

**OTHER ELIGIBILITY REQUIREMENTS
STATE AND FEDERAL CHARGES**

OMH/OPWDD CHAPTER 621 ELIGIBLES

Description: Full State and federal reimbursement is available for the cost of care provided to A/Rs who meet the requirements for State charge funding under the provisions of Chapter 621 of the Laws of 1974. These A/Rs are frequently referred to as 621 eligibles.

621 eligibles are A/Rs who: are discharged from a psychiatric center operated by the Office of Mental Health (OMH) or a developmental center being operated by the Office for People with Developmental Disabilities (OPWDD) (including stays in Family Care); and have spent five or more continuous years in these facilities.

Policy: Local districts are responsible for determining Medicaid eligibility for 621 eligibles residing within the geographic boundaries of the district regardless of other residency rules (See **OTHER ELIGIBILITY REQUIREMENTS DISTRICT OF FISCAL RESPONSIBILITY**). There is no local district financial participation in the cost of care for 621 eligibles.

NOTE: 621 eligibility is determined solely by OMH or OPWDD and is transmitted to the Department in an automated file that is loaded onto eMedNY which is then used in paying claims.

References:	SSL Sect.	62 131 365
	ADMs	97 ADM-1 82 ADM-72 75 ADM-28 74 ADM-134
	INFs	11 OHIP/INF-1 89 INF-43
	LCMs	95 LCM-92

Interpretation: 621 eligible persons have their eligibility for Medicaid determined by the local social services district in which they are found. The local district determines eligibility and processes the A/R's case, regardless of other residency issues. Full reimbursement for the cost of medical care for 621 eligibles is available from the State and federal government.

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- Verification:** 621 status is verified by the “OMR/OMH 621 Eligibles Discharge Date” field on eMedNY.
- When to Verify:** When an A/R or his/her representative indicates that s/he was a resident in an OMH or OPWDD facility;
- when an A/R or his/her representative states that s/he is 621 eligible; or
 - when an A/R is living in an OMH or OPWDD community facility.
- Disposition:** Local social services districts are responsible to determine Medicaid eligibility for 621 eligible persons living within their district. The cost of care for these persons is fully reimbursed by the State and federal government.