

**CONSUMER/PROVIDER REQUEST TO CHANGE  
INFORMATION ON FILE  
(DOCUMENTATION REQUIRED)**



**Note:** This document is only to be used to correct/change the information listed on this form. To change a consumer's demographic information, staff is directed to [MAP-751k, Consumer/Provider Request to Change Information on File \(No Documentation Required\)](#).

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_ CIN: \_\_\_\_\_

**Please be advised that an eligibility notice will be sent regarding the change you requested.**

**CORRECT/CHANGE THE FOLLOWING INFORMATION (CHECK ALL THAT APPLY)**

**Close Case Completely**

Additional Details: \_\_\_\_\_

**Acceptable Proof**

- Signatures of Consumer and/or Representative on this form

**Combine Case**

Current Case Number: \_\_\_\_\_ With Case Number: \_\_\_\_\_

Additional Details: \_\_\_\_\_

**Acceptable Proof**

- Signatures of Consumer and/or Representative on this form

**MSSI Case Actions**

<input type="checkbox"/> Re- open closed SSI case	<input type="checkbox"/> Correct SSI Coverage
<input type="checkbox"/> Activate SSI case	<input type="checkbox"/> Update/ Change SSI Case

Case Number \_\_\_\_\_

Additional Details: \_\_\_\_\_

**Acceptable Proof**

- Documentation from SSA
- DOH-4220, Access NY Application

**Change case head**

**Case Number:**

**Name of new Case head:**

**Acceptable Proof**

- Birth certificate
- Guardianship papers
- Letter from SSA

**Add Individual to Case**

Name: \_\_\_\_\_

Additional Details: \_\_\_\_\_

**Acceptable Proof**

- DOH-4220, Access NY Application

**Remove Individual from Case**

Additional Details: \_\_\_\_\_

**Acceptable Proof**

- Signatures of Consumer and/or Representative on this form

**Notification of Death**

For: \_\_\_\_\_

Additional Details:

**Acceptable Proof**

- Death Certificate

**Change in Immigration Status**

From: \_\_\_\_\_ To: \_\_\_\_\_

Additional Details: \_\_\_\_\_

**Acceptable Proofs**

- I-94 Arrival Departure Record
- I-551 Permanent Resident Card (Green Card)
- I-766 Employment Authorization Card
- I-797 Notice of Action indicating approval or pending application
- Evidence of continuous United States Residence prior to January 1, 1972
- Other authoritative documents that identify a change in immigration status

**Upgrade Eligibility to Include Personal Care/Other Community-Based Long-Term Care (CBLTC) Services/Nursing Home (NH) Services**

Additional Details: \_\_\_\_\_

**Acceptable Proofs**

- Proof of Income
- Proof of Resource (CBLTC: Resource documents for the current month only and NH: Resource documents for the past 60 months and an immediate need for the services)
- DOH-5178A, Access NY Supplement A

**Medicare Savings Program Evaluation (MSP)**

Additional Details: \_\_\_\_\_

**Acceptable Proofs**

- See attached MAP-628j, Medicare Savings Program (MSP) Documentation Guide
- Note:** If the documents on the MAP-628j were already submitted with your Medicaid application, you do not need to submit any additional documents.

**Conversion- Medicaid (MA) and Medicare Savings Program (MSP)**

- Convert Medicaid to MSP case                       "Convert MSP to Medicaid"

Case Number: \_\_\_\_\_

Additional Details: \_\_\_\_\_

**Acceptable Proofs:**

- DOH-422, Access NY Application
- DOH-4328 Medicare Savings Program Application

**Budgeting Changes**

- Disabled Adult Child (DAC)     Medicaid Buy-In for Working People with Disabilities (MBI-WPD)
- Modified Adjusted Gross Income (MAGI)     Pickle     Reduce Spend Down
- Special Housing Standard after Discharged from Nursing Home or Adult Home and Enrolled in Managed Long-Term Care
- Spousal Impoverishment     Spousal Refusal                       Re-budget case

Additional Details: \_\_\_\_\_

**Acceptable Proofs**

- See attached MAP-751x Budgeting Change Documentation Guide

**Surplus**

Retroactive coverage: \_\_\_\_\_ Provisional coverage: \_\_\_\_\_

Update/ Correct coverage: \_\_\_\_\_

Case Number: \_\_\_\_\_

Additional Details: \_\_\_\_\_

**Acceptable Proofs**

- See attached MAP-751x Budgeting Change Documentation Guide

**Pooled Trust**

Budgeting for New Trust Submission     Budget for Increased Deposits

Additional Details: \_\_\_\_\_

**Acceptable Proofs**

- Copy of your Pooled Trust Joinder Agreement
- Copy of Power of Attorney (if applicable)
- Proof of Deposit Made
- Social Security Disability Determination or Disability Request (LDSS-486T Medical Report for Determination of Disability, LDSS-1151, Disability Review, MAP-751e, Authorization to Release Medical Information, OCA-960 Authorization for the Disclosure of Individual Health Information HIPAA Release Form)

**Add or Remove Third Party Health Insurance**

Additional Details: \_\_\_\_\_

**Acceptable Proofs**

- MAP-404d, Notice of Health Insurance Confirmation
- MAP-404e, Notice of Removal of Third-Party Health Insurance
- MAP-404g, Request to Remove "Commercial" Third-Party Health Insurance

**Coverage**

From: \_\_\_\_\_ To: \_\_\_\_\_

Additional Details: \_\_\_\_\_

**Acceptable Proofs**

- Medical Bills

**Incarcerated Case Actions**

**AC to IC – Suspending a case due to incarceration.**

**IC to AC – Unsuspending a case due to release from correctional facility.**

**Change Not Listed on this Form**

If a change you are requesting is not listed on this form, supply additional details in the space provided below:

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Name (Print)	Signature	Date
Client Representative Name (Print)	Signature	Date

**Do you have a medical or mental health condition or disability?** Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **888-692-6116**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.