

**TO:** Local District Commissioners, Medicaid Directors

**FROM:** Judith Arnold, Director  
Division of Coverage and Enrollment

**SUBJECT:** Transfer of Assets - Beginning of Increased Look-Back Period, and Coverage Code Changes for Waiver Services

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Local District Support:  
Upstate (518) 474-8887 NYC (212) 417-4500

The purpose of this GIS message is to update social services districts on a number of changes relating to the transfer of assets provisions. These changes include the increase in the look-back period from 36 to 60 months beginning March 1, 2009, and the completion of the edit changes to Coverage Codes 19 and 21 to allow payment for waiver services.

#### Look-Back Period

Administrative Directive 05 OMM/ADM-6 advised that the Deficit Reduction Act of 2005 (DRA) required an increase (from 36 months up to 60 months) in the transfer of assets look-back period for all transfers made on or after February 8, 2006. Beginning March 1, 2009, the look-back period increases to 37 months and continues to increase monthly by one-month increments until February 2011, when the full 60-month look-back will be in place for all transfers of assets.

The following manual forms/notices have been revised to address the increase in the look-back period, and are available on the Department of Health (DOH) intranet website:

- DOH-4319 (Rev.3/09) "Long-Term Care Change in Need Resource Checklist" (Attachment I)
- LDSS-4369 (Rev.3/09) "Bank Inquiry and Clearance Report Medicaid/Family Health Plus Only" (Attachment II)
- LDSS-4489 (Rev.3/09) "Notice of Acceptance of Your Medical Assistance Application (Community Coverage With Community-Based Long-Term Care)" (Attachment III)

The following forms, previously made available as attachments to either an ADM or an INF, are revised and can now be accessed on the DOH intranet website:

- OHIP-0020 (Rev. 3/09) "Request For Medicaid Coverage" (Attachment I to 05 OMM/INF-2), (Attachment IV to this GIS)

- OHIP-0021 (Rev. 3/09) "Long-Term Care Documentation Requirement Checklist" (Attachment IV to 04 OMM/ADM-6 (Revised as Attachment II to 06 OMM/ADM-5)), (Attachment V to this GIS)
- OHIP-0022 (Rev. 3/09) "Explanation of the Income and Resource Documentation Requirements for Medicaid" (Attachment I to 04 OMM/ADM-6 (Revised as Attachment IV to 08 OHIP/ADM-4)), (Attachment VI to this GIS)

Changes concerning the increased look-back period have also been made to appropriate Client Notice System (CNS) notices. The February 2009 WMS Coordinator Letter advises of the CNS notices affected by this change.

Effective March 1, 2009, social services districts must ensure all form/notices reflect the correct look-back language.

#### **Medicaid Payment of Waiver Services**

Social services districts were advised in GIS 07 MA/018 that the transfer of assets provisions do not apply to individuals applying for or receiving coverage for HCBS waiver services. The GIS further advised districts to continue to authorize Coverage Code 01 (Full Coverage) or 02 (Outpatient Only Coverage) to otherwise eligible waiver participants pending necessary edit changes to Coverage Code 19 (Community Coverage With Community-Based Long-Term Care) and Coverage Code 21 (Outpatient Coverage With Community-Based Long-Term Care) to allow payment of waiver services. Additionally, the continued use of RVI (Resource Verification Indicator) 1 (Current Resource and Previous 36/60 Months) was necessary even though the individual was only required to provide current resource documentation. GIS 08 MA/019 informed districts of the notices that were revised to support this policy change. Districts are advised that the anticipated edit changes to Coverage Codes 19 and 21, needed to allow payment of waiver services, are complete.

Effective for applications filed on or after February 1, 2009, districts should authorize Coverage Code 19 or Coverage Code 21 to otherwise eligible individuals applying for, or requesting an increase in coverage for services provided in a waiver program. The RVI value of 2 (Current Resources) must be used to indicate that resource documentation was provided for the eligibility determination. Waiver participants who were notified of eligibility for Community Coverage with Community-Based Long-Term Care, but authorized Full Coverage/Outpatient Only Coverage on WMS pending the edit changes, can be updated to Coverage Code 19 or 21, as appropriate, at next recertification. Waiver participants who were notified of Medicaid eligibility for all covered care and services will continue to be authorized with such coverage until there is a change in eligibility.

The "Long-Term Care Services" chart (Attachment VII), previously made available as an attachment to 04 OMM/ADM-6, has been updated to include waiver services as services covered under community-based long-term care. The revised form is now available and identified on the intranet as OHIP-0023 (Rev. 3/09).