

## OTHER ELIGIBILITY REQUIREMENTS

### MAINTAINING MEDICAID ELIGIBILITY FOR INCARCERATED INDIVIDUALS

**Description:** Medicaid coverage must be suspended for recipients incarcerated in a New York State Department of Correctional Services or local correctional facility and reinstated at the time of release from such facility.

**Policy:** An inmate of a State Department of Correctional Services or local correctional facility that was in receipt of Medicaid immediately prior to incarceration shall have eligibility maintained during incarceration. In addition, Medicaid coverage must be reinstated upon release from the correctional facility.

**References:**

SSL Sect.	366 (1-a)
Dept. Regs.	360-3.4 (a) (1) 360-3.4 (c)
ADMs	08 OHIP/ADM03
LCMs	08 OHIP/LCM-1
GISs	11 MA/20 11 MA/010 09 MA/010

**Interpretation:** Suspension of Medicaid:

Medicaid must be suspended for Case Type 20 (MA) recipients and single individuals in a Case Type 22 who are expected to be incarcerated for at least 30 days and who at the time of incarceration have one of the following Coverage Codes: 01 (Full), 02 (Outpatient), 06 (Provisional), 10 (Ancillary Coverage Due to Prohibitive Transfer), 11 (Legal Alien), 15 (Perinatal), 18 (Family Planning Services Only), 19 (Community Coverage With Community-Based Long-Term Care), 20 (Community Coverage Without Long-Term Care), 22 (Outpatient Coverage Without Long-Term Care), 21 (Outpatient Coverage With Community-Based Long-Term Care), 23 (Outpatient Coverage With No Nursing Facility Services), 24 (Community Coverage Without Long-Term Care, Legal Alien During Five-year Ban, NYC only), and 30 (Pre-paid Capitation Plan). Also, Family Health Plus (FHPlus) coverage will be suspended for Case Type 24 (FHPlus) recipients who at the time of incarceration have Coverage Code

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06 (Provisional, not yet enrolled, Upstate only), Coverage Code 20 (Community Coverage Without Long-Term Care) or 34 (FHPlus).

**NOTE:** Districts are advised to call their local district liaison for further instructions when an individual with Coverage Code 10 or 23 becomes incarcerated.

In situations where the incarcerated individual was part of a multi-person household, a determination of the remaining household's ongoing eligibility must be performed utilizing the following guidelines:

- Permanent Absence- When a recipient is incarcerated in a New York State Department of Correctional Services (DOCS) facility, the individual shall be considered permanently absent from the household.
- Temporary Absence- When a recipient is incarcerated in a local correctional facility (jail), the individual shall be considered temporarily absent unless the district has information that the absence will be permanent.

**NOTE:** Medicaid will be suspended for Case Type 22 recipients (MA-SSI) by the State utilizing information from the New York State Department of Corrections and Community Supervision and the New York State Division of Criminal Justice Services.

Incarcerated individuals whose Medicaid or FHPlus has been suspended and who are subsequently released to a New York State local correctional facility, an Office of Mental Health (OMH) facility or Office of Children and Family Services (OCFS), formerly known as the Division for Youth (DFY), facility or other agency must have their eligibility for Medicaid continued in suspend status.

#### Discontinuation of Medicaid:

1. At incarceration MA Coverage must be discontinued for recipients with Coverage Code 07 (Emergency Services Only).
2. In addition, individuals with Coverage Code 31 or 36 (Active for Guarantee Coverage Only) must have their managed care guarantee coverage discontinued with appropriate notice.
3. At incarceration, Medicaid coverage and the premium payment must be discontinued for Case Type 20 and single Case Type 22 recipients.