

Nursing Home Medicaid for Undocumented Non-Citizens Aged 65+

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A recent Dear Administrator letter clarifies the relatively recent expansion of health insurance coverage for undocumented non-citizen nursing home residents aged 65 and older. Although the new option for this population of undocumented non-citizen nursing home residents went into effect on January 1, 2024, we are only now getting guidance on the procedures and requirements to qualify for this coverage.

Prior to January 1, 2024, undocumented non-citizen nursing home residents could only qualify for Emergency Medicaid, which did not cover nursing home care. Now, this new option for covering 65 and older undocumented nursing home residents is implemented through Medicaid's managed care plans. With this expanded option, qualifying residents can get Medicaid coverage of their long-term in-patient nursing home care and services.

As always, eligibility determinations are still made by the local department of social services (LDSS) under the existing Medicaid eligibility rules used for long term nursing home placement applicants, which includes the usual demographic information and the 60-month look back (along with the standard

DOH/LDSS forms and other requested documentation). If the applicant does not have a Social Security Number or income, the LDSS should still complete the eligibility determination.

The most important distinction of this new option is that Medicaid coverage for long term nursing facility care and services will only be available once the undocumented resident is enrolled in a managed care plan and the plan approves the permanent placement. Since plan approval must be granted before coverage of the resident's permanent placement can be authorized, billing for the plan-approved dates of service is not immediate; however, even if the plan approval takes months, the coding will reflect the approved timeframe despite the approval being entered after the resident has been permanently placed and long-term Medicaid eligibility established.

To review, despite receiving an approval notice from the LDSS for long-term nursing home coverage, the facility will not receive Medicaid reimbursement until the plan has approved the resident's permanent placement. Once the plan approves the placement, the facility should be able to bill the claims from the date of the plan's approval.

For assistance and support adapting to the new Medicaid rules and regulations, please reach out to [Nancy Levitin, Esq.](#) or [Gregory S. Choi, Esq.](#) in our [nursing home department](#) at 516-328-2300.