

OTHER ELIGIBILITY REQUIREMENTS

MAINTAINING MEDICAID ELIGIBILITY FOR INCARCERATED INDIVIDUALS

Description: Medicaid coverage must be discontinued for recipients incarcerated in a 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

Interpretation: Suspension of Medicaid:

Medicaid must be suspended for Case Type 20 (MA) recipients who at the time of incarceration have one of the following Coverage Codes: 01 (Full), 02 (Outpatient), 10 (All Services Except Nursing Facility Services), 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), 21 (Outpatient Coverage Without Long-Term Care), 23 (Outpatient Coverage With Long Nursing Facility Services), 24 (Community Coverage Without Long-Term Care, Legal Alien During Five-year Ban), 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 06 (Provisional, not yet enrolled) or 34 (FHPlus).

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)

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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 (MA-SSI) recipients by the State utilizing information from the State Data Exchange (SDX).

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 continue in suspend status.

Discontinuation of Medicaid:

At incarceration, Medicaid coverage must be discontinued for recipients with Coverage Code 07 (Emergency Services Only). Case Type 20 (MA) recipients who at incarceration have Coverage Code 09 (Medicare Savings Program) or Coverage Code 17 (COBRA, AHIP and third-party health insurance), must also have their cases discontinued, because Medicaid payment of these premiums is not cost effective.

Medicaid and FHPlus must be discontinued for recipients who are incarcerated out-of-state or in a federal penitentiary within New York State.

Incarcerated individuals who are released to the federal government, other state law enforcement, immigration or who are deceased must have their Medicaid discontinued.

Re-Instatement of Medicaid

Upon notification from DOCS, or a Local Correctional Facility for an individual whose Medicaid or FHPlus authorization had been placed in suspend status, that such individual has been released to Parole or has completed his/her sentence without community supervision, Medicaid or FHPlus coverage must re-instated in the district of fiscal

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responsibility immediately preceding the incarceration. In most instances, such reinstatement will be for a period of four months.