



Medicaid Service Coordination (MSC)

E-VISORY



ISSUE # 16-14

June 13, 2014

The MSC E-VISORY is an electronic publication which provides information on policies, guidance, available programs and services and training opportunities related to MSC. In order to receive an email notification when a new MSC E-Visory is posted, or to view past issues visit the following link: [MSC E-Visory Mailing List](#).

In This Issue:

New York City Medicaid Applications – New Form

Individuals who need ICF or HCBS waiver services must have coverage through the local social services district and NOT through the Health Benefit Exchange (NY State of Health a.k.a. the Marketplace). In New York City, there is a new form for social workers, service coordinators or families to use when they have individuals awarded Medicaid coverage through the Health Benefit Exchange, and need the coverage changed to be through NYC HRA. That form is attached and should be used along with an Access NY Health application (www.health.ny.gov/forms/doh-4220.pdf) and Supplement A (www.health.ny.gov/forms/doh-4495a.pdf). For people needing waiver services, the forms should be submitted to the C-Rep Unit; for ICF individuals, the forms should be submitted to the nursing home division, both located at 785 Atlantic Ave, Brooklyn NY 11238.

Institute on Disability Seeks Artists for 2015 Calendar

The Institute on Disability (IOD) at the University of New Hampshire, for the past 15 years, has produced a calendar featuring original works of art and they are currently looking for artwork submissions for the 2015 calendar which reflect the IOD's vision of a future where all people, including individuals living with disabilities, are fully engaged members of communities. They welcome any and all creative interpretations of this vision from individuals or collaborative works of art. The submission deadline is Friday, July 25, 2014. Further information on this project and submission guidelines can be found at:

[http://iod.unh.edu/About/News/14-06-10/Institute on Disability Seeks Artists for 2015 Calendar.aspx](http://iod.unh.edu/About/News/14-06-10/Institute_on_Disability_Seeks_Artists_for_2015_Calendar.aspx)

TRANSMITTAL ADDENDUM: MAGI/NON-MAGI SORT



DATE: _____

NAME OF SUBMITTING ORGANIZATION	
ADDRESS	
CONTACT PERSON	PHONE

A completed copy of this addendum **must be submitted as the cover sheet to each individual case** that you are submitting for processing. Cases submitted without this addendum will **not** be accepted.

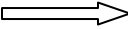
The application/applications listed below and detailed on the also attached case transmittal (check one)

<input type="checkbox"/> MAP-649	<input type="checkbox"/> MAP-2055n	<input type="checkbox"/> Other (specify) _____
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CASE NAME	SSN (last four digits)	REASON FOR SUBMISSION: (See Chart Below)						
		A	B	C	D	E	F	G
(check all that apply) ⇨								

A	Dual eligible evaluation: Medicaid and Medicare Savings Program						
B	Medicare Savings Program-only evaluation						
C	Surplus (Excess) Income Program evaluation						
D	SSI-Related budgeting (check one) ⇨	<input type="checkbox"/> DAB	<input type="checkbox"/> DAC	<input type="checkbox"/> MBI-WPD	<input type="checkbox"/> AHIP	<input type="checkbox"/> Pickle	
		<input type="checkbox"/> Widow(er) MA Continuation	<input type="checkbox"/> Congregate Care	<input type="checkbox"/> Other (specify) _____			

(continued on reverse side of page)

E	Hospital inpatient retroactive evaluation
F	Retroactive-only Medicaid evaluation for time period (beginning on)  _____ and ending on _____
G	<p>Marketplace Transition Case. Consumer has Medicaid coverage on Marketplace Case with CIN _____ . The case needs to be transitioned to MAP because of a:</p> <p><input type="checkbox"/> Life event (specify) _____</p> <p><input type="checkbox"/> Special services need (specify) _____</p>
H	<p>Other (specify) _____</p> <p>_____</p>