



Empowerment Through Education

FILING A MEDICAID APPLICATION FOR YOUR LOVED ONE

7 KEY STEPS TO SAVE MONEY.. *and your sanity*

Filing Medicaid applications for a loved one can be stressful and costly.
You need to know your rights... and reality.

The Long Island Senior Education Council is a not-for-profit 501(c)3 learning and resource organization. Life is complicated enough. LISEC is proud to assist you in answering questions about New Laws, Changing Trends and Long Term Care Options.

If you are filing a Medicaid Nursing Home Application for a loved one, these tips may assist you.

7 Key Steps to Filing a Medicaid Application

1. **EDUCATE YOURSELF.** Speak to a Certified Financial Planner™ who specializes in care coordination or an elder Care attorney about the rules that apply to filing a Medicaid application. There are restrictions to assets and income, with exemptions, that are specific. This information shouldn't be expensive to obtain and anyone can file for Medicaid on their own, as long as they have the basic information on how Medicaid works and how it applies to them. Also ask the nursing home facility if they can assist you in applying for Medicaid.
2. **Be Prompt.** When filing for Medicaid you have three months from the desired "Pick Up Date," the initial Medicaid payment date. to file the application with the appropriate county office. For example, file a Medicaid application on April 1st requesting that Medicaid start paying for benefits from THREE months *prior* which would be January 1st.
3. **Postage pays.** Always send all correspondence to the appropriate Medicaid office with some form of postal tracking for efficient records and to show a paper trail to show your responses. Postage costs are expensive – especially when caseworkers ask for the same information repeatedly. However, you have no choice but to comply or be denied.
4. **Be Complete.** Whenever you can, **file all paperwork with Medicaid in full.** This leaves little room for emergency Medicaid needs.
All obtainable records should be complete; you want to do this for a few reasons:
 - * The more paperwork you provide in pieces to the caseworker, the more easily confused a caseworker can become.
Many times there may thousands of pieces of paper for one case and your case is just one of many.
 - * It can be less expensive in time and costs. This leaves little room for crisis planning so have your records organized.
You will need to review the last five years of bank and financial statements, explaining all deposits and withdrawals over the amount of \$2,000. Your Medicaid application can be denied if you cannot explain your deposits or withdrawals.
5. **Keep your facility in the loop.** A nursing care facility or home health care agency is always more at ease when dealing with a family if they know the Medicaid process is being monitored.
6. **Watch your deadlines!** When dealing with Medicaid responses for missing information it is very important to not let a deadline pass. Typically you have **only calendar 10 days** from the notification date. Always apply for an extension especially if requesting information from financial (banking) institutions as their standard research time is 15 – 20 days. Unfortunately, Social Service caseworkers are under orders from Albany and Governor Cuomo. They are ordered to deny applications that do not meet their time requirements. Of course, only having 10 calendar days to respond to Social Services does not leave much time to get the information from banks or other financial institutions and then to forward it to your caseworker. While Social Services can take more time to respond to you, it is important for you to try to do your best to meet their deadlines or your case can be denied.
 - Extensions: If you cannot obtain request information within 10 calendar days, you can ask for an extension for another 10 days
Typically you may get one or two extensions– at the discretion of the caseworker
 - Reconsiderations: If your application is denied, you can request a reconsideration which may be granted
at the discretion of the caseworker
 - Conferences: You may request a conference with your caseworker and Supervisor, however, if you cannot get the requested information or you were late in meeting a deadline, your application can be denied.
 - Fair Hearings: You have 60 days from the denial to request a Fair Hearing in which you will present your case in front of a New York State Administrative Law Judge and a County Social Services Representative. You really need to understand the law or hire an attorney.
7. **Follow up, Follow up, Follow up!** Always follow up with you caseworker, the rule of thumb is to follow up two days after your response letter is sent in and then every 10 business days thereafter. Documentation is key, be sure to take notes! This will help you when your Medicaid application is denied and you have to go to a Fair Hearing or to court to appeal the denial.

One last thought:

Many caregivers experience a heightened level of stress while caring for their loved one. It may become necessary to forgo your responsibilities of being a Power of Attorney representative. The nursing home facility, the county and the state would have to then apply for Medicaid benefits on behalf of your loved one. You can still be a health care proxy agent to make medical decisions but you would not be able to make financial decisions. Considering the stress of gathering all the information, dealing with Social Services and perhaps encountering lawsuits, removing yourself as POA may be an option to safeguard your own health. Talking to an attorney is advised.

If you believe you have been treated unfairly by Social Services, you may need to contact your Legislator, Congressman and Senators.

Never underestimate the power of your vote or the willingness of your elected official to help you.

If you have been denied Medicaid due to caseworker errors or lapsed processing time, you should contact LISEC. Send us your comments.

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