



# STATE OF NEW YORK DEPARTMENT OF HEALTH

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

Barbara A. DeBuono, M.D., M.P.H.  
Commissioner

Dennis P. Whalen  
Executive Deputy Commissioner

**ADMINISTRATIVE DIRECTIVE**

**TRANSMITTAL:** OMM/ADM 97-4

**TO:**            **Commissioners of  
Social Services**

**DIVISION:** Office of  
Medicaid  
Management

**DATE:** December 24, 1997

**SUBJECT:** Transition of New York State Veterans' Home at Oxford  
Medicaid Cases to Local District Responsibility

<b>SUGGESTED DISTRIBUTION:</b>	Medicaid Staff Fiscal Staff Staff Development Coordinators
<b>CONTACT PERSON:</b>	Eileen Lombardo      (518) 473-5452 User ID MB0020 Fiscal: Regions 1-4 - Roland Levie at 1-800-343-8859, ext 47549 or dial direct at (518) 474-7549; User ID FMS001 Region 5 - Marvin Gold at (212) 383-1733; User ID OFM270
<b>ATTACHMENTS:</b>	Dear Resident Letter (Attachment I-available on-line) Dear Oxford Home Medicaid Recipient Letter (Attachment II-available on-line)

**FILING REFERENCES**

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
			SSL 62.5(d) SSL 365(3), 368-a(1)(b)		GIS 95MA/001 96MA/036

**I. PURPOSE**

This Directive informs social services districts of changes in responsibility for Medicaid determinations of residents of the New York State Veterans' Home (Oxford Home).

**II. BACKGROUND**

The New York State (NYS) Veterans' Home, located in Oxford, Chenango County, is a nursing facility for veterans and their dependents operated by the State Department of Health (SDOH). Two other SDOH operated NYS nursing facilities for veterans are located in Batavia, Genesee County and St. Albans, Queens County. Residents of the Batavia and St. Albans facilities are generally the fiscal responsibility of the social services district from which they are admitted. This is consistent with section 62.5(d) of the Social Services Law (SSL). The Oxford Home is unique, however, in that SSL section 368-a(1)(b) requires that federal and State funds only (i.e., no local share) be used for the reimbursement of Medicaid furnished to its residents. In addition, SSL section 365(3) requires the State to determine Medicaid eligibility for Oxford Home residents, unless the State designates social services districts as its agents for this purpose. Up until now, the State has made these eligibility determinations by establishing the Oxford Home as a discrete district known to the Welfare Management System (WMS) as District 99. A State employee has worked on site processing the Medicaid applications of Oxford Home residents. Effective October 1, 1997, this Department has elected to delegate the eligibility determination of Oxford Home residents to the social services districts where they legally resided prior to admission to the facility. Residents of the Oxford Home will continue to be State/federal charges, in that the districts will not be charged a local share or participate in the administrative costs associated with such cases.

**III. PROGRAM IMPLICATIONS**

Oxford Home is a 242 bed nursing facility. Approximately 76 percent of the residents currently receive Medicaid.

Individuals admitted to the Oxford Home on or after October 1, 1997, or individuals previously admitted but not Medicaid eligible prior to October 1, 1997 will have their Medicaid eligibility determined by the district where the individual legally resided prior to admission to the Oxford Home.

Existing cases will be transitioned, in the fall of 1997, to the district where the individual legally resided prior to admission. Case records of the undercare caseload will be made available to the districts assuming responsibility for these cases.

IV. REQUIRED ACTION

A. New Cases

Effective October 1, 1997, new admissions to the Oxford Home who need Medicaid coverage will be referred to the local department of social services in the county where the individual legally resided prior to admission to the nursing facility. In most instances, it is anticipated that the applications will be initiated prior to admission by the applicant, a family member or other authorized representative. In cases where the Medicaid application is not initiated prior to admission and there is no individual in the community to act on the resident's behalf, the nursing facility will act as the Authorized Representative in the Medicaid application process. These cases should be processed as any new nursing home application. However, when data entry is done on the upstate database to open these cases, it is extremely important that State/federal charge code 11 (Oxford Home) be entered on Screen 3 of WMS. Entry of this code will designate the case as an Oxford Home resident and will exempt the social services district from the local share. In all cases, an entry in the Principal Provider Subsystem will also be required indicating Oxford Home's provider number, 00474731.

B. Undercare Caseload

During August, September and October, 1997, the Oxford Home's undercare cases will be transitioned to the county where the resident legally resided prior to admission. Each social services district will receive a list of cases that have been determined to belong to them indicating the current authorization period. Initially, the district is responsible for authorizing the case for the remainder of the current authorization period.

1. In addition to the above-mentioned list to be provided to the district, the State will provide certain basic documentation from the Oxford Home resident's Medicaid case record. (The entire record can be provided upon request.) Documentation that will be provided under any circumstances is the documentation necessary to open a case (i.e., proof of age, Social Security Number, marital status and admission information from the Home, etc.). Verification of income and resources from the most recent recertification will also be provided.
2. Additionally, any information regarding trusts, liens, assignments of proceeds, or court orders will be provided.

Any existing Assignments of Proceeds must be reviewed at next client contact, but no later than at recertification. At the time of this resource review, the social services district must determine the current equity value of the nonliquid resource; in doing so, the district must subtract the amount

which the recipient will have to repay the Medicaid program, pursuant to the assignment of proceeds, for the period beginning with the original Medicaid authorization and ending at the time of the review. If after this calculation the recipient continues to have excess resources, the district must provide adequate and timely notice and discontinue the case.

3. A copy of the current Medical Assistance Budget Logic (MBL) budget will be provided. The budget will have to be re-entered and stored by the social services district.
4. If the Oxford Home resident has third party health insurance that is entered on the Third Party Resource (TPR) subsystem, a screen print of the entry and verification of insurance coverage will be provided. This information does not need to be re-entered by the district. Spousal cases for which the State has been reimbursing health insurance premiums will also be annotated so that the district can continue the reimbursement.

Specific district requests for additional (or all) documents from the case record will be accommodated.

**V. SYSTEMS IMPLICATIONS**

Upstate

To insure that social services districts are not charged the usual local share for nursing home cases, it is imperative that State/federal charge code 11 (Oxford Home) be entered on screen 3 of WMS for each case.

A Principal Provider entry must be made on each case indicating the Oxford Home's Provider Identification Number of 00474731.

NYC

Instructions regarding the proper coding to prevent the local share being charged on New York City cases will be issued under separate cover.

The Principal Provider entry as noted above must be entered for cases NYC is responsible for.

**VI. FISCAL IMPLICATIONS**

The administrative costs involved in determining and redetermining Medicaid eligibility for Oxford Home residents are eligible for 100 percent State reimbursement of the local share. Each month, local districts must claim 100 percent State reimbursement for this activity on a Schedule RF-3 (DSS-843) marked Oxford Home. Section C of the RF-3 entitled, "Additional State Aid for Administration of Mental Hygiene Cases", should be completed as follows:

Line 5 - Enter the total number of beneficiaries from the monthly MARS MR-0-36 "MA Statistical Report".

Line 6 - Enter the total number of State Charge persons in open Medicaid cases located at Oxford Home by the local district. This must be determined from a physical case count taken at the end of the month.

Line 7 - Divide the amount by line 6 by the amount on line 5.

Line 8 - From the Schedule D-4, line 11, column 1, enter the total State share for Medical Assistance administration costs.

Line 9 - Multiply line 7 by line 8 and enter the results on this line. Bring this amount forward to the DSS-843, Section A, column 7.

Certification - This form must be signed by both the Administrative Officer and the Fiscal Officer of the local district.

The full State share, including the additional amount claimed on the RF-3, will be exempt from the State share administrative cap.

**VII. ADDITIONAL INFORMATION**

Current Oxford Home residents and/or their representatives will receive a letter explaining the actions being taken and the impact of those actions when District 99 closes their Medicaid case (see Attachment I). An automated closing notice is not required, nor is the social services district required to send a DSS-4022, Notice of Intent to Establish a Liability Toward Chronic Care, when the case is opened. Attachment II of this Directive is a letter to be used by the district to inform the recipient and/or the representative of the new district of responsibility as well as provide a contact person and phone number to report any changes that may occur before the next scheduled recertification. This letter is to be reproduced on county letterhead.

Oxford Home residents, unlike other veterans who enter nursing facilities, do not have their veterans' benefits reduced to \$90. Their veterans' benefits are significantly higher than \$90 and a portion of the benefit may represent Aid and Attendance benefits, which must be disregarded when determining the Net Available Monthly Income (NAMI). Questions regarding residents' veterans' benefits should be addressed to the Nursing Home.

The numbers of cases that will be affected by this transition vary among the social services districts. In order to make this transition as smooth as possible, we are offering the assistance of the State staffperson heretofore responsible for Oxford Home Medicaid determinations. This assistance may include delivery and review of the existing case record with district staff. To arrange such assistance, please contact Eileen Lombardo at (518) 473-5452.

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**VII. EFFECTIVE DATE**

This Directive is effective October 1, 1997.

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Ann Clemency Kohler, Director  
Office of Medicaid Management

Dear Resident:

In the fall of this year, responsibility for your Medicaid case is going to change.

In the past, Mrs. Kimiecik, at the New York State Veterans' Home, has been your Medicaid worker. In most instances, when the change occurs, the county department of social services where you legally resided prior to being admitted to the Veterans' Home will become responsible for your Medicaid case. For example, if you lived in Buffalo, Erie County, immediately before you were admitted to the Veterans' Home, Erie County Department of Social Services will become responsible for your Medicaid. In your case, \_\_\_\_\_ County Department of Social Services will be responsible.

Your Medicaid coverage will **NOT** change.

At this time, there is nothing you have to do. When the appropriate county assumes responsibility for your case, you will receive a letter from them. From that point forward, you will have to deal with the county department of social services for your Medicaid issues, instead of Mrs. Kimiecik. There will also be someone in the Billing Office at the Nursing Home to help you with Medicaid issues. You and/or your authorized representative will be notified by the county when your case needs to be recertified. The recertification form and documentation will have to be provided to the county. Any changes in your circumstances, including changes in income and resources, should also be reported to the county.

I apologize for any inconvenience this change may cause.

Sincerely,

Betty Rice  
Director, Medicaid Eligibility  
Office of Medicaid Management

cc: Authorized Representative  
NYS Veterans' Home  
LDSS

Dear Oxford Home Medicaid Recipient:

As you were recently notified, responsibility for your Medicaid case has changed. This **does not** mean that your Medicaid coverage will change.

Effective immediately, this Department has assumed responsibility for your Medicaid case. At this time, there is nothing you need to do. We will notify you, the Nursing Home, and/or your authorized representative when it is time to recertify your Medicaid case. Until that time, if you have any questions or if your income or resources change, please contact:

Sincerely,

cc: Authorized Representative  
NYS Veterans' Home