

BERWITZ & DiTATA LLP

Attorneys and Counselors at Law

310 Old Country Road Suite 101
Garden City, New York 11530
Telephone (516) 747-3200 • Facsimile (516) 747-3727

Lawrence N. Berwitz

Maureen R. DiTata

MEDICAID BENEFITS ARE NOT GRANTED FOR LIFE:

Annual Renewal of Eligibility is Required for Medicaid Recipients

Just when you thought it was over, that the painstaking process of record collection and accountability, which is necessary when applying for Medicaid benefits, was just a well-forgotten memory, you receive a letter from the local Medicaid office notifying you that it is time to review your loved one's eligibility. What's this? Can it be? We start all over again?

In New York, Medicaid benefits, for both institutional and home care, are granted for only a limited period, generally not more than 12 months. Once a year, or whenever there is a change in the Medicaid recipient's circumstances, such as marital status, health, residency, or asset level, the Medicaid office must determine the recipient's continued eligibility. This process is called "Recertification."

Generally, at least sixty (60) days prior to the date coverage "expires," Medicaid notifies a recipient, or his/her representative, that current information and documentation must be provided in order for benefits to continue. It forwards a recertification/renewal package which must be completed, dated, signed and returned with the required documentation by the deadline provided. Failure to do so may result in the termination of benefits.

For each annual recertification, Medicaid requests income verification and financial documentation establishing a continuing right to benefits. Current statements from banks and other financial institutions must be provided along with information as to other resources, for instance receipt of or entitlement to an inheritance or the proceeds of a law suit. Medicaid also seeks updated information regarding residence, marital status and health insurance. Home care recipients are required to furnish a medical form, completed by their doctor following examination. As with the initial

application process, at recertification, a recipient who is married must disclose information concerning the spouse's income and resources.

Once the initial packet has been reviewed, a caseworker will either demand additional documentation or issue a notice of recertification of eligibility *for the next 12 months!* Take heart. You won't hear from them for another 10 months, when you will start the recertification cycle once again.

Please remember that our office is always happy to help you in the recertification process. Please do not hesitate to contact us.