

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	09 MA/010

Interpretation: Suspension of Medicaid:

Medicaid must be suspended for Case Type 20 (MA) recipients 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 (Anciliary 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 (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 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 recipients

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who are expected to be incarcerated at least 90 days who at incarceration have Coverage Code 09 (Medicare Savings Program) or Coverage Code 17 (COBRA, AHIP and third-party health insurance), because Medicaid payment of these premiums is not cost effective. However, Case Type 20 (MA) recipients with Coverage Code 09 who are participating in the spenddown program must have their case suspended and their premium payment discontinued.

NOTE: It may not be appropriate to discontinue health insurance premium payments if the policy covers other household members.

Medicaid and FHPlus must be discontinued with appropriate notice 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 with appropriate notice.

Re-Instatement of Medicaid

Upon notification from DOCS or a Local Correctional Facility that an individual whose Medicaid or FHPlus authorization had been placed in suspend status, and is being released to Parole or has completed his/her sentence without community supervision, Medicaid coverage must be re-instated in the district where the releasee had coverage immediately prior to incarceration. Coverage will begin on the first day of the release month and continue for the following four months.

Released to the Community Without Supervision

If a formerly incarcerated recipient who has been released to the community without supervision contacts the LDSS with a change of address, the LDSS must update the recipient's address on WMS to ensure that the renewal packet will be mailed to the correct address. If the new address is in another district, the case must **not** be transferred to the new district until the five-month reinstatement period has expired, the renewal process has been

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completed and a determination of ongoing eligibility is made pursuant to 08 OHIP/LCM-1, "Continued Medicaid Eligibility for Recipients Who Change Residency (Luberto v. Daines)".

The LDSS where the former inmate had coverage immediately prior to the incarceration must issue the mail-in renewal packet to the former inmate at the address on WMS. For recipients who have been released from a New York State Department of Correctional Services (NYS DOCS) facility to the community without supervision, the address listed on WMS will be a NYS DOCS facility. If the recipient has not contacted the LDSS with an updated address, the mail-in renewal packet must be mailed to the former inmate at NYS DOCS facility address found on WMS.

Released to the Community With Parole Supervision

The address of parolees released from a NYS DOCS facility will automatically be posted to WMS as that of his/her parole officer. If a parolee informs the LDSS of a change of address, the LDSS may record the address change in the case record but must **not** update the recipient's address on WMS or transfer the case (if there is an out of county move) until the five-month reinstatement period has expired, the renewal process has been completed and the recipient is determined to be eligible.

The LDSS where the former inmate had coverage immediately prior to the incarceration must issue the mail-in renewal packet to the former inmate at the address of his/her Parole Officer listed on WMS. Such Parole Officer will provide the mail-in renewal packet to the parolee as soon as possible.

Mail-In Renewal Returned to District With Out-of County Address

In cases where the mail-in renewal is returned to the district with an out-of-county address, the district must determine ongoing eligibility for the former inmate, and if eligible, the district will authorize coverage for the usual 12 month period. Once coverage has been authorized, the district may transfer the case to the new district of residence pursuant to procedures outlined in 08 OHIP/LCM-1.

If the district determines the individual is ineligible for Medicaid or FHPlus as a result of the renewal the coverage shall be discontinued with appropriate notice.

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In situations where the releasee is residing with family members, his/her ongoing eligibility shall be redetermined at renewal, after the five month reinstatement period, as a member of the household. If the releasee is a member of a currently eligible Medicaid/FHP household, eligibility for the other household member(s) shall also be reviewed.