

Elder Law Institute

Medicaid & Home Care Update

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Evelyn Frank Legal Resources Program



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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

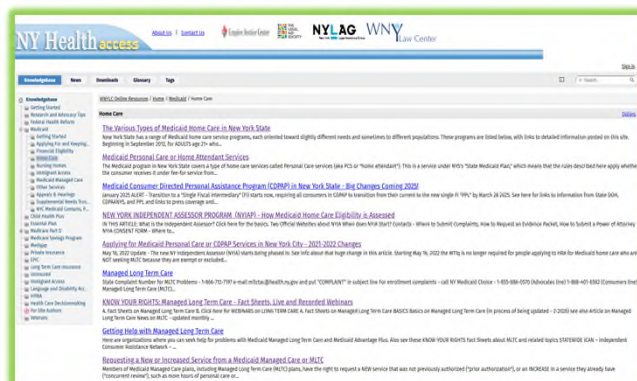
Focuses on fighting for older adults and people with disabilities, ensuring access to health care and home care services to age safely in the community. Services include:

- **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.wnyc.com/health/>



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

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Agenda

1. NYC Medicaid Cases Closing if Renewals Not Returned – 20,000 in first batch!
2. CDPAP Transition to PPL as Single “FI”
 - Status, advocacy, health insurance, what is driving this?
3. Recent & Upcoming MLTC Plan Mergers – Alert re Transition Rights
4. NYS Fair Hearing Backlog- “PHD” process 2025
5. Federal Medicaid Defense
6. On the horizon
 - MECM – Medicaid applications moving online!
 - Pending Home Care Restrictions passed in 2020 (Lookback, ADL Thresholds)
7. Reference: 2025 Medicaid limits and
Where to get Help!



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1. NYC: FIRST MEDICAID CASE CLOSING SFOR FAILURE TO RENEW IN 5 YEARS -- START MAY 2025



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NYC HRA Medicaid Case Closings Restarted 20,000 Cases to Close in May 2025

- In April 2025, the **COVID PAUSE** on HRA closing Medicaid cases in NYC for failure to return the renewal packet ended.
 - Cases closings started earlier for Dept's of Social Services (DSS) outside NYC and for "MAGI" cases managed on NYSoHealth.
- **20,000 NYC** HRA Medicaid beneficiaries who failed to return a renewal received a **notice of intent to close Medicaid case in May - with fair hearing rights**.
- This type of "procedural discontinuance" is known as "churning" because the Medicaid case closes even if consumer is financially eligible.
 - Churn costs consumers and DSS when coverage disrupted and forced to re-apply.
 - **TIP:** If submit renewal within 90 days of closing, case should be reopened without a new application. [GIS 24 MA/07](#) at p. 2 / [GIS 23 MA/03](#) at p. 7
- **Medicaid renewal rates are much lower post-Covid pandemic.**

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If Medicaid closed because of renewal– MLTC & OTHER HOME CARE STOPS!

- **STAKES ARE HIGH** for returning Medicaid renewals.
- If Medicaid case closes –
 - consumer is **automatically disenrolled from MLTC plan – without additional notice. Home care STOPS.**
 - Home care **STOPS** for consumers receiving home care from HRA
 - Can't fill Rx (unless has Medicare), use Medicaid transportation, dentists, or other providers

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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

RENEWAL NOTIFICATION

Medicaid Managed
Long Term Care

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

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

Dear Consumer:

It is time to renew your Medicaid/Managed Long-Term Care Medicare Savings Program (MSP/QMB). Renewal instructions are attached to help you. **Complete and sign** this form and include all required proofs (explained more below). Return your entire renewal form in the enclosed envelope, **including this page**. Renewal needs to get to HRA by this day TIP - if possible, send at least 2 weeks before

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

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

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Best Practices to Submit Renewal NYC

- Two Alternate Methods of Submission – best to submit 2 weeks before due date.
 - Mail Paper Renewal: Best to use bar-coded pre-paid envelope.** If client doesn't have that envelope mail to:
 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.

If client lost renewal, she can download form if open account in <https://a069-access.nyc.gov/accesshra/>

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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 Return Receipt Requested to:

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



Copy 2

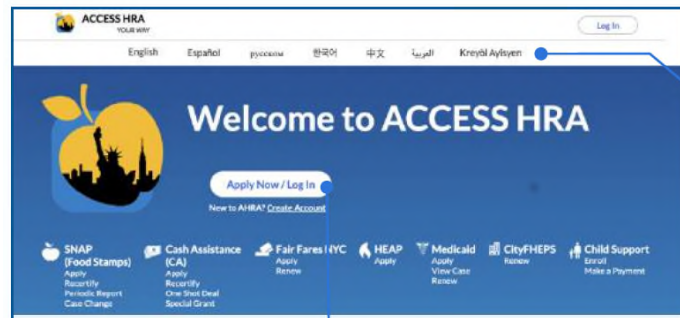
- Keep one complete copy for your files. Note the following:
(1) when and where grey envelope was mailed;
(2) when and where Return Receipt Requested copy was mailed and copy of receipt.

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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 Renewal Online 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 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) **NYC 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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Late Renewal? Send it in!

Statewide 90 day Grace Period – DSS/HRA will treat a complete renewal received within 90 days of the case closure to **reopen the 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

HRA 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)

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Discontinuance Notice 15

Medical Assistance Program
MANAGED LONG TERM CARE(CASA)
785 ATLANTIC AVENUE, 7TH FLOOR
BROOKLYN, NY 11238

NOTICE OF DECISION ON YOUR MEDICAL ASSISTANCE.

SI USTED DESSEA RECIBIR NOTIFICACIONES PORUMAS EN ESPANOL, POR FAVOR PORFAVE EN CONTACTO CON SU TRABAJADOR(A).

PROGRAM CODE = 589

NOTICE DATE: **September 19, 2019**

OFFICE: [REDACTED] UNIT: [REDACTED] WORKER: [REDACTED] UNIT OR WORKER NAME: [REDACTED] TELEPHONE NO.: 888-692-6116

AGENCY TELEPHONE NUMBERS

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

CASE NAME / AND ADDRESS [REDACTED]

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

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

MEDICAL ASSISTANCE

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

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

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

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

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

Effective Date Case Closing

Request Fair Hearing *Before* Effective Date of Reduction/Discontinuance

- **NORMALLY** -- fair hearing must be requested before effective date of the disco/reduction on the notice to access aid continuing. *Just 10 days after mailed.* (See previous slide)
 - What is Aid Continuing? OTDA orders HRA/DSS to *keep* Medicaid case open until fair hearing decision. This means you stay enrolled in MLTC!
- Until 12/31/25, you can request hearing *after* the effective date - as long as within 60-days of notice date – and will get Aid Continuing (but messy to restore MLTC enrollment if already disenrolled). (E-14 COVID unwinding waiver)*
 - This Aid continuing is not subject to recoupment, even if Agency action is sustained.

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

https://www.health.ny.gov/health_care/managed_care/complaints/fair_hearing_update.htm up

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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 – WARNING – DELAYED PROCESSING:**

- 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
P.O. Box 1930
Albany, New York 12201-2023



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2. NY MEDICAID CDPAP TRANSITION TO PPL

- Status – Litigation
- Should Consumer switch to traditional personal care?
- PPL Health Insurance for PAs
- Why is this Happening?



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What is CDPAP?

- Alternate model for providing Medicaid home care services that started in 1980 in NYC by **Concepts of Independence**
- Founded by people with disabilities who wanted more **control** over their lives
- Consumer or a family member as their “designated representative” selects & hires aide, trains and schedules them.
- The person with disabilities hires, trains, schedules the aides
- MLTC Plan, managed care plan or local govt. Medicaid agency **decides hours**
- **Fiscal intermediary or “FI”** – has contract with and is paid by MLTC/ managed care plan or local Medicaid agency/DSS to handle payroll, time sheets, EVV* & benefits.



*EVV = Electronic Visit Verification – electronic timesheets

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Transition to Statewide Fiscal Intermediary, Public Partnerships LLC (PPL)

- 2024 budget law required DOH to select ONE statewide fiscal intermediary to replace **all the 600+ current FI's**.
 - DOH selected PPL as the Single FI.
 - All MLTC plans, other managed care plans and local Medicaid agencies (HRA NYC) signed contracts with PPL
- PPL only opened its phone lines on January 6, 2025.
- All **280,000 CDPAP consumers** and ~400,000 PAs had to register with PPL and be fully onboarded by April 1, 2025.
- All current FI's – except about 40 that have been selected as Facilitators – were to close on April 1, 2025 (although many also operate a traditional Licensed Home Care Services Agency that provides personal care services (“LHCSA”)).



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Engesser v. McDonald, 25 Civ. 1689 (EDNY)

- Mar. 26, 2025 - NYLAG and pro bono firm Patterson Belknap filed a class action lawsuit on behalf of CDPAP consumers at risk of losing services through the State's rushed and tumultuous transition to PPL.
- Suit was filed when it became clear that DOH's insistence that registration was "on track" to meet the April 1st deadline was just wrong.
- Plaintiffs are individual CDPAP consumers and two non-profit organizations – Brooklyn Center for the Independence of the Disabled and Regional Center for Independent Living (Rochester, NY).
- The claims are under the Medicaid Act and Constitutional Due Process, which require that Medicaid beneficiaries receive advance notice of termination of services with the right to appeal and to keep services pending a hearing decision.

Updates to the case can be found here:

<https://nylag.org/engesser/>

Also check out: <http://health.wnyc.com/health/news/97/>



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Preliminary Injunction (PI) - April 10, 2025

- PI allows **some** CDPAP consumers to have their Personal Assistants paid by their FI rather than by PPL, until everyone completes registration with PPL.
- The PI sets new deadlines:
 - All **consumers must be enrolled with PPL by May 15**
 - **All PAs** must be fully onboarded with PPL by **June 6**
- The PI expires on June 6 but may be extended by the Court; DOH will not oppose any request for a "reasonable extension" based on PPL's administrative capacity

NYLAG's FAQ on the Preliminary Injunction here: <https://nylag.org/wp-content/uploads/2025/04/2025-04-14-Preliminary-Injunction-summary-for-website.pdf>. NYS DOH guidance implementing PI dated 4/14/25 at https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/cdpas.htm

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PI Creates three Categories (A, B, C) of Consumers / PAs

- **Category A – Consumers who are fully registered with PPL and any of their PAs who are fully onboarded with PPL.**
 - PAs in this category must be paid by PPL retro to April 1
- **Category B – Consumers who are fully registered with PPL, but PAs are not fully onboarded**
- **Category C - - Consumers who are not fully registered with PPL**
 - For **both Category B & C** - Consumer may contact MCO/LDSS to return to Prior FI with certain requirements; if MCO cannot act consumer must be assisted via *Expedited PPL Onboarding Mechanism*
- **Despite PI, Plans & LDSS have not been authorizing PAs to be paid by former FI in large #s.**

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Expedited Onboarding Mechanism

This process should help Consumers and PAs quickly complete their PPL registrations. The process may include:

- intensive outreach by the Department of Health,
- in-home visits by facilitators and/or managed care plans, and/or
- in-person meetings with PPL in community offices.
- MLTC and other managed care plans will have access to the PPL portal to assist consumers and PAs in registration.

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How PAs submit Time Weekly

- Must submit weekly time each Saturday at midnight for the week ending at that time.
- PPL prefers PA submit time with
 1. PPL@Home portal (online or on cell phone)
 2. Time4Care app
 3. Telephony system – use phone if lack internet
 Instructions at <https://pplfirst.com/cdpap-resources/>
- Paper timesheets* originally allowed only if obtained “exception” from PPL. Because of litigation, PPL allowing these through May 17th. After that, unless extended, will need **exception**.**

*<https://pplfirst.com/wp-content/uploads/2025/04/NY-CDPAP-Paper-Timesheet.pdf> (fillable at <http://health.wnyc.com/health/download/890>).

**NY CDPAP Paper Timesheet Exception Form NEW is [here](#) (Fillable version [here](#)). All forms posted at <http://health.wnyc.com/health/news/97/#april%2026%20last%20day%20timesheets>

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Authorizations – Barrier to Payment

- In order for the PA to log in time and get paid, the MLTC/ managed care plan or Local DSS must have sent a current “authorization” for services to PPL with the plan of care (hours authorized/week).
- A new “auth” is required every 12 months.
- Many plans and LDSS were late in sending auth’s to PPL for April 1st
- PPL lacked systems to input the auth’s on a mass basis, causing delays.
- HRA, Nassau, Suffolk other counties were behind on doing this year’s authorizations. They did them so late that they already expire April 30th or May 31st, 2025. **PPL will not pay PA if expired!**

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Two Lawsuits Filed April 2025 for PAs Not Paid at all, on time, or correctly

- **Flanagan vs. PPL** - covers PAs **upstate** -- excludes NYC, Long Island, and Westchester.*
 - **CONTACT:** Emina Poricanin at emina@poricaninlaw.com
- **Calderon vs. PPL** - covers PAs in **NYC, Long Island, and Westchester**. See [Complaint](#) and [news release about case](#). Plaintiffs represented by [The Legal Aid Society Employment Law Unit](#) and *pro bono* firm [Katz Banks Kumin LLP](#).
 - **CONTACT:** PA's with payment problems should complete this [survey](http://legalaid.nyc/PA-Survey) <http://legalaid.nyc/PA-Survey>.

See Home Health Care News [Caregivers Sue CDPAP's Fiscal Intermediary For Wage Theft](#) (April 27, 2025), NY Law Journal [Fiscal Intermediary Sued for Wage Theft](#) (April 25, 2025); WTEN ABC News10 Buffalo and Albany [CDPAP caregivers sue PPL, claiming weeks of underpayment](#) (Apr. 28, 2025):

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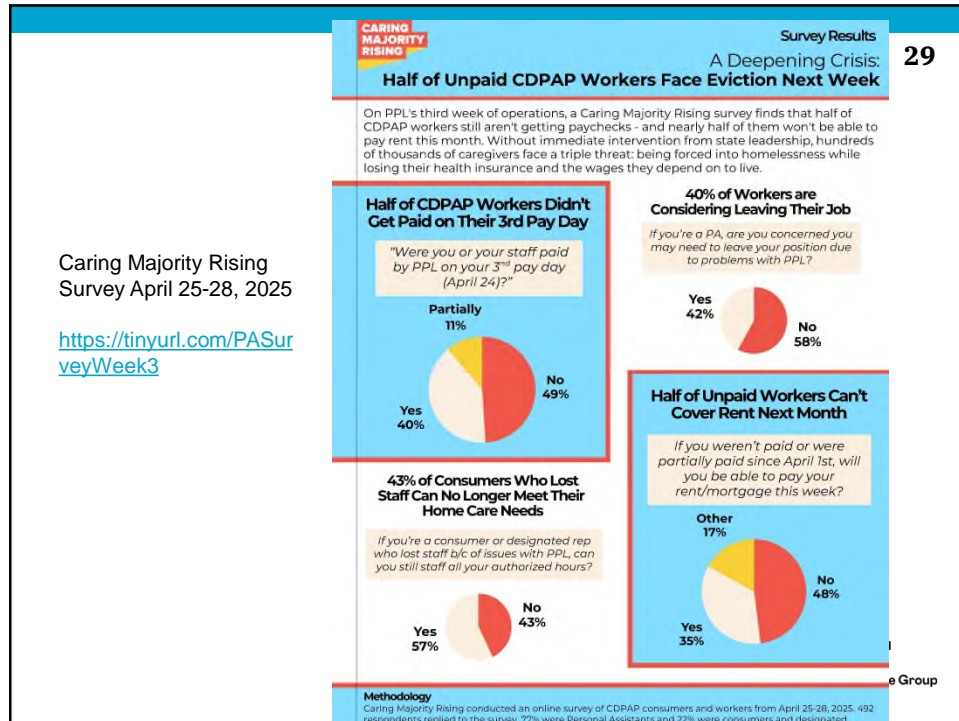
Many problems with payment!

- Countless problems are happening with payment, particularly with 24-hour cases and overnight shifts. See Calderon complaint* and extensive press for examples.*
- Consumer can only approve time in same device used by PA - difficult if multiple PAs.
- PPL Call centers deluged, long wait times, lack of language capacity, don't call back, poor training.
- Weekly survey by Caring Majority & CDPAANYS reveals huge problems. Next slide

*<https://legalaidnyc.org/wp-content/uploads/2025/04/1-Complaint.pdf>

<http://health.wnyc.com/health/news/97/#Latest%20press>

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Where to Get Help - do ALL of these!

- **PPL 1-833-247-5346***
Payment issues CDPAP.payroll@pplfirst.com
PPL TIMESHEETS NYCDPAP_TS@pplfirst.com
PPL HR: 1-833-746-8283 or NYPPLHR@pplfirst.com
- **NYS DOH CDPAP Transition hotline at 833-947-8666**
weekdays 9am to 5pm or email StatewideFI@health.ny.gov
- **Personal Assistants not paid correctly** ALSO contact:
 - NYS Department of Labor at 888-469-7365. See <https://dol.ny.gov/unpaidwithheld-wages-and-wage-supplements>
 - In NYC, Long island & Westchester -- PA's with payment problems should also complete this survey <http://legalaid.nyc/PA-Survey..> (Legal Aid Society lawsuit)
 - Upstate PAs Emina Poricanin at emina@poricaninlaw.com
- **Consumers** report problems to **NYLAG Engesser hotline at 212-946-0359 or CDPAPlawsuit@nylag.org**. Limited staffing capacity. Common concerns reported to Department of Health, and triaging emergency situations.

*PPL language lines other than English at
<https://pplfirst.com/programs/new-york/ny-consumer-directed-personal-assistance-program-cdpap/>

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Should Consumer Switch from CDPAP to Traditional Personal Care? 6 factors

About **60,000** of 280,000 CDPAP consumers have switched from CDPAP to “personal care,” provided by a traditional home care agency (LHCSA). Many FI’s are operated by a company that also operates a LHCSA.

SIX FACTORS TO CONSIDER:

1. **Family relationship** - Is PA consumer’s child? Or daughter- or son-in-law? Or consumer’s parent? If so – that family member **MAY** not be the aide in traditional home care.

Other family members are OK (sibling, cousin, aunt, niece) but may only reside with consumer if presence needed because of amount of care required
2. **Does consumer need aide to perform “skilled tasks?”** If so, traditional aide **may not** perform these tasks – you must arrange for a nurse, or family or friends to do them informally.
 - PCA may not administer meds -- put pill in consumer’s mouth, inject insulin, suction, tube feeding, but **may** bring pre-poured med to consumer, use hooyer lift.

-- Continued next slide --

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Should Consumer Switch from CDPAP to Traditional Personal Care? Con’d

FACTORS TO CONSIDER before switching to regular Personal Care:

4. Aide will now be **employee of the LHCSA** – which might assign aide to another consumer! Or change hours. Consumer no longer in control.
5. **Aide must go through 2 weeks training to be certified** for personal care.
6. **Network** - Is the LHCSA in the plan’s or county’s provider network?

See

<http://health.wnyc.com/health/news/97/#switch%20CDPAP%20to%20PCA>
https://www.health.ny.gov/health_care/medicaid/program/longterm/cdpap/docs/cdpap_vs_pcs_factsheet.pdf;

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2A. CDPAP PPL HEALTH INSURANCE



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Access to health care **WORSE** not **BETTER** with PPL

- [DOH said in its FAQ](#) and elsewhere that PAs will be better off because PPL provides health insurance, while many former FIs did not.
- **NOT TRUE.** Some FIs DID offer good insurance.
- **Most PAs have low income so are eligible for NYS Essential Plan*** - State subsidized comprehensive insurance.
\$0 premium - \$0 deductible – low copay.
Income up to **250% Federal Poverty Line** (\$39,125 single/ \$52,875 two)(higher than **Medicaid – 138% FPL**).
- Those with higher incomes can get premium subsidies for ACA Qualified Health Plans.



*<https://info.nystateofhealth.ny.gov/EssentialPlan>

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PPL Health Insurance for PAs -

PPL offers two (terrible) health insurance plans. Which plans are available to a PA depends on:

- **LOCATION** – is consumer in “Wage Parity” area (NYC, Long Island, & Westchester) or upstate?
- **Is PA “part-time” or “full-time” - defined as 130 hours/month or more (30 hours/week+).**

[DOH FAQ](#) on PPL Health Insurance (4/25/25)*

PPL info at <https://pplfirst.com/cdpap-resources/> (click on *Benefits & HR*)

*https://www.health.ny.gov/health_care/medicaid/program/longterm/cdpap/docs/sfi_worker_insurance_faq.pdf



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PPL Health Insurance for PAs

NYC, Long Island, Westchester	Rest of State
<p>1. Anthem <i>BasicWellness</i> plan + Flexcard - All PA's part-time and full-time will be auto-enrolled in this plan.</p> <ul style="list-style-type: none"> • Preventative services only • No medical treatment • No premium - but wage cut \$0.87/hour in NYC, \$1.03 in Westchester/ Long Isl. (= \$150 - \$175/mo @ 40 hours/week) • No opt-out unless PA has Medicare 	<ul style="list-style-type: none"> • BasicWellness plan not offered. • No insurance offered for part-time workers under 130 hours/ month. • They are better off – can get NYS Essential Plan, Premium subsidies for ACA qualified health plans, keep other coverage through spouse, retiree plan.
<p>2. Anthem <i>SecureHealth</i> high-deductible plan – PAs statewide who work 130 hours or more in a month (30 hours/wk) offered OPTION to enroll in this plan. (Downstate this is an option instead of the BasicWellness plan).</p> <ul style="list-style-type: none"> • \$212/mo premium (single) \$692 - family • \$6,350 deductible (single) (\$22,700 for a family) • Simply being offered this plan, even if don't enroll, disqualifies PA from Essential Plan, premium subsidies for ACA qualified health plans. <ul style="list-style-type: none"> • DOH FAQ gives false hope that <i>could</i> be eligible – but <i>not eligible</i>. 	

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Full-Time PAs Statewide

Coordinating Anthem SecureHealth plan with other coverage

- While enrollment in the SecureHealth high-deductible plan is optional for PAs working 130 hours/mo. or more, PA's other insurance might require them to enroll. This depends on "coordination of benefits" (COB) rules that vary between plans.
 - As of May 7th, PPL has still not released its full policy with COB rules.

If worker has:

- **MEDICAID** - PA should NOT be required to enroll in this plan. Should be able to stay in Medicaid managed care plan. See next slide.
- **Coverage from Spouse's employer or PAs' own retiree plan** – Some plans might require the PA to enroll in and use PPL insurance as their primary coverage, and use spouse's or their own retiree insurance as secondary. Depends on COB rules in policy.
- **PA has another job with good insurance** – Some COB rules say the insurance PA has had for a longer time is primary.
- **Medicare** – PA can simply opt not to enroll and keep Medicare as primary. See below about Medicare and the second PPL plan.

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Full-Time PAs Statewide (130+/mo)

Anthem SecureHealth plan and Medicaid

- Most PAs working 130 hours/month or more have income too high for Medicaid – unless they have dependents.
- Medicaid usually requires you to enroll in employer coverage and use that as primary coverage – but not if you must pay a premium.
- [DOH PPL FAQ](#) says if it is cost-effective for the State, Medicaid will pay the \$212/mo. PPL premium and that if not cost-effective, you'll stay in Medicaid managed care plan (FAQ p. 2 Q3).
- FAQ fails to mention that per DOH guidance it is **NEVER cost-effective for Medicaid to pay the premium for a high-deductible plan.***
- So - PA's with Medicaid should never be required to enroll in the SecureHealth plan; PA can remain in Medicaid managed care plan.

*18 NYCRR 360-3.2(h), GIS 15 MA/014: Health Insurance Premium Payment (HIPP) Program Changes

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2nd PPL Health Plan – Downstate Only

More on Anthem *BasicWellness* plan

- PPL will not allow PAs to opt out of this plan EXCEPT for those who have **Medicare**.
 - Medicare beneficiaries who want to opt out must complete and submit this form* with a copy of the Medicare card. May upload to PPL portal.
- DOH FAQ says PA in this plan is still eligible for **Essential Plan** or **premium subsidies for Qualified Health Plans** (p. 2 Q1)
- If PA has other insurance through spouse, retirement or other job, “coordination of benefits” rules dictate which plan is primary.
 - Some plans have agreed to remain **primary** because this is just a wellness *plan not real health insurance*. Worth a try to point this out.

*<http://health.wnyc.com/health/download/895/>



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Upstate Part-Time PAs (< 130 hours/month)

- **No health insurance offered.**
- PAs are better off – may qualify for low-cost:
 - NYS Essential Plan or
 - Premium subsidies for Qualified Health Plans thru ACA.
 - Medicaid,
 - Or keep other coverage through spouse, retirement, or other job without worrying about coordination of benefits
- These PAs should contact 1-855-355-5777 or visit <https://nystateofhealth.ny.gov>



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More info & press on PPL Health Care

Fiscal Policy Institute - [How the CDPAP Transition Could Leave Thousands of Home Care Workers Uninsured](#) (Michael Kinnucan 3/17/25)

New School Center for NYC Affairs [Why Is the State Jeopardizing Health Insurance for Home Care Workers?](#) by Barbara Caress (4/23/25)

Queens Daily Eagle [PPL's Health Insurance is a Raw Deal for Workers -- The State Must Change That](#) (Op Ed by Rebecca Antar, The Legal Aid Society and Michael Kinnucan, Fiscal Policy Institute)(4/29/25)

NY Focus [Fraudster-Linked Company Set to Begin Massive Insurance Contract for Home Health Workers](#) (3/20/25)

More here

<http://health.wnyc.com/health/news/97/#WAGES%20+%20BENEFITS>



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2B. PPL SINGLE FI TRANSITION – WHY IS THIS HAPPENING?

Why did Governor push for this change in the 2024 State Budget?



Why? CDPAP has grown a lot since 2019 State says will save \$.5 – 1 billion

NY Medicaid personal care spending, 2011-21
(in billions)

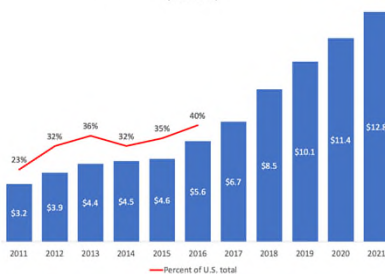
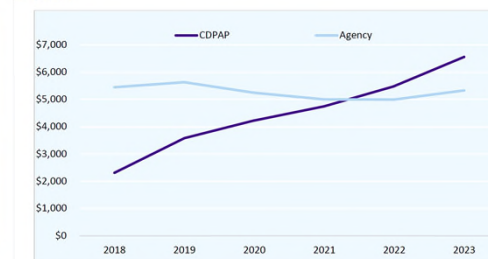


Figure 1. Spending on Home Care by Model, 2018-2023
(in billions of Dollars)



NY was concerned about fraud within CDPAP, though no significant fraud found by investigative agencies

Sources: [Empire Center](#); [Fiscal Policy Institute](#)

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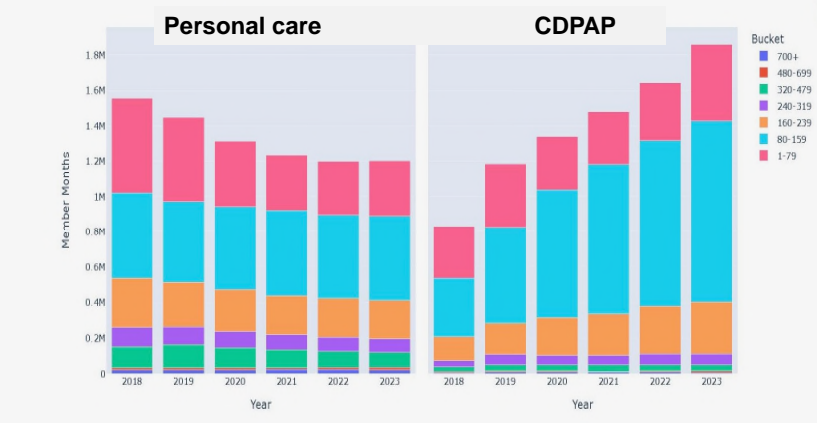
But Reason for CDPAP Growth not from Fraud!

- **WORKER SHORTAGE** worsened during COVID – forcing consumers to switch to CDPAP from traditional home care.
- **CDPAP is a scapegoat for growth in MLTC enrollment due to INCENTIVES in MLTC MODEL** – paid a flat monthly premium for all consumers, plans have incentive to recruit *more* consumers who need *low* hours.
 - **Plans reward FI's** and other contractors when they recruit *more* members with *low* hours
 - **Plans earn profits by denying *increases* in hours** of home care to those who need it. See next slide.
- **NY allowed any FI to operate** – no requirements to be non-profit, rooted in disability community. Now threw out baby with bathwater.
- DOH claims **fraud** but without any evidence.

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CDPAP growth all in low-hour cases (pink and blue) – FI's rewarded by plans for bringing in these consumers.

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Pink + blue bars (under 159 hours/mo.) grew from 76% to 95% of all CDPAP members from 2018 to 2023.

Data from Fiscal Policy Institute, based on Managed Care Cost & Operating Reports (MCCOR) filed by plans with State Dept. of Health. 2023 data is extrapolated from data for the 1st half of 2023.

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3. MANY MLTC PLANS CLOSED IN 2024 AND MORE IN 2025 –WHAT ARE CONSUMER TRANSITION RIGHTS?

MLTC Plan Closures 2024-25

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- Elevance, formerly known as Anthem, is buying **Centers Plan for Healthy Living** – merging 2 largest MLTC plans. (sale still pending)
 - Will have **114,000 members** – more than **one-third of all MLTC enrollees** in partial cap plans
 - Earlier Elevance/Anthem had acquired Integra.
 - Affects NYC, Long Island, Westchester, Rockland, Erie, Niagara
- In **2024, 5 small upstate plans closed** due to 2023 state law requiring all MLTC plans to close unless they sponsor a Medicare Advantage D-SNP plan with 3 stars.
 - **VNS Choice** acquired 4 upstate plans in 2024-- **Kalos, Elderwood, Prime Health Choice, & Senior Network Health (SNH)**. Total about 3,000 MLTC members.
 - **Elderplan/HomeFirst** acquired **Evercare Choice** (700 members)
- June 1, 2024 - Archcare acquired by VillageCareMax MLTC.

* Article on plan closings with more info at <http://health.wnyc.com/health/entry/217/>

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MLTC Policy 17.02:* Details Consumer Rights When a Plan Closes or Merges

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- **Notice Procedure**
 - Members of the closing plan will receive a notice from NY Medicaid Choice providing **60 days for the member to select a new plan or be auto-assigned to a new plan.**
 - Tip: Clients should take their time and wait until the end of the selection period. This will make it clearer that the transfer was involuntary, not voluntary. NO transition rights for voluntary switches.
- **Transition rights**
 - **The new MLTC plan must continue the enrollee's existing plan of care**, and utilize existing providers, for the earlier of the following: (i) **one hundred twenty (120) days** after enrollment; or (ii) until the new plan has conducted an assessment and the enrollee has agreed to the new plan of care.

*https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policy/17-02.htm;
NYLAG Fact Sheet & article on Transition Rights at <http://health.wnyc.com/health/entry/232/>
and <http://www.wnyc.com/health/download/797/>

What happens after Transition Period?

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- **Before Nov. 8, 2021**, MLTC plan could reduce hours only for limited reasons in. [MLTC Policy 16.06](#), which is based on *Mayer v. Wing*, 922 F. Supp. 902 (S.D.N.Y. 1996). Reasons are:
 1. Medical condition improved, reducing need for assistance
 2. Social circumstances changed (ex. daughter moved in)
 3. Mistake made in original authorization (very limited ground)
- **BEWARE: Nov. 8, 2021** -change in State regulation allows plans to reduce hours *after transition period* if plan claims that HRA/DSS or previous plan “authorized more services than are medically necessary,” without proving any *change*. Plan notice may simply:
 - indicates a clinical rationale that shows review of the client’s specific clinical data and medical condition**
- The new regulation only applies after a Transition Period ends. MLTC Policy 16.06* still restricts other MLTC reductions otherwise.
- Plan must still send **written adverse notice of the reduction** with appeal and **Aid Continuing** rights. First request plan appeal, and if denied, request fair hearing.

**New regs 18 NYCRR 505.14(b)(4)(viii)(c)(3)(vii), 505.28(i)(4)(iii)(h) –Personal Care reg at <https://regs.health.ny.gov/regulations/recently-adopted>

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4. NYS FAIR HEARING BACKLOG

Pre-Hearing Dispositions (PHD)

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Long-delayed Fair Hearings → new Pre-Hearing Disposition (PHD) Process

- NYS has > 10,000 hearings pending past 90-day deadline in federal regulations – most of all states. State reached agreement with CMS to address backlog that goes through 12/31/2025.
- DOH requiring plans* to authorize home care in amount requested in the hearing through a PHD. This is for hearings that are:
 - Over 1 year old
 - Have Just one issue
 - Appellant has aid continuing or [Varshavsky interim relief](#) (including home hearings)(<http://health.wnyc.com/health/entry/228/>)
 - Involve discontinuances, reductions, or inadequacy (ie not approval of medical equipment or a new service)
- Plan must issue a new Service Authorization to member.
- OTDA issues PHD - hearing is resolved fully in appellant's favor (sample PHD <http://health.wnyc.com/health/download/884/>).
- If plan wants to reduce hours in the future, must comply with DOH MLTC Policy 16.06** only if improvement in condition or other change

* [MLTC Policy 25.01](#) and a [February 4, 2025 Letter to Managed Care Plans](#).

**[MLTC Policy 16.06](#): Guidance on Notices Proposing to Reduce or Discontinue Personal Care Services or Consumer Directed Personal Assistance Services.

See article on PHDs with all links at <http://health.wnyc.com/health/entry/254/>.

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5. FEDERAL MEDICAID DEFENSE

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Federal Budget Reconciliation Process

- Expedited budget process available to Congress in specific circumstances
- In Senate, reconciliation bills are not subject to the filibuster and scope of amendments is limited*
- Currently, the Administration and Congress seeking to extend 2017 tax cuts and potentially enact new tax breaks and increase spending on military and border security
- Congress passed a budget resolution directs the House Energy and Commerce Committee to identify \$880 billion in spending reductions
- Medicaid and SNAP are at risk of cuts. Fed Medicaid cuts would force States to cut eligibility, services and/or reduce payments. **Millions could lose coverage.**
- Committee Mark Up expected the week of May 12; Speaker Johnson aims to have the full house vote before Memorial Day

*Explainer: <https://www.cbpp.org/research/introduction-to-budget-reconciliation>

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Medicaid is Vital to New Yorkers & our economy!

- Nearly 7 million New Yorkers are enrolled in Medicaid!
- In New York, it provides insurance for four in nine children and covers nearly 50 percent of all births, allowing mothers to deliver safely and children to have a healthy start to life.
- Medicaid is the main payor for long term supports and services in the community and for nursing homes.
- Check out NY Medicaid Matters materials: <https://medicaidmattersny.org/federal-issues/> including fact sheets which highlight the importance of Medicaid for each congressional district in New York.

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6. ON THE HORIZON

- a. Medicaid Eligibility and Client Management (MECM) System – Applications moving online
- b. MRT-2 Cuts Could be Implemented:
 - Three ADL Thresholds for MLTC, Personal Care, CDPAP
 - 30-Month Lookback

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Medicaid Eligibility and Client Management (MECM) System – Applications moving online!

- Multi-year plan to move **non-MAGI applications and eligibility** from local DSS (WMS system) to NYS of Health exchange (NYSOH).
- NYS DOH contracted with Deloitte to develop MECM.
- 2.4 million Medicaid cases managed by LDSS: people **65+ or disabled with Medicare, MSP, SSI** recipients
- **Stage 1** of MECM: ~ **Sept. 30, 2025** live on NYSOH
 - Applications for non-MAGI Medicaid without a spend down or long term supports and services (NOT those seeking home care or using a pooled trust)
 - Applications for MSP
- Updated technology with more administrative / ex parte renewals.
- https://www.health.ny.gov/health_care/medicaid/program/medicaid_modernization/ - has timelines, more info

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MRT-2 Cuts Enacted in 2020 30-Month Lookback & 3-ADL Thresholds

- The 2020 NYS budget enacted two cuts that have been on hold ever since:
 - 30-month Lookback for home care, ALP
 - 3-ADL Thresholds for MLTC, personal care & CDPAP
- NYS is not allowed to implement them until CMS approves how NYS spent billions in COVID ARPA funding. As of May 6, 2025, still not approved.*
- Known as Medicaid Redesign Team-2 or MRT-2.

Check here to see status <https://www.medicaid.gov/medicaid/home-community-based-services/guidance-additional-resources/arp-section-9817-state-spending-plans-and-narratives-and-cms-approval-letters>

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3 ADL Minimum Requirement for MLTC, PCA, CDPAP

Summary:	Restricts eligibility for PCS & CDPAP and MLTC enrollment to persons requiring <i>limited assistance</i> with a minimum 3 ADLs (<i>cueing</i> assistance with 2 ADLS if have dementia, Alzheimer's); Eliminates "housekeeping" – max 8 hours/week if independent with ADLs but need help with chores
Authority:	Enacted in the 2020-2021 Executive Budget, amending New York SSL § 365-a and 365-f; PHL § 4403-f
Procedural Posture:	CMS determined a State Plan Amendment (SPA) wasn't necessary; 1115 Waiver Amendment "closed out" 10/31/2024. No more CMS approvals necessary.
Timeline for Implementation:	If not repealed or stopped, implementation is anytime after CMS approves ARPA spending. DOH reported that ARPA funds were spent by 6/30/24, but CMS must "close out" or approve spending. See slide 54.

*Waiver amendment request - <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ny-medicaid-rdsgn-team-pa7.pdf> ; view comments at https://1115publiccomments.medicaid.gov/jfe/form/SV_1YbhGzdjRbxCld (Summary of responses) ^{up}

3 ADL Requirement**59****ADL counts only if need “Limited Assistance with “Physical Maneuvering”**

Unless dementia or Alzheimer’s diagnosis, ADL counts toward the minimum only if needs “at least limited assistance with physical maneuvering.”

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. Will Not Count unless has Dementia diagnosis**
4. **Limited assistance – Guided maneuvering of limbs, physical guidance without taking weight. This is minimum amount of need to count. Should include “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.

Even now, NYIA nurses say “independent” with ADLs when really needs supervision or limited assistance. Must point out needs in assessment!

60**30-Month Lookback for Home Care, ALP**

Summary:	30-month review of financials for MLTC enrollment, new applicants for PCS/CDPAP, ALP; uncompensated transfer results in a transfer penalty
Authority:	Enacted in the 2020-2021 Executive Budget, amending New York SSL § 366(5)(e)
Procedural Posture:	Sec. 1115 Waiver Amendment pending at CMS since 3/25/21*; NYSDOH has not yet submitted a State Plan Amendment (SPA) to CMS or issued GIS/ADM
Timeline of Implementation:	Even if CMS approves ARPA expenditures soon (slide 54), still unlikely to start before 2026 because state must submit SPA to CMS and get it approved, still awaiting CMS approval 1115 waiver amendment,* then develop and issue regulations/guidance for Local DSS to implement this big change

*https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/proposals/index.htm;
<https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ny-medicaid-rdsgn-team-pa9.pdf>

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7. REFERENCES – 2025 MEDICAID LIMITS & WHERE TO GET HELP



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REFERENCE: 2025 Financial Limits for Medicaid and Medicare Savings Program

- Non-MAGI Medicaid

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

- Medicare Savings Program (MSP):

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

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



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_att1.pdf



Complaints to NYS Dept. of Health (DOH)

- State Complaint Number for MLTC Problems – 1-866-712-7197 or mltctac@health.ny.gov
- Complaints about Independent Assessor NYIAP E-mail Independent.assessor@health.ny.gov
- Mainstream managed care plan complaints managedcarecomplaint@health.ny.gov
- CDPAP PPL complaints – see next slide




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CDPAP - Where to Get Help

- **PPL 1-833-247-5346***
 Payment issues CDPAP.payroll@pplfirst.com
 PPL TIMESHEETS NYCDPAP_TS@pplfirst.com
 PPL HR: 1-833-746-8283 or NYPPLHR@pplfirst.com
- **NYS DOH CDPAP Transition hotline** at **833-947-8666**
 weekdays 9am to 5pm or email StatewideFI@health.ny.gov
- **Personal Assistants not paid correctly** ALSO contact:
 - **NYS Department of Labor** at 888-469-7365. See <https://dol.ny.gov/unpaidwithheld-wages-and-wage-supplements>
 - In NYC, Long island & Westchester -- PA's with payment problems should also complete this [survey](http://legalaid.nyc/PA-Survey..) <http://legalaid.nyc/PA-Survey..> (Legal Aid Society lawsuit)
 - **Upstate PAs** Emina Poricanin at emina@poricaninlaw.com
- **Consumers** report problems to **NYLAG Engesser hotline** at **212-946-0359** or CDPAPlawsuit@nylag.org. Limited staffing capacity. Common concerns reported to Department of Health, and triaging emergency situations.

*PPL language lines other than English at <https://pplfirst.com/programs/new-york/ny-consumer-directed-personal-assistance-program-cdpap/>



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