

OPWDD ADVISORY: REPORTING RESPONSIBILITIES OF VOLUNTARY AGENCIES TO MEDICAID

It has come to the attention of OPWDD that agencies are failing to report mandated information in a timely manner to their local Medicaid offices. This Advisory provides general information concerning the responsibilities of the agencies in relation to mandatory reporting of changes that could potentially affect a person's eligibility for Medicaid.

Pursuant to Social Services Law 366-a(4) if an individual receives Medicaid, they are required to report changes in the following items to their Medicaid worker:

- Address
- Living arrangement, including temporary stays in a hospital or nursing home
- Household composition
- Source and/or amount of income, both earned and unearned, and receipt of lump sum payments
- Amount and location of assets, including pre-needs funeral agreements and special needs trusts
- Disabling condition
- Any other factors that might affect Medicaid eligibility or coverage

These changes must be reported to the Medicaid worker within 10 days along with proof of the change (such as a pay stub, award letter or landlord statement). Contact information for Local Social Services Districts can be found at:

http://www.health.ny.gov/health_care/medicaid/ldss.htm

If the person has District 98 (OPWDD) Medicaid, the agency must submit the information to the local Revenue Support Field Office (RSFO) (contact information may be found at: <http://www.opwdd.ny.gov/node/1537>.)

Implications of failing to report timely changes could and have included:

- Financial penalties assessed against the individual and/or the residential agency
- Delays in processing at DSS, resulting in billing being pended
- Closure of the Medicaid case resulting in loss of income to the agencies providing services to the individual; and
- Liens against the individual's assets

Clarification

Please refer to the following scenarios below. Depending on the scenario, the person's residential provider may be responsible for maintaining the person's Medicaid and reporting as required. In any scenario, the Service Coordinator is expected to assist as needed.

1. Individual resides in a certified residential setting and the residential agency is or will be the Authorized Representative for Medicaid – in this scenario the residential agency staff is responsible for all applications, recertification and reporting requirements.

2. Individual resides in a certified residential setting and is capable of handling his or her benefits – in this scenario the Medicaid Service Coordinator is responsible for assisting the individual as needed.

3. Individual resides in the community – in this scenario the Medicaid Service Coordinator is responsible for assisting the individual and/or their representative as needed.

If the individual has a parent, other family member or friend serving as the Authorized Representative, the MSC should provide assistance if requested to do so. Nothing in this clarification should be interpreted as removing any of the responsibilities placed on all providers under the Liability for Services regulations to ensure the individuals they serve obtain and maintain the coverage necessary to pay for the services they receive.

Further Information

Benefits information is available at:

http://www.opwdd.ny.gov/opwdd_resources/benefits_information

The previous advisory about lump sum payments is available at:
http://www.opwdd.ny.gov/opwdd_resources/benefits_information/documents/OPWDD_lump-sum_advisory.

General questions regarding Medicaid, Social Security, SSI and Personal Allowance may be directed to your local RSFO. Contact information is available through the link above. Questions regarding Medicaid Service Coordination may be directed to the Statewide MSC Coordinator, Eric Pasternak at: eric.pasternak@opwdd.ny.gov or (518) 474-1274.