

TO: Local District Commissioners, Medicaid Directors, Temporary Assistance Directors, CNS Coordinators and Staff Development Coordinators

FROM: Betty Rice, Director, Division of Consumer and Local District Relations

SUBJECT: Introduction of the LDSS4807: "HEALTH CARE PROGRAMS FOR NEW YORKERS"

EFFECTIVE DATE: April 1, 2003

CONTACT PERSON: Bureau of Local District Support
Upstate: (518) 474-8216 NYC: (212) 268-6855

Subdivision 9 of section 366-a of Social Services Law requires that every applicant or recipient (A/R) of Medicaid be informed in writing at the time of application and at the time of any action affecting his or her receipt of Medicaid about the availability of other Medicaid coverage and programs. This provision is effective April 1, 2003.

The Office of Medicaid Management has developed the attached single-page one-sided fact sheet, the LDSS4807: "HEALTH CARE PROGRAMS FOR NEW YORKERS".

The LDSS4807 must be included with most acceptance, closing and denial notices, both manual and CNS, and given to each A/R with the client information booklet, LDSS4148B: "New York State What You Should Know About Social Services Programs".

The LDSS4807 is not needed when the recertification package is mailed, or when the recipient has died, is not a State resident or is in prison.

Because most Temporary Assistance recipients also receive Medicaid, all of the Temporary Assistance notices, except those noted above, must include this fact sheet. The LDSS4807 is not required when the Temporary Assistance case is closed or decreased and Medicaid is continued unchanged or is Rosenberged.

The Client Notice System (CNS) (Upstate) will include the LDSS4807 with all appropriate notices effective April 1, 2003. The CNS system in New York City will include the LDSS4807 in the near future.

Your district is automatically receiving supplies of the LDSS4807 "HEALTH CARE PROGRAMS FOR NEW YORKERS" to distribute at application and with manual notices. A copy is attached. Reference to the recently implemented Family Planning Benefit Program will be added at the next printing.

The LDSS4807: "HEALTH CARE PROGRAMS FOR NEW YORKERS" may be reordered through any of the following means:

1. by mail, with the request addressed to:

New York State Department of Health
11 Fourth Avenue
Rensselaer, New York 12144

2. by fax, to (518) 465-0432

3. by e-mail to: b0019w@albnydh2.health.state.ny.us.

The minimum number of copies to order is 500. Please allow seven to eight weeks between submission of an order and delivery.

LDSS 4807: HEALTH CARE PROGRAMS FOR NEW YORKERS

Do you need help paying for medical care?

Medical Assistance (Medicaid) is help for New Yorkers who cannot pay for their medical care. There are **several ways you can be eligible for Medicaid**. Eligibility depends on your age, income, health, sometimes your resources and other requirements. The Medicaid Programs that are available:

Programs for Adults:

If you get Temporary Assistance or SSI, can you get Medicaid?

Yes, you can get Medicaid and cash assistance. You can also get Medicaid without cash assistance. Citizens and aliens with satisfactory immigration status can get Medicaid.

If you stop getting cash assistance because you are working and earn too much money, can you continue to get Medicaid?

Yes, if you have a child(ren) and a job, you might be eligible for 12 months of Medicaid when your income goes up. This program is called **Transitional Medical Assistance (TMA)**.

If your income and/or resources are too high to get cash assistance, can you still get Medicaid?

Yes, if you live with a child(ren), are age 65 or older, or are certified blind or certified disabled, you may be eligible for **Medicaid**. If you have too much income and/or resources, you may be eligible after you incur medical bills at least equal to your excess income and/or excess resources. If you are not eligible for Medicaid, you may be eligible for **Family Health Plus**. You can qualify for Family Health Plus if you live with a child(ren) and have income up to 150% of the Federal Poverty Level (FPL). If you do not live with a child, you can qualify for Family Health Plus if you have income up to 100% of the FPL. Your resources will not be counted for Family Health Plus. Citizens and aliens with satisfactory immigration status can get Family Health Plus.

If you are pregnant, can you have more income and get Medicaid?

You can have income up to 200% of the FPL and get Medicaid. Your resources are not counted. Pregnant women do not need to prove citizenship or immigration status.

What if you do not qualify for Medicaid or Family Health Plus? Is there any other help?

The **Healthy NY** program is designed to help small business owners provide employees and their families with health insurance. If you are uninsured and your employer does not provide health insurance, you may also purchase coverage directly through the Healthy NY program. For more information call 1-866-432-5849.

Are there special programs for children?

Yes, **Child Health Plus A** is for children under age 21. If you are under age 19, you can have income as high as 133% of the FPL, and your resources are not counted.

If you are age 19 or 20, you can qualify if you have income and resources below certain levels. If you have too much income and/or resources, you may be eligible after you incur medical bills at least equal to your excess income and/or excess resources. You may also be eligible for **Family Health Plus**. You can qualify for Family Health Plus if you live with a parent and have income up to 150% of the FPL. If you do not live with a parent, you can qualify with income up to 100% of the FPL. Your resources will not be counted for Family Health Plus.

Child Health Plus B is free or low cost health insurance for children under age 19 who are not eligible for Child Health Plus A.

Can my child get help finding a health care provider and getting regular checkups?

Yes, the **Child/Teen Health Program** covers medical and dental care, provides regular checkups and helps you make sure your child is growing right.

If you need health care coverage, contact your local Department of Social Services or a facilitated enroller.