

# Best Practices For Medicaid Renewals at HRA

Kelly Murray, Esq., Supervising Attorney  
Rebecca Wallach, Esq., Director



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New York Legal Assistance Group

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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:

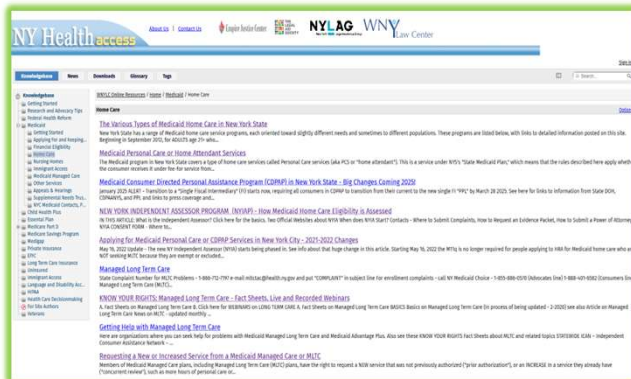
- **Counseling** client on Medicaid, Medicare and home care eligibility and services.
- **Training** legal, social services and health care professionals about changes in Health Care programs and how to best serve the health and long-term care needs of older adults and people with disabilities.
- **Representing** 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: <http://health.wnyc.com/health/>



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



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## Agenda

- Current Income and Resource Guideline
- Overview of Reinstatement of Medicaid Case Closures at HRA
  - Covid 19 E14 Waivers & Renewals
- Medicaid Renewal Best Practices
- Fair Hearing Requests Best Practices

# 2025 INCOME AND RESOURCE GUIDELINE

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## 2025 Financial Limits for Medicaid and Medicare Savings Program

- Non-MAGI Medicaid

	Household Size of 1	Household Size of 2
<b>Income</b>	<b>\$ 1,800.00</b>	<b>\$ 2,433.00</b>
<b>Resources</b>	<b>\$ 32,396</b>	<b>\$ 43,781</b>

- Medicare Savings Program (MSP):

	FPL	Household Size of 1	Household Size of 2
<b>Qualified Medicare Beneficiary (QMB)</b>	<b>&lt;= 138%</b>	<b>\$ 1,800.00</b>	<b>\$ 2,433.00</b>
<b>Qualified Individual (Q1)</b>	<b>138% - &lt;= 186%</b>	<b>\$ 2,426.00</b>	<b>\$ 3,279.00</b>

**\*\*Does not include \$20 unearned income disregard.**

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## Medicaid / MSP Limits 2025

- GIS 25 MA/03 – 2025 Federal Poverty Levels
  - All new and pending applications, income must be compared to the 2025 FPLs.
  - All redeterminations effective 1/1/2025 or later, must be retroactive to 1/1/2025 based on 2025 FPLs.
  - No Mass Re-Budgeting will be done

[https://www.health.ny.gov/health\\_care/medicaid/publications/docs/gis/25ma03.pdf](https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/25ma03.pdf)

[https://www.health.ny.gov/health\\_care/medicaid/publications/docs/gis/25ma03\\_att1.pdf](https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/25ma03_att1.pdf)

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## OVERVIEW OF REINSTATEMENT OF MEDICAID CASE CLOSURES AT HRA



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

Effective January 31, 2020 the Public Health Service Act was used to declare a **Public Health Emergency (PHE)**.

**Families First Coronavirus Response Act (FFCRA)** signed March 18, 2020 established a moratorium on Medicaid case closings or reductions through the end of the PHE unless they move out of state, die or voluntarily close their case. GIS 20 MA 04\*


**Consolidated Appropriations Act (CAA)** signed into law in December 2022, delinked the continuous coverage requirement from the PHE. States could start terminating Medicaid AFTER they process renewals over 12 months. This is called the UNWINDING of the PHE. Note the PHE ended 5/11/23.

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

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## HRA Medicaid Case Closings Restarting in April



- The **5-year PAUSE** on closing Medicaid cases at HRA for failure to return the renewal packet / failure to recertify is ending 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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## Who will be impacted?

**Local Departments of Social Services**

- ✓ WMS - New York's Legacy Eligibility System
- ✓ Administers non-MAGI and Temporary Assistance

2.4 Million Members

❖ Roughly half of whose eligibility is based on cash assistance

**NY State of Health**

- ✓ New York's Integrated Marketplace
- ✓ Administers MAGI

5.3 Million Members

This change is NOT for NYSOH renewals. Cases have been closing on NYSOH for failure to renew since June 2023.

Change affects cases at HRA Including: Non-MAGI, MSP, MBI-WPD, SNT, Surplus, Rosenberg, Stenson

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## Local District Enrollees in Unwind

**2.4 Million Members**

~1.3 million members must be redetermined during unwinding\*

**HRA (Downstate WMS)**  
750k

**Upstate WMS**  
570k

Change affects cases at HRA Including: Non-MAGI, MSP, MBI-WPD, SNT, Surplus, Rosenberg, Stenson, some kids

*\*If New York's SNAP proposal is adopted, HRA's caseload would be further reduced by approximately 188k and Upstate's by 118K*

Department of Health

**Local DSS Manage Medicaid Mainly for Aged 65+, Blind & Disabled (Non-MAGI)**

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

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

**RENEWAL NOTIFICATION**

Medicaid Managed  
Long Term Care

LOCATION: CED/MLTC      May read:  
 NOTICE DATE: 02/08/2025      -- CED/Surplus  
 CASE NUMBER: [REDACTED]      -- CED/MRP

NUMBER OF ADULTS: 01  
 NUMBER OF CHILDREN: 00  
 PRIORITY: N  
 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 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.

**up**

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## When does it start?

- Discontinuances for failure to recertify will restart for HRA beneficiaries with authorizations to **May 31, 2025**.
- The first batch of renewals affected will be renewal packets sent in February 2025 with a **due date of April 10**.
- We expect the first **Notices of Intent to Discontinue to be issued in mid-April** with closure dates at the end of April.



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## Stenson and Rosenberg Cases-Special Rules

### **Stenson cases (SSI case closes and consumer receives a separate determination)**

Stenson cases were extended during the 5-year PAUSE on procedural discontinuances

- Stenson cases for adults with **May 31**, Auth To dates will be closed for failure to recertify.
- **\*\*special rule for kids\*\*** Closed Stenson cases for children will be reopened by Downstate WMS to ensure 12 months continuous coverage for children up through age 18 and up to age 6 for Continuous 0-6.

### **Rosenberg (PA/Cash Assistance closes and consumer receives a separate determination)**

- Cases were extended during the 5-year PAUSE on procedural discontinuances
- Rosenberg cases for adults with **May 31**, Auth To dates will be closed for failure to recertify.
- **\*\*special rules for MAGI\*\*** MAGI Rosenberg cases will continue to be reopened by Downstate WMS to allow these cases to transition to NY State of Health where the State can attempt an ex parte renewal. We believe this includes kids.

[Learn more about Stensons and Rosenbergs here:](http://health.wnyc.com/health/entry/85/)  
<http://health.wnyc.com/health/entry/85/>

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## NYS Adopted 10 Consumer-Friendly E14 Waivers

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### 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 and 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

### 10. Fair Hearing Protections (OTDA only)

- Extends deadline to request aid continuing discontinuance/reduction
- Waiver of recoupment if consumer loses the hearing
- Extends NY deadline to decide fair hearing within 90 days

Waivers in effect through **June 30, 2025**. May be extended to December 31, 2025.

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## HRA Medicaid Renewal Process

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- **Step 1:** Client receives Medicaid renewal in the mail. It's due in about 45 days, usually the 10<sup>th</sup> of the month.
  - Alternate: Consumer does not receive the renewal packet.
- **Step 2:** Consumer completes the renewal on time and following NYLAG's best practices either by mail or on Access HRA.
  - Consumer does not respond to the renewal
  - Consumer responds to the renewal after the deadline
- **Step 3:** HRA's vendor Vanguard receives the renewal packet before the deadline and stops the procedural discontinuance by "scanning" the renewal into their electronic workflow.
  - Mail renewal was not processed by Vanguard prior to the due date and notice of discontinuance issued by WMS.
  - Access HRA renewal not processed prior to the due date and notice of discontinuance issued by WMS.
  - Consumer's Medicaid case is not reauthorized "lapses" essentially closing without notice
- **Step 4:** Consumer's Medicaid case is renewed for 12 months with the correct budgeting.
  - Consumer's Medicaid case is incorrectly budgeted
  - Consumer's Medicaid case is not reauthorized by "Graus(ed)" which means it's extended for up to 4 months.

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## 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.**

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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

**1**

**RENEWAL NOTIFICATION**  
Medicaid Managed Long Term Care

LOCATION: CED/MLTC      *May read:*  
NOTICE DATE: 02/08/2025      -- CED/Surplus  
CASE NUMBER: [REDACTED]      -- CED/MRP

NUMBER OF ADULTS: 01  
NUMBER OF CHILDREN: 00  
PRIORITY: N  
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 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.

**rup**

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***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.

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## 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 11232-9823

**NYC** Human Resources Administration  
 MAP-909e (E) 12/06/2023

**RENEWAL NOTIFICATION**  
 Medicaid Managed Care  
 Long Term Care

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

Dear Consumer:

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

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## Special Notations continued

- If client has MSP and wants to continue receiving 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 * <i>Now eligible for the Medicare Savings Program as QMB - please enroll me</i>	<input type="checkbox"/>
	<input type="checkbox"/>

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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 Care with a surplus, provide proof of income.

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



## 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](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

\* No proof needed for all Medicaid renewals due back by 5/10/2025 (Auth to date of 6/30/25) due to E14 waiving asset test at renewal



### **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.wnyc.com/health/file/66/?f=1>
- **Spouse Impoverishment:**  
<http://health.wnyc.com/health/entry/165/#A>,
  - DOH-5298: Request for Spousal Impoverishment -  
<https://www.health.ny.gov/forms/doh-5298.pdf>
- **Housing Allowance:**  
<http://health.wnyc.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.wnyc.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

- **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 Envelope

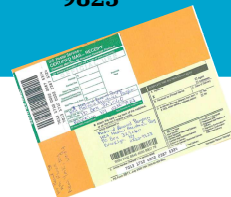
- Mail to HRA in self-addressed (grey) envelope provided by HRA



### Copy 1

- Mail Packet – Return Receipt Requested to:

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



### Copy 2

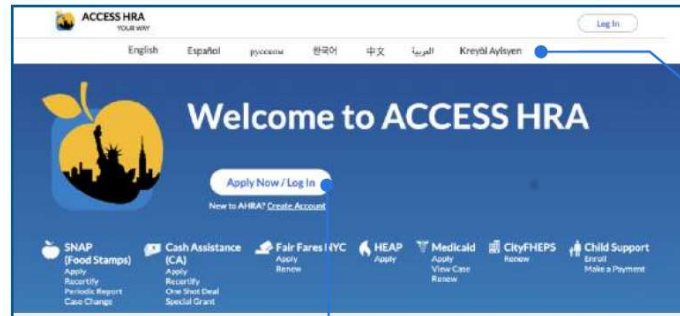
- Keep one complete copy for your files. Note the following: (1) when and where grey envelope was mailed; (2) when and where Return Receipt Requested copy was mailed and copy of receipt.

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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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## If you do not submit requested documents via Access HRA Mobile App, your Renewal will be deferred

Submitted on 5/9/2022 at 10:42AM  
Confirmation Number: 1004509

**⚠ You're not done yet! Submit documents by 11/1/2022.** Submit Documents

**Reminder:** Your renewal is not complete until you submit the documents below.

Already have some of these documents with you and want to upload them on our mobile app?

Here's how:

Download on the App Store

**Step 1:** Download the free ACCESS HRA Mobile App.

GET IT ON Google Play

**Step 2:** Upload your documents.

Other ways to return documents can be found [here](#).

Proof Of	For	Suggested Documents	Status
⚠ Other Health Insurance	John (03/01/1990)	<ul style="list-style-type: none"><li>Insurance policy, OR</li><li>Certificate of insurance, OR</li><li>Insurance card, OR</li><li>Other proof of private insurance</li></ul>	Not Yet Uploaded

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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](#)

**📄 Required Documents**

Click 'View appointments' to see more details.

[View Appointments](#)

[Dashboard](#) [Appointments](#) [Required Documents](#) [Notices](#) [More](#)

4:13 📶 🔋

Required Documents ⓘ

RequiredUploaded

You have no required documents to upload.

[Dashboard](#) [Appointments](#) [Required Documents](#) [Notices](#) [More](#) up

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## How to Get Copy of What You Submitted


The screenshot shows the ACCESS HRA user interface. At the top, there is a navigation bar with links for Home, Benefits, Appointments, Documents, Payments, E-Notices, Partners, and Fair Fares NYC. A 'Log Out' button is visible on the right. Below the navigation bar is a 'Welcome to ACCESS HRA' banner. The main content area is titled 'My Benefit Dashboard' and includes several sections: 'No drafts', 'View Benefits', 'Unread Notices' (with a '1' indicator), and 'View Documents'. A yellow warning banner prompts the user to provide a contact method. The 'My Applications' section is active, showing a table of submitted applications. The table has columns for 'Type', 'Submission Confirmation Date', and 'Action'. A row for a 'Medicaid Application' is highlighted, with a 'Summary Form' link in the 'Action' column circled in red and an arrow pointing to it. Other links in the 'Action' column include 'Cover Sheet'. To the right of the table is a 'Quick Links' sidebar with various options like 'Apply for Benefit', 'Find My Case', and 'Request a SNAP Case Change'. At the bottom, there is a 'Recent Notifications' section showing a 'Medicaid Application Submitted' notification dated 10/23/2024.



## CHECK STATUS OF RENEWAL




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**NYC**  
Human Resources  
Administration  
Department of  
Social Services

MEDICAL ASSISTANCE  
PROGRAM

**Find Your Medicaid Renewal Status Online or by Phone**



**ACCESS  
HRA**  
nyc.gov/accesshra




**888-692-6116**  
*Instructions  
on the reverse.*

PALM-69 (E)

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- 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.

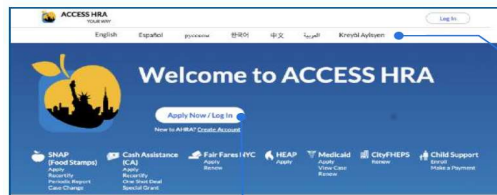
\*You should have your date of birth, case number, and/or your Social Security Number ready. You will need to enter these to hear information about your case.

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



# PRINT MEDICAID RENEWAL FORM



### Food Pantries

You can get food today from New York City's food pantries, which provide groceries you can cook at home and community kitchens, which provide hot meals.

### ACCESS HRA Document Upload App

Click here to watch the video about how to submit documents



### Print Medicaid Renewal Form

### Fair Fares NYC Program

To apply for the Fair Fares NYC Discount, please click here.

### Older Adult Centers (60+)

There are more than 300 older adult centers (OACs) and affiliated sites throughout the five boroughs that provide healthy meals, fun activities, classes, fitness programs and social services. Find a center near you.

**\*\*Remember SNAP Match in effect through 6/30/25-no renewal!**



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## OOPS, THE CLIENT MISSED SUBMITTING THE RENEWAL ON TIME. WHAT SHOULD THEY DO?



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### Submit the Renewal & Enforce the Grace Period

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 the client is eligible

NYC Medicaid Alert, [Reapplication & Renewal Grace Period](#) – July 31, 2019)

There is an additional provision to allow a completed renewal submitted to HRA within 90 days to be used to reopen a case without a new application.

*If the individual returns the completed renewal to the district prior to case expiration or **within 90 days of the case closure for failure to recertify, districts may use the returned renewal to reopen the closed case and process the renewal.** If eligible, coverage is authorized back to the effective date of discontinuance for the failure to renew. Renewals processed within this 90-day timeframe qualify for waiver of the resource test, as described above in Waiver of Resource Test section.*

[GIS 24 MA/07](#) at p. 2 / [GIS 23 MA/03](#) at p. 7

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## How to Submit Late Renewals – Original + 2 Copies

### Original Packet

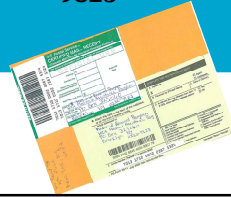
- Mail to HRA in self-addressed (grey) envelope provided by HRA



### 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



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



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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 ESPAÑOL, POR FAVOR PONGASE EN CONTACTO  
 CON SU TRABAJADOR(A).

NOTICE NUMBER: R066KF4829		DATE: September 19, 2019		CASE NUMBER: [REDACTED]	
OFFICE 5H9	UNIT	WORKER 5H9KS	UNIT OR WORKER NAME MANAGED LONG TERM CARE-CASA	TELEPHONE NO. 888-692-6116	

<b>AGENCY TELEPHONE NUMBERS</b> GENERAL TELEPHONE NO. 718-557-1399 FOR QUESTIONS OR HELP 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	<b>CASE NAME / AND ADDRESS</b> [REDACTED]
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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.

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## Requesting a Fair Hearing

- **Due to urgency of preventing the Medicaid case closure and OTDA's backlog in processing hearing 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](http://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 remember Fair Hearing E14 waiver. See next slide.
- **What is Aid Continuing?** OTDA orders HRA to continue medical assistance benefits pending the fair hearing decision. **Medicaid case stays open!**

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## Aid Continuing and E14 Waivers

### E14 Fair Hearing Waiver –

- “Pauses” 90-day final administrative decision deadline for NYS
- 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
- In effect through **June 30, 2025**
- SDOH has said that the fair hearing compliance plan extends these protections through December 31, 2025. Waiting to see this in writing.

*\* See GIS 24 MA/07 : Continuation of Certain Policy Easements & Other Processes After Expiration of Public Health Emergency Unwind Period*

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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.

## IS THE CLIENT'S MEDICAID DECISION NOTICE CORRECT?

**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 Periods used in your budget determines which method was used.

**Check Coverage Dates - 12 Month Coverage or Shorter?**

**MA NOTICE BUDGET** Version 5  
 Date: 02/01/25 TO 07/31/25

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

**EARNED INCOME**

Income Source 1	Period	Amount
Expenses From Earned Income Source 1		0.00
Insurance		0.00
Support		0.00
Work Expense		0.00
Impairment Related Expense		0.00
Allowable Child Care		0.00

**Income Source 2**

Income Source 2	Period	Amount
Expenses From Earned Income Source 2		0.00
Insurance		0.00
Support		0.00
Work Expense		0.00
Impairment Related Expense		0.00
Allowable Child Care		0.00

**UNEARNED INCOME**

Source	Period	Amount	Exemption	Amount	Exemption	Amount
S.S. Retirement Benefit	Monthly	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.

Household member in case  
 Is Income Information Correct?

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

**NYC** Human Resources Administration Department of Social Services  
 MAP-259p (E) 03/25/2019

DATE: 12/24/2024  
 CASE NUMBER: [REDACTED]

If you have any questions, call HRA Helpline at 1-888-692-6110

**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:**

A. Total monthly income	\$ 10,523.42	<input type="checkbox"/>	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	<input type="checkbox"/>	Your MA application/conversion has been accepted with a surplus. (See the attached MAP-635a 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 for a State Fair Hearing. You must request a State Fair Hearing within 60 days of the date on top of the 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.

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## 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



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## If the Decision Notice is WRONG

- Request 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 in Completing and Submitting Renewal Packet!
- 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 waiver protections through June 30, 2025!



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## Keep in Touch



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



EFLRP Intake

[eflrp@nylag.org](mailto: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](http://www.Lawhelpny.org)

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# THANK YOU

More information at [nylag.org](http://nylag.org)

