Medicaid Homecare Part 1: Introduction to Accessing Community-Based Long Term Care in New York

April 22, 2026

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Webinar Logistics

- Everyone is on mute.
- You can post questions in the **Q&A, not chat please**
- **We will send out a copy of the slides** and a recording of the presentation to everyone who registered.
- You are welcome to share these materials with others!

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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: www.nyhealthaccess.org/

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

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Webinar Part 2 & EFLRP Newsletter

Part 2: Medicaid Home Care--How to Navigate Medicaid Managed Care to Get the Services Your Client Needs

June 10, 2026 from 12:30pm – 2pm

Register here: https://nylag-org.zoom.us/webinar/register/WN_agrDJYqJSQ-adJARZR3fRA#/registration

Want to receive additional EFLRP trainings, outreach, and educational materials?

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https://go.nylag.org/Subscribe-to-EFLRP

Agenda

- Accessing Medicaid Homecare: Overview
  - Medicaid Eligibility
  - Homecare Eligibility
- Different Pathways to Access Medicaid Home Care
- New York Independent Assessor Program (NYIAP)
- NYIAP Practice Tips
- Immediate Need Application
- Q & A

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ACCESSING MEDICAID HOMECARE: OVERVIEW

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Steps to Access Medicaid Home Care

Financial Eligibility for Medicaid

- Determined either by LDSS/HRA or NYSOH

Eligible for Medicaid Home Care Services

- Determined through NY Independent Assessor Program

Authorization of Home Care Services

- Authorized by either LDSS/HRA or Managed Care Plan

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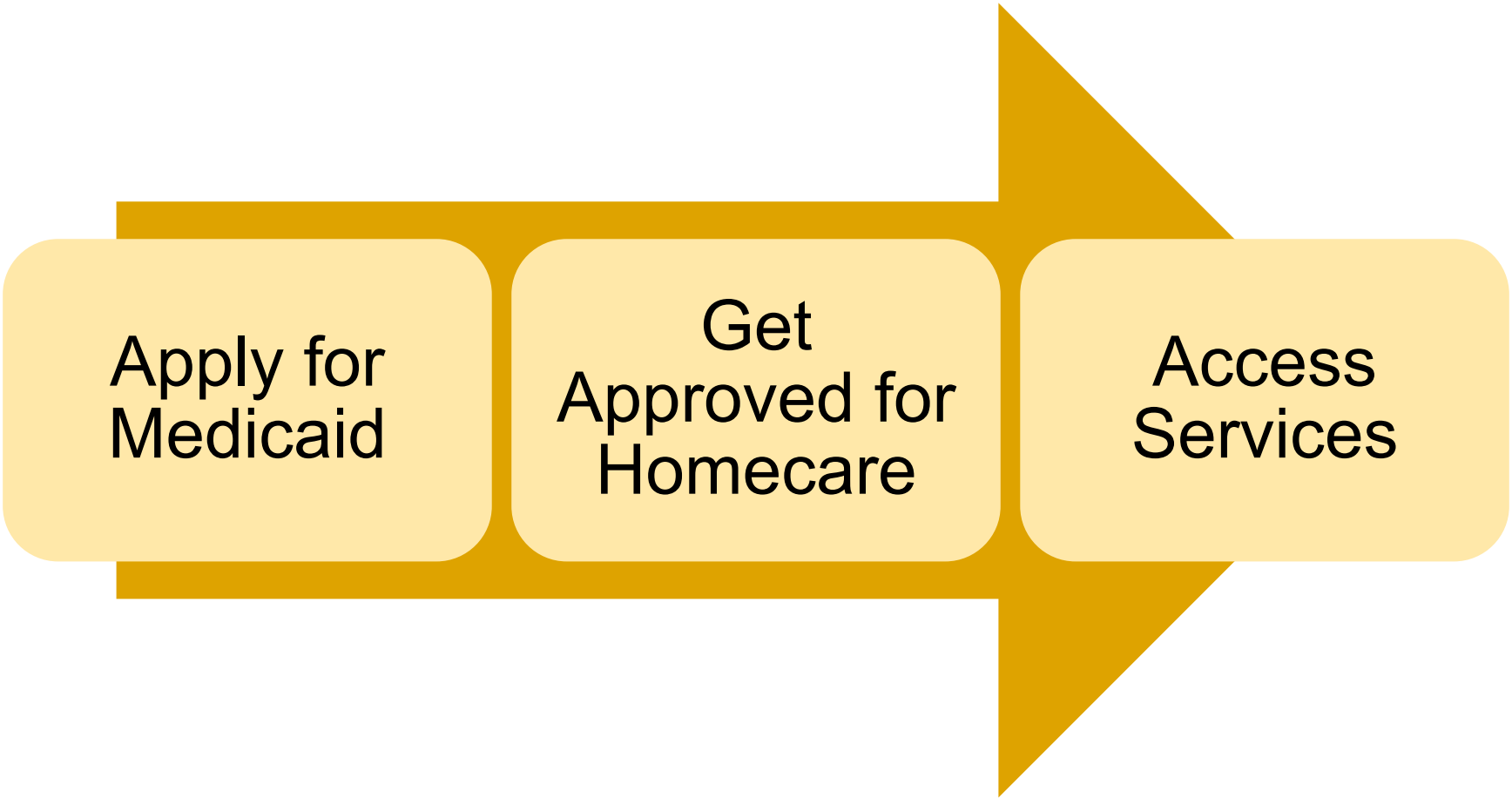
General Process



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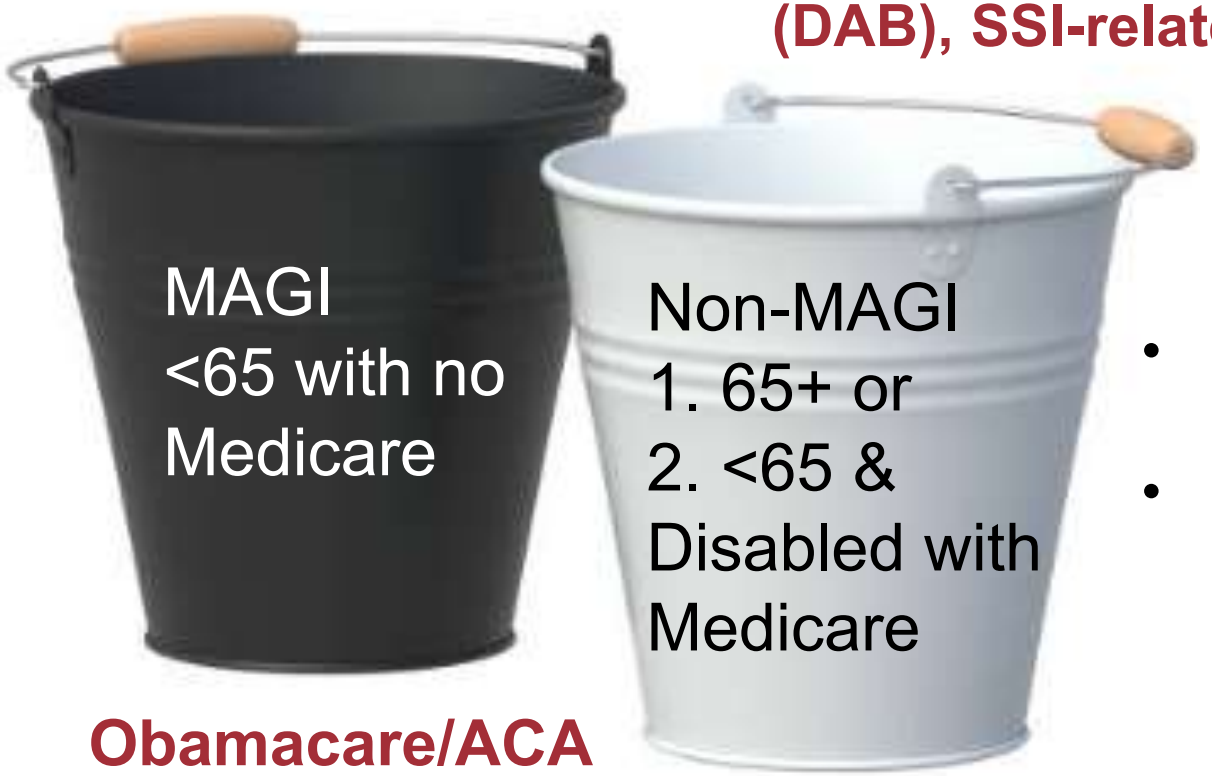
Apply for Medicaid

Which Bucket? MAGI vs. Non-MAGI

Disabled, Aged, Blind (DAB), SSI-related



Obamacare/ACA Families, kids singles/couples <65

Applicant's choice:

- Disabled and <65 but no Medicare yet
- Medicare at any age and live with child/relative <18 or <19 if in school

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Apply for Medicaid

Apply Where?

NYSOH

- MAGI
- ~~Non-MAGI on MECM (MSP, No spend down) Since 10/1/2025~~

DSS

- MAGI
- Non-MAGI

Non-MAGI folks will not be able to get homecare at NYSOH for at least a few years. Until then, non-MAGI homecare applicants must apply or transfer to the DSS. MAGI folks at NYSOH can get homecare via Mainstream Managed Care plans.

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Apply for Medicaid

Non-MAGI Medicaid: Level of Coverage

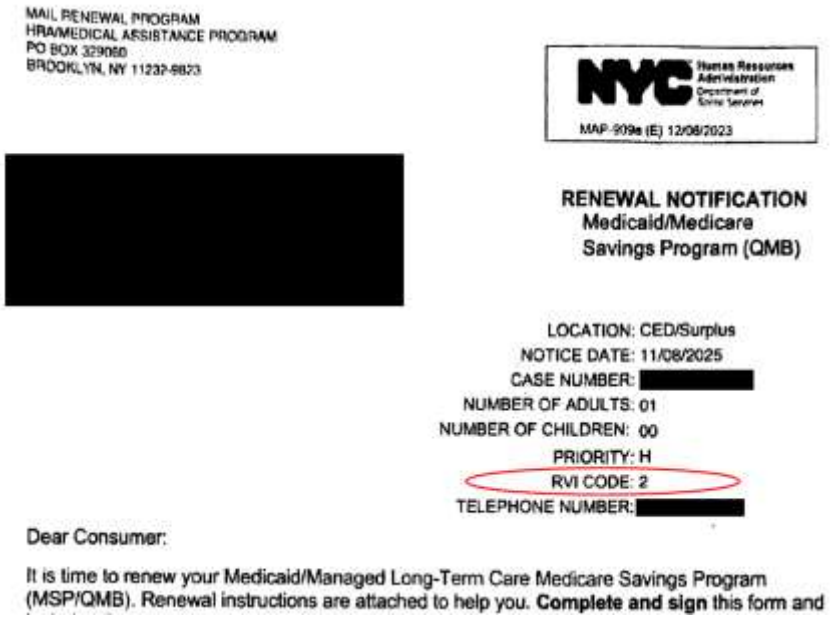
To get homecare, must have correct "level" of coverage – this means documenting resources/assets (Supplement A)

NYC advocates only –

How do I know if a consumer at HRA has the right level of coverage?

Clues:

- People with Medicaid only may already be in a plan
- Case lives in the Home Care Services Program already
- In NYC, call HRA Automated Line 888-692-6116
- If you have a recent Medicaid renewal, an RVI code of 2 indicates that assets **have been documented** on the case



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

[redacted]

NYC Human Resources Administration Department of Social Services
MAP-909e (E) 12/08/2023

RENEWAL NOTIFICATION
Medicaid/Medicare
Savings Program (QMB)

LOCATION: CED/Surplus
NOTICE DATE: 11/08/2025
CASE NUMBER: [redacted]
NUMBER OF ADULTS: 01
NUMBER OF CHILDREN: 00
PRIORITY: H
RVI CODE: 2
TELEPHONE NUMBER: [redacted]

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

https://www.health.ny.gov/forms/doh-5178a_dd_access.pdf

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Get Approved for Homecare

NYIAP Prior Authorization

Health Insurance

Prior Authorization

Medicaid

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Get Approved for Homecare

NYIAP is 2 Parts

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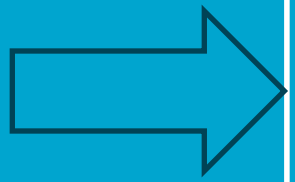
2 Assessments

- CHA
- CA



Outcome Notice

- Eligible or not eligible to access CDPAP/PCS and/or enroll in MLTC?

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Access Services

Get Homecare Authorization

Medicaid

MAGI

- Mainstream Managed Care

Non-MAGI

- Medicaid with Community Based Long-Term Care & services directly from the DSS (Fee For Service)
- Managed Long Term Care

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Personal Care
18 NYCRR 505.14

A personal care aide, employed by a Licensed Home Care Services Agency (LHCSA), works in your home or community to provide assistance with Activities Daily Living (ADLs) such as bathing, grooming, walking, toileting, transferring, eating, and housekeeping.

Personal care is paid for by the LDSS/HRA or a Medicaid managed care plan.

Consumer Directed Personal Assistance Program (CDPAP)
18 NYCRR 505.28

A program to hire and train your own personal assistant, including a family member or friend, to provide assistance with Activities of Daily Living (ADLs) and skilled needs in your home or community.

CDPAP is paid for by the LDSS/HRA or a Medicaid managed care plan via PPL.

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DIFFERENT PATHWAYS

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LTSS Mostly Administered by Managed Care

- **Fee for Service Medicaid** via HRA CASA or local Department of Social Services (few cases when compared to below pathways – via waivers OPWDD, NHTDW, TBI & Immd. Need).
- **MLTC** (partially capitated MLTC—**most popular 280,000 as of March 2026**) (most members have Medicare)
- **PACE** (Program of All-inclusive Care for the Elderly – Medicare/Medicaid fully capitated – **9,918 as of March 2026**)
- **MAP** (Medicaid Advantage Plus—Medicare/Medicaid fully capitated - **79,802 as of March 2026**)
- **MMC** (Mainstream Medicaid Managed Care for those enrollees who need long term care (no Medicare))
- **HARP** (Health And Recovery Plans (no Medicare))

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MLTC Partial Cap Benefit Package

Home Care, including:

- Personal Care (formerly known in NYC as "Home attendant." If you need ONLY Housekeeping services (Level I services and not Level II under 18 NYCRR 505.14, NOT eligible for MLTC)
- Certified Home Health Agency Services (home health aide, visiting nurse, visiting physical or occupational therapist)
- Private Duty Nursing
- Consumer Directed Personal Assistance Program

Adult Day Health Care (medical model and social adult day care)

Personal Emergency Response System (**PERS**),

Nutrition -- Home-delivered meals or congregate meals

Home modifications

Medical equipment such as wheelchairs, medical supplies such as incontinent pads, prostheses, orthotics, respiratory therapy

Physical, speech, and occupational therapy outside the home

Hearing Aids and Eyeglasses

Four Medical Specialties:

- **Podiatry**
- **Audiology** + hearing aides and batteries
- **Dental**
- **Optometry** + eyeglasses

Non-emergency **medical transportation** to doctor offices, clinics (ambulette)

Nursing home care only up to 3 months, then disenrolled once determined eligible for nursing home Medicaid.

MD and Hospital Services Covered by MEDICARE*

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Which pathway to get Community-Based Long-Term Care? (CBLTC)

	Must **Enroll in MLTC, MAP or PACE to get CBLTC**	***May*** **Enroll in MLTC to get CBLTC**	***Can't*** **Enroll in MLTC to get CBLTC**
WHO	Age 21+ who are both: 1. Dual Eligible (have Medicaid + Medicare) 2. With Full Medicaid, not just Medicare Savings Program	1. Dual eligible, age 18-20, OR 2. Age 18 and over but has Medicaid only, not Medicare	In home hospice or OPWDD, TBI or NHTD waiver
Criteria for MLTC (assessed by NYIAP)	Need CBLTC for more than 120 days, continuously	1. CBLTC for 120 days, continuously and 2. Need a *nursing home level of care* at enrollment. Need "NFLOC" score of "5" on the UAS tool.	N/A (again, MLTC not an option here)
Options other than MLTC	Short-term at local Dept of Soc. Services (LDSS) via **Immediate Need** (later slides)	May get services from LDSS or, mainstream managed care plan in some cases.	Must get services from LDSS.

Different Pathway Examples: Scarecrow, Cowardly Lion, Tin Man?

- **Scarecrow** (70 and on Medicare), must enroll in MLTC unless in a waiver, on hospice, applying via immediate need
- **Cowardly Lion** (40, disabled, not yet on Medicare), may enroll in MLTC if NFLOC score of 5+, or seek services from the DSS—but if enrolled in a mainstream managed care plan services can be provided by the plan and Cowardly Lion can likely more easily visits doctors, etc. who may not accept FFS Medicaid.
- **Tin Man** (19 and in a waiver). Tin Man must seek personal care or CDPAP from the DSS (unless Tin Man is enrolled in a mainstream managed care plan)

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NYIAP
(NEW YORK INDEPENDENT ASSESSOR PROGRAM)

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New York Independent Assessor Program

Rolled out in phases since May 2022.

NYIAP assesses Medicaid recipients over the age of 18 seeking home care to determine:

- Eligibility to enroll in a ***Managed Long Term Care (MLTC)*** plan (this is same as with Conflict Free assessment), **(Scarecrow)** OR
- Eligibility to receive Personal Care (PCS), Consumer-Directed Personal Assistance (CDPAP) from ***Local DSS*** (if exempt from MLTC) or via ***Immediate Need,*** **(Tin Man)** OR
- Eligibility to receive Personal Care (PCS), Consumer-Directed Personal Assistance (CDPAP) from ***Mainstream Medicaid managed care*** plans (for those who do not have Medicare or other Third Party Health Insurance) on a standard or expedited time frame. **(Cowardly Lion)**

NYIAP is run by Maximus under a NYS DOH contract.

Standard NYIAP Process for MLTC Enrollment

- Consumer seeking MLTC enrollment calls:
  - **855-222-8350** M-F 8:30 am-8:00pm, Sat 10:00am-6:00pm
- Schedules the Community Health Assessment (CHA) and the Clinical Appointment (CA)
  - Both CHA and CA should be scheduled within 14 calendar days of the call.
- Consumer chooses In-person or telehealth
  - Will be pressured to accept telehealth – but consumers have a right to ask for in-person

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Complaints to the DOH about NYIAP

Send to Both:

1. Independent.assessor@health.ny.gov
   (518) 474-5888
2. And appropriate DOH Complaint Unit – either:
   - **MLTC DOH Complaint Unit**
     1-866-712-7197 mltctac@health.ny.gov

     OR
   - **MMC (Mainstream) DOH Complaint Unit**
     managedcarecomplaint@health.ny.gov
     1–800–206–8125
   - **DSS has no DOH complaint unit so just send to #1**

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ADL Minimum for Applicants Started 9/1/25

Adults age 21+ seeking Personal Care (PCS), CDPAP through Immediate Need or otherwise through DSS or a managed care plan OR seeking MLTC or Medicaid Advantage Plus (MAP)* enrollment must be assessed by the **NY Independent Assessor (NYIAP)** to need either:

- *limited physical assistance* with 3+ ADLs OR
- *cueing* or *supervisory* assistance with 2+ ADLS IF have dementia or Alzheimer's disease;

Eliminates stand-alone housekeeping service (max 8 hours/week)

Authority:	Enacted in the 2020-2021 Executive Budget, amending New York SSL § 365-a and 365-f; PHL § 4403-f; CMS approval. Was delayed because of COVID rules.

* ADL Test does not apply to PACE

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ADLs That Count Toward the 2 or 3 Minimum

State regulation defines ADL as "those activities recognized as activities of daily living by the evidence based validated assessment tool…." 18 N.Y.C.R.R. §505.14(a)(9).

ADLs in the Uniform Assessment Tool	
1. Bathing -includes transfer in/out of shower/tub, washing body – but not washing back or hair	6. Locomotion (how walks or wheels between locations on same floor indoors)
2. Personal Hygiene (brush teeth, comb hair, wash face)	7. Transfer on and off Toilet
3. Upper Body Dressing	8. Toilet /commode Use & cleanse after use, or changing incontinent pads, adjusting clothes
4. Lower Body Dressing	9. Bed Mobility
5. Walking (on same floor indoors)	10. Eating

Instrumental ADLs (IADLs) do NOT count – housekeeping tasks – cooking, shopping, laundry, cleaning, etc.

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What ADL Score in NYIAP Assessment is Needed?

The **UAS (CHA) instructions** define seven degrees of assistance:

1. Independent
2. Independent, setup help only – Article or device placed within reach, no physical assistance or supervision in any episode.
3. **Supervision – Oversight/cuing.***
4. **Limited assistance – Guided maneuvering of limbs, physical guidance without taking weight. This is minimum amount of need with 3 ADLs. Includes "Contact guarding" (hovering).**
5. Extensive assistance – Weight-bearing support (including lifting limbs) by one helper where person still performs 50% or more of subtasks.
6. Maximal assistance – Weight-bearing support (including lifting limbs) by two or more helpers; or, weight-bearing support for more than 50% of subtasks.
7. Total dependence – Full performance by others during all episodes.

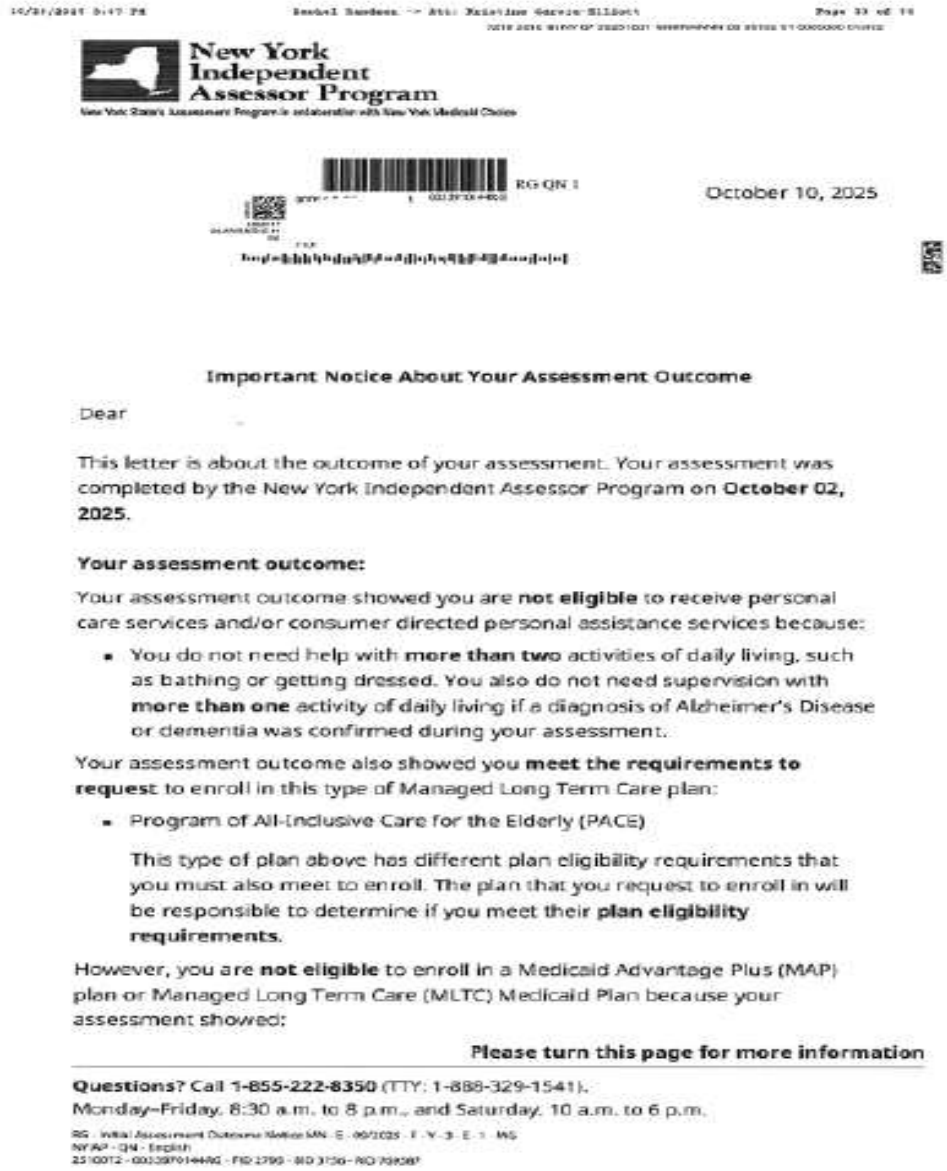
Need 3 ADLS with these scores unless has dementia

*** ADL with this level of need counts only if one has a Dementia/ Alzheimer's diagnosis – then one needs this or a higher level of assistance with only 2 ADLs**

What about help with "Housekeeping" Tasks? (IADL)

- "Instrumental ADLs" (IADLS) **do not** count at all for eligibility for services!
  - Meal preparation, laundry and other housework (dishes, making and changing beds, light cleaning), shopping, among others
  - If you meet the ADL test, then the aide helps with IADLs you are assessed to need help with also.
  - But if you don't meet the test, stand-alone IADL help is no longer available—meaning, the housekeeping program ends for new applicants.
- Until now:
  - Since only 1 ADL was required, if you met that test the aide would help with all IADLs you were assessed to need help with; and
  - If you needed help with IADLs but not ADLs you could get up to 8 hours/week of PCS/CDPAP through the Housekeeping service from the local DSS or your mainstream managed care plan (not from MLTC).

Denied MLTC/MAP Enrollment: Outcome Notice



New York Independent Assessor Program

October 10, 2025

Important Notice About Your Assessment Outcome

Dear

This letter is about the outcome of your assessment. Your assessment was completed by the New York Independent Assessor Program on **October 02, 2025.**

Your assessment outcome:

Your assessment outcome showed you are **not eligible** to receive personal care services and/or consumer directed personal assistance services because:

- You do not need help with **more than two** activities of daily living, such as bathing or getting dressed. You also do not need supervision with **more than one** activity of daily living if a diagnosis of Alzheimer's Disease or dementia was confirmed during your assessment.

Your assessment outcome also showed you **meet the requirements to request** to enroll in this type of Managed Long Term Care plan:

- Program of All-Inclusive Care for the Elderly (PACE)

  This type of plan above has different plan eligibility requirements that you must also meet to enroll. The plan that you request to enroll in will be responsible to determine if you meet their **plan eligibility requirements.**

However, you are **not eligible** to enroll in a Medicaid Advantage Plus (MAP) plan or Managed Long Term Care (MLTC) Medicaid Plan because your assessment showed:

Please turn this page for more information

Questions? Call **1-855-222-8350** (TTY: 1-888-329-1541).
Monday–Friday, 8:30 a.m. to 8 p.m., and Saturday, 10 a.m. to 6 p.m.

- As of Sept. 1, 2025:
  - To be eligible for MLTC, consumer must 1) need ADL assistance for **more than 120 days** AND 2) also **pass the ADL test**
  - Unfavorable Outcome Notice does not break down which test consumer failed, or how many ADLs short they are

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Eligible for MLTC Enrollment: Outcome Notice

Outcome notices also say:

1. Whether consumer is **"Medically stable"**
   - MLTC Policy 25-04: Plans may not deny enrollment if NYIAP finds NOT medically stable, unless the plan is unable to provide any other CBLTSS the consumer is eligible for (e.g. private duty nursing)
2. For voluntary MLTC enrollees (age 18-21 and adults without Medicare), whether consumer was determined to have a **Nursing Facility Level of Care**.
   - MLTC enrollment requires NFLOC score of 5 – located under *Assessment Outcomes* near end of the assessment tool

If Outcome Notice says MLTC enrollment is denied:

- **Consumer has Fair hearing rights to appeal against NYIAP.**
- Consumer may NO LONGER seek stand-alone Housekeeping services from Local DSS, if fail to pass the ADL test – unless they have *service legacy status*.
- May one seek *short term* PCS/CDPAP from the DSS, if you pass the ADL test but do not need CBLTC for more than 120 days? Unclear! (this would be rare)

Outcome Notices for Immediate Need discussed in later section

https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policy/2025/25-04.htm

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NYIAP Outcome Notices Not-Eligible: PACE

Outcome Notices may also mention eligibility to enroll in a PACE plan:

- PACE stands for Program of All-Inclusive Care for the Elderly.
- PACE combines Medicare, Medicaid and long term care services under one plan.
- If you join a PACE, you must go to a center in your neighborhood to get most of your care.

- **To be eligible for PACE, applicants must be over 55 and have a NFLOC score of over 5.**

https://www.health.ny.gov/health_care/managed_care/mltc/pace.htm

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NYIAP Outcome Notice: Eligible!

- **For MLTC enrollment:**
  - Pick MLTC, MAP, PACE Type Plan
  - Plans will conduct a mini social assessment and offer a plan of care (hours authorization)
  - **Watch the timing!** Paperwork completed by 18th of the month, for services to start on the 1st of the following month
- **For Medicaid Managed Care:**
  - Contact member services and ask to be transferred to Utilization Review & find out how to provide to the Mainstream plan.
  - Mainstream plan will review and authorize a plan of care or deny PCS/CDPAP.
- **For DSS/HRA CASA Services:**
  - Outcome notice must be provided to DSS/HRA.
    - HRA Central Intake Fax Number 917-639-0676
  - HRA will conduct social assessment and authorize/deny plan of care.

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PRACTICE TIPS FOR NYIAP ASSESSMENTS

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Tips for NYIAP Assessments

NYIAP assessments routinely and improperly DENY MLTC or PCS/CDPAP eligibility because of systemic problems.

Be prepared for the problems listed on the following slides.

In part, the problems stem from policies in the official NYS DOH "UAS-NY" Reference Guide for nurse assessors.*

*Latest version on file with NYLAG is UAS-NY Reference Manual, Aug. 2022 edition, available at http://health.wnylc.com/health/download/902/.

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Tips for NYIAP Assessments

- For applicants without dementia or Alzheimer's disease
  - Point out to assessor **at least 3 relevant ADLs**
  - See list at slide 28 for which ADLs consumer needs at least "limited assistance – guided maneuvering of limbs, physical guidance without taking weight." This is more help than "supervision/cueing" but less than "weight bearing support."
- For applicants with dementia or Alzheimer's disease
  - Point out **at least 2 relevant ADLS** with which they need at least "supervision/cueing."
  - A doctor must complete and sign the *Alzheimer's Disease or Dementia Form (DOH-5821)* prior to assessment. (https://www.health.ny.gov/forms/doh-5821.pdf)

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Practice Tip: 3-day rule

- Nurse assessor is expected to look at *actual* performance of ADLs in last 3 days—NOT capacity to perform ADLs
- May "under-code" patient's needs

Bathing - How takes bath or shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area - EXCLUDE WASHING OF BACK AND HAIR.	**Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks**
Personal hygiene - How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands - EXCLUDE BATHS AND SHOWERS:	**Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight**
Dressing Upper Body - How dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc.	**Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight**
Dressing Lower Body - How dresses and undresses (street clothes, underwear) from the waist down including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc.	**Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks**
Walking - How walks between location on same floor indoors:	**Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight**
Locomotion - how moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair:	**Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight**
Transfer toilet - How moves on and off toilet or commode:	**Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight**
Toilet use - How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjust clothes EXCLUDE TRANSFER ON AND OFF TOILET:	**Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks**
Bed mobility - How moves to and from lying position, turns side to side, and positions body while in bed:	**Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight**
Eating - How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition):	**Supervision - Oversight/cueing**
rimary mode of locomotion indoors:	**Walking, uses assistive device, e.g., cane, crutch, pushing wheelchair**

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Practice Tip: 3-day rule continued…

3-day rule – Assessor must record the person's ***actual*** level of self-care and support ***actually*** received during the ***last 3 days only.****

- Assessor does NOT record what they think consumer SHOULD receive or what they think ADLs consumer COULD do for themselves.
- ***Only a consumer who had help – paid or by family – during 1 or more of the 3 days before assessment is found to need ADL assistance!***
- **EX. 1: Jose's daughter visits to help him bathe twice a week by physically helping him get into and out of the shower**. When the NYIAP assessor visited on Monday, the last time the daughter helped him bathe was the previous Thursday**.** Since this was not within the last 3 days, the assessor would mark "activity did not occur" and the ADL would not be counted toward the minimum.
- **EX. 2: Maria bathes by herself but it is extremely risky**. The nurse marks her as "independent" with bathing. A*t least one fair hearing rejected characterizing such consumers as "independent". FH* 8477309M. The decision states, "any task that was completed …without assistance in the 3 days prior to the assessment … gets marked …[as] independent…, regardless of how difficult, insufficient, time consuming, or dangerous the task was .... For example, … labeled as "Independent" when bathing …even if it was extremely difficult or dangerous for him to do by himself.

TIP: Consumer should receive help with ADLs in at least one of the 3 days before the NYIAP nurse assessment. This can be informal help by a family member or paid help.

*UAS-NY Reference Manual, Aug. 2022 edition pp. 28-33, available at http://health.wnylc.com/health/download/902/.

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Tips for NYIAP Assessments, continued

Prepare in advance for the assessment

- Have someone stay with client in days leading up to NYIAP
- Have someone present at the assessment
- Encourage person who stayed with client in days leading up to NYIAP to be present for assessment

Request an in-person assessment

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What if NYIAP Denies MLTC or PCS/CDPAP?

- **Get a copy of & review the NYIAP assessment.** NYIAPfairhearings@maximus.com or **fax t**o 917-228-8899 (include a HIPPA).
- **Ask for a Re-Do.** Review with consumer and caregivers whether worth requesting a re-do assessment from NYIAP – keeping in mind the TIPS on previous slides. This might work!
- **If consumer has dementia** or Alzheimer's and 2 ADLs – submit the dementia form with Cover Sheet and request they reconsider.
- **Request a hearing** from NYS OTDA Office of Administrative Hearings just like other Medicaid hearings. 60-day time limit from Outcome Notice.
- Get evidence packet.

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Requesting a Fair Hearing against NYIAP

Ways to request a hearing

- By telephone: (800) 342-333
- 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

Option to request that a hearing be EXPEDITED*

*22-03 Fair Hearings Transmittal Expedited Medicaid Hearings explains how to request and standards for expediting

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More Practice Tips: Legacy Status

- Remember, those who have received home care **prior** to 9/1/2025 have "**legacy status**."
- This means that they can continue to access services under the prior eligibility rule (1 ADL).
- **Get the client's home care history to be sure that the correct eligibility criteria are applied.**

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Who has "Legacy status"?

1. In an MLTC plan or receiving PCS/CDPAP from MMC/DSS before 9/1/2025:

- Enrolled in MLTC, or Medicaid Advantage Plus as of 8/1/25, OR
- Authorized for homecare by DSS or mainstream plan before 9/1/25

2. OR are (A) Assessed by NYIAP between 8/31/2024 and 8/31/2025 as eligible for PCS/CDPAP/MLTC enrollment & (B) enroll in MLTC or are authorized by mainstream plan or DSS for services *within one year of assessment*.

- **Issue Spotting**: An individual has legacy status even if enrollment or services **start** after 9/1/25 because a NYIAP assessment is valid for one year.

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Additional Resources on 3-ADL Requirement

- Our NYHealthAccess Article https://nyhealthaccess.org/news/85/

- Recording and slides from NYLAG's August 2025 Webinar (Valerie Bogart, Esq.)
  - https://www.youtube.com/watch?v=oHqwoo6ZoXA
  - Slides http://health.wnylc.com/health/download/904/

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State Guidance Implementing ADL Limits 9/1/2025 – Issued June 30, 2025

- Directive to local DSS
  - 25 OHIP/ADM - 03 - New Minimum Needs Requirements for Personal Care Services (PCS) and CDPAP Services
- Directive to MLTC plans
  - MLTC Policy 25.04: Minimum Needs Requirement Update to the Eligibility Requirements for Managed Long Term Care Enrollment - 6.30.2025
- Directive to mainstream Medicaid managed care plans that approve PCS & CDPAP for members
  - Mainstream Guidance: New Minimum Needs Requirements for Personal Care Services (PCS), CDPAP and Managed Long Term Care (MLTC) Eligibility

All guidance posted on the NY Independent Assessor documents page https://www.health.ny.gov/health_care/medicaid/redesign/nyiap/repository/index.htm

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IMMEDIATE NEED APPLICATION

NEW YORK STATE DEPARTMENT OF HEALTH
Division of Program Development and Management

Immediate Need for Personal Care/Consumer Directed Personal Assistance Services Informational Notice and Attestation Form

IMMEDIATE NEED FOR PERSONAL CARE SERVICES/CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES

If you think you have an immediate need for Personal Care Services (PCS) or Consumer Directed Personal Assistance Services (CDPAS), such as housekeeping, meal preparation, bathing, or toileting, your eligibility for these services may be processed more quickly if you meet the following conditions:

- You have no informal caregivers available, able and willing to provide or continue to provide care;
- You are not receiving needed help from a home care services agency;
- You have no adaptive or specialized equipment or supplies in use to meet your needs; and
- You have no third party insurance or Medicare benefits available to pay for needed help.

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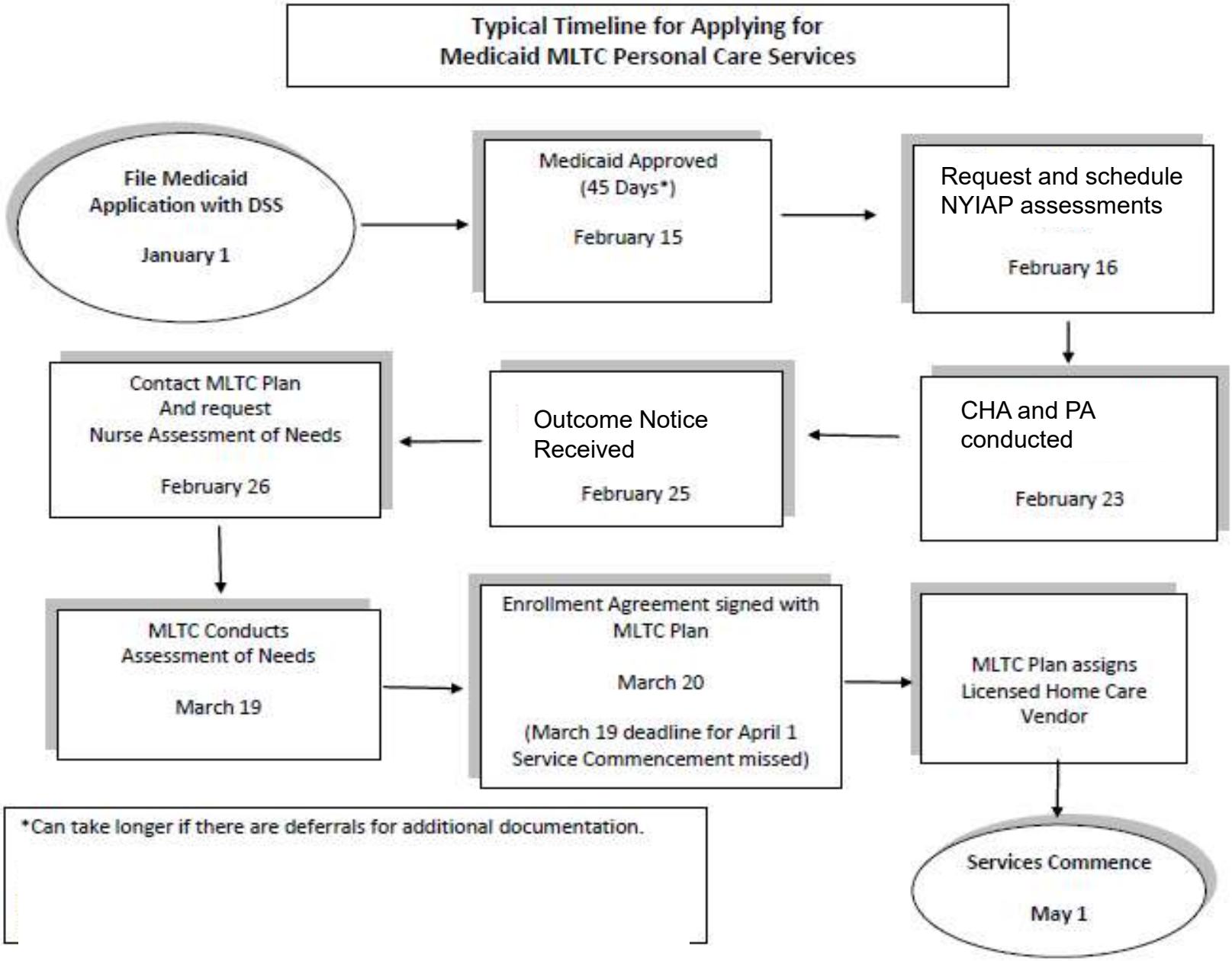
Typical Timeline for Applying for
Medicaid MLTC Personal Care Services
File Medicaid
Application with DSS
January 1
Medicaid Approved
(45 Days*)
February 15
Request and schedule
NYIAP assessments
February 16
CHA and PA
conducted
February 23
Outcome Notice
Received
February 25
Contact MLTC Plan
And request
Nurse Assessment of Needs
February 26
MLTC Conducts
Assessment of Needs
March 19
Enrollment Agreement signed with
MLTC Plan
March 20
(March 19 deadline for April 1
Service Commencement missed)
MLTC Plan assigns
Licensed Home Care
Vendor
Services Commence
May 1
*Can take longer if there are deferrals for additional documentation.

Immediate Need: Expedited Access

1. **7 calendar days** after receipt of complete Application, DSS must determine **Medicaid eligibility.**
   - If application incomplete, DSS must request missing documents within 4 calendar days after receipt of physician's order & Attestation of Immediate Need.
2. Within **12 calendar days** of receiving complete Medicaid app, Attestation form and Physician's order, DSS must:
   - Conduct social & nursing assessments
   - Determine eligibility for & **authorize PCS/CDPAP and Number of hours**
   - "Promptly notify" the recipient of the amount authorized
3. DSS arranges for services to be provided "as expeditiously as possible." 18 NYCRR 505.14(b)(8)(ii).
   - DSS contracts with home care agencies to provide care or approves CDPAP

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Immediate Need Application

- NY Health Access: http://health.wnylc.com/health/entry/203/
  - Cover letter explaining consumer's need
    - Only chance to spell out how many hours per day the consumer seeks
  - Medicaid Application, or Supplement A if consumer has Medicaid but not the required level of coverage
  - Transmittal to HRA
  - Consumer's attestation of immediate need
  - Practitioner Statement of Need
  - NYIAP Outcome Notice (see next slide)
  - Authorized Rep Form (if needed; allows 3rd party to talk to NYIAP)
  - HIPAA release – OCA-960 (allows application submitter to communicate with HRA)
  - Note: CDPAP will have additional steps to onboard with PPL; suggested that client have all aides identified prior to application

In NYC, Immediate Need requests are faxed to 917-639-0665 or emailed to HC Requests HCRequests@hra.nyc.gov

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Note for NYIAP in the immediate need process

GIS 24 MA 02: If someone has already gone through NYIAP via the standard MLTC process, and it's still valid (good for 12 months!), a new NYIAP is not necessary. However, HRA will need the NYIAP Outcome Notice to look up the case in the UAS system.

A copy of the NYIAP Outcome Notice can be requested via nyiapfairhearings@maximus.com with a HIPAA release. You will likely be provided the full NYIAP file including assessment itself – the Outcome Notice is usually the last several pages.

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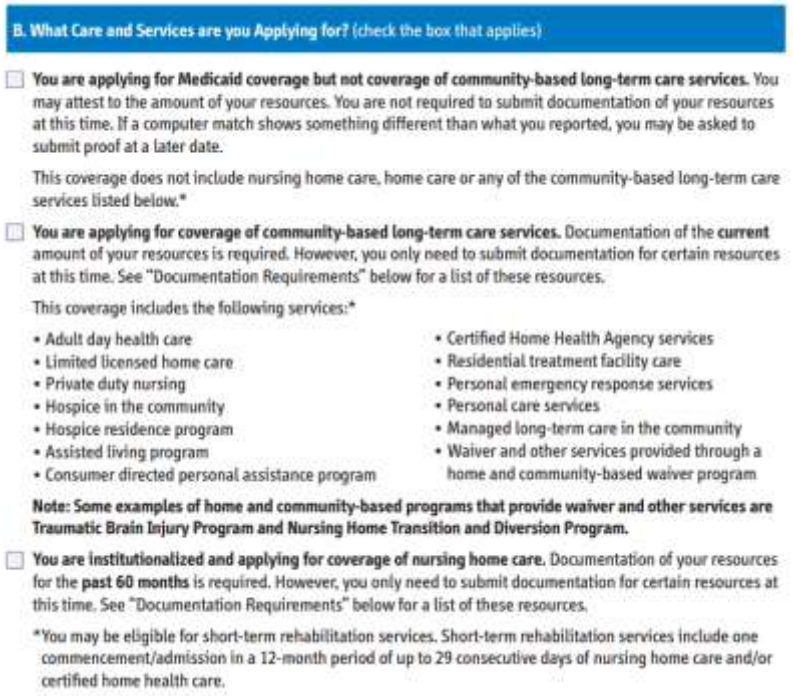
Medicaid application

- For help with full Medicaid application and/or the immediate need application
- CSS Facilitated Enroller offers assistance with immediate need applications: 888-614-5400



B. What Care and Services are you Applying for? (check the box that applies)

☐ **You are applying for Medicaid coverage but not coverage of community-based long-term care services.** You may attest to the amount of your resources. You are not required to submit documentation of your resources at this time. If a computer match shows something different than what you reported, you may be asked to submit proof at a later date.

This coverage does not include nursing home care, home care or any of the community-based long-term care services listed below.*

☐ **You are applying for coverage of community-based long-term care services.** Documentation of the **current** amount of your resources is required. However, you only need to submit documentation for certain resources at this time. See "Documentation Requirements" below for a list of these resources.

This coverage includes the following services:*

- Adult day health care
- Limited licensed home care
- Private duty nursing
- Hospice in the community
- Hospice residence program
- Assisted living program
- Consumer directed personal assistance program
- Certified Home Health Agency services
- Residential treatment facility care
- Personal emergency response services
- Personal care services
- Managed long-term care in the community
- Waiver and other services provided through a home and community-based waiver program

Note: Some examples of home and community-based programs that provide waiver and other services are Traumatic Brain Injury Program and Nursing Home Transition and Diversion Program.

☐ **You are institutionalized and applying for coverage of nursing home care.** Documentation of your resources for the **past 60 months** is required. However, you only need to submit documentation for certain resources at this time. See "Documentation Requirements" below for a list of these resources.

*You may be eligible for short-term rehabilitation services. Short-term rehabilitation services include one commencement/admission in a 12-month period of up to 29 consecutive days of nursing home care and/or certified home health care.

Medicaid Application: https://www.health.ny.gov/forms/doh-4220.pdf
Supplement A: https://www.health.ny.gov/forms/doh-5178a_dd_access.pdf

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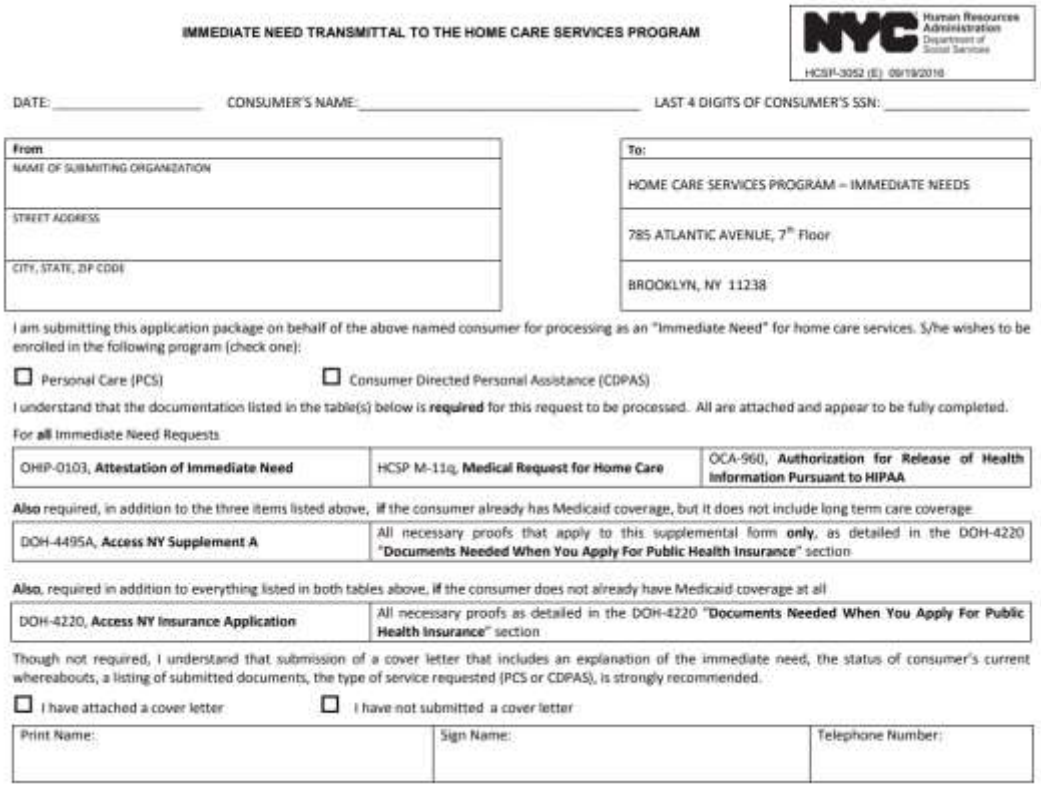
Transmittal to HRA

http://health.wnylc.com/health/afile/203/615/



IMMEDIATE NEED TRANSMITTAL TO THE HOME CARE SERVICES PROGRAM

NYC Human Resources Administration Department of Social Services

HCSP-3052 (E) 09/19/2016

DATE: _____ CONSUMER'S NAME: _____ LAST 4 DIGITS OF CONSUMER'S SSN: _____

From
NAME OF SUBMITTING ORGANIZATION
STREET ADDRESS
CITY, STATE, ZIP CODE

To:
HOME CARE SERVICES PROGRAM – IMMEDIATE NEEDS
785 ATLANTIC AVENUE, 7th Floor
BROOKLYN, NY 11238

I am submitting this application package on behalf of the above named consumer for processing as an "Immediate Need" for home care services. S/he wishes to be enrolled in the following program (check one):

☐ Personal Care (PCS) ☐ Consumer Directed Personal Assistance (CDPAS)

I understand that the documentation listed in the table(s) below is **required** for this request to be processed. All are attached and appear to be fully completed.

For **all** Immediate Need Requests

OHIP-0103, **Attestation of Immediate Need**	HCSP M-11q, **Medical Request for Home Care**	OCA-960, **Authorization for Release of Health Information Pursuant to HIPAA**

Also required, in addition to the three items listed above, **if** the consumer already has Medicaid coverage, but it does not include long term care coverage

DOH-4495A, **Access NY Supplement A**	All necessary proofs that apply to this supplemental form **only**, as detailed in the DOH-4220 "**Documents Needed When You Apply For Public Health Insurance**" section

Also, required in addition to everything listed in both tables above, **if** the consumer does not already have Medicaid coverage at all

DOH-4220, **Access NY Insurance Application**	All necessary proofs as detailed in the DOH-4220 "**Documents Needed When You Apply For Public Health Insurance**" section

Though not required, I understand that submission of a cover letter that includes an explanation of the immediate need, the status of consumer's current whereabouts, a listing of submitted documents, the type of service requested (PCS or CDPAS), is strongly recommended.

☐ I have attached a cover letter ☐ I have not submitted a cover letter

Print Name:	Sign Name:	Telephone Number:

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Consumer's attestation of immediate need

https://www.health.ny.gov/forms/doh-5786.pdf

NEW YORK STATE DEPARTMENT OF HEALTH
Division of Program Development and Management

Immediate Need for Personal Care/Consumer Directed Personal Assistance Services Informational Notice and Attestation Form

Attestation of Immediate Need for Personal Care Services/Consumer Directed Personal Assistance Services

I, _____ (Name)

attest that I am in need of immediate Personal Care Services or Consumer Directed Personal Assistance Services.

I also attest that:

- No voluntary informal caregivers are available, able and willing to provide or continue to provide needed assistance to me;
- No home care services agency is providing needed assistance to me;
- Adaptive or specialized equipment or supplies including but not limited to bedside commodes, urinals, walkers or wheelchairs, are not in use to meet, or cannot meet, my need for assistance; and
- Third party insurance or Medicare benefits are not available to pay for needed assistance.

I certify that the information on this form is correct and complete to the best of my knowledge.

_____ _____

SIGNATURE OF APPLICANT/ REPRESENTATIVE | DATE SIGNED

Individuals Receiving Long Term Care Services in a Nursing Home or Hospital Setting

If you are receiving long term care services in a nursing home or a hospital setting and intend to return home, you may have your eligibility for Personal Care Services or Consumer Directed Personal Assistance Services processed more quickly. Follow the directions on the previous page and fill in the information requested below.

I am in a nursing home or a hospital setting and have a date set to return home on

_____

DATE

Contact me or my legal representative by calling _____ .

Practitioner Statement of Need

Can be completed by MD, DO, NP, or PA*

https://www.health.ny.gov/forms/doh-5779.pdf

*21 OHIP ADM-04

NEW YORK STATE DEPARTMENT OF HEALTH
Division of Program Development and Management

Practitioner Statement of Need for Personal Care/ Consumer Directed Personal Assistance Services For Adults 18 and Over (for Immediate Needs)

This form is intended for adult patients (age 18 or older) who have an immediate need for personal care and/or consumer directed personal assistance services. This includes care in the home to ensure continued patient safety through aide assistance with activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs).

For patients under age 18, practitioners cannot use this form and instead must continue to complete the Physician's Order for Personal Care/Consumer Directed Personal Assistance Services form (DOH-4359 or HCSP-M11Q).

Complete All Items **Incomplete forms will be returned to the practitioner**

1. Patient Identifying Information

Last Name		First Name	
Date of Birth	Medicaid CIN	Social Security Number	Telephone Number
Address: Street			
Address: City		State	ZIP Code

2. Practitioner Information

Last Name		First Name	
License #		Profession (MD, DO, NP, PA, SA)	Telephone Number
Address: Street			
Address: City		State	ZIP Code

I, the undersigned practitioner, certify I have direct knowledge of the patient's condition and it is my opinion that they are in need of personal care and/or consumer directed personal assistance services.

Practitioner Signature | Date Signed

NYIAP Authorized Representative Form

Form available for download at https://nyindependentassessor.com/en/can-i-choose-have-authorized-representative

AUTHORIZED REPRESENTATIVE DESIGNATION FORM

New York Medicaid Choice
1-800-505-5678 (TTY users: 1-888-329-1541)

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Complete and sign this form to name a person as your Authorized Representative with New York Medicaid Choice. You can submit the completed form by fax to (917) 228-8601 or by mail to New York Medicaid Choice, PO Box 5009, New York, NY 10274.

SECTION 1: **PERSON DESIGNATING A REPRESENTATIVE.** *Please print*

Individual's Name: (First name, Last name) _____

Medicaid ID: __ __ __ __ __ __ __ __ __ __ SSN: __ __ __ - __ __ - __ __ __ __

Address: _____ City: _____

State: _____ Zip code: _____ Date of Birth: __ __ - __ __ - __ __ __ __

Phone # (__ __ __) __ __ __ - __ __ __ __ Cell # (__ __ __) __ __ __ - __ __ __ __

SECTION 2: **AUTHORIZED REPRESENTATIVE.** *Please print*

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone # (__ __ __) __ __ __ - __ __ __ __ Date: __ __ / __ __ / __ __ __ __

Representative's language preference for written materials:
☐ English ☐ Spanish ☐ Chinese ☐ Russian ☐ Haitian Creole ☐ Korean ☐ Italian

Representative's Signature: _____

* If the signature is of the legal representative, describe the authority to act in that capacity (e.g., guardianship, committee for an incompetent, power of attorney, health care proxy, etc.), in the space below, or if necessary, attach additional pages.

_____

SECTION 3: **SIGNATURE**

- By signing below I give New York Medicaid Choice permission to release information, in connection with managed care enrollment/disenrollment decisions to the person named in **Section 2** as checked below:
  Please check all that apply. ☐ Medicaid ☐ Medicaid-Medicare ☐ Protected Health/Information
- I would like my mail from New York Medicaid Choice to be sent to:
  ☐ Me only ☐ Me and my Representative ☐ My Representative only
- The time period during which release of information is authorized is:
  From: __ __ / __ __ / __ __ __ __ to: __ __ / __ __ / __ __ __ __
- I understand that this approval is voluntary. I may withdraw this approval at any time before the "To Date" noted above, by advising New York Medicaid Choice in writing or calling **1-800-505-5678.** Withdrawing consent given to a legal representative will be verified.

I understand that if the person approved to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. I also understand that the Authorized Representative Designation Form is used in connection with managed care options.

Individual's Signature: _____ Date: __ __ / __ __ / __ __ __ __

MM-CF-0822

HIPAA – OCA-960

https://ww2.nycourts.gov/sites/default/files/document/files/2018-10/Hipaa.pdf

OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:*

9(a). Specific information to be released:

- ❑ Medical Record from (insert date) _____ to (insert date) _____
- ❑ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ❑ Other: _____

Include: (*Indicate by Initialing*)

_____ **Alcohol/Drug Treatment**
_____ **Mental Health Information**
_____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) ❑ By initialing here _____ (Initials) I authorize _____ (Name of individual health care provider) to discuss my health information with my attorney, or a governmental agency, listed here:

_____ (Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: ❑ At request of individual ❑ Other:	11. Date or event on which this authorization will expire:
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: _____
Signature of patient or representative authorized by law.

* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**

NYIAP Outcome Notices if seeking services at LDSS (or mainstream plan)

- If seeking PCS/CDPAP from mainstream plan or from local DSS, including Immediate Need, NYIAP Outcome Notice should say whether:
  1. **Applicant meets the new minimum ADL criteria**
  2. **Is Medically stable**
  3. NOTE – there is NO requirement that need CBLTC for > 120 days – this is only for MLTC/MAP.
  4. Consumer is responsible for informing MMC/DSS of the Outcome Notice; DSS or plan may disagree and request a variance ("do over" assessment by NYIAP).

  Both criteria 1 + 2 above must be met for PCS/CDPAP
- If Outcome Notice says **not eligible** for PCS/CDPAP, consumer may request a **Fair Hearing against NYIAP**

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Upcoming Home Care Webinar

Part 2: Medicaid Home Care: How to Navigate Medicaid Managed Care to Get the Services Your Client Needs

June 10, 2026 12:30pm – 2:00 PM

Speakers: Peter Travitsky, Supervising Attorney, and Ana Maria Cardenas, Staff Attorney.

This webinar will review best practices for submitting strong requests for new services or increases in care, with tips on documentation, clinical justifications. The session will also provide an overview of what to expect when services are denied or reduced. Attendees will learn the steps involved in internal plan appeals, fair hearings, and when an external appeal may be appropriate.

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Q&A

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EFLRP Intake

eflrp@nylag.org

Monday intake hotline from 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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