Best Practices For Medicaid Renewals at HRA

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New York Legal Assistance Group

ABOUT NYLAG

The New York Legal Assistance Group (NYLAG) is a leading non-profit that provides free civil legal services, financial counseling, and engages in policy advocacy efforts to help people experiencing poverty.

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The Evelyn Frank Legal Resources Program

Focuses on fighting for older adults and people with disabilities, ensuring access to health care and home care services to age safely in the community. Services include:

- **Counseling** client on Medicaid, Medicare and home care eligibility and services.
- **Training** legal, social services and health care professionals about changes in Health Care programs and how to best serve the health and long-term care needs of older adults and people with disabilities.
- **Representing** clients in denials and reduction of Medicaid, Medicare Savings Program and Medicaid Home Care.
- **Assisting clients with accessing Medicaid home care** through Managed Long Term Care plans.

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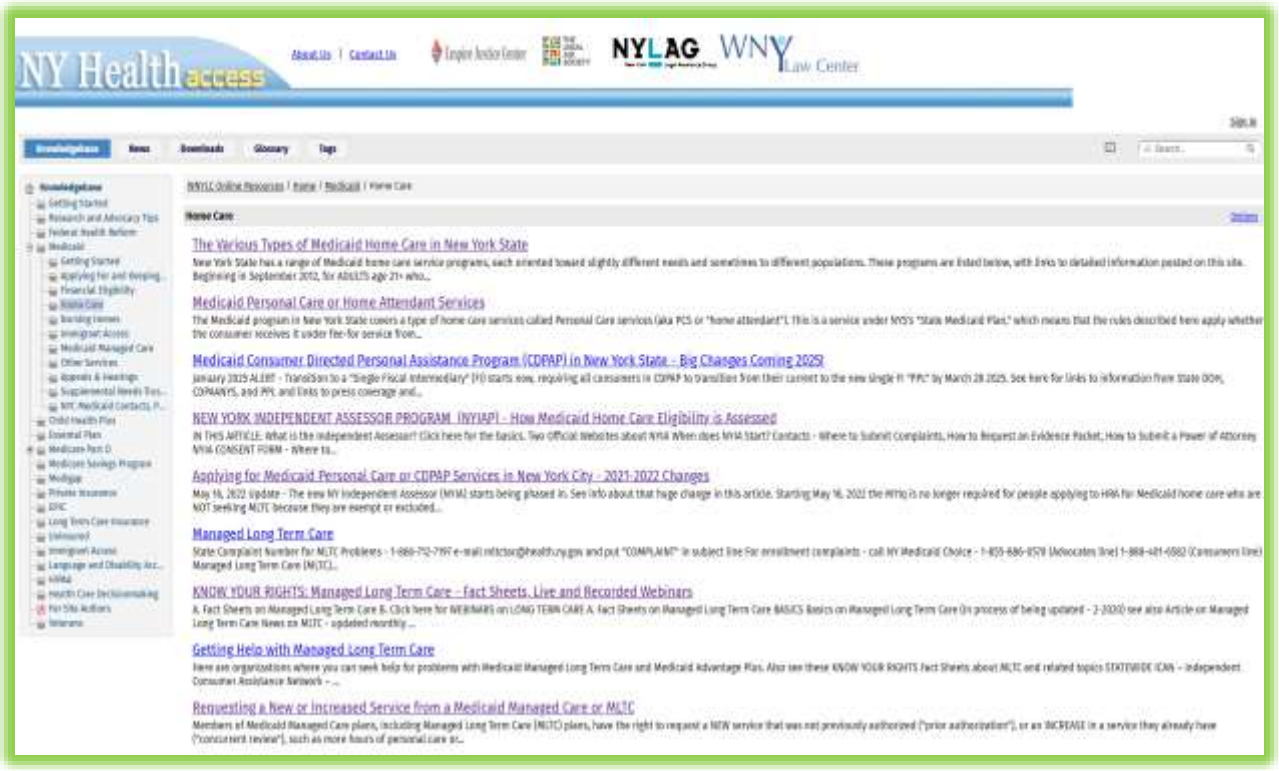
EFLRP Services (continued)

- Educating the public through the website: http://health.wnylc.com/health/



- Policy Updates
- Consumer Materials
- Expansive resources on coverage criteria and eligibility

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Agenda

- Where We Are Now – Post PHE and Unwind
- Review of Medicaid Renewal Paperwork and Procedures
- Medicaid Renewal Best Practices
  - Completing the Form
  - Checking Status of the Renewal
  - Best Practices for a Lost or Late Renewal
- Notice of Intent to Discontinue Issued
  - Fair Hearing Requests
  - Initial Steps After Requesting the Fair Hearing
- Reviewing the Approval Notice
- Coming Soon: Non-MAGI Medicaid Applications and Renewals on NYSOH (MECM)

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WHERE WE ARE NOW- AFTER PHE & UNWIND

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COVID Public Health Emergency (PHE) & Maintenance of Effort (MOE)

Effective Januar[illegible] 2020 the Public Health Service Act was used to declare a **Public Health E[illegible]**

Families First [illegible] established a m[illegible] end of the PHE [illegible] case. GIS 20 M[illegible]

[illegible]arch 18, 2020 [illegible]s through the [illegible]lose their

Consolidated A[illegible] delinked the co[illegible] start terminatin[illegible] This is called th[illegible]

[illegible]cember 2022, [illegible]ates could [illegible] 2 months. 5/11/23.

****Special rules for NYC HRA Medicaid recipients and some DSSs**.** Case closures for failure to recerty were paused. Medicaid cases on the Marketplace (NYSOH) and at some DSSs outside of NYC were closed for failure to recertify or ineligibility.

Pandemic Era Easements Have Ended (mostly)

Ex Parte/Auto Renewals

1. 100 Percent FPL
2. Zero Income
3. Non-MAGI SNAP Match
4. CHIP SNAP Match
5. Individuals with fixed SSRI or pension Match

MCO & Enrollment Broker Outreach

6. MCO updates contact info
7. Enrollment broker can update contact info

Special Non-MAGI Waivers

8. Waiver of the resource test
9. Non-MAGI beneficiaries on NYSOH without spend down or LTSS stay on NYSOH (but MECM)

10. Fair Hearing Protections (OTDA only) – Dec. 31, 2025

- Extends deadline to request aid continuing on a discontinuance/ reduction
- Waiver of recoupment if consumer loses the hearing
- NYS Deadline to decide fair hearing within 90 days extended

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Press Release: New York Among Leading States Keeping Families and Children Enrolled in Medicaid During Public Health Emergency Unwind

December 20, 2023

CMS Report Ranks New York State Among Highest Performing Five States in Keeping Children Enrolled

New York Continues to Automate Enrollment Processes and Implement a Robust Outreach and Education Campaign

ALBANY, N.Y. (December 20, 2023) – The New York State Department of Health announced today it ranks among the top five states in keeping families and children enrolled in Medicaid during the Public Health Emergency (PHE) unwind, according to a report released by the Centers for Medicare & Medicaid Services (CMS). Data from the report shows that states that have adopted more flexibilities provided by CMS and prioritized auto-renewals (*ex parte*) have helped keep more eligible children enrolled in Medicaid and Children's Health Insurance Program (CHIP) coverage.

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Spring 2025: Reinstatement of LDSS/HRA Discontinuances for Failure to Renew

- The **5-year pause** on closing Medicaid cases at HRA (+ some additional counties) for failure to recertify (FTR) ended in **April 2025**.
- This type of discontinuance is also known as a "procedural discontinuances" because the Medicaid case closes even for those consumers who are financially eligible.
- This is known as "churn," which costs consumers and HRA.

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About six months later . . .

- Each month about 20,000 notices are sent to Medicaid consumers in NYC closing their cases for failure to recertify (FTR).
- Fair hearing requests for FTR are increasing.

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BRIEF REVIEW OF RENEWAL PAPERWORK

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MAIL RENEWAL PROGRAM
HRA/MEDICAL ASSISTANCE PROGRAM
PO BOX 329060
BROOKLYN, NY 11232-9823

NYC Human Resources Administration
Department of Social Services

MAP-909e (E) 12/06/2023

[redacted]

RENEWAL NOTIFICATION

Medicaid Managed
Long Term Care

LOCATION: CED/MLTC
NOTICE DATE: 02/08/2025
CASE NUMBER: [redacted]
NUMBER OF ADULTS: 01
NUMBER OF CHILDREN: 00
PRIORITY: N
RVI CODE: 2
TELEPHONE NUMBER: [redacted]

May read:
-- CED/Surplus
-- CED/MRP

Dear Consumer:

It is time to renew your Medicaid/Managed Long-Term Care Medicare Savings Program (MSP/QMB). Renewal instructions are attached to help you. **Complete and sign** this form and include all required proofs (explained more below). Return your entire renewal form in the enclosed envelope, **including this page.**

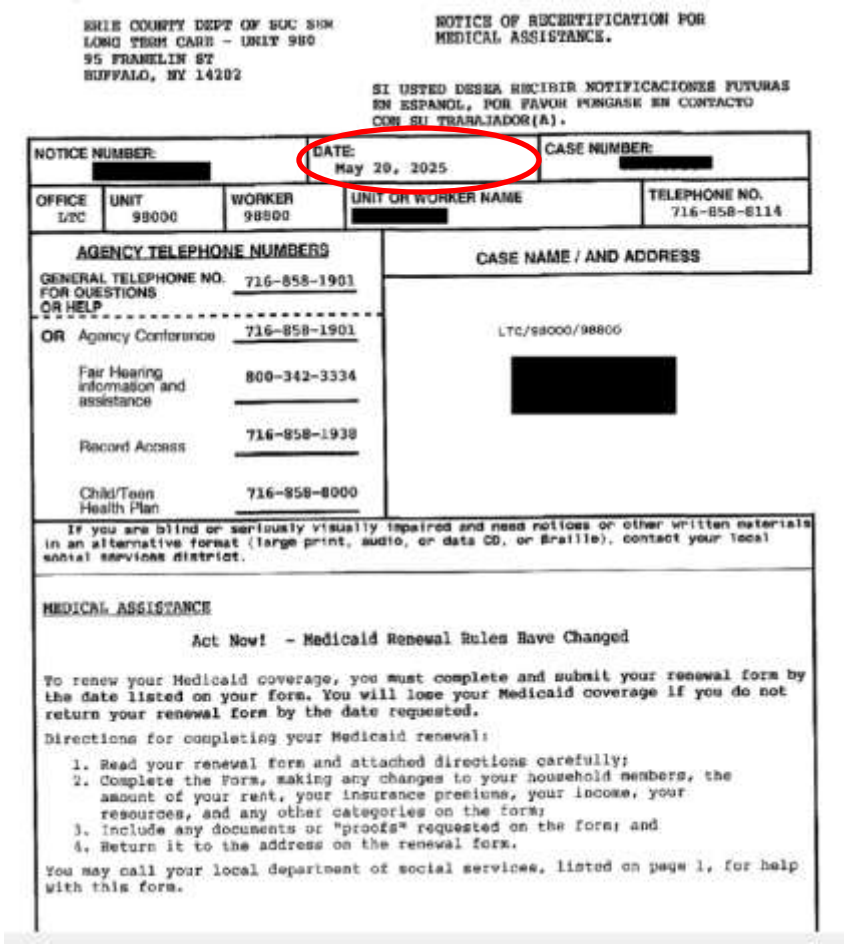
Renewal needs to get to HRA by this day

TIP - If possible, send at least 2 weeks before

You must return the completed form and proofs **before** 04/10/2025 or your coverage may end. If your coverage ends, depending on the coverage that you have now, we will no longer provide you with health insurance coverage or pay your Medicare premium, deductible or co-pays.

Review the form carefully. If anything is wrong or has changed, you must write in the correct information. If it is correct, check the "**No Change**" box.

Rest of State (ROS) – Medicaid Renewal



ERIE COUNTY DEPT OF SOC SER
LONG TERM CARE - UNIT 980
95 FRANKLIN ST
BUFFALO, NY 14202

NOTICE OF RECERTIFICATION FOR MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS EN ESPANOL, POR FAVOR PONGASE EN CONTACTO CON SU TRABAJADOR(A).

NOTICE NUMBER: [redacted]	DATE: May 20, 2025	CASE NUMBER: [redacted]

OFFICE	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.
LTC	98000	98800	[redacted]	716-858-8114

AGENCY TELEPHONE NUMBERS

GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	716-858-1901
OR Agency Conference	716-858-1901
Fair Hearing information and assistance	800-342-3334
Record Access	716-858-1938
Child/Teen Health Plan	716-858-8000

CASE NAME / AND ADDRESS

LTC/98000/98800

[redacted]

If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.

MEDICAL ASSISTANCE

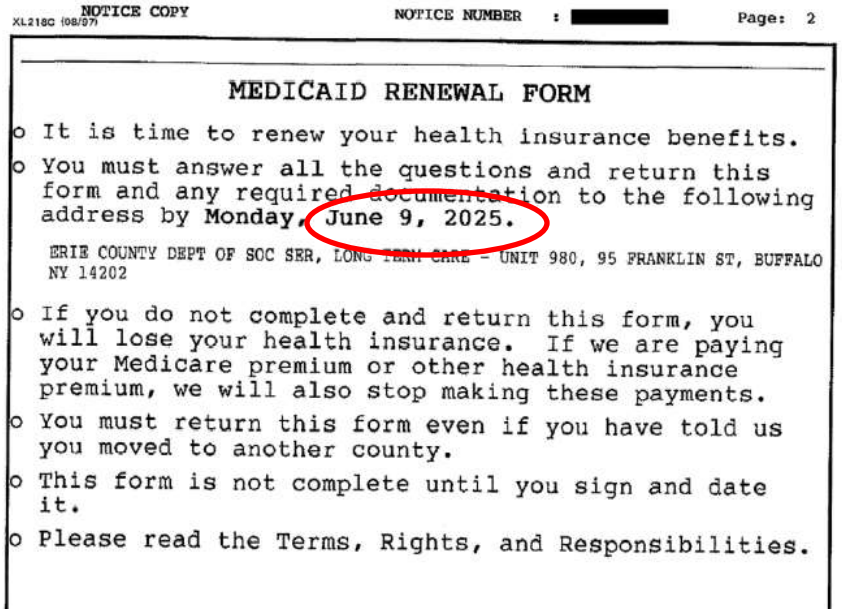
Act Now! - Medicaid Renewal Rules Have Changed

To renew your Medicaid coverage, you must complete and submit your renewal form by the date listed on your form. You will lose your Medicaid coverage if you do not return your renewal form by the date requested.

Directions for completing your Medicaid renewal:

1. Read your renewal form and attached directions carefully;
2. Complete the Form, making any changes to your household members, the amount of your rent, your insurance premiums, your income, your resources, and any other categories on the form;
3. Include any documents or "proofs" requested on the form; and
4. Return it to the address on the renewal form.

You may call your local department of social services, listed on page 1, for help with this form.



XL218C (08/07) NOTICE COPY NOTICE NUMBER : [redacted] Page: 2

MEDICAID RENEWAL FORM

- It is time to renew your health insurance benefits.
- You must answer all the questions and return this form and any required documentation to the following address by **Monday, June 9, 2025.**

ERIE COUNTY DEPT OF SOC SER, LONG TERM CARE - UNIT 980, 95 FRANKLIN ST, BUFFALO NY 14202

- If you do not complete and return this form, you will lose your health insurance. If we are paying your Medicare premium or other health insurance premium, we will also stop making these payments.
- You must return this form even if you have told us you moved to another county.
- This form is not complete until you sign and date it.
- Please read the Terms, Rights, and Responsibilities.

Only ~30 days to respond!

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HRA Medicaid Renewal Process

- **Step 1:** Client receives Medicaid renewal in the mail. It's due in about 45 days, usually the 10th of the month. (30 days later ROS).
  - Consumer does not receive the renewal packet.
- **Step 2**: Consumer completes the renewal on time and follows NYLAG's best practices.
  - Consumer does not respond to the renewal and consumer receives discontinuance notice.
  - Consumer responds to the renewal after the deadline and consumer receives discontinuance notice.
- **Step 3:** HRA's vendor, Vanguard, receives renewal before the deadline and sends it to HRA. HRA's workflow stops the procedural discontinuance.
  - Mail renewal was not processed by Vanguard/HRA prior to the due date and notice of discontinuance issued.
  - Access HRA renewal not processed prior to the due date and notice of discontinuance issued.
  - HRA fails to act on the timely received renewal and the case "lapses" essentially closing without notice.
- **Step 4:** HRA worker redetermines the case and it is renewed for 12 months with the correct budgeting.
  - Consumer's Medicaid case is incorrectly budgeted.
  - Consumer's Medicaid case is not put up with 12 months of coverage.
  - Consumer's Medicaid discontinued because she is found no longer eligible.

NON-MAGI RENEWAL BEST PRACTICES

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New Cover Letter with Renewal Packet

Act Now! Medicaid Renewal Rules Have Changed (Cover Letter)

You are receiving this letter because you or someone in your household will need to submit a Medicaid renewal in order to continue to be eligible to receive services. Be sure to read the enclosed MAP-3185 Act Now! – Medicaid Rules Have Changed and follow the steps needed to renew your Medicaid coverage. **If you do not submit your renewal by the date listed on it, you will lose your coverage and will need to reapply.**

MAIL RENEWAL PROGRAM
HRA/MEDICAL ASSISTANCE PROGRAM
PO BOX 329060
BROOKLYN, NY 11232-9823

NYC Human Resources Administration
Department of Social Services

MAP-909e (E) 12/06/2023

[redacted]

RENEWAL NOTIFICATION

Medicaid Managed
Long Term Care

LOCATION: CED/MLTC
NOTICE DATE: 02/08/2025
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PRIORITY: N
RVI CODE: 2
TELEPHONE NUMBER: [redacted]

May read:
-- CED/Surplus
-- CED/MRP

Dear Consumer:

It is time to renew your Medicaid/Managed Long-Term Care Medicare Savings Program (MSP/QMB). Renewal instructions are attached to help you. **Complete and sign** this form and include all required proofs (explained more below). Return your entire renewal form in the enclosed envelope, **including this page.**

Renewal needs to get to HRA by this day

TIP - If possible, send at least 2 weeks before

You must return the completed form and proofs **before** 04/10/2025 or your coverage may end. If your coverage ends, depending on the coverage that you have now, we will no longer provide you with health insurance coverage or pay your Medicare premium, deductible or co-pays.

Review the form carefully. If anything is wrong or has changed, you must write in the correct information. If it is correct, check the "**No Change**" box.

Recommended to mail in at least 2 weeks before due date!

You must return the completed form and proofs **before** 04/10/2025 or your coverage may end. If your coverage ends, depending on the coverage that you have now, we will no longer provide you with health insurance coverage or pay your Medicare premium, deductible or co-pays.

Special Notations to Write on Renewal

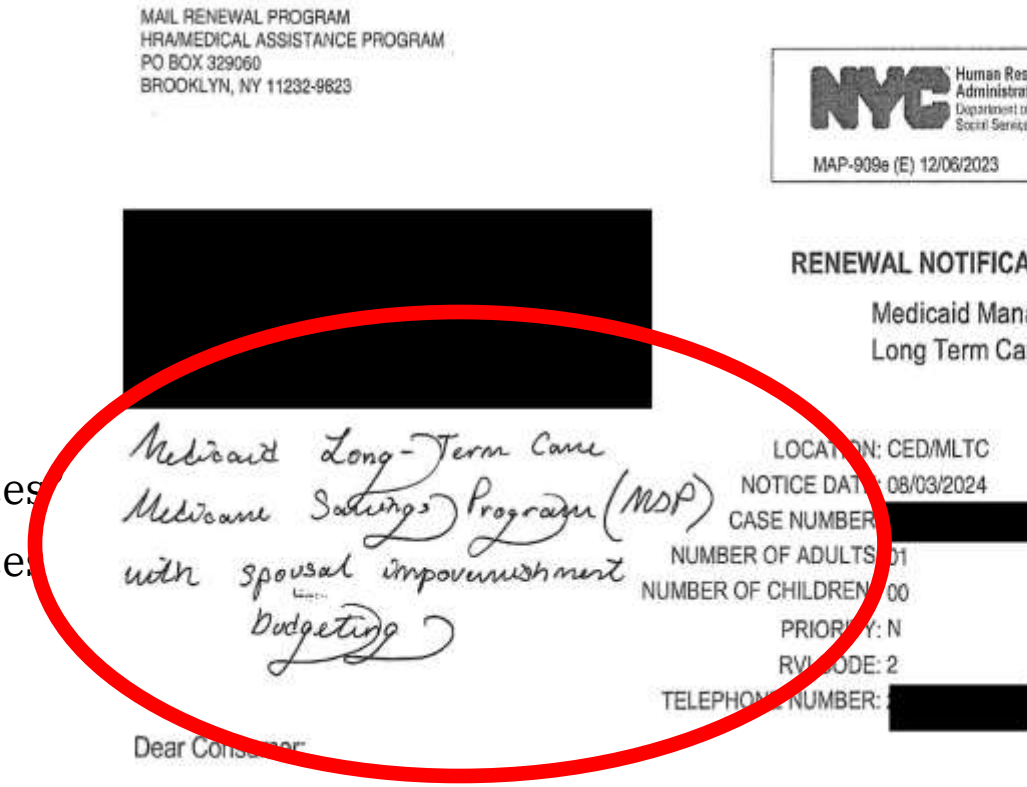
On Page 1 – write underneath the client's name and address:

Identify benefits being Renewed:

- "Medicaid"
- "Medicare Savings Program"
- "Medicaid with Medicare Savings Program"
- "Medicaid with MLTC Services"
- "Medicaid with MLTC Services and Medicare Savings Program"
- "Medicaid with CASA Home Care Services"
- "Medicaid with CASA Home Care Services and Medicare Savings Program"

Identify Special Budget on each page:

- "Pooled Trust Deposit"
- "Spousal Refusal"
- "Spousal Impoverishment"
- "Nursing Home Housing Allowance"
- "DAC"


MAIL RENEWAL PROGRAM
HRA/MEDICAL ASSISTANCE PROGRAM
PO BOX 329060
BROOKLYN, NY 11232-9623

MAP-909e (E) 12/06/2023

[redacted]

RENEWAL NOTIFICA

Medicaid Mana
Long Term Ca

Medicaid Long-Term Care
Medicare Savings Program (MSP)
with spousal impoverishment
budgeting

LOCATION: CED/MLTC
NOTICE DATE: 08/03/2024
CASE NUMBER: [redacted]
NUMBER OF ADULTS: 01
NUMBER OF CHILDREN: 00
PRIORITY: N
RVI CODE: 2
TELEPHONE NUMBER: [redacted]

Dear Cons

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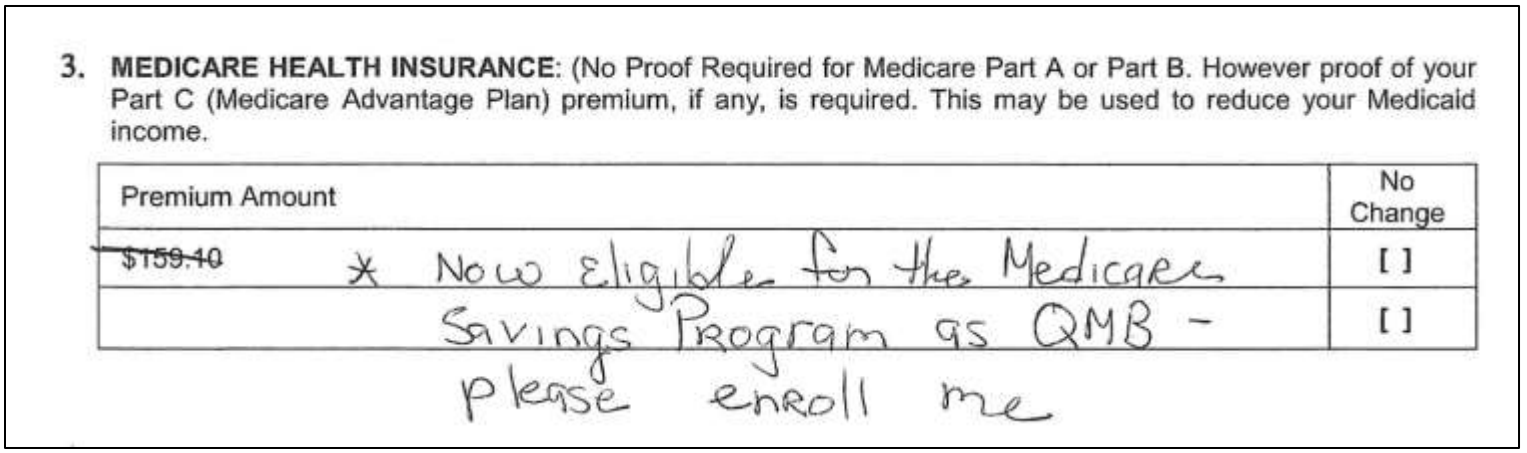
Special Notations continued

- Request MSP enrollment or continuation of MSP



3. **MEDICARE HEALTH INSURANCE**: (No Proof Required for Medicare Part A or Part B. However proof of your Part C (Medicare Advantage Plan) premium, if any, is required. This may be used to reduce your Medicaid income.

Premium Amount	No Change
~~$159.40~~ * Now Eligible for the Medicare Savings Program as QMB - please enroll me	[ ]
	[ ]

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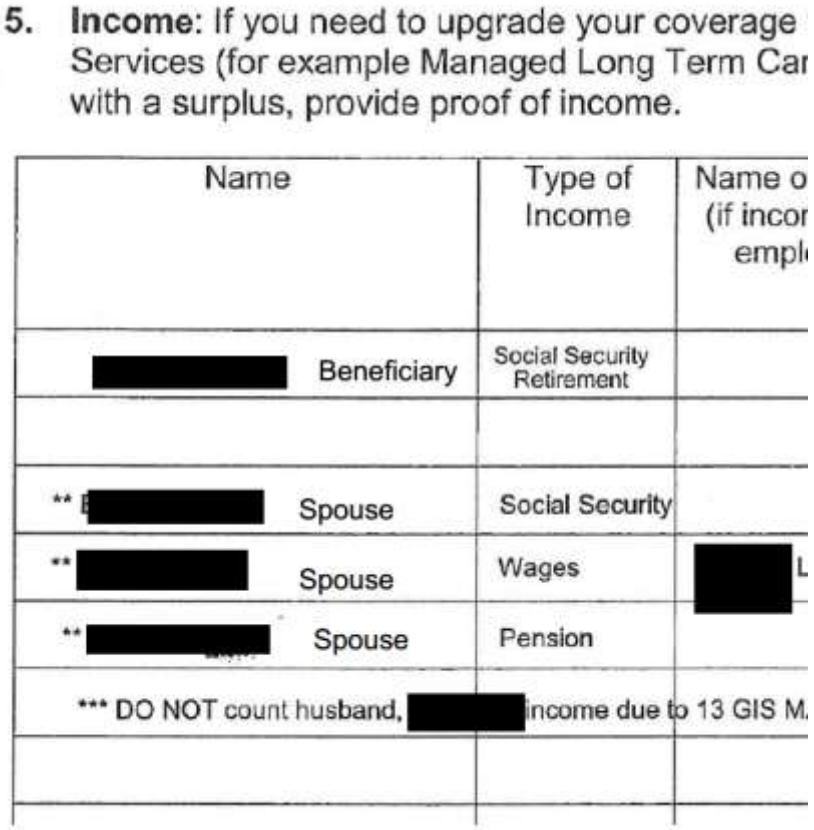
Special Notations continued

- If client is requesting special budgeting –in Box # 5 Income note a reminder of the budgeting requested:
  - Spousal Refusal
  - Spousal Impoverishment
  - Medicaid Buy-in Program for Working People with Disabilities
  - Housing Allowance
  - DAC
  - Holocaust reparations



5. **Income**: If you need to upgrade your coverage Services (for example Managed Long Term Car with a surplus, provide proof of income.

Name	Type of Income	Name o (if incor empl
[redacted] Beneficiary	Social Security Retirement	
** [redacted] Spouse	Social Security	
** [redacted] Spouse	Wages	[redacted]
** [redacted] Spouse	Pension	
*** DO NOT count husband, [redacted] income due to 13 GIS M.		

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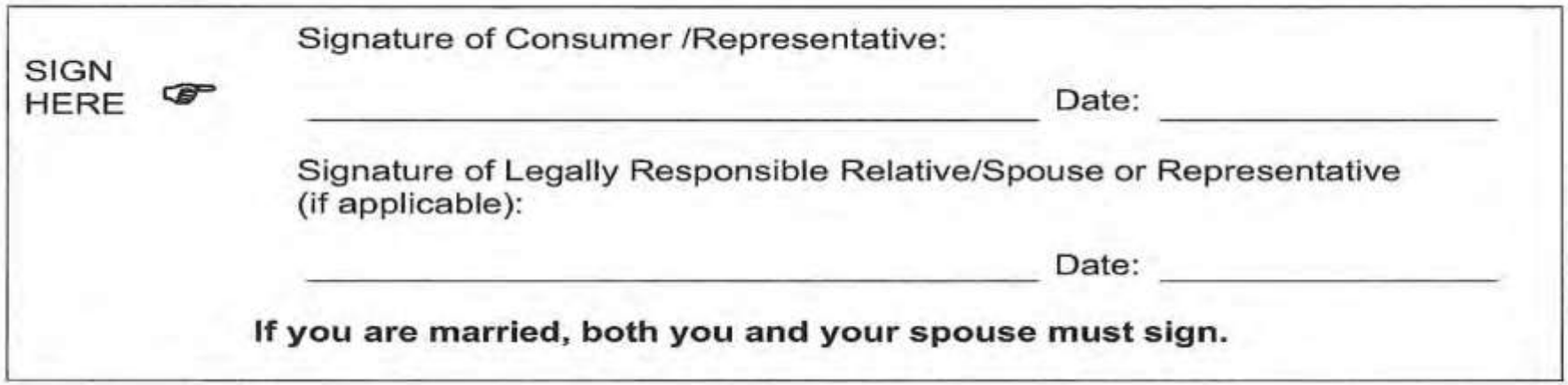
Household Size of 2 – Both Spouses Must Sign

- Sign Renewal on Page 8



SIGN HERE

Signature of Consumer /Representative:

_____ Date: _____

Signature of Legally Responsible Relative/Spouse or Representative (if applicable):

_____ Date: _____

If you are married, both you and your spouse must sign.

- Complete the Authorization of Verification of Resources (AVS) – https://www.health.ny.gov/health_care/medicaid/publications/docs/adm/17adm02.pdf
  - MAP-3179 and MAP-3179a

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Recommended Documents to Include to Avoid Deferral

Proof of Income (all household)

Social Security Statement (Suggested not required)

Pension/HRA/401K payout statement

If working, proof of wages (4 weeks or 2 months)

If receiving financial assistance from someone, statement reflecting such assistance.

Proof of Resources (except for MSP only cases)

Bank Accounts

Life Insurance

Investment Accounts

Proof of Payment Insurance Premiums

Medicare Part B (no MSP)

Medigap Employer/Retiree Insurance Premiums

Dental/Vision

Long Term Care

Proof of Verification of SNT/Pooled Trust Deposit

Verification of Deposit (VOD) that includes last 12 months of deposits

*** Only needed if Applicant/recipient is making Income trust deposits.*

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Additional Forms for Special Budget Requests

- **Spousal Refusal:**
  - MAP-2161: Applicant/Recipient Declaration Concerning the Legally Responsible Relative's Income/Resources
  - MAP-2161A: Declaration of Legally Responsible Relative
    http://health.wnylc.com/health/file/66/?f=1
- **Spouse Impoverishment:** http://health.wnylc.com/health/entry/165/#A,
  - DOH-5298: Request for Spousal Impoverishment - https://www.health.ny.gov/forms/doh-5298.pdf
- **Housing Allowance:** http://health.wnylc.com/health/entry/212/
  - MAP-3057: Special Income Standard for Housing Expenses for Individuals Discharged From Nursing Facility Who Enroll Into a Managed Long Term Care (MLTC) Program
    http://www.wnylc.com/health/download/398/

Practice tip: With special forms or more complex budgeting, a cover letter may be helpful.

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How to Submit the Renewal in NYC

- **Two Preferred Methods of Submission**

  - **Mail Paper Renewal:**

    Mail Renewal Program
    HRA / Medical Assistance Program
    PO Box 329060
    Brooklyn, NY 11232-9823

    **** Do Not Mail to Any Other Address ****

  - **Renew Using Access HRA:**
    https://a069-access.nyc.gov/accesshra/

- **Avoid hand-delivery to Medicaid Office** – if submitted in this way, get date stamp receipt and keep for records.

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Best Practice Mail Submission: Original + 2 Copies

Original Grey Enevelope

- **Mail to HRA in self-addressed (grey) envelope provided by HRA**

Copy 1

- **Mail Packet – Return Receipt Requested to:**

Mail Renewal Program

HRA/Mail Renewal Program

PO Box 329060

Brooklyn, NY 11232-9823

Copy 2

- **Keep one complete copy for your files. Note the following: (1) when and where grey envelope was mailed; (2) when and where Return Receipt Requested copy was mailed and copy of receipt.**

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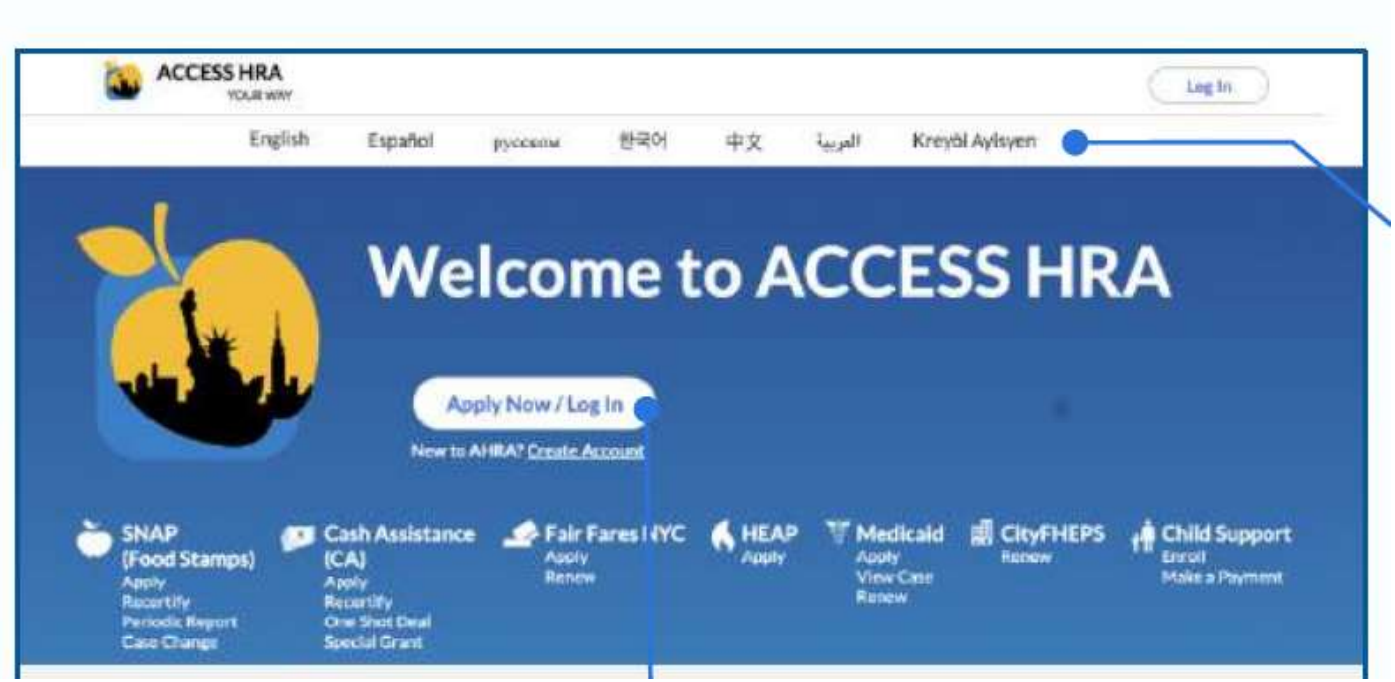
Submission via Access HRA

You can renew online using Access HRA:



https://a069-access.nyc.gov/accesshra/

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Submitting a Renewal via Access HRA

- Two-Step Process
  - (1) Online via website:
    - Answer questions about household, income, resources, expenses and health insurance information
    - Review a summary of your answers and edit as needed
    - Electronically sign and submit your completed responses before providing needed documents
    - Confirmation # provided with list of documents that need to be submitted by due date (save confirmation as a PDF).
  - (2) Access HRA Mobile App for Document Submission
    - Must submit requested documents by due date using the Access HRA Mobile App (only way to submit documents). If you do not complete Step 2, the renewal will not be processed.

Practice tip: Keep screen shots of answers, PDF receipts/confirmation #, and list of uploaded documents.

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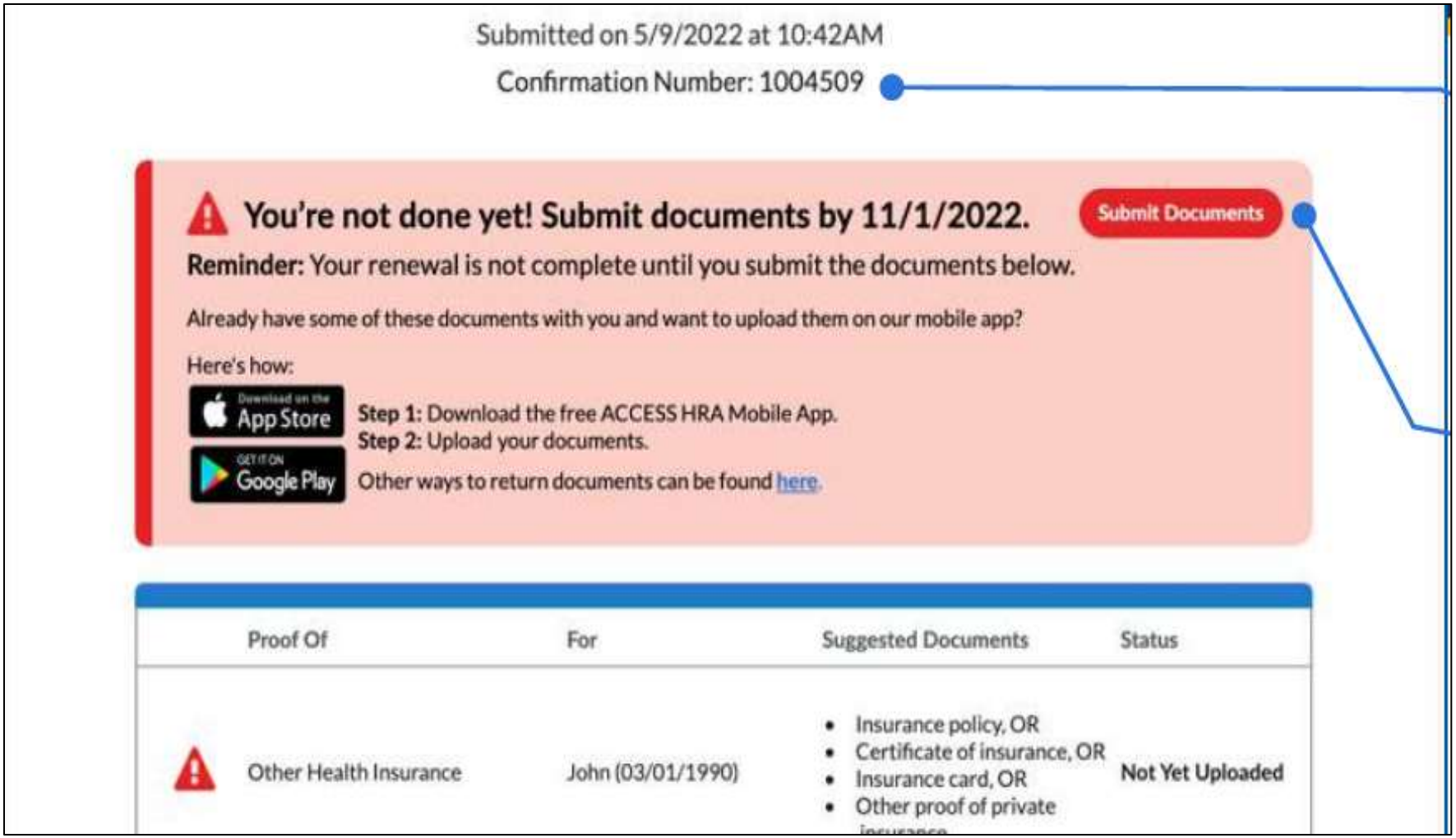
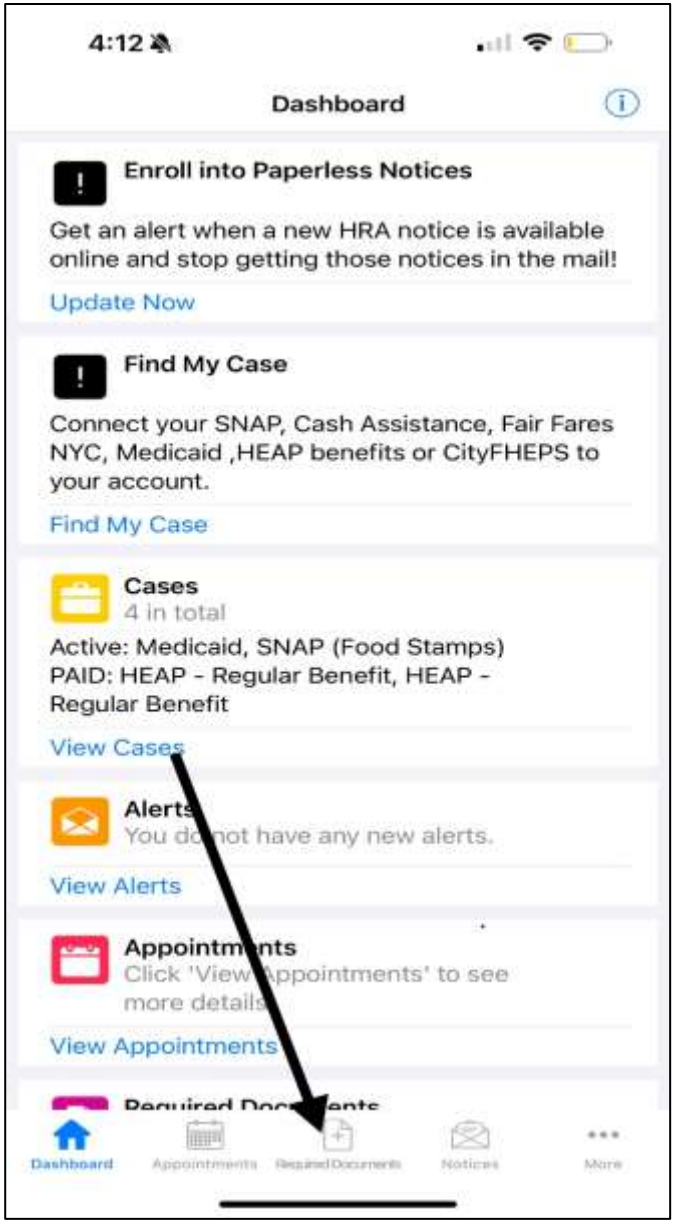
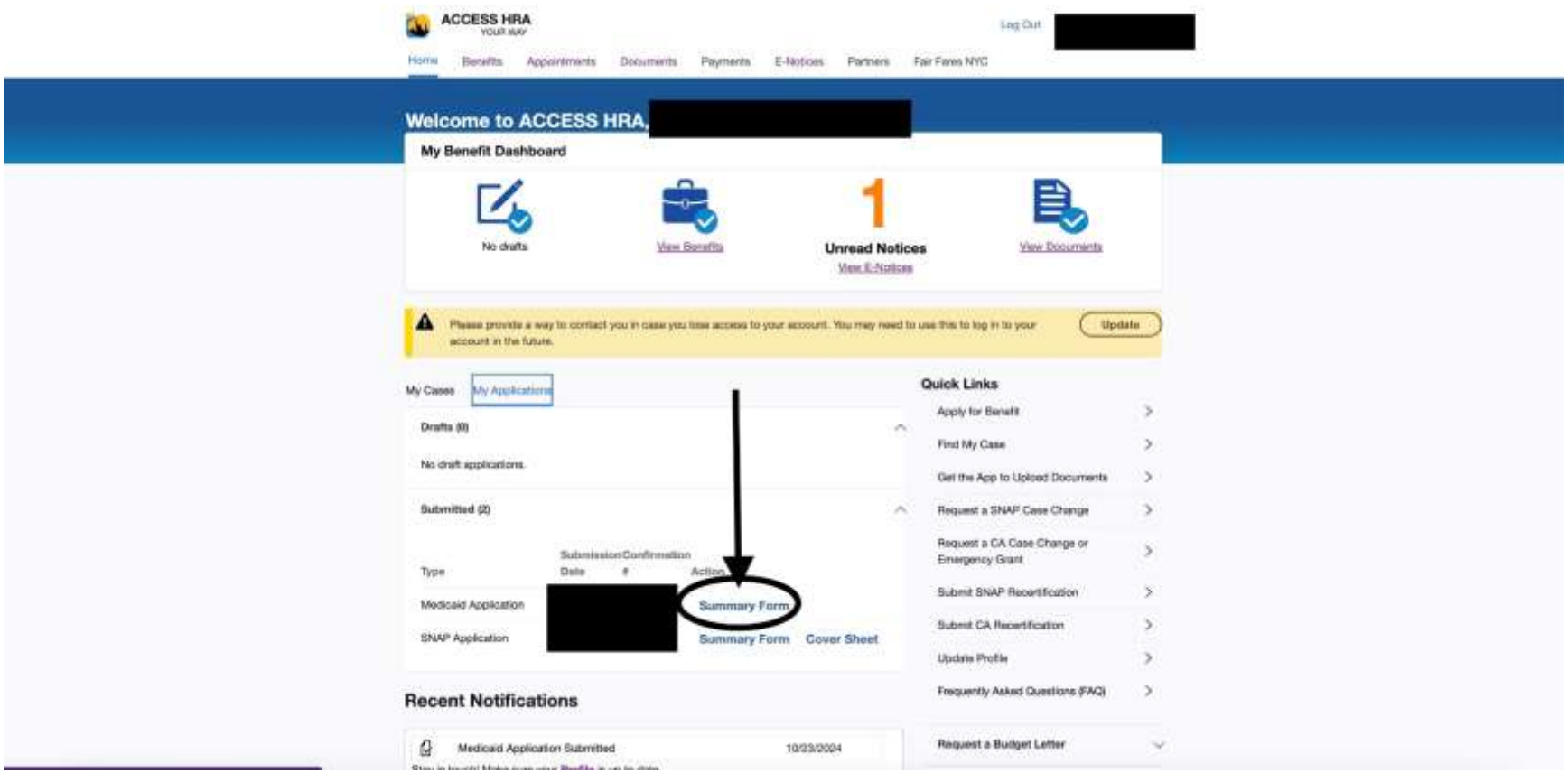
Requested documents must be submitted via Access HRA Mobile App




4:12
Dashboard
Enroll into Paperless Notices
Get an alert when a new HRA notice is available online and stop getting those notices in the mail!
Update Now
Find My Case
Connect your SNAP, Cash Assistance, Fair Fares NYC, Medicaid ,HEAP benefits or CityFHEPS to your account.
Find My Case
Cases
4 in total
Active: Medicaid, SNAP (Food Stamps)
PAID: HEAP - Regular Benefit, HEAP - Regular Benefit
View Cases
Alerts
You do not have any new alerts.
View Alerts
Appointments
Click 'View Appointments' to see more details
View Appointments
Dashboard
Appointments
Required Documents
Notices
More

4:13
Required Documents
Required
Uploaded
You have no required documents to upload.
Dashboard
Appointments
Required Documents
Notices
More

How to Get Copy of What You Submitted



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CHECK STATUS OF RENEWAL

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Find Your Medicaid Renewal Status Online or by Phone

ACCESS HRA
nyc.gov/accesshra

888-692-6116
Instructions on the reverse.

PALM-69 (E)

1. Dial 888-692-6116.
2. Select your language.
3. Select 2 for the client Medicaid menu.
4. Select 1 to hear information about your Medicaid case.
5. Follow the instructions to enter your information.*
6. You will hear the status of your Medicaid case.
   Press 1 to hear more information about your case.
7. Press 1 to hear the status of your Medicaid renewal.

*You should have your date of birth, case number, and/or your Social Security Number ready. You will need to enter these to hear information about your case.

CLIENT LOST THEIR RENEWAL OR DIDN'T RECEIVE ONE IN THE FIRST PLACE

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Print Medicaid Renewal Form Using AHRA

Re-Print of Form Prior to Due Date

- Go to the Access HRA landing https://a069-access.nyc.gov/accesshra/
- Scroll all the way down and click “Print Medicaid Form”
- Log In or Create an Account
- Complete the Date of Birth, Social Security Number and Case Number fields and then click “Next”
- Click “Print Medicaid Renewal Form button”

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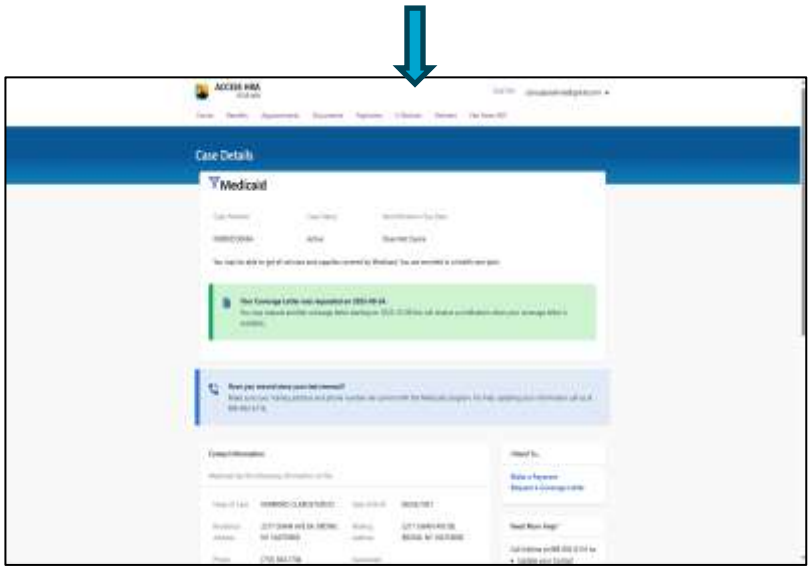
Print Medicaid Renewal Form Using AHRA

Re-Print Medicaid Renewal After Due Date

- Go to the Access HRA landing https://a069-access.nyc.gov/accesshra/
- Click “Log In” on upper right corner and Log into account
- Provide SS# or CIN #
- Page will automatically appear if data match was successful
- Can view details of case
- On upper Ribbon, click “E-Notice”
- List of Notices will appear – click on icon of renewal notice



OOPS, THE CLIENT MISSED THE DEADLINE TO SUBMIT THE RENEWAL. WHAT SHOULD THEY DO?

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Submit the Renewal ASAP

- Follow our best practices and mail the renewal ASAP.
- After deadline, consumer cannot submit via AHRA.
- **Depending on circumstances, in addition to mailing, the consumer might submit to the Brooklyn Medicaid Office or community office—get proof of receipt.**
- Assess whether the client's Medicaid case will close and whether to request a fair hearing.

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How to Submit Late Renewals – Original + 2 Copies

Original Packet

- **Mail to HRA in self-addressed (grey) envelope provided by HRA**

Copy 1

- **Mail Packet – Return Receipt Requested to:**

Mail Renewal Program

HRA/Mail Renewal Program

PO Box 329060

Brooklyn, NY 11232-9823

Copy 2

- **File Copy:**
  - **(1) Notes of when and where grey envelope was mailed;**
  - **(2) Notes of when and where Return Receipt Requested copy was mailed and copy of receipt**

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Enforce the Late Renewal Policy

- Late Renewals: GIS 25 MA/06 at p. 2. If an individual's eligibility is discontinued in the renewal process for failure to renew and the individual returns the completed renewal to the district **prior to case expiration or within 90 days of the case closure for failure to renew, districts must use the returned renewal to reopen the closed case by either reactivation if within 30 days or reregistering if beyond 30 days, and process the renewal.** If determined eligible, coverage may be authorized back to the effective date of discontinuance for the failure to renew.
- 30-day grace period. When a case is closed for failure to recertify the client may submit the renewal within **30 days of the closing** and the case will be re-opened if eligible. NYC Medicaid Alert, Reapplication & Renewal Grace Period – July 31, 2019)

RENEWAL DOESN'T GOES AS PLANNED!
CLIENT RECEIVES A NOTICE OF INTENT TO DISCONTINUE.

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MEDICAL ASSISTANCE PROGRAM
MANAGED LONG TERM CARE(CASA)
785 ATLANTIC AVENUE, 7TH FLOOR
BROOKLYN, NY 11238

PROGRAM CODE = 5H9

NOTICE OF DECISION ON YOUR MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS EN ESPANOL, POR FAVOR PONGASE EN CONTACTO CON SU TRABAJADOR(A).

NOTICE NUMBER:	DATE: Notice Date	CASE NUMBER:
N006KP4829	September 19, 2019	[redacted]

OFFICE	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.
5H9		5H9KS	MANAGED LONG TERM CARE-CASA	888-692-6116

AGENCY TELEPHONE NUMBERS

GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	718-557-1399
OR Agency Conference	718-637-2426
Fair Hearing information and assistance	718-637-2426
Record Access	718-637-2425
Child/Teen Health Plan	718-557-1399

CASE NAME / AND ADDRESS

[redacted]

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.

MEDICAL ASSISTANCE

****
* Even though you are no longer eligible for Medical Assistance, some members of your case may be eligible for continuation/extension of their Medical Assistance coverage. Please read this entire notice.
****

We will discontinue Medicaid effective October 2, 2019. — Effective Date

You may request a Fair Hearing if you disagree with any decision explained in this notice. You have 60 days from the date of this notice to request a Fair Hearing. HOWEVER YOU MUST REQUEST A FAIR HEARING BEFORE THE EFFECTIVE DATE ABOVE IF YOU WANT YOUR MEDICAID TO CONTINUE UNCHANGED UNTIL THE FAIR HEARING DECISION. You may also request an informal local conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing.

We are discontinuing Medicaid because you or your representative did not return the recertification form by September 10, 2019. — Reason

If your Medicaid is discontinued, all your Medicaid services, including your home care services, will be discontinued.

Request a Fair Hearing

- **URGENT! Prevent the Medicaid case closure by requesting a fair hearing. Due to OTDA's backlog in processing fax/online requests we recommend that you:**

  Request hearing by telephone: (800) 342-3334

  You will get the Fair Hearing # on the call and Aid To Continue order will be issued

- Other methods:
  - By fax: (518) 473-6735 - Fair Hearing Request Form
  - Online: www.otda.state.ny.us/oah/forms.asp
  - By mail to:

    NYS Office of Temporary and Disability Assistance
    Office of Administrative Hearings
    Managed Care Hearing Unit
    P.O. Box 22023
    Albany, New York 12201-2023

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Request Fair Hearing Before Effective Date of Reduction/Discontinuance

- The **effective date of a reduction or discontinuance** is probably the most important date you will encounter.
- A fair hearing must be requested before the effective date of the disco/reduction to access **aid continuing.**
  - But see temporary easement on the next slide.
- **What is Aid Continuing?** OTDA orders DSS to continue medical assistance benefits pending the fair hearing decision. **Medicaid case stays open!**
- The deadline to request the Fair Hearing is 60-days from the date of the notice. But **act fast** for aid continuing.

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Aid Continuing and E14 Fair Hearing Waiver

- In effect through December 31, 2025
- OTDA hearings ONLY (not NYSOH)
- Consumer can request aid continuing after the effective date of the discontinuance
- Aid continuing is not subject to recoupment, even if Agency action is sustained.
- Pauses 90-day final administrative decision deadline for NYS.

See GIS 25 MA/06 at p. 3-4

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Clients Must Check Mail and Keep Envelopes

- **ADVOCACY TIP:** Advise clients to keep their envelopes! The postmark date establishes timeliness. Without the envelope, check the notice date and proposed effective date.
- Timely Notice of Intent (NOI) must be sent *at least* 10 calendar days before the effective date of a reduction or discontinuation. 18 NYCRR § 358-2.23.
- Lack of notice/lack of timely notice tolls the statute of limitations (deadline to request a hearing) and Appellant should prevail at the fair hearing.

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FAIR HEARING IS REQUESTED, WHAT NOW?

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Reach Out to Legal Services

How to Find Legal Services

- Contact information for Legal Services can be found on Notice of Decision
- Find free legal assistance in New York, here: https://www.lawhelpny.org/

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Collect Renewal & Review

- Collect Renewal documents that were submitted (or should have been submitted)
  - If not submitted, packet should be submitted immediately!
- Review for eligibility
  - Was everything reported correctly?
  - Was all forms properly included with renewal?
  - Still Income eligible?
  - Still Resource eligible?
- Review Notice – is it timely and adequate?

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Possible Resolution Before Hearing

- HRA/LDSS may resolve the issue of the pending fair hearing and issue a Pre-Hearing Disposition (PHD).
- A PHD resolves all issues in the Appellant's favor.
- Follow up with OTDA if compliance is an issue.

STATE OF NEW YORK
DEPARTMENT OF HEALTH

REQUEST: August 19, 2025
CASE #: [redacted]
CENTER #: MAP
FH #: 9031071M

In the Matter of the Appeal of

[redacted]

from a determination by the New York City Department of Social Services

DISPOSITION OF FAIR HEARING REQUEST

A fair hearing was requested on August 19, 2025 to review the following:

ACTION	ISSUE	NOTICE ID	NOTICE DATE
DISCONTINUANCE	MA - RECERTIFICATION, FAILURE TO APPEAR OR PROVIDE DOCUMENTS	[redacted]	–
ADEQUACY	MA - TELEPHONE HEARING FOR NON-HOMEBOUND APPELLANTS	–	–

All the issues for this hearing were resolved in your (the Appellant's) favor.

If it has not already done so, the Agency must retroactively restore any assistance and benefits lost by you from the Agency's notice. The Agency will take no further action on the notice(s) in question.

Since the issue(s) are resolved in your favor, a fair hearing will NOT be scheduled unless you still want a fair hearing for the above-noted issue(s). If so, please contact the Office of Administrative Hearings by:

Calling 800-342-3334;
Visiting www.otda.ny.gov/oah;
Mailing The Office of Administrative Hearings, 40 North Pearl Street, 15th Floor, Albany, NY 12201;
Faxing to 518-473-6735; or
Visiting 5 Beaver Street, NY, NY 10004 or 40 North Pearl Street, Albany, NY 12201

By: NYS OTDA - Office of Administrative Hearings Dated: 10/01/2025

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IS THE CLIENT'S MEDICAID DECISION NOTICE CORRECT?

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How we figured your Medical Assistance Budget.

Check the information below and let us know if there is anything wrong. If there is a mistake it could mean that the decision we made about your benefit is not correct.

The income amounts should show the actual verified income Amount(s). Because of your Budget Type, all expenses you have may not be used in figuring your budget.

General monthly disregards from income are:

- Non-SSI Budget Types receive a $90.00 disregard from earned income.
- SSI Related Budget Types receive a $65.00 and 1/2 remainder deduction from earned income.
- SSI Related Budget Types receive a $20.00 disregard from income.
- All amounts are counted on a monthly basis. To figure your monthly income we multiply your average weekly income by 4 1/3, or your average bi-weekly income by 2 1/6, etc. The Period used in your budget determines which method was used.

Check Coverage Dates – 12 Month Coverage or Shorter?

MA NOTICE BUDGET

Date: 03/01/25 TO 07/31/25

Version 5

Household members in case

Case Name	Case No.	Budget Type	Number In Case
[redacted]	[redacted]	SSI Related	1

EARNED INCOME

Income Source 1	Period	Amount
		0.00

Expenses From Earned Income Source 1

Insurance	Support	Work Expense	Impairment Related Expense	Allowable Child Care
0.00	0.00	0.00	0.00	0.00

Income Source 2	Period	Amount
		0.00

Is Income Information Correct?

Expenses From Earned Income Source 2

Insurance	Support	Work Expense	Impairment Related Expense	Allowable Child Care
0.00	0.00	0.00	0.00	0.00

UNEARNED INCOME

Source	Period	Amount	Exemption	Amount	Exemption	Amount
S.S. Retirement Benefit	Mnthly	1876.70	Medicare	174.70		0.00

RESOURCES

Resource	Value	Resource	Value
Bank Accounts	517.77		0.00

Your monthly income may have been calculated using a disregard that is available for a limited time. This disregard is based on Social Security Act Section 1902(e)(14)(A). This disregard will not be included when your income is recalculated at your next renewal and your eligibility is redetermined.

NOTICE OF ACCEPTANCE OF YOUR MEDICAL ASSISTANCE APPLICATION/RECERTIFICATION
(Home Care Services/Managed Long Term Care)

NYC Human Resources Administration Department of Social Services

MAP-259p (E) 03/25/2019

[redacted]

DATE 12/24/2024

CASE NUMBER [redacted]

If you have any questions, call HRA Helpline at 1-888-692-6116

CHECK PROGRAM AREA

☐ Home Care Services Program

☑ Managed Long Term Care Program

Dear Consumer:

We are sending you this notice to tell you that the Medical Assistance Program will:

☐ **ACCEPT** your Medicaid application/recertification for **full** Medicaid coverage from: _____

For the following person(s): _____

☑ **ACCEPT** your Medicaid application/recertification with a **spenddown** (excess/ surplus income) from: 12/01/2024

For the following person(s): [redacted].

We have certified that you have a continuing need for Home Care/Managed Long Term Care Services.

WE HAVE DETERMINED YOUR SPENDDOWN AS FOLLOWS:

THIS IS NOT A BILL. DO NOT SEND ANY MONEY TO MEDICAID. YOU WILL RECEIVE A BILL SHORTLY. FOLLOW INSTRUCTIONS ON THE BILL.

A. Total monthly income	$ 10,523.42	☐ Your MA application/conversion has been accepted with a surplus. Your pooled trust is under review.
B. Total monthly deductions	$ 3,417.22	
C. Net Medicaid income (line A minus line B)	$ 7,106.20	
D. Medicaid level for your household size	$ 2,351.00	☐ Your MA application/conversion has been accepted with a surplus. (See the attached MAP-635n for additional information needed for the pooled trust review)
E. Monthly Excess Income (line C minus line D)	$ 4,755.20	

You are required to pay your full excess (surplus) income or spenddown in the amount of $ 4,755.20 each month to the agency providing your Home Care/Managed Long Term Care services. You will receive your first bill shortly. This bill will be retroactive to the date indicated above and may be for more than one month's service.

This decision is based on Social Services Law or Regulation: 18 NYCRR 366a(2)

WORKER	TITLE	SECTION
Melissa Neal	ES	MLTC

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

We will review this decision with you if you call us at 718-637-2426 and ask for a **Local Conference**. You also have the right to ask or a **State Fair Hearing**. You must request a **State Fair Hearing** within 60 days of the date on top of this notice. You must meet this deadline to request a **State Fair Hearing** even if you ask for a **Local Conference** first. **The State Fair Hearing** is held by the NYS, OTDA, Office of Administrative Hearings.

Tips for Reviewing Decision Notices

- Was there a reduction in coverage (e.g., spend down added)?
- Coverage type is correct?
  - MSP and Medicaid
- Coverage period is correct?
  - 12-month authorization
- # of Individuals in Household is correct?
- Budget is correct?
  - Spend down is correct
  - Proper budgeting methodology is used

If the Decision Notice is WRONG

- Request a fair hearing!
- Statute of limitations to request a fair hearing is 60 days from the date of the notice (or postmark date of envelope).
- Request **aid continuing** for a reduction or case closure even if the notice "approves" Medicaid.
- **Remind clients to keep their envelopes (and check the mail!).**

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Key Tips

- Don’t delay--complete and submit the renewal packet ASAP!
- The renewal should be returned in the grey envelope!
- Advise client to keep a copy of the renewal submitted!
- Advise clients to check mail regularly and keep envelope of mailings received!
- If Discontinuation Notice Received Act Immediately to request a fair hearing!
- Be sure to consider E14 fair hearing waiver protections through December 31, 2025!

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UP NEXT:

NON-MAGI MEDICAID APPLICATIONS AND RENEWALS ON NYSOH (MECM)

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What is the Medicaid Eligibility and Client Management system (MECM)?

- MECM is a back-end eligibility system (like WMS).
  - MECM will be integrated within NYSOH, so some clients may not realize they are in the new MECM system.
- This is a multiyear project from 2023 to 2032 to migrate non-MAGI eligibility from LDSS/HRA (which use WMS) to NYSOH (using MECM).
- New York contracted with Deloitte to develop MECM.

New York currently has two eligibility systems

New York State of Health (NYSOH)

NEWER system

Welfare Management System (WMS)

Older (legacy) system

Developed in the 1970s

Used by Local Departments of Social Services (LDSS) and HRA

New York State of Health (NYSOH)

Used for MAGI Medicaid cases (also called “expansion” enrollees).

Under 65 <u>without</u> Medicare

Welfare Management System (WMS)

Used for non-MAGI Medicaid cases (also called “SSI-related” enrollees, or “ABD” or “Aged, Blind, Disabled” enrollees), and some other cases.

Over 65 (“Aged”)

Others

Under 65 and <u>has</u> Medicare due to a disability (“Blind, Disabled”)

What are the benefits of MECM?

- Some (but not all) Non-MAGI Medicaid applications and renewals will be available online.
  - LDSS/HRA will continue to process paper applications for these Non-MAGI Medicaid cases as well.
- With MECM's updated technology, there will be quicker eligibility determinations, and more administrative ("ex parte") renewals.
  - Administrative renewals happen automatically in the system without the Medicaid enrollee having to do any paperwork. (Goodbye renewal packets!)
- And more!
  - We will know more soon. The New York State official policy guidance (called an "ADM") about MECM is forthcoming.

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MECM Timeline - Begins this year!

- **September 30, 2025:** Soft roll out of MECM
  - 3 assistors and NYSOH helpline assisting with applications for non-MAGI Medicaid without a spend down or long term supports and services, and applications for MSP-only.
  - Non-MAGI recipients on NYSOH (E14 waiver) will be transitioned to MECM.
    - 13,000 cases transitioned on ~10/1/25; renewals begin 12/5/25 and must be completed manually by 1/15/25 if not renewed automatically.
- **December 1, 2025:** Online applications for non-MAGI Medicaid without surplus/no LTSS and MSP-only, available to the public.
- **(starting) February 1, 2025:** Additional cohorts of Medicaid applicants/recipients on NYSOH will be transitioned to MECM every month.

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Navigating Medicaid Applications and Renewals with MECM

Learn More at Upcoming Webinar

NYLAG will present on MECM on
Wednesday, December 17, 2025 at 1:00 pm.

Register here:

tinyurl.com/Dec17MECM

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Keep in Touch!

Join our newsletter https://go.nylag.org/Subscribe-to-EFLRP

EFLRP Intake

Email intake: eflrp@nylag.org

Phone intake hotline open Mondays, 10am-2pm: 212-613-7310

Do not delay in requesting the fair hearing!

Other Legal Services www.Lawhelpny.org

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THANK YOU

More information at nylag.org

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