

**90-DAY NOTICE OF QUALIFYING STATUS
FOR MEDICAID EXTENDED COVERAGE**

Date of Report/Notice:
Policy/Certificate Holder:
SSN:
Policy/Certificate #:

Dear _____ :

Because you are a Participating Consumer in the New York State Partnership for Long-Term Care program, we are sending you this notice to inform you that, with continued benefit use, you will meet the minimum durational requirement for Medicaid Extended Coverage in approximately 90 days. This means that when you apply for Medicaid, Medicaid will exempt an amount of your assets equivalent to the dollar amount of benefits you received under your Partnership long term care insurance policy. This amount of assets will not be subject to Medicaid's usual transfer and spend down rules, and will not be subject to a Medicaid lien or recovery. You should provide a copy of this notice to your local Department of Social Services when you apply for Medicaid Extended Coverage.

Medicaid will disregard the dollar amount of long term care insurance benefits you have received up until the time you are found eligible for Medicaid Extended Coverage. The higher the dollar amount of benefits received under your insurance policy, the higher the amount of your assets that will be protected when you apply for Medicaid Extended Coverage. Therefore, if you still have coverage remaining under your policy at the point that you are eligible to apply for Medicaid Extended Coverage, you may want to delay applying for Medicaid Extended Coverage until you have used more benefits under your policy. On the other hand, if you will be exhausting the benefits available under your Partnership policy at the same time you meet the minimum durational requirement for Medicaid Extended Coverage, you should apply for Medicaid right away to ensure a smooth transition from private insurance coverage to Medicaid.

The number of additional benefit days that must be used under your Partnership policy to qualify for Medicaid Extended Coverage is indicated below, along with other important information that will help you decide when to submit an application for Medicaid Extended Coverage.

- Approximate date of satisfying minimum benefit duration requirement:

- Total Dollar Amount of Insurance Benefits Received To Date for Qualified Long Term Care Services:

\$_____

- Approximate Dollar Amount of Additional Insurance Benefits Available Under the Policy for Qualified Long Term Care Services:

\$_____

- Approximate number of benefit days available before policy/certificate benefits are exhausted:

At the point you have exhausted all of the benefits under your Partnership policy/certificate, we will send you a "Notice of Exhaustion of Policy/Certificate Benefits" that will indicate the final, total amount of insurance benefits paid on your behalf for qualified long-term care services. You should give a copy of this notice to the local Department of Social Services (LDSS) where you apply for Medicaid Extended Coverage.

When you are ready to apply for Medicaid Extended Coverage, you should contact the LDSS in the county where you reside. However, if you are residing in a nursing home or an adult residential care facility, you should contact the LDSS in the county where you were residing prior to your admission. The telephone number of the appropriate LDSS office can be found in the blue pages of your telephone directory under County Government, Department of Social Services. If you live outside New York, please call the New York State Medicaid helpline with questions you may have about Medicaid Extended Coverage at (518) 486-9057.

If you have any questions about this report, please write or call us at [*toll free number of insurer here*]. If you have any questions about the MEC application or eligibility process, please call your LDSS or the Medicaid helpline.