



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Coming Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

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## IMPORTANT MEDICAID INFORMATION

### Please Read This Notice Carefully – Evans v. Wing and DeBuono

Due to a court case called Evans v. Wing and DeBuono, you may be eligible for a refund from Medicaid. This case is about how we determined Medicaid eligibility for **individuals with spouses** who received home and community-based waiver services through the Long Term Home Health Care Program (waiver recipients).

The court said that for the period from September 1, 1996 to May 31, 2001, we have to use a higher personal needs allowance (PNA) deduction in determining Medicaid eligibility for waiver recipients who have community spouses. The higher PNA amount is equal to the difference between the Medicaid income eligibility level for one-person and two-person households.

#### Who Is a Class Member Entitled to Relief?

If at any time during the period from September 1, 1996 to May 31, 2001, you: (1) had a spouse who lived in the community; (2) received home and community-based waiver services through the Long Term Home Health Care Program; 3) were allowed a \$50 PNA in your Medicaid budget; and (4) were required to pay some of your income toward the cost of your care, you may be eligible for reimbursement for some or all of the income you paid.

If you meet the above criteria, your Medicaid budget will be changed as follows:

<u>From</u>	<u>Through</u>	<u>Old PNA</u>	<u>New PNA</u>	<u>Monthly Difference</u>
September 1, 1996	December 31, 1996	\$50	\$250	<b>\$200</b>
January 1, 1997	December 31, 1997	\$50	\$259	<b>\$209</b>
January 1, 1998	December 31, 1998	\$50	\$266	<b>\$216</b>
January 1, 1999	December 31, 1999	\$50	\$267	<b>\$217</b>
January 1, 2000	December 31, 2000	\$50	\$275	<b>\$225</b>
January 1, 2001	May 31, 2001	\$50	\$275	<b>\$225</b>

The “**monthly difference**” is the amount of money we **may** owe you. Because we can only reimburse you for the amount of money you paid towards your medical bills, your reimbursement is limited to the amount of monthly income you actually paid toward the cost of your care. For example:

A monthly income contribution of \$100 for September 1, 1996 through December 31, 1996 would mean that you would be entitled to reimbursement of \$400 (\$100 x 4).

### **What You Need to Do**

You can ask your local department of social services to look at your case again. If you think you are entitled to reimbursement from Medicaid, you must also contact your Long Term Home Health Care provider, or other medical provider, and ask for a letter verifying the amount you paid to the provider for the month(s) you are seeking reimbursement. You will need to send the letter to your local department of social services. We ask that you contact your local department of social services and/or send the letter from your provider to that office within 90 days.

If you still owe money to your Long Term Home Health Care provider, or other Medicaid provider, for any time during the period from September 1, 1996 to May 31, 2001, please contact your provider and ask for a letter to verify the amount still owed. You will need to send the letter to your local department of social services. We will check to see if the amount you owe your provider should be changed.

After your case is reviewed, you will receive a notice about the decision to pay you back money. You will also receive a notice if the amount you owe to your provider changes.

### **If You Have Any Questions**

If you have any questions, you may contact your local department of social services. If you call or visit the office, please have this notice with you. It will help in answering your questions.