

**OTHER ELIGIBILITY REQUIREMENTS
PRESUMPTIVE ELIGIBILITY**

NURSING FACILITY, HOSPICE OR HOME HEALTH CARE SERVICES

During a period of presumptive eligibility, all Medicaid services are covered except:

- (a) hospital-based clinic services;
- (b) hospital emergency room services;
- (c) acute hospital inpatient services (except when provided as part of hospice care); and
- (d) bed hold for an individual determined presumptively eligible for Medicaid coverage of nursing facility services.

References:

SSL Sect.	364-i
Dept. Reg.	360-3.7 531.1
ADM	97 ADM-10

Interpretation: When an application is being made for presumptive eligibility, the local district:

- (1) determines that the applicant meets the above criteria;
- (2) makes an eligibility determination by reviewing the application package;
- (3) notifies the applicant of his/her presumptive eligibility determination within five working days of the receipt of the presumptive eligibility application package or by the discharge date if that date is later. The local social services district sends the "Notice of Decision on Your Presumptive Medicaid Eligibility Application for Home Health or Community Hospice Care Services" or "Notice of Decision on Your Presumptive Medicaid Eligibility Application for Coverage of Nursing Facility Services or Inpatient Hospice Care", whichever is appropriate. The local social services district sends the notice of the client's eligibility to the applicant (in care of the hospital

**OTHER ELIGIBILITY REQUIREMENTS
PRESUMPTIVE ELIGIBILITY**

NURSING FACILITY, HOSPICE OR HOME HEALTH CARE SERVICES

if there is no authorized representative), the hospital, and the proposed provider, if presumptively eligible. In addition, the provider is advised of the client's liability toward the cost of care, if applicable.

NOTE: See 97 ADM-10 for copies of the Notices.

- (4) authorizes the applicant for up to sixty days of presumptive eligibility from the date of discharge from the hospital if the stated conditions are met; and
- (5) processes a routine, complete and fully documented eligibility determination.

Documentation: The DOH-4220, completed by the applicant or authorized representative, is submitted to the local social services district, with the physician's statement that the patient no longer requires care in an acute care hospital, but does require nursing facility, CHHA, LTHHCP, or hospice services. Included with the application package is the completed Screening Checklist (Attachment I to 97 ADM-10), the medical documentation from the hospital of the type of care and, in the case of CHHA services, the amount of care required.

Upon receipt of the application for presumptive Medicaid eligibility, the local social services district must review the application package, including the Screening Checklist, to determine if the applicant meets the basic qualifying conditions to participate in the presumptive Medicaid eligibility program.

The local social services district may ask questions to resolve conflicting information, particularly for items on the Screening Checklist. However, documentation cannot be required to determine presumptive Medicaid eligibility. Attestation of facts is sufficient to determine if an individual is presumptively eligible for assistance.

The local social services district or its agent must agree that the CHHA or LTHHCP services recommended are appropriate. The local social services district agent providing the evaluation of medical need might be a Community Alternative Systems Agency (CASA) or staff in the Medicaid or Long Term Care Unit. The local

**OTHER ELIGIBILITY REQUIREMENTS
PRESUMPTIVE ELIGIBILITY**

**NURSING FACILITY, HOSPICE OR
HOME HEALTH CARE SERVICES**

social services district is neither expected to or required to visit or converse with the applicant or hospital staff at this time to evaluate medical need. The evaluation is performed from the written material provided by the hospital to explain the care required.

The hospital submits medical documentation of the type of care required. The hospital may use the suggested Medical Documentation Transmittal Form (Attachment II to 97 ADM-10) to transmit this information to the local social services district. Documentation of the type of care required should be sufficiently detailed to enable a local social services district to evaluate the appropriateness of LTHHCP or CHHA services. In addition, documentation needs to be sufficiently detailed to enable the local social services district to determine cost effectiveness of CHHA services.

1. Home Care

If the applicant will be receiving the services of a CHHA, the local social services district multiplies the hourly or visit rate for each home health service by the number of hours or visits the patient requires per month. This monthly amount is then divided by 30 days to determine the average daily cost. Sixty five percent of the average daily cost is then compared to the hospital's Medicaid alternate level of care rate to determine cost effectiveness.

No cost comparison is required for persons who will receive their care through a LTHHCP, since in order to participate in the LTHHCP the cost of care in that program must be less than the cost of care in a skilled nursing facility.

2. Nursing Facility and Hospice Services

If the applicant will be receiving nursing facility services, the local social services district compares 65 percent of the average regional Medicaid nursing facility rate with the appropriate (Upstate or New York City/Metro Region) Medicaid alternate level of care rate to determine cost effectiveness.

**OTHER ELIGIBILITY REQUIREMENTS
PRESUMPTIVE ELIGIBILITY**

**NURSING FACILITY, HOSPICE OR
HOME HEALTH CARE SERVICES**

To determine cost effectiveness of hospice services (whether provided to an individual residing in the community or to an institutionalized individual), the local social services district compares 65 percent of the average regional Medicaid nursing facility rate with the appropriate alternate level of care rate.

NOTE: Presumptive eligibility is not available for S/CC.