



# Special Populations Training

**Dial In Number: 1-855-897-5763**  
**Conference ID: 68303378**

# Today's Webinar

- Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A function on your WebEx control panel; we will pause periodically to take questions.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

# Presenters

- Welcome

Gabrielle Armenia *Bureau Director of Child Health Plus Policy & Exchange  
Consumer Assistance*

- Today's Presenters

Erin Bacheldor *Medical Assistance Specialist, Division of Eligibility and  
Marketplace Integration*

K. Pamela Lavillotti *Project Manager, Bureau of Child Health Plus Policy &  
Exchange Consumer Assistance*

Peggy Noonan *Medical Assistance Specialist 2, Bureau of Medicaid Enrollment  
& Exchange Integration*

Sara Rothstein *Director of Policy and Planning, NY State of Health*

# Reminder

## Recertification Process

- All Assistors must view all webinars to be recertified.
- The reporting process for recertification is currently being finalized and information will be forthcoming.

# Agenda

- College Students, Minors Living on Their Own, and Former Foster Care Youth
- Homeless
- Survivors of Domestic Abuse

# College Students & Minors Living on their Own

# College Students & Minors Living on their Own



## Identity Proofing

- If child/young adult is living on their own, they are independent and not claimed as a dependent, then enter child's information as head of household.
  - If needed, manually identity proof the young adult/child.

○ Unaccompanied minors:  
 Office of Refugee Resettlement Verification of Release Form will be accepted

**Identity Verification Form (Children 17 or Younger)**

1. Applicant Name (Last, First, Middle Initial, or nickname)

2. Address      3. City      4. State      5. ZIP Code

6. Date of Birth (mm/dd/yyyy)      7. Social Security Number      8. Telephone Number

Submit a <u>copy</u> of ONE document from List A	OR	Submit one <u>copy</u> of TWO documents from List B	OR	Submit a <u>copy</u> of ONE document from List C
<ul style="list-style-type: none"> <li>U.S. Passport book or card</li> <li>Foreign Passport book or card</li> <li>Driver's license</li> <li>Official government identification card</li> <li>School identification card</li> <li>U.S. military card or draft record</li> <li>Military dependent's identification card</li> <li>Native American Tribal Document</li> <li>U.S. Coast Guard Merchant Mariner card</li> <li>Certificate of Naturalization (DS-2024 or DS-2025)</li> <li>Certificate of U.S. Citizenship (DS-102 or DS-103)</li> <li>Office of Refugee Resettlement Verification of Release Form</li> </ul>		<ul style="list-style-type: none"> <li>Birth certificate</li> <li>Social Security card</li> <li>Marriage certificate</li> <li>Divorce decree</li> <li>Employee identification card</li> <li>High school diploma</li> <li>College diploma</li> <li>High school equivalency diploma</li> <li>Property deed or title</li> </ul>		<ul style="list-style-type: none"> <li>Hospital or clinic record*</li> <li>Doctor's record*</li> <li>Attestation of Identity Form (DOH-5090)</li> </ul>

\*Applies to applicants 18 or younger only

**Attestation:** I attest, under penalty of perjury, that if I submit a document from List C, it is because I am unable to submit one document from List A or two documents from List B above to verify my identity (or the identity of my child) because I do not have access to the required documents. I attest, under penalty of perjury, that to the best of my knowledge the information in and submitted with this form is true and correct.

9. Signature of Parent or Guardian      10. Date (mm/dd/yyyy)

11. Name (print or print neatly)      11. Relationship

NEED HELP WITH THIS FORM? Call us at 1-855-355-5777. TTY users should call 1-800-642-1220 or 1-877-862-4886 for TTY in Spanish.

DOH-5090 (02/20)

# College Students & Minors Living on their Own



## 19 & 20 Years Old – Medicaid Eligibility

- A higher FPL (155%) is used for determining MA eligibility for 19 & 20 year olds who are living with their parents.
- Full time student status is only a factor when a 19 or 20 year old falls under non-tax filer rules.
  - Household does not file taxes
  - 19/20 year old falls under tax filing exceptions.
- Student status only comes into play in determining household composition (household size) for 19 & 20 year old under non-tax filer rules.
  - Example 1: If a 19 year old living with their parents in a non-tax filer household, and **is a full time student**, then the household composition is mother, father, and 19 year old (3). The student is MA eligible at 155% FPL.
  - Example 2: If a 19 year old living with parents in a non-tax filer household, and **is not full time student**, then the household composition is the 19 year old only (1) (eligible at 155% FPL). Parents would be in a separate household (2) for determining eligibility.

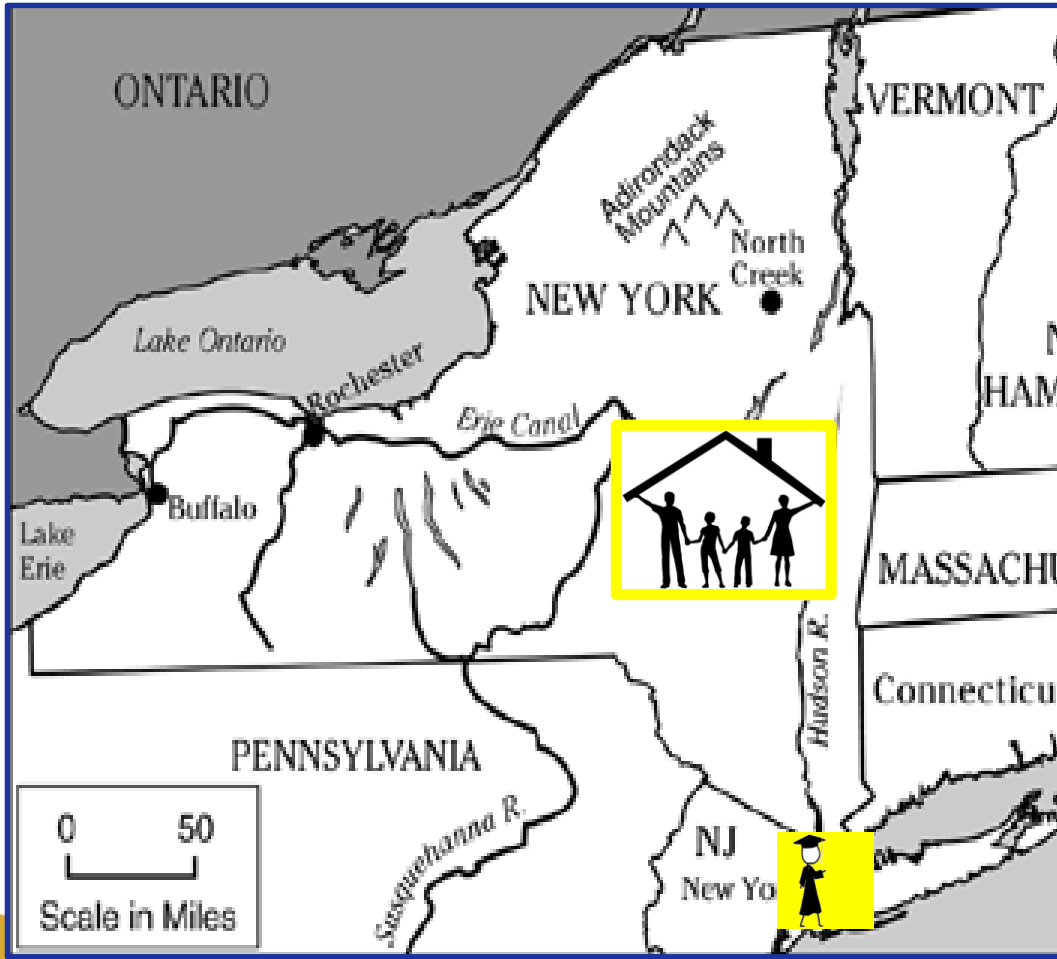


# College Students & Minors Living on their Own



## College Students have a Choice of Where to Apply

### Example #1



- Family living in Albany, NY
- Student goes to school in NYC.
- Parent completes application as account holder.
- Marks “No” to “Does everyone live at this address”
- Enters NYC address for student.

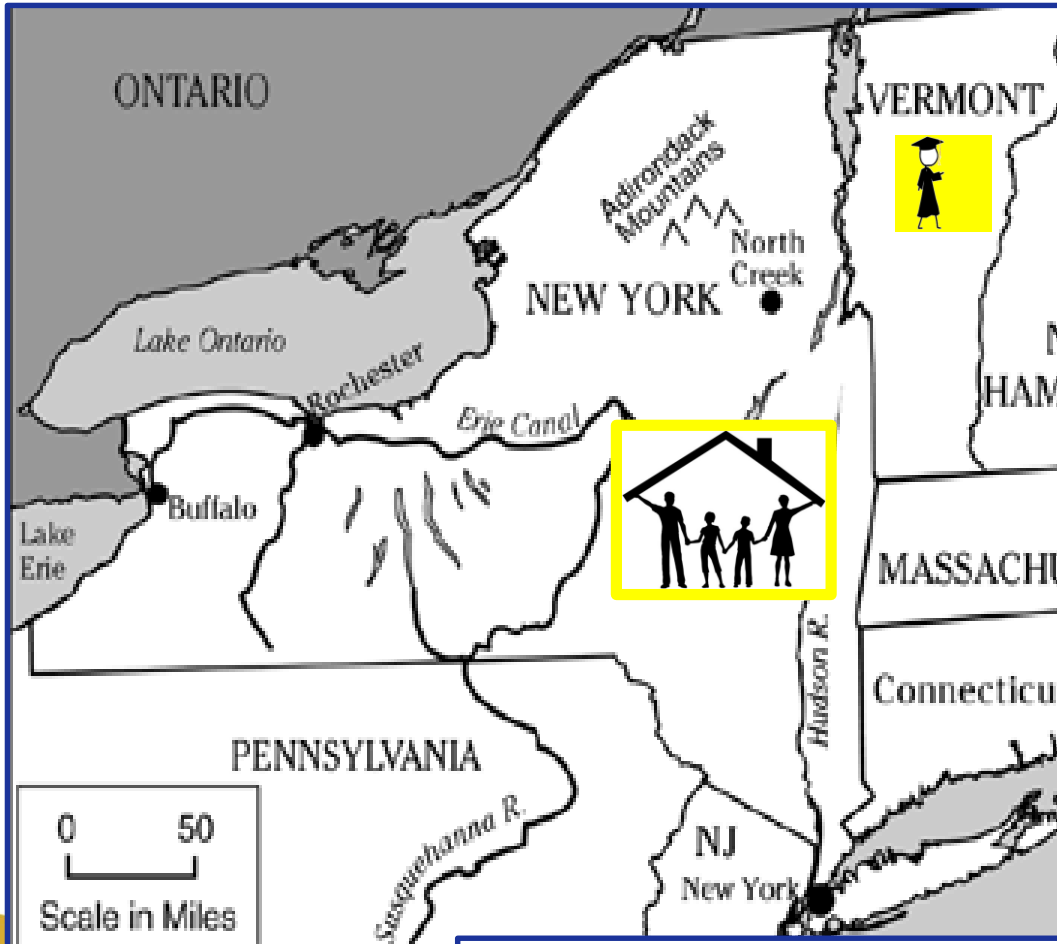
- If Medicaid eligible, student would be offered plans in NYC.
- If QHP eligible family has a choice.
  - Can enroll together under Family QHP in Albany NY.
  - Call the Call Center to create separate application for college student. Include all household members and income, but student is the only one applying.

# College Students & Minors Living on their Own



## College Students have a Choice of Where to Apply

### Example #2



- Family living in Albany, NY
- Student goes to school in Vermont.
- Parent completes application as account holder.

- Student has a choice
  - Can apply in NYS under parents application. Student would be offered plans in Albany County.
  - May apply through Vermont's State Exchange.

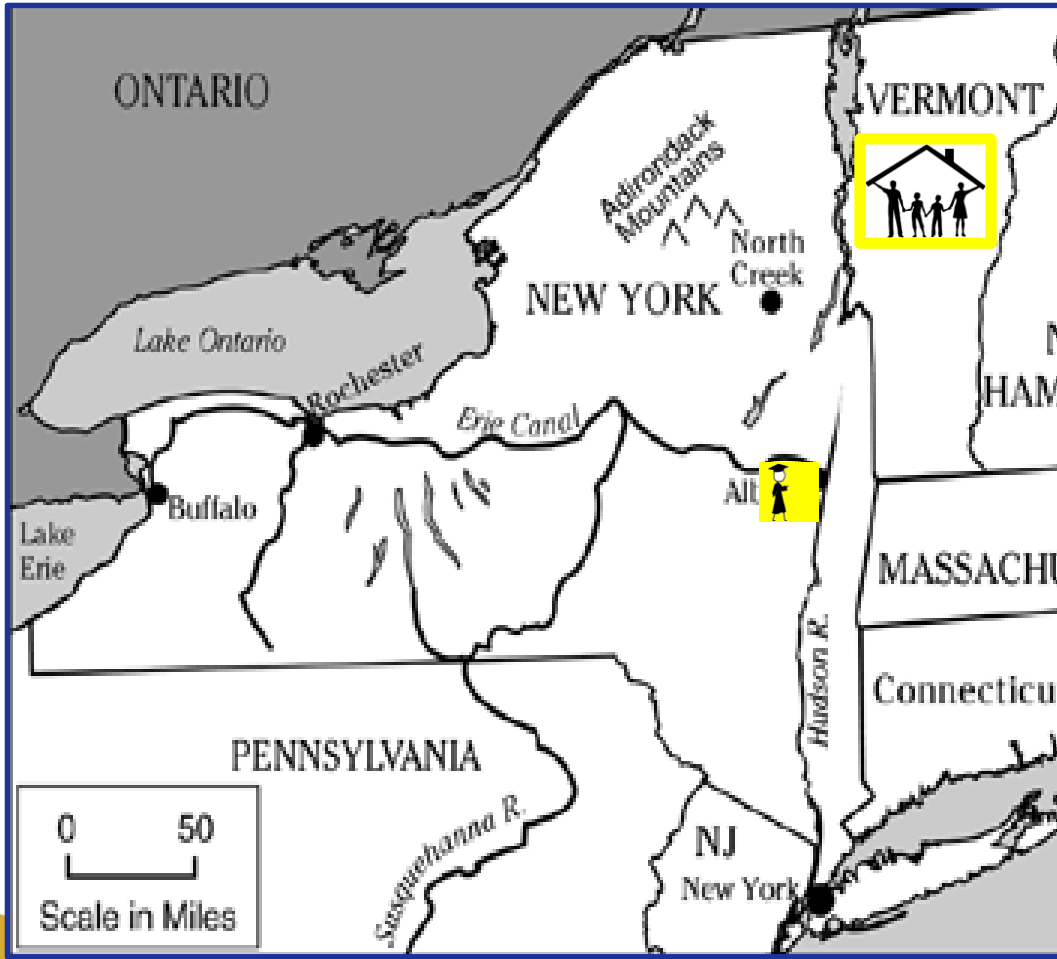
<https://www.healthcare.gov/get-coverage/>

# College Students & Minors Living on their Own



## College Students have a Choice of Residency

### Example #3



- Family living in Vermont
- Student goes to school in Albany, NY.
- Student has a choice
  - May apply with family to Vermont's state exchange
  - Can apply in NYSOH.

- Parent completes application as account holder and includes all household members.
  - NYSOH can identify proof of an individual with an out of state address.
- Student living in Albany, is the only applying member of the household.

# College Students & Minors Living on their Own



## What do we need to know to help College Students Apply?

### Dependents

- Address:** College Students living at a different location than family's home, have a choice as to where they would like to apply for Health Insurance.
- Household Members:** Parent must be account holder. Must include the tax payer (parent) and all individuals expected to be claimed as tax dependents (student, siblings etc...).
- Income:**
- Parents' income is counted.
  - College Student's income would count if they earn enough to meet the earned income threshold for a tax dependent. (we will discuss in next slide)

# College Students & Minors Living on their Own



## Counting Income for Dependents

Income Threshold for Dependents= \$6,200/year for earned income is the threshold for filing a tax return.

- Threshold changes annually: ([www.IRS.gov](http://www.IRS.gov))
  
- All earned income should be reported on NYSOH application.
  1. Income which is above the tax filing threshold will be counted toward total household income.
  2. Income from a dependent, who is a member of a household, whose income is below the tax filing threshold, will not count toward household income.

# College Students & Minors Living on their Own

## Counting Income for Dependents Examples

Income Threshold for Dependents= \$6,200/year for earned income is the threshold for filing a tax return.



- Jeffrey is 19 and lives with his parents.
- He is their dependent.
- He is in a household of 3 (his 2 parents and himself).
- Jeffrey makes \$6,300.
- Jeffrey's household income would be his parents income plus his income.



- Brittany is 19 and lives with her parents.
- She is their dependent.
- She is in a household of 3 (her 2 parents and herself).
- Brittany makes \$6,100.
- Brittany's household income would be her parents income only.

# College Students & Minors Living on their Own

## Counting Income for Dependents Examples

Income Threshold for Dependents= \$6,200/year for earned income is the threshold for filing a tax return.



- Cliff is 30 and lives with his parents
  - He is their dependent
  - He is in a household of 3 (his 2 parents and himself)
  - Cliff makes \$6,400
  - Cliffs household income would be his parents income plus his income.
- 
- If Cliff made \$5,000/year, his income would not count towards household income.

# College Students & Minors Living on their Own



## What do we need to know to help College Students Apply?

### Student is not a Dependent

Address: College Students living at a different location than family's home, have a choice as to where they would like to apply for Health Insurance.

Age	Rule
18 and Under	An 18 year old who lives with their parent is considered a child. They are considered dependent, even if there is no official tax relationship and their parents' income counts.
19 - 20	<ul style="list-style-type: none"><li>In a Non-tax filer household (or when student meets tax filer exception), a full time student is considered a child and their parents' income counts.</li><li>Files own taxes (not a dependent of parents), part time student, considered an adult and evaluated as his/her own household, only child's income counts (and, if applicable, any spouse or children's).</li></ul>
21 and Over	A 21 year old, regardless of student status, is considered an adult and only his/her income counts



# College Students & Minors Living on their Own

## Counting Income for Non-Tax Dependents

- All earned income should be reported on NYSOH application.
  - If young adult/child is in their own household (separate from parents), their income will count toward household income no matter how much income is reported.



- Min is 17, he is not a dependent of his parents and lives on his own.
- He is a household of 1.
- Min earned \$1,000 this year.
- That income would count toward his household income.

# College Students & Minors Living on their Own



## Additional Income Rules

### Title II exceptions for dependent children:

- If a dependent child's only income is from social security, that income will be **excluded** in determining the household income for Medicaid, CHPlus and APTC.
- If a dependent child's income is a mix of social security and other unearned income or earned income, that income will only be counted if the child has a tax filing obligation.
- If a dependent child's income is earned income or non-social security/SSI unearned income, that income will only be counted if the child has a tax filing obligation.
- SSI is never counted (this was always the rule). SSI should not be included on NYSOH applications.

For additional instructions on how to calculate a dependent's countable earned or unearned income, see IRS publication 929 at:

[http://www.irs.gov/publications/p929/ar02.html#en\\_US\\_2014\\_publink100203747](http://www.irs.gov/publications/p929/ar02.html#en_US_2014_publink100203747)

# College Students & Minors Living on their Own



## Minimum Value

- If an employer offers coverage to employees only that is affordable Minimum Value, the employee is not eligible for subsidized Qualified Health Plans. Affordable means that the lowest cost option for the employee is less than 9.56% of the employee's income. Minimum Value means that the plan has an AV of 60% or higher.
- If the employer offers coverage to employees and spouses/dependents, regardless of the cost of the insurance for the spouse and dependent, neither the employee nor the spouse/dependent can get subsidies for a QHP if the employee-only coverage is affordable and Minimum Value.
- If the employer offers affordable Minimum Value coverage for the employee only, and does not make available coverage for the spouse/dependent, the spouse/dependent could be eligible for QHP subsidies.

# College Students & Minors Living on their Own



## Tax Filing Status

Assistors should work with the individual in order to complete the application to the best of their knowledge and ability.

- In selecting the young adult/child's tax filing status.
- Knowing if the young adult/child claims dependents or is claimed as a dependent by someone else.

# Former Foster Care Youth Program



## Former Foster Care Youth Program

Recognizing that children who are discharged from the foster care system do not have the option to remain on their parent's insurance, the ACA includes a provision for young adults who are discharged from foster care to remain on Medicaid until age 26, regardless of income or resources.

Most young adults who left foster care at 18 and are still under 26 can apply for Medicaid with no income requirements.

### **What you need to know:**

- To be eligible, a child must have been in foster care at age 18 or older and enrolled in Medicaid.
- Child can apply any time before they reach age 26.
- There are no income or resource tests and no premiums. They don't need documents to apply (but if the state has trouble verifying that you were in foster care, you may be asked for a document).
- Once enrolled, they will continue on Medicaid through age 26 without needing to reapply or renew as long as they live in New York.

# Former Foster Care Youth Program

## Options for Young Adults after Foster Care

**Foster Care**

Was Rose ever in foster care? \* \* 

Yes     No

Is Rose Currently in foster care? \* \*

Yes     No

What age was Rose when he/she left foster care? \* \*

In what state was Rose in foster care? \* \*



Once you answer the questions as seen in the slide, the application will be stopped.

- A message will pop-up stating that the information will be sent to the LDSS.

# Former Foster Care Youth Program

## Foster Care in Another State

Foster Care

Was Rose ever in foster care? \*\* ⓘ

Yes  No

Is Rose Currently in foster care? \*\*

Yes  No

What age was Rose when he/she left foster care? \*\*

20 Years Old

In what state was Rose in foster care? \*\*

Vermont

- At the end of the application the young adult will enroll in Medicaid or a QHP. They will be given an option to call a number to find out more options for former foster youth.
- Once the young adult receives verification (documentation) from the other state they should call or go to the LDSS in the individual's county.

### Young Adult should Tell LDSS:

- "I enrolled in health insurance on NYSOH and I also want to enroll in the Former Foster Care Benefit."
- Let them know that the young adult has documentation to demonstrate that they were in foster care at age [18 – 21] in [state].
- When DSS confirms that they qualify, they will be enrolled in the Former Foster Care program and **unenrolled** from the insurance which they enrolled into on the Marketplace.

# College Students & Minors Living on their Own



## Poll #1



# College Students & Minors Living on their Own

## Questions?



# Homeless Individuals

# Homeless Individuals

If consumer does not have a permanent home address or is homeless, they can apply for health care coverage. They will need to provide the name of the county that they live in and a mailing address.

- County is important because it determines the plans that are available to the consumer.

# Homeless Individuals

## Process



1. During Identity Proofing, consumers must indicate a residential address

Residential Address could be entered as:

- Address of family member/friend
- Shelter they may frequent
- Any residential address where they can get mail

### Home Address

Tell us where you live. Enter the house or building number and street name in Address Line 1. Tell us the street address that is on your U.S. Driver's License or other government issued Photo-ID. If you have an apartment number, room number, or suite number, enter it in Address Line 2. Your home address cannot include a P.O. Box.

Address Line 1  Address Line 2

City  Zip Code  County  State

2. Later in the application, consumers can indicate that the address they entered is not a fixed address.

### New Residential Address

Full-time student living in another state can still use their NY address to access health insurance coverage in NYS. If you are working outside of NYS but primarily reside in NYS, please use your NYS address. This will allow you to acc. ss health coverage and providers in the State.

No Fixed Address  Participant in address confidentiality program

Address Line 1  Address Line 2

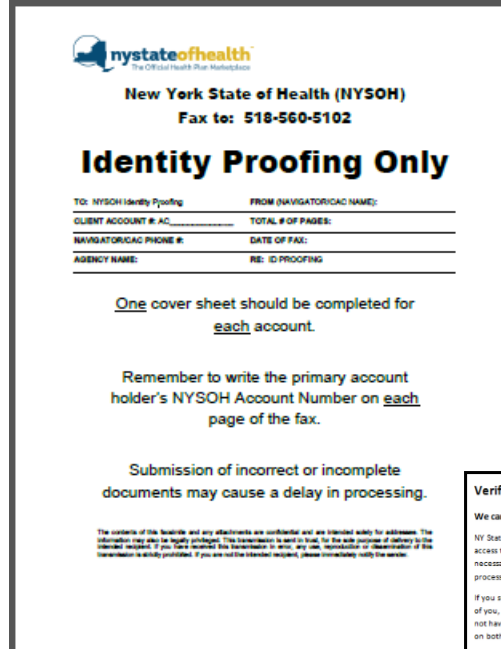
City  ZIP Code  County  State

# Homeless Individuals

## Manual Identity Proofing Process

Some individuals may need to be manually Identity Proofed.

- Identity Verification Form (DOH 5088)
- Attestation of Identity Form (DOH 5090)
- Identity Verification Form (Children 17 or Younger) (DOH 5091)



**nystateofhealth**  
The Official Health Plan Marketplace

**New York State of Health (NYSOH)**  
Fax to: 518-560-5102

### Identity Proofing Only

TO: NYSOH Identity Proofing FROM (NAVIGATOR/CAC NAME): \_\_\_\_\_  
CLIENT ACCOUNT # AC: \_\_\_\_\_ TOTAL # OF PAGES: \_\_\_\_\_  
NAVIGATOR/CAC PHONE #: \_\_\_\_\_ DATE OF FAX: \_\_\_\_\_  
AGENCY NAME: \_\_\_\_\_ RE: ID PROOFING \_\_\_\_\_

One cover sheet should be completed for each account.

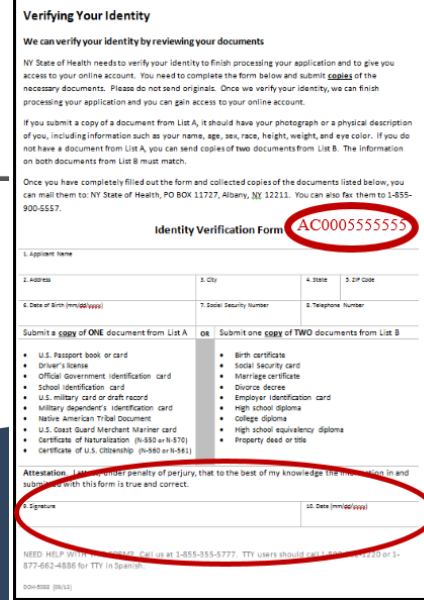
Remember to write the primary account holder's NYSOH Account Number on each page of the fax.

Submission of incorrect or incomplete documents may cause a delay in processing.

The contents of this booklet and any attachments are confidential and are intended solely for addressee. The information may also be legally privileged. This transmission is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this transmission in error, any use, reproduction or dissemination of the transmission is strictly prohibited. If you are not the intended recipient, please immediately notify the sender.

Fax to:

(518) 560-5102



**Verifying Your Identity**

We can verify your identity by reviewing your documents

NY State of Health needs to verify your identity to finish processing your application and to give you access to your online account. You need to complete the form below and submit copies of the necessary documents. Please do not send originals. Once we verify your identity, we can finish processing your application and you can gain access to your online account.

If you submit a copy of a document from List A, it should have your photograph or a physical description of you, including information such as your name, age, sex, race, height, weight, and eye color. If you do not have a document from List A, you can send copies of two documents from List B. The information on both documents from List B must match.

Once you have completely filled out the form and collected copies of the documents listed below, you can mail them to: NY State of Health, PO BOX 11727, Albany, NY 12211. You can also fax them to 1-855-900-5557.

**Identity Verification Form** **AC000555555**

1. Applicant Name \_\_\_\_\_

2. Address \_\_\_\_\_ 3. City \_\_\_\_\_ 4. State \_\_\_\_\_ 5. ZIP Code \_\_\_\_\_

6. Date of Birth (mm/dd/yyyy) \_\_\_\_\_ 7. Social Security Number \_\_\_\_\_ 8. Telephone Number \_\_\_\_\_

Submit a copy of ONE document from List A **or** Submit one copy of TWO documents from List B

<ul style="list-style-type: none"><li>• U.S. Passport book or card</li><li>• Driver's license</li><li>• Official government identification card</li><li>• School identification card</li><li>• U.S. military card or draft record</li><li>• Military dependent's identification card</li><li>• Native American Tribal Document</li><li>• U.S. Coast Guard Merchant Mariner card</li><li>• Certificate of Naturalization (N-550 or N-570)</li><li>• Certificate of U.S. Citizenship (N-560 or N-561)</li></ul>	<ul style="list-style-type: none"><li>• Birth certificate</li><li>• Social security card</li><li>• Marriage certificate</li><li>• Divorce decree</li><li>• Employer identification card</li><li>• High school diploma</li><li>• College diploma</li><li>• High school equivalency diploma</li><li>• Property deed or title</li></ul>
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Attestation: I, the undersigned, under penalty of perjury, that to the best of my knowledge the information in and submitted with this form is true and correct.

9. Signature \_\_\_\_\_ 10. Date (mm/dd/yyyy) \_\_\_\_\_

NEED HELP WITH THIS FORM? Call us at 1-855-355-5777. TTY users should call 1-855-355-5777 or 1-877-662-4556 for TTY in Spanish.

DOH-5088 (06/15)

## Poll #2

# Survivors of Domestic Abuse

## Individual applying on their own

- Separating household members on an existing application - If the individual needs to be separated from a current application, by which they are currently listed with the abuser, assist the consumer by calling the NYSOH Call Center.
- Tax filing status and APTC eligibility - Victims of Domestic Violence who are married but unable to file jointly may be eligible for subsidies. They file as married filing separately as they are living apart from their spouse and therefore unable to file jointly. Assist the consumer by calling the Call Center to indicate this and they may become eligible for APTC.

Form <b>8962</b> Department of the Treasury Internal Revenue Service	<b>Premium Tax Credit (PTC)</b> ▶ Attach to Form 1040, 1040A, or 1040NR. ▶ Information about Form 8962 and its separate instructions is at <a href="http://www.irs.gov/form8962">www.irs.gov/form8962</a> .	OMB No. 1545-0074 <b>2014</b> Attachment Sequence No. 73
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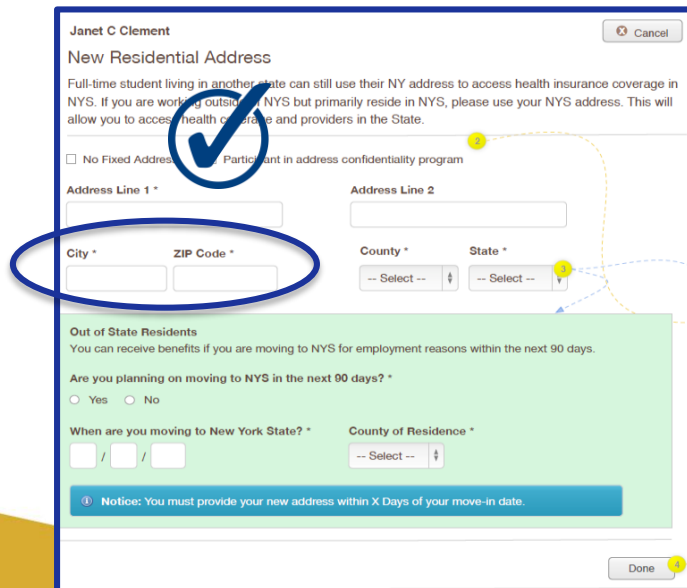


# Survivors of Domestic Abuse

## Address Confidentiality Program (ACP)

<http://www.dos.ny.gov/acp/>

- Individual will be asked to provide county and zip code.
- Individual should then mark “no” to the question: “Does everyone in this household live at this address?”
  - Enter the mailing address (PO Box) which NY Department of State designates for domestic violence victims.



Janet C Clement

New Residential Address

Full-time student living in another state can still use their NY address to access health insurance coverage in NYS. If you are working outside of NYS but primarily reside in NYS, please use your NYS address. This will allow you to access health coverage and providers in the State.

No Fixed Address  Participant in address confidentiality program

Address Line 1 \*  
Address Line 2

City \* ZIP Code \*  
County \* State \*

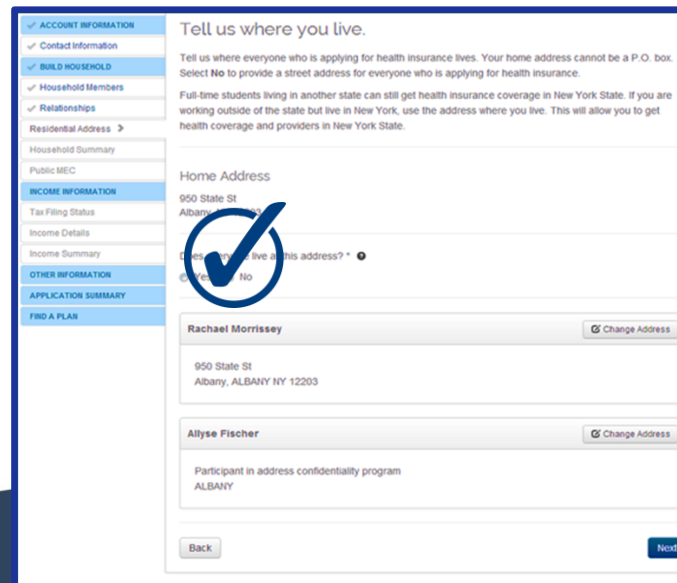
Out of State Residents  
You can receive benefits if you are moving to NYS for employment reasons within the next 90 days.

Are you planning on moving to NYS in the next 90 days? \*

When are you moving to New York State? \* County of Residence \*

Notice: You must provide your new address within X Days of your move-in date.

Done



Tell us where you live.

Account Information

Build Household

Household Members

Relationships

Residential Address

Home Address

950 State St  
Albany, ALBANY NY 12203

Does everyone live at this address? \*

No

Rachael Morrissey

Allyse Fischer

Participant in address confidentiality program  
ALBANY

Back Next

# Survivors of Domestic Abuse



## Absent Parent & Good Cause

- Compliance with Child Support rules apply to most Medicaid eligible adults who have a Medicaid eligible child and indicate the child's other parent is not in the household. Pregnant women do not need to comply with child support rules until their 60 day post-partum period is over.
- The option to claim "Good Cause" is available to anyone who feels they have a good reason they should not be required to comply with child support rules, which include providing information about the child's absent parent. "Good cause" may be of particular benefit to victims of domestic violence and would allow this group to receive or maintain Medicaid coverage.

When claiming "Good Cause": If the custodial parent and the child are determined Medicaid Eligible, the custodial parent will receive a notice stating that they must demonstrate (submit evidence) that they have Good Cause for not cooperating with Child Support within 20 days of receiving the notice. The notice contains:

- Reasons Good Cause can be claimed and will be approved.
- Examples of the types of evidence the consumer can provide to document that they have Good Cause.
- Information on helping the consumer attain "Reasonable Assistance" from The Marketplace.

# Reminders

# Reminders

## Role of the Assistor

NYSOH has trained and certified Assistors to provide free, in-person enrollment assistance to New Yorkers applying for coverage through the Health Plan Marketplace.

- Be sure to remind the consumer to report any Life Status Change to NYSOH. The consumer could return to their Assistor to make the change, call the NYSOH Call Center or go online. Some examples of Life Status Changes would include but are not limited to:
  - Address
  - Income
  - Household composition
  - Access to other insurance (Medicare)

Remember, the consumer needs to electronically sign the application. You may not sign for them.

# Reminders

## Invalid Mailing Address

- If a notice is mailed to the consumer and is returned by the US Postal Service as undeliverable with no forwarding address, the mailing address will show as invalid in the consumer's account.
- A notice will be posted to their account indicating the eligibility determination made based on the invalid address.
  - MA/CHPlus eligible consumers will be determined ineligible for coverage.
  - APTC/APTC CSR/APTC-PP consumers will have their eligibility changed to Full Pay QHP.
- Consumer should update their address ASAP.
- If consumer verifies that address is correct Assistor should assist consumer in signing up for electronic noticing.

Mailing Address

The Marketplace may send information such as notices to your mailing address. Enter the house or building number and street name or a P.O. Box in Address Line 1. Enter your apartment number, room number, or suite number in Address Line 2. If you want your mail sent in care of another person, begin by writing C/O followed by the person's name in Address Line 2.

Address Line 1 *	Apt/Suite	Address Line 2	
<input type="text" value="Mailing Address Changed by CS"/>	<input type="text"/>	<input type="text"/>	
City *	Zip Code *	County *	State *
<input type="text" value="Tarrytown"/>	<input type="text" value="10591"/>	<input type="text" value="WESTCHESTER"/>	<input type="text" value="NEW YORK"/>

Click here if you want your mail sent in care of another person

Telephone Numbers

Homeless Individuals

Survivors of Domestic Abuse

Reminders

# Questions?



## Tool Kit

- Identity Proofing Fax Cover Page & ID Proofing Forms
- Frequently Asked Questions from Today's Session.
- Survey Monkey Website for reporting.

# Reminder

## Recertification Process

- All Assistors must view all webinars to be recertified.
- The reporting process for recertification is currently being finalized and information will be forthcoming.





Thank you for joining us!

Next Recertification Training:

Title: Special Populations (2)

Date: July 29, 2015