



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Chief of Staff

MEMORANDUM OF UNDERSTANDING Presumptive Eligibility for Children

Memorandum of Understanding between New York State Department of Health/Office of Health Insurance Programs (NYSDOH/OHIP) and _____, (hereafter referred to as “Qualified Entity” (QE)) that services New York State residents in which QE staff will screen individuals up to age 19 for Presumptive Eligibility (PE) for Children and will also conduct interviews and accept applications for Medicaid programs.

All screenings, applications, and documentation taken at these sites will be forwarded to the appropriate Local Social Services District (LDSS) as determined by the applicant’s county of residency to conduct a final and ongoing Medicaid eligibility determination for PE Children and their applying family members within the agreed upon timeframes.

Whereas, Social Services Law 364-i (4) Title 11 provides reimbursement for all covered Medicaid care and services provided to children up to age 19 who screen as Medicaid presumptively eligible for a period of 60 days from the date of initial screening and application, or until a final determination is completed by the Local District of Social Services:

The undersigned parties agree as follows:

A. The NYSDOH agrees to:

1. Make available to designated provider staff all necessary forms and applications, including but not limited to:

_____ The “Presumptive Eligibility for Children Screening Form”
DOH-4441 (Attachment I);

_____ The “Presumptive Eligibility for Children Determination Letter” (OHIP-0012) (Attachment II);

_____ The “Access NY Health Care Application” (DOH-4220) (including all attachments) for individuals applying for ongoing Medicaid (Attachment III);

_____ The “Confidentiality Agreement / Confidentiality Statement” (Attachment IV)

2. Make available for distribution to applicants currently available public health insurance information material and brochures approved by NYSDOH.
3. Provide face to face training at start-up and then electronically for ongoing training to QE personnel and their designees regarding the policies and procedures for screening of eligibility for PE. Both training methodologies will include instruction on the use of the required PE screening forms and PE determination letter as well as the general eligibility requirements for Medicaid programs. Specific attention will be given to documentation requirements and document collection procedures needed to complete the full determination by the LDSS for ongoing Medicaid eligibility.
4. Provide access to a NYSDOH telephone number(1-888-375-1912) to obtain necessary authorization numbers from NYSDOH/OHIP for children who screen as Presumptively Eligible.
5. Inform the QE about other health insurance programs available for applicants to be referred to if ineligible for PE, for example, Child Health Plus.
6. Advise the QE of relevant changes in Medicaid program regulations and procedures in a timely manner. Make available new/updated forms as they are released for use. Advise QEs of all changes in Federal Poverty Levels/MA Standards related to MA Eligibility as they occur.
7. Assure that the LDSS will simultaneously notify applicants and the QE of the final eligibility determination that includes the applicant’s CIN on all applications submitted. This information is to be used by the QE in billing for services provided during the period of presumptive eligibility, and beyond, if eligibility is continued.
8. Instruct the LDSS to provide the QE with the name of a contact person, including a phone number, a fax number, and e-mail address if available.
9. Assist the LDSS with creating partnerships with FEs if needed who can assist families with completion of Medicaid applications.

B. For the purpose of this program, the Qualified Entity will:

1. Designate an interviewer(s) and notify the LDSS in writing of the name(s), title(s), telephone number(s) and qualifications of the person(s) and names of any backup or replacement staff that will be conducting presumptive eligibility screenings and Medicaid interviews.
2. Retain documentation of the name, title, and telephone number of all staff persons assisting individuals to complete PE screenings and Medicaid applications. Assure that all staff person(s) who are involved in the PE screening process complete available training prior to screening applicants. Retain documentation of all training completed on file at the health care facility.
3. Assure that all designated staff persons who are involved in any part of the presumptive eligibility process individually sign the Confidentiality Agreement after reading the accompanying Confidentiality Statement (Attachment IV), and keep confidential all information obtained while acting as a QE to facilitate the filing of an application. The signed confidentiality agreements must be kept on file at the health care facility.
4. Screen uninsured/underinsured potential applicants using the Presumptive Eligibility for Children Screening Form (DOH-4441) (Attachment I) and perform any necessary calculations to determine if the applicant meets the criteria for Medicaid Presumptive Eligibility for Children.
5. Obtain a NYSDOH authorization number by calling the number provided by the NYSDOH/OHIP (1-888-375-1912) for all children who screen as presumptively eligible for Medicaid and record both the number and the name of the person who gave the authorization on the appropriate forms.
6. Provide applicants who screen as presumptively eligible with the Medicaid application form "Access NY Health Care" (DOH-4220) (Attachment III) and assist the applicant in completing the form as needed. This may be done in partnership with the FE.
7. Issue a Presumptive Eligibility for Children Determination Letter (OHIP-0012) (Attachment II) to the applicant that clearly indicates and informs them of the outcome of the screening interview and explain next steps they should take to complete the application/eligibility process.
8. Inform applying households with older children that there is no PE coverage available after the end of the month in which a PE child turns age 19.
9. Allow adults age 19 and over (who are not entitled to PE), but are part of a presumptively eligible child's household, to apply for Medicaid on the "Access

ATTACHMENT III

NY Health Care” DOH-4220 Medicaid application form. Only adults who have a family member who screens as PE may apply for ongoing Medicaid on the same application.

10. Refer members of a household who wish to apply for Medicaid or Child Health Plus where there are no children screened as presumptively eligible in the household to a Facilitated Enroller or the LDSS for further application, and provide them with a “Access NY Health Care” DOH-4220 application for their use. The QE will not conduct interviews for Medicaid for individuals if there is no presumptively eligible child in the household.
11. Interview the applicant or the applicant’s parent, guardian or other designated representative. Obtain as much required documentation as possible of statements made on the application.
12. Enter all necessary documentation not submitted at the interview on the Documentation Checklist attachment of the “Access NY Health Care” DOH-4220. Provide a copy of the Documentation Checklist to the applicant; notify the applicant of any missing documentation and the due date for submission of such documentation.
13. At the QE’s discretion, enter into formal agreements with Facilitated Enrollers (FE) to assist in the “Access NY Health Care” DOH-4220 application completion as well as the documentation requirements and collection process.
14. Forward the completed PE screening form, a copy of the determination letter, the original Medicaid application and documentation, to the LDSS using agreed upon procedures and timeframes(within 21 days). All completed applications must include the applicant’s signature and date.
15. Secure all documents in a locked file cabinet not accessible to public or staff who are not trained for PE or who have not signed a confidentiality agreement.
16. Communicate with the LDSS and NYSDOH/OHIP to resolve any issues or concerns and to establish efficient policies and procedures that will benefit all parties involved in this application process.

For a listing of the LDSS responsibilities, please see OHIP/ADM xx - Medicaid Presumptive Eligibility for Children, which is located online at the NYSDOH website http://www.health.state.ny.us/health_care/medicaid/publications/.

Confidentiality Rules and Concerns:

The unauthorized release of information collected can result in termination of this agreement for violation of the confidentiality requirements cited below and in section 136 of the Social Services Law and can result in potential legal action.

All persons who are designated to take applications and assist applicants as agreed to must sign the confidentiality agreement provided by the NYSDOH/OHIP. (Attachment III)

The Medicaid Confidential Data (MCD) includes, but is not limited to, names and addresses of Medicaid applicants/recipients, the medical services provided, social and economic conditions or circumstances, the Department of Health's evaluation of personal information, medical data, including diagnosis and past history of disease and disability, any information regarding income eligibility and the amount of Medicaid payment, income information, and/or information regarding the identification of third parties. Each element of Medicaid confidential data is confidential regardless of the document or mode of communication or storage in which it is found.

Note that this Memorandum of Understanding involves Medicaid Data, which is confidential pursuant to the New York Medicaid State Plan requirements, section 1902 (a) (7) of the federal social security act, 42 U.S.C. §1396 (a) (7) and federal regulations at 42 C.F.R. § 431.300 et seq.

Also, pursuant to section 367b (4) of the New York State Social Services Law, information relating to persons applying for Medicaid shall be considered confidential and shall not be disclosed to persons or agencies without the prior written approval of the New York State Department of Health.

Additional AIDS/HIV Related Confidentiality Restrictions:

Also note that MCD may contain HIV related confidential information, as defined in § 2780 (7) of the New York Public Health Law. As required by New York Public Health Law § 2782 (5), the New York Department of Health hereby provides the following notice:

HIV/AIDS NOTICE

This information has been disclosed to you from confidential records which are protected by State law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of State law may result in a fine

or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure.
The Qualified Entity agrees that any further disclosure of MCD requires the prior, written approval of the New York State Department of Health (NYSDOH), Medicaid Confidential Data Review Committee (MCDRC). The QE will require and ensure that the approved agreement, contract or document contains the above Notice and a statement that any other party may not disclose the MCD without the prior, written approval of the NYSDOH MCDRC.

Signature Section

Any Qualified Entity participating in the program who consistently fails to meet minimum performance standards as determined by the NYSDOH/OHIP may be ineligible to continue as a designated provider to assist individuals in the presumptive eligibility application process.

The participating Qualified Entity may withdraw from this program and terminate this Memorandum of Understanding upon 60 days written notice to the NYSDOH/OHIP. The NYSDOH/OHIP may terminate this Memorandum of Understanding upon 60 days written notice to the Qualified Entity.

Both parties whose signatures appear below are equally bound by all of the aforementioned agreements.

Qualified Entity Representative

NYSDOH/OHIP Representative

Agency Name/Location

Agency Name/Location

Title

Title

Date

Date

Please mail 2 signed original documents to the following address and we will return one of the documents to you after we have also signed it:

Contact person @ NYSDOH is Donna Johnson (518) 473-8888,
DXJ06@health.state.ny.us

NYS DOH / Office of Health Insurance Programs
Division of Coverage and Enrollment
One Commerce Plaza
99 Washington Avenue Suite 826
Albany NY 12210

Confidentiality Agreement (Attachment IV)

ATTACHMENT III

I, _____, (title) _____
at or on behalf of the _____ (Qualified Entity)
have been designated and agree to conduct screenings for Presumptive Medicaid
Eligibility for Children.

I further agree to submit the DOH-4220 Access NY application for Medicaid including all
related documents to the Local District of Social Services for children who screen as
presumptively eligible and members of their household who may apply on the same
application as defined by regular Medicaid rules.

I understand that all communications, information, and documents received by me in the
course of determining Presumptive Eligibility for Children and any subsequent
applications for Medicaid may not be disclosed by me to unauthorized personnel or
used for any purpose other than as described in the MOU.

I have read the attached Confidentiality Statement and understand that any violation of
the provisions of this agreement is unlawful and may subject me to loss of my status as
a designated interviewer as well as any other penalties prescribed by law.

Signature

Print Full Name

Date

Witness

Confidentiality Statement

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The Qualified Entity agrees that any further disclosure of MCD requires the prior, written approval of the New York State Department of Health (NYSDOH), Medicaid Confidential Data Review Committee (MCDRC). The QE will require and ensure that the approved agreement, contract or document contains the above Notice and a statement that any other party may not disclose the MCD without the prior, written approval of the NYSDOH MCDRC.