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MEDICAID ELIGIBILITY FOR HOME CARE SERVICES (AND OTHER LONG TERM CARE SERVICES) WAS REDEFINED

The State is implementing several measures that will, effectively, reduce the number of people who can go on Medicaid for long term care services.

1. Lookback Period is Longer. Prior to the Budget being passed, when an individual sought to enroll in Medicaid, the State had a 30-day “look back” period to determine whether the individual’s income and assets justified providing Medicaid to the individual. Now, under the Budget, there will be a 30-month lookback period. If the Medicaid applicant has transferred any assets in the 30-month lookback period (or their spouse tried to dispose of assets in this 30-month lookback period), the Medicaid applicant will be rejected. This new process will make it harder for individuals to enroll in Medicaid because they will have to do more advance planning to dispose of their assets in order to become eligible for Medicaid. It is my understanding that this qualification will only apply going forward. Thus, any current or new patients will not be assessed under this 30-month lookback period.
2. Patients will have to be “Needier” to be Eligible for Personal Care Services. Personal care services under Medicaid will be limited to individuals who need assistance with more than two activities of daily living. For individuals with Alzheimer’s or dementia, personal care services will be available if the individual needs supervision with more than one activity of daily living. These eligibility standards will apply to individuals who seek to become eligible for Medicaid personal care on or after October 1, 2020.
3. New Independent Assessor. By October 1, 2022, the DOH will be required to establish or procure services of an “independent assessor(s),” and the assessor will take over (from LDSSs, MLTCs, and providers) the work of assessing and re-assessing patients in CDPAP and LHCSAs for purposes of determining their eligibility to participate in MLTC Medicaid. The purpose of this new assessor will be to “improve[] efficiency, quality, and reliability in assessment and to determine individuals’ eligibility” for Medicaid MLTC services. There is a grandfathering provision in the law, which seems to allow currently contracted assessors to have their contract extended. But entities that are not currently performing assessment services can apply and “bid” to be selected by the State to serve as an independent assessor. The State Department of Health will publish on its website a procurement process and will select qualified assessors.

The applicant cannot be affiliated with any MLTC or LHCSA. The Budget also states that preference will be provided to nonprofit applicants. It is not clear how many assessors will ultimately be selected.