

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

**FROM:** Judith Arnold, Director  
Division of Eligibility and Marketplace Integration

**SUBJECT:** Medicaid Applications for Individuals Incarcerated in Local Correctional Facilities

**EFFECTIVE DATE:** Immediately

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

The purpose of the General Information System (GIS) message is to inform Local Departments of Social Services (LDSS) of procedures for processing Medicaid applications for individuals incarcerated in local correctional facilities (jails).

New York State of Health (NYSOH) is in the process of developing the capability to process inmate applications for individuals who are in a Modified Adjusted Gross Income (MAGI) category. Until such time as full systemic support is achieved by NYSOH, Navigators and Certified Application Counselors who partner with local correctional facilities for purposes of assisting individuals in applying for Medicaid, may process applications for individuals who appear as incarcerated on the electronic Prisoner Update Processing System (PUPS) file. This file is accessed by NYSOH through the federal data hub. MAGI applicants who are inmates and who do not appear on the PUPS file cannot be processed through NYSOH and must have eligibility determined by the local district until NYSOH has the capability to process these applications. Applications (DOH-4220) that are completed for Non-MAGI individuals are to be processed by the district.

The Department will continue to work with districts and Navigators/Certified Applications Counselors to provide application assistance at local correctional facilities. If a district has not yet identified a Navigator/Certified Application Counselor to process MAGI applications at a local correctional facility, the district should contact his/her Medicaid field representative for assistance. In order to process MAGI applications, participating Navigators/Certified Application Counselors must sign an agreement to follow interim processing instructions. Such agreements are being made available by the Department.

Incarcerated individuals are not entitled to Medicaid payment of medical care, services or supplies received while physically residing in the correctional facility. These individuals are only eligible for Medicaid payment of inpatient hospitalization services provided off the grounds of the correctional facility. The district of fiscal responsibility (DFR) for these services is the county where the individual resided immediately prior to incarceration. With respect to out-of-state residents who commit a crime resulting in incarceration, and undomiciled individuals for whom no information/documentation exists concerning where the individual resided immediately prior to incarceration, the DFR is the sentencing district.

**NOTE:** To ensure access to medical care, Medicaid coverage will be continued for individuals who are under house arrest or are incarcerated on the weekends. These individuals will not receive Coverage Code 26 (Inpatient Hospital Only (FP)).

Districts will determine eligibility for MAGI individuals using MAGI-like budgeting. Eligibility for non-MAGI individuals will be determined using medically needy rules. Current household income will be used to determine eligibility. The incarcerated individual's household continues to include family members in the individual's former household. The Medicaid coverage and authorization "To" date will be 12/31/49. Issuance of the New York State Benefit Identification Card will be suppressed using Card Code "X".

Until such time as CNS notices can be migrated, manual notices must be sent to the incarcerated individual at the correctional facility and are available on Centraport.

Incarcerated individuals determined Medicaid eligible must have their coverage authorized with Coverage Code 26 using "Notice of Acceptance for Suspended Medicaid Coverage for Inmate in a Local Correctional Facility (Upstate: OHIP 0076/NYC: OHIP 0076NYC). These manual notices inform the individual that Medicaid payment is limited to acute inpatient hospital care provided off the grounds of the correctional facility.

Incarcerated individuals determined eligible for the Family Planning Benefit Program (FPBP) are ineligible for Medicaid payment of inpatient hospitalizations and will not receive Coverage Code 26. Upstate individuals determined eligible for the FPBP will continue to have coverage authorized with Individual Status Code 08 (Inactive) and Coverage Code 04 (No Coverage) using OHIP 0082 "Notice of Acceptance for Suspended FPBP Coverage for Inmate in a Local Correctional Facility." NYC individuals determined eligible for the FPBP will continue to be placed in IC status using OHIP 0082NYC "Notice of Acceptance for Suspended FPBP Coverage for Inmate in a Local Correctional Facility." These notices inform the individual that Medicaid payment cannot be made for medical care, services or supplies received while physically residing in the correctional facility.

At release, coverage must be reinstated for a period of five months (beginning on the first day of the release month) in the district where the releasee resided immediately prior to incarceration (DFR).

Districts were informed in 08 OHIP ADM 03, "Maintaining Medicaid Eligibility for Incarcerated Individuals", that no release information is currently received from the New York State Division of Criminal Justice Services by the Department or NYSOH. Therefore, if the district is made aware that an individual has been released from an upstate local correctional facility, the district will continue to manually reinstate coverage.

For individuals authorized through NYSOH, documentation of release should be presented to the Navigator/Certified Application Counselor who assisted with the application. Once documentation is uploaded, NYSOH will change coverage, as appropriate.

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Acceptable documentation of release includes: release papers; a signed statement from a probation officer; a copy of the formerly incarcerated person's photo identification when the formerly incarcerated person appears in-person at the LDSS; or a copy of the formerly incarcerated person's photo-identification and a current paystub or signed statement from an employer, Navigator/Certified Application Counselor (CAC) or community-based organization, such as a hospital or re-entry organization.