

BASIC ELIGIBILITY FOR MEDICAID HOME CARE IN NEW YORK STATE - 2024

-- For People Age 65+ or < 65 who have Medicare -- updated February 20, 2024

Many people who have **Medicare** also need **Medicaid**. They receive Medicare because they are age 65+ or are younger and receive Social Security Disability. They need Medicaid to obtain home care or other services not covered by Medicare, like dental care, vision, hearing aids, nursing home care, and non-emergency medical transportation. Also, Medicaid helps pay high out-of-pocket costs for Medicare deductibles and coinsurance and gives the “Extra Help” subsidy for prescription drugs covered by Medicare Part D.

To receive Medicaid, income and financial resources must be below strict limits.

Good news – In 2023 the income and asset limits for those Age 65+ or Disabled increased significantly – from about 85% to 138% of the Federal Poverty Level! This was a change in state law won by a large coalition, including NYLAG. In 2024, the Medicaid limit increase is less dramatic, as the Federal Poverty Limit increased only slightly.

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

This fact sheet describes the rules of financial eligibility for people 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 no limit on assets for and apply for Medicaid on the New York State of Health Marketplace (NYSOH).

In 2023, for the first time, the income limits are the same for both groups – DAB and MAGI. For MAGI eligibility rules contact www.communityhealthadvocates.org.

CAREGIVER EXCEPTION: Some people age 65+ or < 65 who have Medicare may be eligible for MAGI Medicaid if they 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>.

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I. Financial eligibility is based on INCOME and RESOURCES

A. RESOURCES (bank accounts, CDs, stock, investments, etc.)

If you are age 65+, blind, or disabled, you are allowed to have these cash resources – limits significantly increased in 2024:

2024	Living Alone	Married Couple
	\$31,175	\$42,312 (Spousal Impoverishment rules may allow more savings for married applicants. See below)

Is It Income or a Resource? Income is counted in the month it is received. If it is saved into the next month, it then counts as a resource. **EXAMPLE:** At the end of April, Sidney’s bank account balance was \$30,000. It is his only resource. When his May Social Security check of \$2000 is direct deposited, his bank account balance on May 1st is \$32,000. His Social Security is INCOME in the month received (May) and only becomes a RESOURCE if saved into the next month. He is eligible for Medicaid in May, and will still be in June as long as he spends down so that the closing balance at the end of May is \$31,175 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. You may NOT withdraw from a burial fund! If you do, it will count.

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 \$1,071,000 (2024). However, if you are 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, when you die, Medicaid may make a claim against the home if it is part of your Estate when you die, with certain exceptions.

WARNING – Lookback and 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, a transfer of the home or other assets can also disqualify you or your spouse from receiving home care or the Medicaid Assisted Living Program for up to **2.5 years** (30 months) after the transfer. The New York State Department of Health has informally stated that this new 30-month lookback will not begin until sometime in 2025. See more on page 4 below about the new lookback and transfer penalty for home care and Community-Based Long-Term Care – that has been delayed until sometime in 2025.

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.wnyc.com/health/entry/65/)" posted at <http://wnyc.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 72, and not until age 73 if you turn 72 after December 31, 2022. Also, the IRS allows you to take withdrawals without a tax penalty after age 59.5, or earlier if you have a disability. However, Medicaid requires you to take IRA distributions at any age, unless you are enrolled in the Medicaid Buy-in for Working People with Disabilities (for those under 65, working, and disabled) or if you would incur a penalty for taking such distributions. See <http://www.wnyc.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" so would increase your "spend-down" (more on that below).

For more info on exempt resources see <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. Spend the excess down before you apply for Medicaid on:
 - (a) Medical care or private home care, or
 - (b) Household items or expenses, or paying down a 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 a 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.** If you transfer excess assets today, and apply for Community Medicaid on the 1st of the next month, you can be eligible. **However –**

Starting sometime in 2025, unless repealed, a penalty period 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 30 months. 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. The New York State Department of Health has informally stated that these new rules will not be implemented until sometime in 2025. 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 – the amount you receive each month or less regularly – from Social Security, pensions, work, gifts, and distributions from IRAs or annuities.

INCOME LIMITS – (2024)

\$1732/month – Living alone

\$2,351/month – Couple

These limits increased by 50-60% effective Jan. 1, 2023 and more modestly in February 2024. The 2023 increase was the result of a change in the law that makes the income limits the same as for those under 65 under MAGI Medicaid. However, some income that is exempt for MAGI Medicaid is counted for DAB or non-MAGI Medicaid, such as Veterans' benefits, Workers Compensation, gifts and inheritances.

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 in MAGI budgeting. For more information on MAGI 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 effectively 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. May deduct the Medicare Part D prescription drug premium or a Medicare Advantage premium, but only to the extent it is not subsidized by “Extra Help,” the Part D subsidy given to all Medicaid recipients.

***NOTE:** If you are also approved for a Medicare Savings Program (QMB), which has the same income limit as Medicaid, you cannot deduct the Medicare Part B premium because it will be paid by the MSP program.

- **“In-kind” income** – Cash gifts count as income, but in-kind income does not. Family should NEVER give you CASH. Persons who are not “legally responsible” for you can help by paying bills directly. Direct payments to the landlord, utility, or other vendors for rent, phone bills, or other expenses are NOT counted as income. **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 Holocaust restitution, reverse mortgage payments, interest and dividends, and bona fide loans. These exemptions are only for the DAB non-MAGI category – Disabled, Aged 65+ and Blind. MAGI has different exclusions. There are also different income rules for individuals on nursing home Medicaid.

EXAMPLE: Anna lives alone with gross \$2,120 Social Security/ month, before her Part B is deducted. Her "surplus" or spend-down is \$193.30 (2024) after deducting her Part B premium.

Social Security (gross)	\$ 2120.00
– Medicare Part B premium (2024)	174.70
– \$20 income deduction (65+, blind, disabled)	20.00
<hr/> MEDICAID INCOME	1925.30
Medicaid standard for one	– \$1732.00
<hr/> Medicaid SURPLUS or SPEND-DOWN	\$193.30

2. Strategies to Eliminate or Reduce the “Spend-Down” or “Excess Income” - see more 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. <http://www.wnylc.com/health/entry/4/>. **TIP:** Anna in example above should deposit \$193.30 + \$174.70 = \$368 into a trust, not just \$193.30. This way she’ll have no spend-down **and** be eligible for QMB, a Medicare Savings Program that will pay her Part B premium.

B. EARNED INCOME – if you or your spouse is working, more than half of the gross earned income is disregarded. From monthly gross income, deduct the first \$65 then one-half of the remainder. **Example:** Pat age 66 earns \$1000/mo. babysitting. Deduct \$65 = \$935, of which only half is counted - \$468. This gets added to her unearned income.

Medicaid Buy-In for Working People with Disabilities (MBI-WPD)-- Working people with disabilities under age 65 have a higher income limit of 250% FPL. See <http://www.wnylc.com/health/entry/59/> and https://www.health.ny.gov/health_care/medicaid/program/buy_in/index.htm

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C. Special Housing Deduction if You Were in a Nursing Home or Adult Home for 30+ Days AND are move or return 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. The stay must have been 30 days or more. To qualify, you must enroll in an MLTC plan upon discharge, or stay in one if you were already enrolled before or while 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.

D. Married Individuals – Spousal Impoverishment Protections if one Spouse needs MLTC or a “Waiver” program

Where just one spouse needs Medicaid Managed Long-Term Care, “Immediate Need” home care, or a waiver (Nursing Home Transition & Diversion, OPWDD, or Traumatic Brain Injury), the married couple may keep significantly more income and assets without using a pooled trust. Under the “spousal impoverishment” rules, the spouse receiving MLTC, immediate need or waiver services may keep \$619/month (2024), after deducting the cost of any Medicare and Medigap premiums, and allocate enough of the remainder of their income to bring the “community spouse’s” income up to \$3853.50/mo. (2024). With this method, the applicant has no spend-down if the combined income is less than about \$4,472.50/mo. plus any Medicare and Medigap premiums.

When can married individuals request Spousal Impoverishment protections?

- a. If applying for Medicaid based on an “**Immediate Need**” for personal care or consumer-directed personal assistance, you may request spousal impoverishment budgeting with the application. See fact sheet with forms at <http://www.wnylc.com/health/download/637/> and <http://www.wnylc.com/health/entry/203/>
- b. If applying for Medicaid and planning to enroll in an MLTC plan or waiver, 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 or a waiver. However, the application may use “Spousal Refusal,” explained below, and then request HRA to convert the budget to “spousal impoverishment” budgeting once the spouse needing home

care is enrolled in an MLTC plan or waiver. 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 about \$4,472.50/month and combined resources are under about \$185,300, HRA will generally confirm that it will not pursue a lawsuit. Above those thresholds, they will review individual circumstances.

Download the NYC Spousal Refusal Form at <http://www.wnyc.com/health/download/66/>. Couples with significant assets or income should consult an elder law attorney.

Spousal Refusal & Spousal Impoverishment EXAMPLE — 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 sign a “spousal refusal” form to submit with Carol’s Medicaid application. After Carol is enrolled in MLTC, she can request spousal impoverishment budgeting, so she may not need spousal refusal going forward. In NYC, use Form MAP-751w – download at <https://www1.nyc.gov/assets/hra/downloads/pdf/services/health/MAP-751W.pdf>.

OPTION TO USE A POOLED TRUST *and IGNORE SPOUSE’s INCOME.* If the spouse Sam’s income is at or above the spousal allowance (\$3853.50/mo. in 2024) then spousal impoverishment budgeting may not help. Carol could still have excess income (spend-down). She may enroll in a pooled supplemental needs trust instead. Carol uses “single” income and resource limits, depositing her own income in a pooled trust that exceeds the “single” income limit. Sam’s income would not count, and he doesn’t have to use “spousal refusal” or “spousal impoverishment.” 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 each month. Submit these medical bills to your local Medicaid agency. In NYC, if not seeking home care, fax medical bills to Surplus Income Program at 917-639-0645. (Download form at <http://health.wnylc.com/health/download/73/>).

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.

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

A. **File Medicaid Application & Documents with local Dept. of Social Services (DSS) Medicaid agency (HRA in NYC)**

NYC: E-fax Medicaid app & documents listed below to 917-639-0732. See different fax number below if applying for Immediate Need.

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
4. **Document resources** (bank statements, investment accounts, proof of cash value of life insurance, etc. showing balance on the 1st day of the month of the application.

Include statement showing Required Minimum Distribution for any IRA or other retirement accounts

5. **Medicaid can be retroactive** to pay or reimburse for medical bills up to 3 months before you applied. For this coverage, submit resource statements back to three months prior to the month of application.

Also, in Section G of Medicaid Application titled Additional Health Questions, answer YES to Question 1 if you have past paid or unpaid medical bills in the last 3 months, and to Question 2 if you have older past unpaid medical bills.

6. **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.
7. Proof of **Identity** (Passport, Medicare card).

B. Choice of TWO TRACKS for applying for home care.

- I. REGULAR TRACK** – Apply for Medicaid only with documents above, and once that is approved, request Independent Assessment to Enroll in Managed Long-Term Care (MLTC) plan.
- II. FAST TRACK** – Apply for Medicaid AND Home Care at local DSS/HRA if you have an Immediate Need for Home Care

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

- 1. **Apply** for Medicaid at the County DSS/HRA up to 45 days
See forms and other required documents above.
- 2. After Medicaid application approved, request an “**Independent Assessment**” from the **NY Independent Assessor (NYIA)(Maximus)**.
This is a series of **two** in-home or telehealth evaluations, one by a nurse and one by a nurse practitioner or physician’s assistant.
1-855-222-8350 5-21 days
- 3. **WARNING** – Scheduling of these assessments is very delayed. Consider the “*Fast Track*” *Immediate need process instead* .
- 4. If the **Outcome Notice** from the NYIA assessments say you are eligible for MLTC enrollment --

Pick a plan - MLTC, Medicaid Advantage Plus, or PACE plan – 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>

- i. Schedule an in-home assessment with plan } up to 30 days
- ii. Pick a plan and enroll. If plan has decided you need 24/7 care, whether live-in or split-shift, plan must refer you for a 3rd NYIA assessment. You may enroll in the plan even if this 3rd assessment is still pending.
- 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
- 5. Enrollment on 1st of month – services start. 30 days

TOTAL TIME TO START SERVICES APPROXIMATELY 3-5 months

Exceptions – Who may NOT enroll in MLTC? – See next page.

EXCEPTION: If you are enrolled in home hospice, or enrolled in a waiver program (OPWDD, Traumatic Brain Injury, or Nursing Home Transition & Diversion Waiver) – you may not enroll in an MLTC plan. You are “excluded” from MLTC. Instead, you may request Personal care or CDPAP services from your local DSS/HRA Medicaid office at the same time you apply for Medicaid or later. To apply, submit a Practitioner Statement of Need/DOH-5779, which may be signed by nurse practitioner or physician assistant. The Medicaid office will refer you to call the NY Independent Assessor (NYIA) to conduct assessments (1-855-222-8350), and then the Medicaid office will determine if you are eligible and authorize services.

II. FAST TRACK-- if you have an IMMEDIATE NEED for PERSONAL CARE/ CONSUMER-DIRECTED PERSONAL ASSISTANCE (CDPAP)

Apply for Medicaid AND home care from DSS/ HRA

NYC: E-FAX Medicaid application & DOH-5779 to **1-917-639-0665**.

Warning – Expect delays on these applications too (as late 2023, early 2024)

In addition to the Medicaid application and documents listed above, you also need these NEW Immediate Need forms starting December 1, 2022.

1. DOH-5779 Practitioner Statement of Need for Personal Care/Consumer-Directed Personal Assistance. (<https://www.health.ny.gov/forms/doh-5779.pdf>) - signed by nurse practitioner or physician assistant instead of MD. Exam may be conducted by telehealth during COVID-19. (Do NOT USE M11-q form!)
2. DOH-5786 Immediate Need for Personal Care Assistance form (<https://www.health.ny.gov/forms/doh-5786.pdf>) (replaces OHIP 103)

See more on Immediate Need at <http://www.wnyc.com/health/entry/203/>

DSS must refer the applicant to the New York Independent Assessor (NYIA) to conduct a series of two in-home or telehealth evaluations, one by a nurse and one by a nurse practitioner or physician’s assistant. NYIA is supposed to conduct these assessments on a faster track than those seeking MLTC enrollment.

DSS HAS 12 days to approve Medicaid and home care, including the time for the NYIA assessments. If DSS approves 24/7 care, it must first refer the applicant back to NYIA for a 3rd assessment before it can authorize services.

Medicaid office arranges for services to be provided by a contracted home care or Consumer Directed agency “as expeditiously as possible.”

After 120 days of receiving Immediate Need home care services, 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.

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
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)

https://www.health.ny.gov/health_care/medicaid/fe_abd.htm - statewide list

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 Independent Assessment (NYIA)	1-855-222-8350
NY States Dept. of Health -- MLTC Complaints mltctac@health.ny.gov	1-866-712-7197
• NY Independent Assessor Complaints Independent.assessor@health.ny.gov	
ICAN – Independent Consumer Assistance Network – help with MLTC problems	
ican@cssny.org TTY: 711 Website: icannys.org	1-844-614-8800

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

- A. Learn about Managed Long-Term Care – <http://wnylc.com/health/entry/114/>
- B. What is MLTC? <https://icannys.org/icanlibrary/what-is-mltc/> and other fact sheets
<http://www.wnylc.com/health/entry/202/>
- C. Updates on MLTC – <http://wnylc.com/health/news/41/> and on the
NY Independent Assessor & 30-month Lookback
<http://health.wnylc.com/health/news/85/>

**THIS DOCUMENT STATES GENERAL INFORMATION AND IS NOT LEGAL
ADVICE**

VISIT OUR WEBSITE at <http://nyhealthaccess.org>
NYLAG Evelyn Frank Legal Resources Program Intake
Mondays 10 AM – 2 PM (212) 613-7310 eflrp@nylag.org