookback>.

B. INCOME – see next page

B. INCOME – is the amount you receive each month or less regularly – from Social Security, pensions, work, gifts, and distributions from IRAs or annuities.

INCOME LIMITS – (2022)

\$934/month -- Living alone

\$1,367/month -- Couple

Heads Up: These limits may increase by 50-60 % on Jan. 1, 2023 if Gov. Hochul's budget proposal becomes final. This would make the income limits the same as for those under 65 under MAGI Medicaid.

Medicaid generally counts GROSS income, but there are some deductions and exemptions described below. Again, these rules for Disabled-Aged-Blind (DAB) are different than those used for younger people. For more information see <http://www.wnylc.com/health/entry/195/>

1. Basic Budgeting Rules for Income:

A. DEDUCTIONS from gross income -- For people aged 65+, blind, or disabled, subtract from GROSS income:

- \$20 off the top (this increases the limits above by \$20) - but a married couple only gets one \$20 disregard
- Health insurance premiums - Medicare Part B, Medicare Supplemental (Medigap) insurance, dental or vision, or other premiums

“In-kind” income -- Cash gifts count as income, but in-kind income does not. So family should NEVER give you CASH. They can help you by paying bills directly. Direct payments to the landlord, utility company, or other vendor for rent, phone bills, or other expenses are NOT counted as income, if made by persons who are not “legally responsible” for the client. **WARNING:** people on SSI have stricter rules.

EXAMPLE: Maria's daughter Estella pays Maria's rent to the landlord. This is NOT income because Estella is not legally responsible for her mother. Only a spouse is legally responsible for a spouse, or a parent for a child under age 21.

B. EXEMPTIONS -- Some income is not counted, such as German or Austrian War Reparations, reverse mortgage payments, interest and dividends, and bona fide loans. These exemptions are for the DAB non-MAGI category – Disabled, Aged 65+ and Blind. MAGI has different exclusions.

C. EARNED INCOME – if you or your spouse is working, special deductions apply – From monthly gross income, deduct the first \$65 then one-half of the remainder.

If the amount left after these deductions is above the above limits, you are eligible for Medicaid after you "spend-down" the excess income on medical expenses (or use a pooled trust – see below).

EXAMPLE: Anna lives alone with gross \$1220 Social Security/ month, before her Part B is deducted. Her "surplus" or spend-down is \$95.90 (2022).

Social Security (gross)	\$ 1220.00
– Medicare Part B premium (2022)	170.10
– \$20 income deduction (65+, blind, disabled)	20.00
<hr/>	
MEDICAID INCOME	1029.90
Medicaid standard for one	– \$934.00
<hr/>	
Medicaid SURPLUS or SPEND-DOWN	\$95.90

2. Strategies to Eliminate or Reduce the “Spend-Down” - see more on these strategies here <http://www.wnylc.com/health/entry/222/>

A. Deposit Income into a Supplemental Needs Trust or Pooled Trust.

You may enroll in a Supplemental Needs Trust to deposit your “excess” income monthly. An overview of pooled trusts can be found here <http://www.wnylc.com/health/entry/2/> and a step by step guide to enrolling in one can be found here <http://www.wnylc.com/health/entry/44/>. Pooled trusts are listed here and have different fees. <http://www.wnylc.com/health/entry/4/>

B. Special Housing Deduction if You Were in a Nursing Home or Adult Home for 30+ Days AND are moving to the community with Managed Long Term Care (MLTC)

You may be eligible for a large income deduction to help you pay rent or other expenses if Medicaid paid for any part of your nursing home or adult home stay. To qualify, you must enroll in an MLTC plan upon discharge, or stay in one if you were already enrolled before being admitted to the nursing home or adult home. This allowance may ELIMINATE your spend-down! See this article <http://www.wnylc.com/health/entry/212/> and this fact sheet <http://www.wnylc.com/health/download/711/> for more info.

C. Eliminating the Spend-down for Married Individuals – Spousal Impoverishment Protections if one Spouse needs MLTC

Where just one spouse needs Medicaid Managed Long Term Care or “Immediate Need” home care, the married couple may keep significantly more income and assets without having to use a pooled trust or spend-down. Under the “spousal impoverishment” rules, the spouse receiving MLTC or “Immediate need” services may keep \$433/month (2022), after deducting the cost of any Medicare and Medigap premiums, and allocate enough of the remainder of his/her income to the “community spouse” to bring that spouse’s income up to \$3,435/mo. (2022). With this method,

the applicant has no spend-down if the combined income is less than \$3,868/mo. plus any Medicare and Medigap premiums.

When can married individual request Spousal Impoverishment protections?

- a. If applying for Medicaid in order to receive Medicaid personal care or consumer-directed personal assistance based on an “**Immediate Need**,” you may request spousal impoverishment budgeting. See fact sheet with forms at <http://www.wnyc.com/health/download/637/> and more here <http://www.wnyc.com/health/entry/203/>
- b. If applying for Medicaid and planning to enroll in an MLTC plan once approved, and you are not applying for “Immediate Need” home care, then you may NOT request spousal impoverishment budgeting with the application. It may be requested from HRA/local Dept. of Social Services only AFTER the applicant is enrolled in MLTC. However, the application may use “Spousal Refusal,” explained below, and then request HRA to convert the budget to use “spousal impoverishment” budgeting once the spouse needing home care is enrolled in an MLTC plan. Otherwise, the applicant will have a high spend-down initially.
- c. If you are already receiving Medicaid and are enrolled in an MLTC plan, you may request this budgeting from HRA/ DSS – as long as your spouse is not on Medicaid.

SPOUSAL REFUSAL – Married individuals applying for Medicaid might be denied Medicaid – or have a very high spend-down – if the assets or income of their spouse is counted. With spousal refusal, Medicaid will count only the income and resources of the spouse applying for Medicaid, as though he or she is single. But Medicaid then has the right to sue the “well spouse” for failing to contribute. In New York City, HRA sends collection letters to refusing spouses, but if your combined income is under \$3,868/month and combined resources are under about \$137,400 HRA will generally confirm that it will not pursue a lawsuit. Above those thresholds, they will review individual circumstances.

The NYC Spousal Refusal Form can be downloaded here <http://www.wnyc.com/health/download/66/>. Couples with significant assets or income should consult an experienced elder law attorney before using Spousal Refusal.

EXAMPLE - Who benefits from spousal refusal – Carol, who is married, is applying for Medicaid in order to enroll in an MLTC plan. She may not request “spousal impoverishment” budgeting until she is actually enrolled

in an MLTC plan. If her spouse Sam's income would give Carol a high spend-down, Sam can do a "spousal refusal." After Carol is enrolled in MLTC, she can request spousal impoverishment budgeting, so she may not need spousal refusal going forward.

OPTION TO USE A POOLED TRUST *and IGNORE SPOUSE'S INCOME.*

If the spouse Sam's income is high, near or above the spousal allowance (\$3435/mo. in 2022) then spousal impoverishment budgeting may not help. Carol could still have excess income (spend-down). She may want to enroll in a pooled supplemental needs trust instead. With this option, spousal impoverishment and spousal refusal are not used at all. Carol uses "single" income and resource limits, depositing her own income that exceeds the "single" income limit. See NYS DOH GIS 12-MA-13 https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/12ma013.pdf

3. Once you Minimize the Spend-Down – How Spend-Down Works.

If your net income after deductions is more than the Medicaid level, you must "spend down" the excess income on medical expenses every month to qualify for Medicaid to pay for any other medical expenses each month. If you receive home care, you will be billed by the MLTC plan for the spend-down every month. An MLTC plan may disenroll you if you do not pay the spend-down. This is why it is important to enroll in a pooled trust or use the other strategies to reduce or eliminate your spend-down described above. See these and other strategies to reduce the spend-down.

<http://www.wnylc.com/health/entry/222/>

II. HOW TO APPLY FOR MEDICAID TO OBTAIN MEDICAID HOME CARE

Choice of TWO TRACKS for applying for home care. For both, if you don't already have Medicaid, you must **first apply for Medicaid at the local county Dept. of Social Services (DSS) (HRA in NYC)** to obtain home care.

The TWO tracks are:

- 1. REGULAR TRACK – Apply for Medicaid only, not for Home Care, at County DSS/HRA, and then Enroll in Managed Long Term Care.**
- 2. FAST TRACK – Apply for Medicaid AND Home Care at DSS/HRA if have Immediate Need for Home Care, or if you are Excluded or Exempt from MLTC.**

Summary of Two Tracks to Home Care and WHERE to apply

1. REGULAR TRACK – Apply for Medicaid, then enroll in MLTC

- a. **Apply** for Medicaid at the County DSS/HRA up to 45 days
NYC: E-fax Medicaid app & documents listed on next page 917-639-0732
- b. Request a “**Conflict Free Eligibility**” in-home evaluation from Maximus (NY Medicaid Choice) **1-855-222-8350** 5-14 days
COVID WARNING – Scheduling of these assessments is very delayed. Consider the “Fast Track” Immediate need process instead.
- c. **Pick a plan** - MLTC, Medicaid Advantage Plus, or PACE plan –
 - i. Schedule an in-home assessment with plan } up to 30 days
 - ii. Pick a plan and enroll.
 - iii. Enrollment paperwork must be submitted by 19th of month for enrollment to start 1st of next month. No mid-month pick-up dates. 10-41 days
- d. After enrollment on 1st of month, MLTC Plan conducts assessment and starts services 30 days

TOTAL TIME TO START SERVICES APPROXIMATELY 3-5 months

2. Apply for Medicaid AND home care from DSS/ HRA

NYC: E-FAX Medicaid application & M11q to **1-917-639-0665**) for:

- a. **FAST TRACK if have IMMEDIATE NEED for PERSONAL CARE/ CONSUMER-DIRECTED PERSONAL ASSISTANCE (CDPAP)**

Also need to file “Attestation of Immediate Need”)

DSS HAS 12 days to approve Medicaid and home care, with more time if application incomplete. Medicaid office arranges for services to be provided by a contracted home care or Consumer Directed agency “as expeditiously as possible.”

NEW: Physician’s order/M11q may be signed by nurse practitioner or physician assistant instead of MD. Exam may be telehealth during COVID-19.

TOTAL TIME TO START SERVICES- about 3 weeks

After 120 days of receiving home care services authorized by HRA/DSS, consumer receives letter from New York Medicaid Choice that she must select and enroll in an MLTC plan within 60 days or she will be assigned to one randomly.

- a. **Applying for Medicaid and Personal care or CDPAP if you are exempt or excluded from enrolling in an MLTC plan** – This is if you are enrolled in home hospice, or enrolled in a waiver program (OPWDD, TBI, Nursing Home Transition & Diversion Waiver).

Total time to start services – about 75 days

WHAT TO SUBMIT to apply for MEDICAID for MLTC or Home Care:

A. Medicaid Application & Documents

1. Medicaid application (Access NY Health Insurance Application)
<https://www.health.ny.gov/forms/doh-4220all.pdf>
2. **Supplement A** - <https://www.health.ny.gov/forms/doh-5178a.pdf>
New form NYC – Since Jan. 1, 2022, NYC requires the 5178a form. Do not use the old Supplement A FORM DOH-4495a.
3. **Document income** – proof of Social Security not required because they obtain it electronically. **COVID-19 note** – may “attest” to amount of each type of income and not document it.
4. **Document resources** (bank statements, proof of cash value of life insurance, etc. showing balance on the 1st day of the month of the application. **COVID-19 Note** – May “attest” to amount of resources rather than submit documents.
 - a. For retroactive Medicaid to pay or reimburse for the 3 months before you applied, submit bank statements back to four months prior to the application).
5. **HIPPA Release** if you have an advocate or family member helping you with the application – NYS OCA Form 960 - Authorization for Release of Health Information Pursuant to HIPAA http://www.nycourts.gov/forms/Hipaa_fillable.pdf.
6. Proof of Identity (Passport, Medicare card). **Still need this in COVID-19.**
7. Write “Seeking MLTC Services” on top of application. If you are seeking MLTC, you do NOT need to submit an M11q/physician’s order unless you are seeking Immediate Need.

B. WHAT ELSE TO SUBMIT if Applying for Medicaid AND Home care to

DSS/HRA– (either for Immediate Need or because exempt or excluded from MLTC)

- a. **M11q Form or Physician’s Order** – must be signed by physician, nurse practitioner or physician assistant < 30 days before and based on exam < 30 days before; exam may be by telehealth). The signing practitioner must be enrolled with the Medicaid program as an [Ordering, Prescribing, Referring, Attending \(OPRA\) provider](#) even if they do not accept Medicaid as payment.

Which form?

NYC: (http://www.nyc.gov/html/hra/downloads/pdf/services/micsa/m_11q.pdf)

Outside NYC: Use your county’s form or NYS DOH-4359 Form

http://www.health.state.ny.us/health_care/medicaid/publications/docs/gis/10oltc-006att.pdf

- b. **IMMEDIATE NEED APPLICATIONS.** Include:

Attestation of Immediate Need Form – OHIP 103

https://www.health.ny.gov/health_care/medicaid/publications/adm/16adm2att.pdf. See more on this Fact Sheet on Immediate Need for required documents.

<http://www.wnylc.com/health/download/637/> and see more at

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

C. To enroll in a Managed Long Term Care Plan

1. Once Medicaid is accepted, contact New York Medicaid Choice to request a **Conflict Free Eligibility and Enrollment Assessment. 1-855-222-8350.**
COVID WARNING – Scheduling of these assessments is very delayed. Consider the “Fast Track” Immediate Need process instead.

For conflict free assessment, nurse will visit and assess your need for home care (**By telehealth during COVID-19 emergency**).

See <https://www.nymedicaidchoice.com/ask/do-i-qualify-managed-long-term-care>. Ask a family member or social worker to be present to help point out your functional needs, medications, and diagnoses. See Tips on Conflict Free Assessment -<http://www.wnylc.com/health/download/573/>.

2. **If approved after this assessment, choose a Managed Long Term Care plan** and enroll. Contact New York Medicaid Choice (Maximus) <http://www.nymedicaidchoice.com/> **1-888-401-6582** - This is the enrollment broker for the State, which can explain the enrollment process and your options for selecting a plan.

Lists of Plans - click on Long Term Care plans in your region here - <http://www.nymedicaidchoice.com/program-materials>

Learn about Managed Long Term Care –

- What is MLTC? <https://icannys.org/icanlibrary/what-is-mltc/> and other fact sheets <http://www.wnylc.com/health/entry/202/>
 - Background article on MLTC <http://wnylc.com/health/entry/114/>
 - Updates on MLTC – <http://wnylc.com/health/news/41/>
3. **SPEND-DOWN WARNING** – If your Medicaid is approved with a spend-down, your Medicaid case may not show up as “active” and the MLTC plan may tell you that you are not eligible to enroll. The DSS/HRA may need to change your Medicaid “eligibility code” to Code 06.
 - In NYC - tell the plan to e-mail a MAP Medicaid Cover Sheet Form HCSP-3022 (“CONVERSION FORM”)-(<http://www.wnylc.com/health/download/450/>) to the HRA HCSP MLTC Provider Relations Unit, requesting that the code be changed and Medicaid be activated.

Email for MLTC Plans: mltcproviderrelations@hra.nyc.gov

Email for ALP: alpproviderrelations@hra.nyc.gov
 - If the plan refuses to schedule an assessment or fax a conversion form call:

NYS DOH MLTC Complaint line	1-866-712-7197
NY Medicaid Choice	1-888-401-6582
NYLAG EFLRP	1-212-613-7310 eflrp@nylag.org
ICAN	1-844-614-8800

Get Help with Medicaid and Home Care

New York City

New York Legal Assistance Group (city-wide) –	
• General intake	(212) 613-5000
• Evelyn Frank Legal Resources Program	(212) 613-7310
The Legal Aid Society (city-wide)	(888) 663-6880
JASA/ Queens Legal Services Elder Justice (Queens only)	(718) 286-1500
Legal Services NYC (citywide)	(917) 661-4500
New York City Dept. Aging--Alzheimer's and Caregiver Resource Center	311
NYC Facilitated Enroller Age 65+/ Blind/ Disabled/ - Public Health Solutions	(800) 544-8269

Outside NYC/Statewide

“Facilitated Enrollers” – file Medicaid applications for Age 65+/ /Blind/ Disabled (FEABD)

Statewide FE contact list	https://tinyurl.com/CSS-FEABD
Public Health Solutions – FE in NYC	(800) 544-8269
CSS – Community Health Advocates	(888) 614-5500
Empire Justice Center e-mail Health@empirejustice.org	(800) 724-0490 x 5822
Center for Elder Law & Justice	(716) 853-3087
10 counties in western NY: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Niagara, Orleans, Steuben, Wyoming	
National Academy of Elder Law Attorneys - online locator	http://www.naela.org
Aging Life Care Association – geriatric care managers	https://www.aginglifecare.org/

Request Conflict-Free Assessment for MLTC

New York Medicaid Choice (CFEEC)	1-855-222-8350
NY States Dept. of Health MLTC Complaints mltctac@health.ny.gov	1-866-712-7197

ICAN – Independent Consumer Assistance Network – help with MLTC problems

ican@cssny.org TTY: 711 Website: icannys.org 1-844-614-8800

For more on special rules during COVID-19 emergency see

<http://www.wnylc.com/health/news/86/> and

<https://www1.nyc.gov/site/hra/help/health-assistance.page>.

THIS DOCUMENT STATES GENERAL INFORMATION AND IS NOT LEGAL ADVICE

VISIT OUR WEBSITE at <http://nyhealthaccess.org>

**Check for updates of this fact sheet at <http://www.wnylc.com/health/entry/144/>
and at <http://www.wnylc.com/health/news/90/>**

**NYLAG Evelyn Frank Legal Resources Program Intake
Mondays 10 AM – 2 PM (212) 613-7310 eflrp@nylag.org**

