

ERIE COUNTY RESIDENTS

HEALTH SUPPORTS NY RESOURCE GUIDE/CHECKLIST

Health Supports can help low-income New Yorkers make ends meet. This Resource Guide with optional checklist provides information on major Health Insurance supports that can improve the health and well-being of individuals and families.

Internet Resources: Helpful websites for free or low cost health insurance are:

1. www.enrollny.org
2. www.healthyny.org

Benefit or Service	Who is Eligible?	Cost	Documentation Required	Where to Apply/Get More Information
Medicaid (MA)	Certain low income individuals and families who cannot afford to pay for medical care	None; except for Spend-down cases	Identity; SSN, Citizenship or Immigration Status, Residence, Income, and certain expenses such as child care. Proof of resources is required for long term care coverage.	Local Department of Social Services (LDSS) 858-6244 or Facilitated Enroller 1-800-698-4543 or 1-877-934-7587 or NYS MA Helpline 1-800-541-2831
Transitional Medicaid (TMA)	Former Temporary Assistance (TA) recipients whose cases are closed and meet eligibility requirements	None	No application required. Enrollment for 12 months is automatic after TA case is closed.	LDSS 858-8000
Family Health Plus (FHP)	Single adults, childless couples, and parents w/low income between the ages of 19 and 64 who do not qualify financially for MA	None	Identity; SSN, Citizenship or Immigration Status, Residence and Income	Facilitated Enroller 1-800-698-4543 (child) 1-877-934-7587 (family)
Family Health Plus – Premium Assistance Program (FHP-PAP)	Single adults, childless couples, and parents w/low income between the ages of 19 - 64 who do not qualify financially for MA and have health insurance available through their employer	Varies	Identity; SSN, Citizenship or Immigration Status, Residence, Income, and proof of employer based health insurance availability	Facilitated Enroller 1-800-698-4543 (child) 1-877-934-7587 (family)
Child Health Plus (CHPlus)	NYS residents under 19 years of age who are not MA eligible, do not have 3 rd party health insurance and do not qualify for state health benefits	Free to full premium depending on income and insurer	Identity; SSN, Citizenship or Immigration Status, Residence, Income, and certain expenses such as child care.	Facilitated Enroller 1-800-698-4543 (child) 1-877-934-7587 (family)
Family Planning Benefit Program (FPBP)	Covers males and females ages 11 - 64 with family planning services who do not qualify for MA or FHP	None	Identify, income, citizenship or immigration status	Dept. of Health– 858-8422 or NYS MA Helpline 1-800-541-2831, or apply in person: Jesse Nash Health Center , 608 William St., Buffalo, NY OR Matt Gajewski Health Center , 1500 Broadway, Buffalo, NY 14212
Medicaid Buy-In for Working People with Disabilities (MBI-WPD)	Individuals with disabilities between the ages of 16 and 64 who are working full or part time	Free to full premium, depending on income and insurer	Income, citizenship or immigration status, identity, resources, expenses, including Impairment Related Work Expenses, residence, SSN and proof of employment	http://www.nyhealth.gov/health_care/Medicaid/program/buy_in/index.htm
Medicare Savings Program (MSP)	Low income Medicare beneficiaries needing assistance with paying Medicare premiums and other Medicare costs	None	Residence, income, Medicare card, health insurance premiums, immigration status	http://www.health.state.ny.us/health_care/Medicaid/program/update/savingsprogram/Medicareavingsprogram.htm
Prenatal Care Assistance Program (PCAP)	Health coverage for pregnant women through at least 2 months after delivery and for their infants until the age of 1	None	NYS residency, identity, income	PCAP Helpline 1-800-522-5006

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Children's Presumptive Eligibility	NYS residents under age 19 with low income	None	Attestation of Citizenship/Immigrant status, age, income, residency and household size	Qualified Entities (QE's) Northwest Community Center 155 Lawn Ave. Buffalo, NY (875-2904) Community Health Center 462 Grider St. Buffalo, NY (986-9199)
Together RX Access	Residents with no prescription drug coverage and not eligible for Medicare		May request income & citizenship	www.togetherrxaccess.com or call 800-444-4106
Community Health Center of Buffalo	People with no health insurance or high deductible +/- or co-pay	Low cost health services. Fee based on income & household size. Minimum payment \$10	Per program requirements	www.buffalochc.org 986-9199 Grounds of ECMC 462 Grider St. Buffalo, NY Medical, Dental, Social Work and Pharmacy
MA Transportation	Certain individuals who are currently in receipt of Medicaid	None	Doctor completes a medical and social application	LDSS - 858-4877
Mental Health	People who are in need of services	Sliding fee scale based on income	Per program requirements	858-8530 – General Information
Senior Services	Residents age 60 and older		Varies on program	LDSS-858-8526
Long Term Care/ Nursing Home Div. (LTC/NHD)	Certain individuals who are over 65 years of age or disabled.	Free to varied	Identity; SSN, Citizenship or Immigration Status, Residence, Income, and certain expenses such as child care. Proof of resources is required for long term care coverage	Facilitated Enroller 1-800-698-4543 or 1-877-934-7587 or NYS MA Helpline 1-800-541-2831 OR www.nyconnects.org OR LDSS-858-1901
Verizon Lifeline Telephone Service	Families with limited income or currently receiving SSI, TA, FS, HEAP, MA, VA benefits may be eligible for lower basic service charges on home phone service	Yes	Proof of income or government benefits	1-800-555-5000 www.verizon.com
Good Neighbors Health Center	People with limited incomes. Services include medical, vision, dental, and chiropractor	All services are free but on a 1 st come 1 st serve basis. Call to find out hours of operation.	Per program requirements	856-2400 175 Jefferson Ave., Buffalo, NY
Medicaid Cancer Treatment Program: Breast, Cervical, Colorectal and Prostate cancer (MCTP)	Certain individuals who have been diagnosed with or are being treated for the cancers mentioned here and are not eligible for other Medicaid Programs (MA, FHP, etc.) and whose income is below 250% Federal Poverty Level and not covered under any creditable health insurance.	None	Identity; SSN, Citizenship or Immigration Status, Residence, Income, and certain expenses such as child care.	1-866-442-2262 (Cancer Services Program) or 1-800-541-2831 (Medicaid Help Line)