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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.



The Evelyn Frank Legal Resources Program

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

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



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EFLRP Services (continued)

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



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



Agenda

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



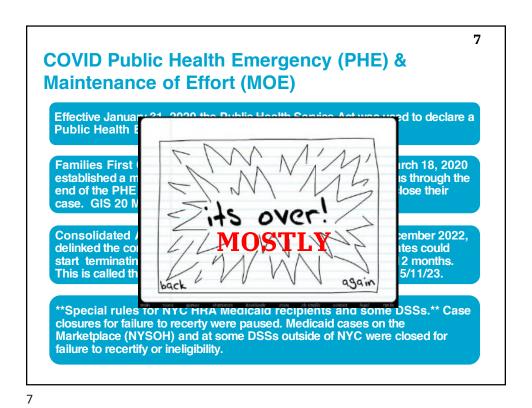
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WHERE WE ARE NOW- AFTER PHE & UNWIND







Pandemic Era Easements Have Ended (mostly) Ex Parte/Auto Renewals MCO Enrollmant Broker 1. 100 Provent FPL ut each 2. Zero incon. 6. MOO updates contact info 3. Non-MAGI SNAP Latch 4. CHIP SAAP Match 7. Fraoliment broker can 5. Indit duals with fixed SSRI or up late contact info pensi 10. Fair Hearing Protections (OTDA only) - Dec. 31, 2025 **Special Non-MAGI Waivers** Extends deadline to request aid 8. waiver of the resource test continuing on a discontinuance/ 9. Non-MAGI beneficiaries on reduction NYSOH without spend down or Waiver of recoupment if consumer LTSS stay on NYSOH (but MECM) loses the hearing NYS Deadline to decide fair hearing within 90 days extended Legal Assistance Group

🔏 » News & Events » Press Release: New York Among Leading States Keeping Families and Children Enrolled in Medicaid D...

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

December 20, 2023

 ${\it CMS \, Report \, Ranks \, New \, York \, State \, Among \, Highest \, Performing \, Five \, States \, in \, Keeping \, Children \, Enrolled}$

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

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



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

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



About six months later . . .

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

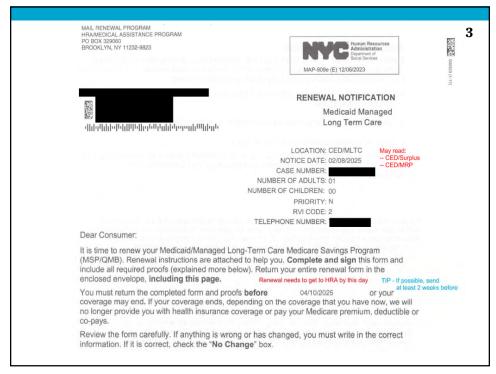


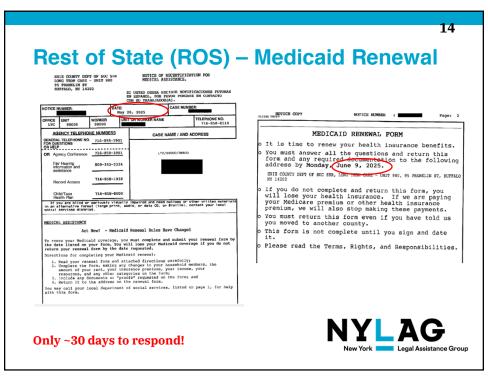
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BRIEF REVIEW OF RENEWAL PAPERWORK







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

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NON-MAGIRENEWAL BEST PRACTICES

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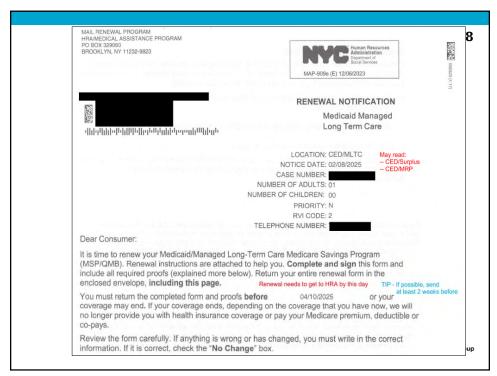
NWYCK Legal Assistance Group

New Cover Letter with Renewal Packet

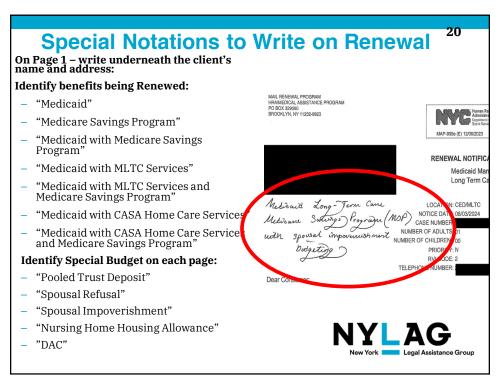
Act Now! Medicaid Renewal Rules Have Changed (Cover Letter)



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.







Special Notations continued

Request MSP enrollment or continuation of MSP

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

| Premium Am | ount | No Change |
|------------|---------------------------------|--------------|
| \$159.10 | * Now Eligible for the Medicare | [] |
| | Savings Program as QMB - | [] |
| | please enroll me | |



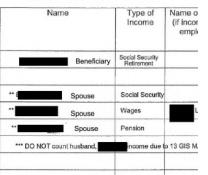
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Special Notations continued

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

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





Household Size of 2 – Both Spouses Must Sign

• Sign Renewal on Page 8

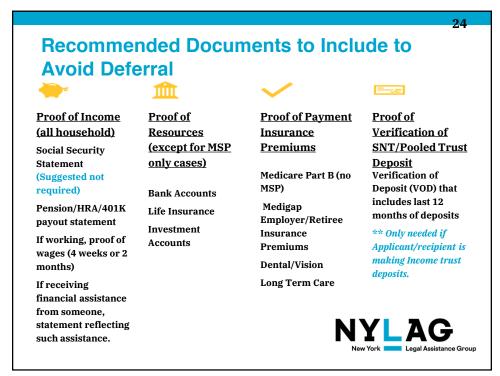
| CICN | Signature of Consumer /Representative: | | |
|--------------|--|-----------------|--|
| SIGN HERE | | Date: | |
| | Signature of Legally Responsible Relative/Spouse or Representat (if applicable): | | |
| | | Date: | |
| | If you are married, both you and your sp | nouse must sign | |

 Complete the Authorization of Verification of Resources (AVS) –

 $\frac{https://www.health.ny.gov/health_care/medicaid/publications/docs/ad}{m/17adm02.pdf}$

MAP-3179 and MAP-3179a





Additional Forms for Special Budget Requests

- Spousal Refusal:
 - MAP-2161: Applicant/Recipient Declaration Concerning the Legally Responsible Relative's Income/Resources
 - MAP-2161A: Declaration of Legally Responsible Relative http://health.wnylc.com/health/file/66/?f=1
- Spouse Impoverishment:

http://health.wnylc.com/health/entry/165/#A,

- DOH-5298: Request for Spousal Impoverishment https://www.health.ny.gov/forms/doh-5298.pdf
- Housing Allowance:

http://health.wnylc.com/health/entry/212/

 MAP-3057: Special Income Standard for Housing Expenses for Individuals Discharged From Nursing Facility Who Enroll Into a Managed Long Term Care (MLTC) Program http://www.wnylc.com/health/download/398/

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



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How to Submit the Renewal in NYC

- Two Preferred Methods of Submission
 - Mail Paper Renewal:

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

** Do Not Mail to Any Other Address **

– Renew Using Access HRA:

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

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

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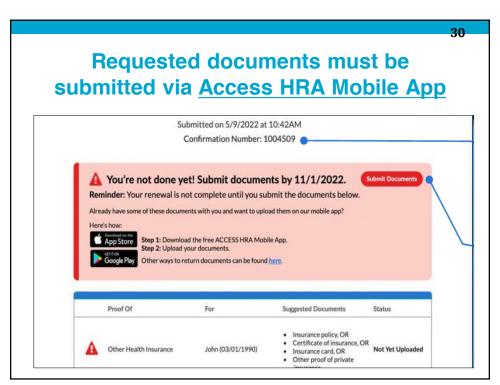


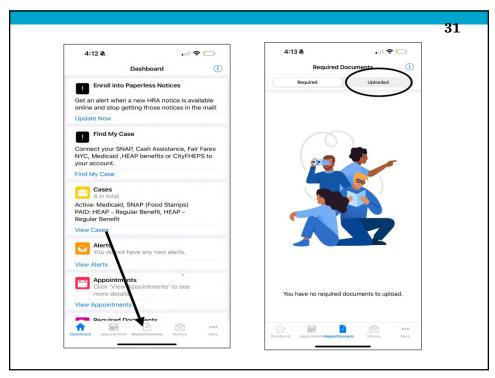
Submitting a Renewal via Access HRA

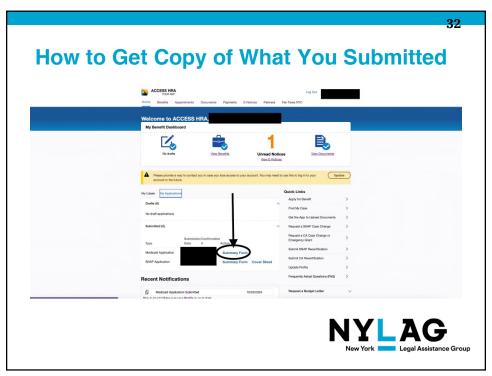
- Two-Step Process
 - (1) Online via website:
 - Answer questions about household, income, resources, expenses and health insurance information
 - Review a summary of your answers and edit as needed
 - Electronically sign and submit your completed responses before providing needed documents
 - Confirmation # 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.

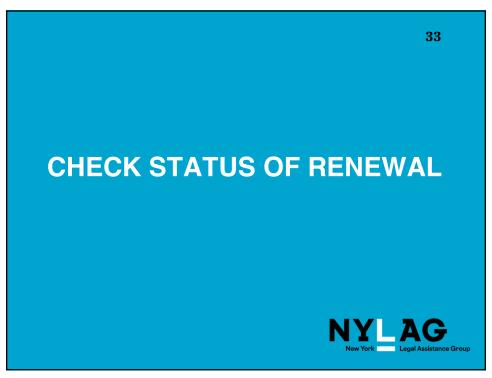
Practice tip: Keep screen shots of answers, PDF receipts/confirmation #, and list of uploaded documents.

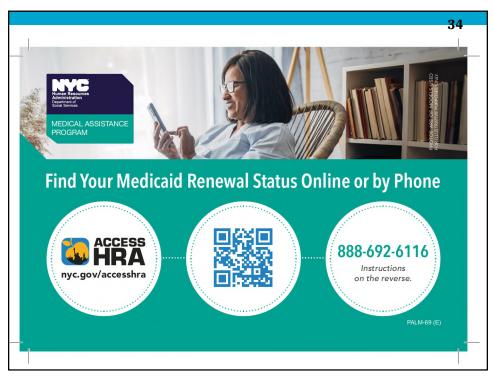














CLIENT LOST THEIR RENEWAL OR DIDN'T RECEIVE ONE IN THE FIRST PLACE

Print Medicaid Renewal Form Using AHRA Re-Print of Form Prior to



Due Date

- Go to the Access HRA landing https://a069access.nyc.gov/accesshra/
- Scroll all the way down and click "Print Medicaid Form"
- Log In or Create an Account
- Complete the Date of Birth, Social Security Number and Case Number fields and then click "Next"
- Click "Print Medicaid Renewal Form button"



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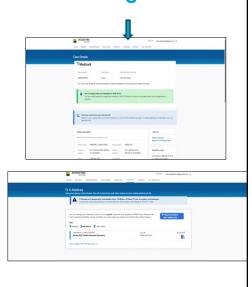
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Print Medicaid Renewal Form Using AHRA

Re-Print Medicaid Renewal After Due Date

- Go to the Access HRA landing https://a069access.nyc.gov/accesshra/
- Click "Log In" on upper right corner and Log into account
- Provide SS# or CIN #
- Page will automatically appear if data match was successful
- Can view details of case
- On upper Ribbon, click "E-Notice'
- List of Notices will appear click on icon of renewal notice



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



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Submit the Renewal ASAP

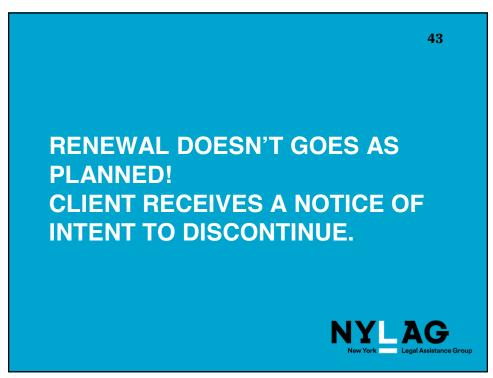
- Follow our best practices and mail the renewal ASAP.
- After deadline, consumer cannot submit via AHRA.
- Depending on circumstances, in addition to mailing, the consumer might submit to the Brooklyn Medicaid Office or community office—get proof of receipt.
- Assess whether the client's Medicaid case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

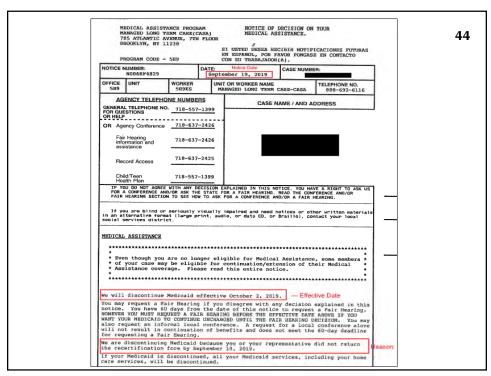




Enforce the Late Renewal Policy

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





Request a Fair Hearing

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

Request hearing by telephone: (800) 342-3334

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

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

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



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Request Fair Hearing Before Effective Date of Reduction/Discontinuance

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

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Aid Continuing and E14 Fair Hearing Waiver

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

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



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Clients Must Check Mail and Keep Envelopes

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

FAIR HEARING IS REQUESTED, WHAT NOW?



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Reach Out to Legal Services

How to Find Legal Services



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



Collect Renewal & Review

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

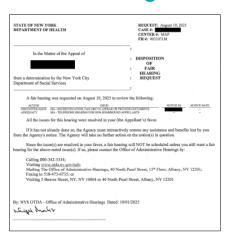


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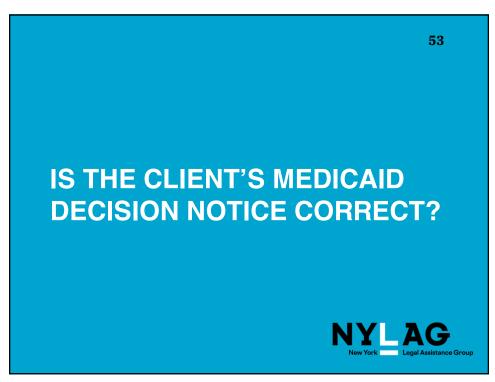
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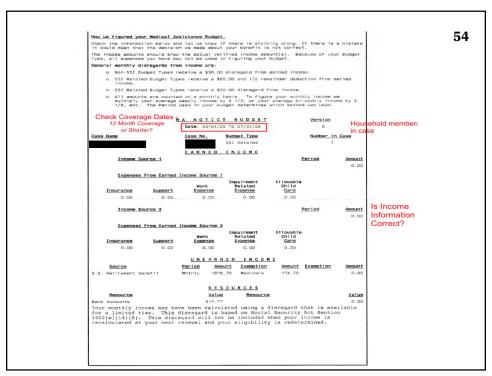
Possible Resolution Before Hearing

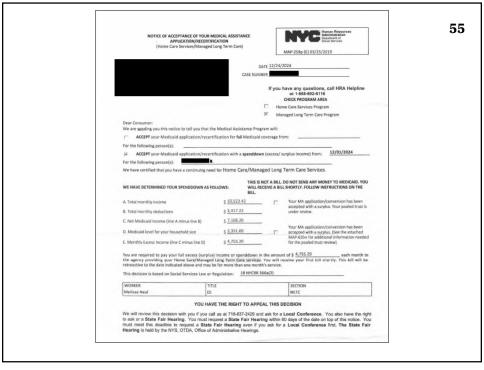
- HRA/LDSS may resolve the issue of the pending fair hearing and issue a Pre-Hearing Disposition (PHD).
- A PHD resolves all issues in the Appellant's favor.
- Follow up with OTDA if compliance is an issue.











Tips for Reviewing Decision Notices

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



If the Decision Notice is WRONG

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



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Key Tips

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





UP NEXT:

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

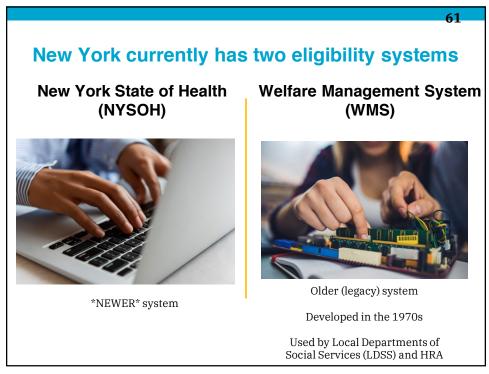


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What is the Medicaid Eligibility and Client Management system (MECM)?

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







What are the benefits of MECM?

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



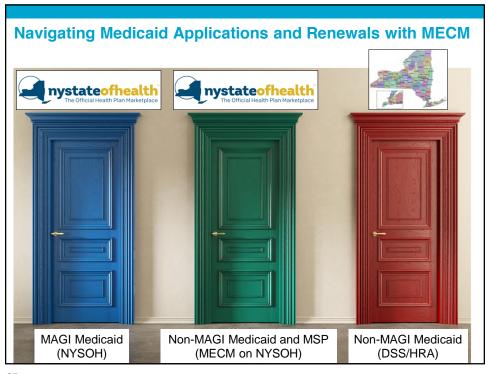
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MECM Timeline - Begins this year!

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





Learn More at Upcoming Webinar

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

Register here:

tinyurl.com/Dec17MECM





