

**RESOURCES****NEW YORK STATE PARTNERSHIP FOR LONG-TERM CARE**

**Description:** The Partnership for Long-Term Care (Partnership) promotes the availability of State-approved, long-term care insurance policies sold through private insurance companies. The Insurance Department of the State of New York must approve all Partnership insurance policies, and insurance companies marketing Partnership policies must enter into an Insurer Participation Agreement with the NYSDOH. Partnership policies are required to provide a minimum benefit covering three years of nursing home, six years of home care, or an equivalent combination of the two.

**Policy:** For persons who utilize the required amount of benefits under a Partnership insurance policy, Medicaid eligibility is determined without regard to resources. This is called Medicaid Extended Coverage. Therefore, it is not necessary to collect and/or document information on an individual's resources or the resources of his or her spouse except to the extent that such information documents income derived from such resources (i.e., a bank statement showing interest, statement from a financial broker indicating dividends earned, etc.). All Medicaid income rules in effect at the time of application will apply. Local districts are notified of an A/R's qualification for Medicaid Extended Coverage by the presentation of a 90-day Notice of Qualifying Status for Medicaid Extended Coverage letter.

**References:** LCM 97 OMM LCM-3

Informational References: <http://www.nyspltc.org>

**Interpretation:** Eligibility for Medicaid Extended Coverage is based upon income. All resources are totally disregarded for A/Rs who purchase Partnership policies and subsequently utilize the required amount of benefits. These A/Rs may apply for Medicaid Extended Coverage even if benefits are still available under a Partnership policy, so long as the A/R has utilized the required amount of benefits.

NOTE: Although a Partnership policyholder may utilize New York State Partnership insurance in another state, s/he must be a resident of New York State to obtain Medicaid Extended Coverage. Provided a Partnership policyholder is not placed in a New York State institution by another state, or by a public or private organization contracting with the other state for such purposes, an A/R returning to New York State is a resident of New York State upon entering the State. (See page 402 for determining the district of fiscal responsibility.)