

# UIC Medicaid Update

## April 2026

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# NYLAG

New York  Legal Assistance Group

# ABOUT NYLAG

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

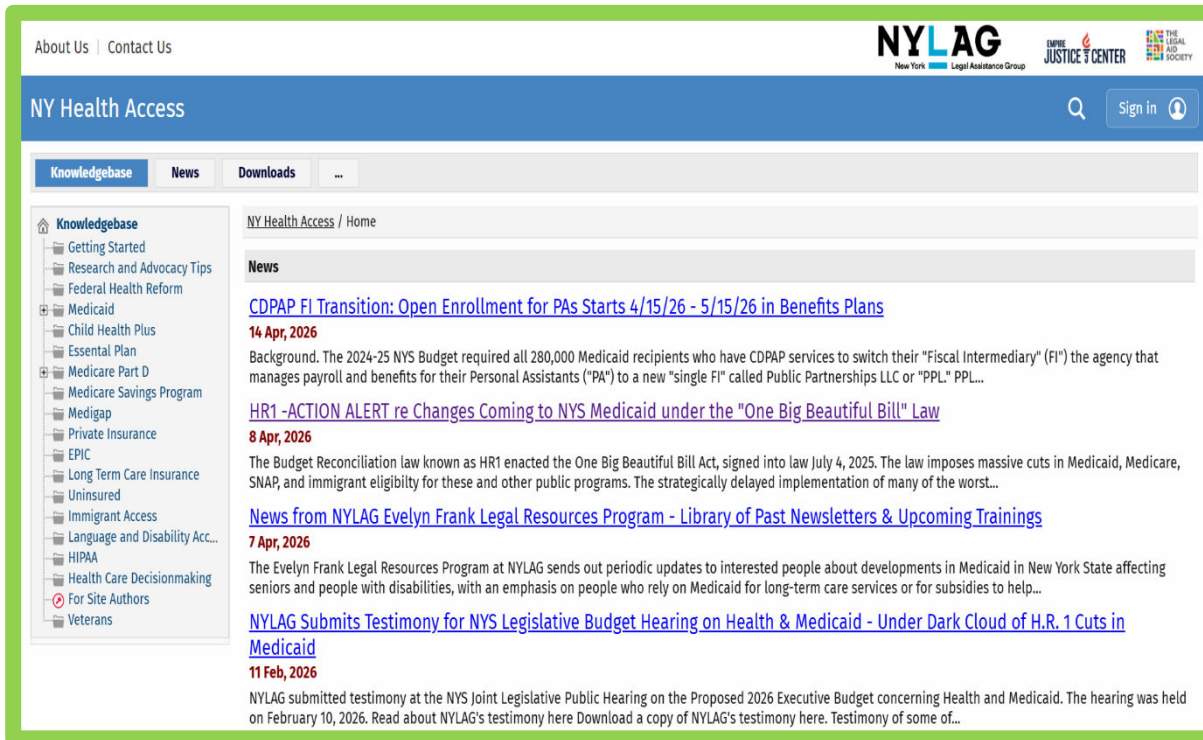
# The Evelyn Frank Legal Resources Program

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.

# EFLRP Services (continued)

- Educating the public through the website: [www.nyhealthaccess.org/](http://www.nyhealthaccess.org/)



The screenshot displays the NY Health Access website interface. At the top, there are navigation links for "About Us" and "Contact Us", along with the NYLAG logo (New York Legal Assistance Group) and logos for the Empire Justice Center and the New York State Legal Aid Society. The main header is "NY Health Access" with a search icon and a "Sign in" button. Below the header, there are tabs for "Knowledgebase", "News", and "Downloads". The "Knowledgebase" tab is active, showing a sidebar with a tree view of categories: Getting Started, Research and Advocacy Tips, Federal Health Reform, Medicaid, Child Health Plus, Essential Plan, Medicare Part D, Medicare Savings Program, Medigap, Private Insurance, EPIC, Long Term Care Insurance, Uninsured, Immigrant Access, Language and Disability Acc..., HIPAA, Health Care Decisionmaking, For Site Authors, and Veterans. The main content area shows the "News" section with the following items:

- CDPAP FI Transition: Open Enrollment for PAs Starts 4/15/26 - 5/15/26 in Benefits Plans**  
**14 Apr, 2026**  
Background. The 2024-25 NYS Budget required all 280,000 Medicaid recipients who have CDPAP services to switch their "Fiscal Intermediary" (FI) the agency that manages payroll and benefits for their Personal Assistants ("PA") to a new "single FI" called Public Partnerships LLC or "PPL" PPL...
- HR1 -ACTION ALERT re Changes Coming to NYS Medicaid under the "One Big Beautiful Bill" Law**  
**8 Apr, 2026**  
The Budget Reconciliation law known as HR1 enacted the One Big Beautiful Bill Act, signed into law July 4, 2025. The law imposes massive cuts in Medicaid, Medicare, SNAP, and immigrant eligibility for these and other public programs. The strategically delayed implementation of many of the worst...
- News from NYLAG Evelyn Frank Legal Resources Program - Library of Past Newsletters & Upcoming Trainings**  
**7 Apr, 2026**  
The Evelyn Frank Legal Resources Program at NYLAG sends out periodic updates to interested people about developments in Medicaid in New York State affecting seniors and people with disabilities, with an emphasis on people who rely on Medicaid for long-term care services or for subsidies to help...
- NYLAG Submits Testimony for NYS Legislative Budget Hearing on Health & Medicaid - Under Dark Cloud of H.R. 1 Cuts in Medicaid**  
**11 Feb, 2026**  
NYLAG submitted testimony at the NYS Joint Legislative Public Hearing on the Proposed 2026 Executive Budget concerning Health and Medicaid. The hearing was held on February 10, 2026. Read about NYLAG's testimony here Download a copy of NYLAG's testimony here. Testimony of some of...

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

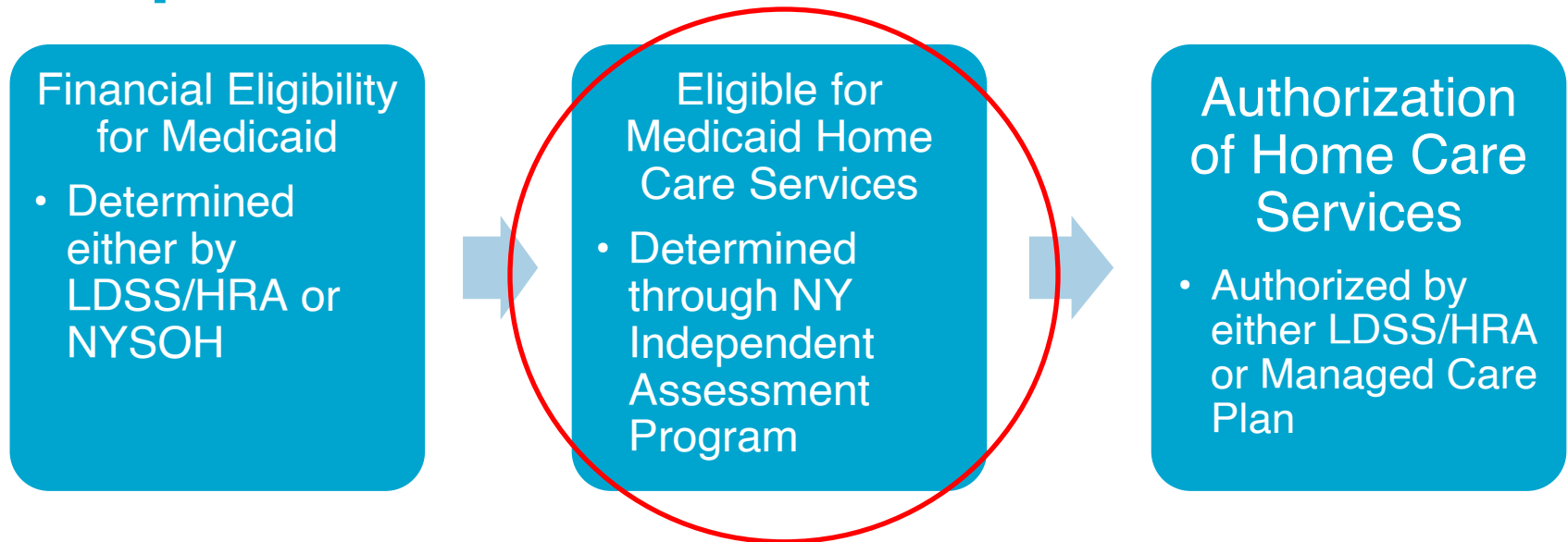
# AGENDA

1. Medicaid Home Care Updates
  - A. New ADL Minimums: NEW applicants for MLTC or CDPAP or Personal Care
  - B. Update on CDPAP and the PPL Transition
  - C. Nursing Home Transition & Diversion Waiver Enrollment Cap
  - D. 30-month Look Back for Financial Eligibility for Medicaid with CBLTC
2. MECM – Medicaid Eligibility Client Management System
3. HR1 Impacts on Medicaid in NYS

# NEW ADL MINIMUMS TO ACCESS PERSONAL CARE, CDPAP, MLTC

Stricter eligibility requirements effective September 1, 2025

# Steps to Access Medicaid Home Care



# New York Independent Assessor Program

Rolled out in phases since May 2022.

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

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

**NYIA is run by Maximus** under a NYS DOH contract.

## Standard NYIAP Process for MLTC Enrollment

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

# Complaints to the DOH about NYIAP

Send to Both:

1. [Independent.assessor@health.ny.gov](mailto:Independent.assessor@health.ny.gov)  
(518) 474-5888
2. And appropriate DOH Complaint Unit – either:
  - **MLTC DOH Complaint Unit**  
1-866-712-7197 [mltctac@health.ny.gov](mailto:mltctac@health.ny.gov)
  - OR**
  - **MMC (Mainstream) DOH Complaint Unit**  
[managedcarecomplaint@health.ny.gov](mailto:managedcarecomplaint@health.ny.gov)  
1-800-206-8125
  - **DSS** has no DOH complaint unit so just send to #1

## ADL Minimum for Applicants Started 9/1/25

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

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

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

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

\* ADL Test does not apply to PACE;

# Legacy Status

1. New criteria **DO NOT** apply to anyone already enrolled in an MLTC plan or receiving PCS or CDPAP from LDSS or MMC on 9/1/25.
  - a. Annual reassessments use the OLD 1-ADL criteria NOT the new test.
  - b. **WARNING:** You can lose “plan” legacy status if you are disenrolled from an MLTC plan for 1+ months. But you would still have “service” legacy status. See [here](#) about Legacy Status and [here](#) about NYIAP.
2. New criteria do not apply to those who had been assessed by NYIAP after 9/1/2024 but before 9/1/2025 as eligible for PCS/CDPAP or MLTC, if they enroll in MLTC or are authorized by mainstream plan or DSS for PCS/CDPAP services within one year of that assessment.

# ADLs That Count Toward the 2 or 3 Minimum

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

## ADLs in the Uniform Assessment Tool

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

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

# What ADL Score in NYIAP Assessment is Needed?

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

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

Need 3 ADLS with these scores unless has dementia

**\* ADL with this level of need counts only if has Dementia/ Alzheimer’s diagnosis – then need this or higher level assistance with 2 ADLs**

# Tips for NYIAP Assessments

- **Prepare for the assessment** identify and point out to assessor at least 3 ADLs (see list above for which consumer needs “limited assistance – guided maneuvering of limbs, physical guidance without taking weight.” This is more help than “supervision/cueing” but less than “weight bearing support.”
- If consumer has dementia or Alzheimer’s disease, point out at least 2 ADLS she needs at least “supervision/cueing” with.
  - **Have doctor complete and sign the *Alzheimer's Disease or Dementia Form (DOH-5821)* form prior to assessment.**  
(<https://www.health.ny.gov/forms/doh-5821.pdf>)
- Have a family member or advocate present at the assessment.
- Request an in-person assessment.
- **IADLs don’t matter!** Don’t waste time pointing them out.

# TIP – 3-DAY RULE: Help Consumer with 3 ADLs on 1 of the 3 days before NYIAP Assessment

- The UAS-NY Nurse Assessor is told to record the person’s **actual level of self-care and support** *received* during the last 3 days only.\*
  - They are NOT allowed to use their judgment of consumer’s CAPACITY to safely perform an ADL. If consumer UNSAFELY bathes self – they are “independent!”
- Only a consumer who **had help** with 3 ADLs – paid or by family – during 1 or more of the 3 days before assessment is eligible (2 if dementia)
- EX.: Jose’s daughter visits to help him bathe twice a week with hands-on help. When the NYIAP assessor visited on Monday, the last time the daughter helped him bathe was the previous Thursday. Since this was not within the last 3 days, the assessor would mark “activity did not occur” and the ADL would not be counted toward the minimum ADLs.
- **TIP:** Make sure to provide help with ADLs within at least one of the 3 days before the assessment – either with unpaid informal care or paid care. Provide the help that the consumer NEEDS to be safe!

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

\*\*IPRO, NYS Medicaid MLTC Final Report -- UAS-NY Data Validation Audit TBI Program 2016-2017, at [https://www.health.ny.gov/health\\_care/managed\\_care/mltc/pdf/uas\\_comm\\_hlth\\_asses\\_data\\_val\\_tbi.pdf](https://www.health.ny.gov/health_care/managed_care/mltc/pdf/uas_comm_hlth_asses_data_val_tbi.pdf), posted on [https://www.health.ny.gov/health\\_care/managed\\_care/mltc/reports.htm](https://www.health.ny.gov/health_care/managed_care/mltc/reports.htm).



## What if NYIAP Denies MLTC or PCS/CDPAP because of ADL Test?

- **Get a copy of & review the NYIAP assessment.**  
[NYIAPfairhearings@maximus.com](mailto:NYIAPfairhearings@maximus.com) or fax to 917-228-8899 (include a HIPPA).
- **Ask for a Re-Do.** Review with consumer and caregivers whether worth requesting a re-do assessment from NYIAP – keeping in mind the TIPS on previous slides. This might work!
- **If consumer has dementia** or Alzheimer's and 2 ADLs – submit the dementia form with [Cover Sheet](#) and request they reconsider.
- **[Request a hearing](#)** from NYS OTDA Office of Administrative Hearings just like other Medicaid hearings. 60-day time limit from Outcome Notice. Get evidence packet.

# Legacy Status Practice Tips

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

# Upcoming NYIAP & Home Care Webinars

## Part 1: Introduction to Accessing Medicaid's Community-Based Long Term Care Services

**April 22, 2026 11:00 AM – 12:30 PM**

**Speakers:** Peter Travitsky, Supervising Attorney, and Wenrui Chen, Staff Attorney and Borchard Fellow.

This webinar will introduce participants to key services — including personal care, Consumer Directed Personal Assistance Services (CDPAS), and managed long term care benefits. Presenters will also walk through the eligibility and enrollment process, beginning with the New York Independent Assessor Program and the MLTC enrollment process. They will also explain how the Immediate Needs process works.

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

**June 10, 2026 12:30pm – 2:00 PM**

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

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

# CDPAP – PPL TRANSITION

# What is Consumer Directed Personal Care Program (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**” (**DR**) selects & hires, fires, trains and schedules **Personal Assistant (PA)**.
- MLTC Plan, managed care plan or local govt. Dept. of Social Services (**LDSS** – HRA in NYC) **decides hours**
- **Fiscal intermediary or “FI”** contracts with and is paid by MLTC, managed care plan or LDSS to handle payroll, wages, time sheets, Electronic Visit Verification (EVV) & benefits. **PPL is the only Fiscal Intermediary as of 8/1/25.**
- The consumer and FI are the joint employer of the PA.

# PPL – NY’s Statewide Fiscal Intermediary

[Home](#) / [Programs](#) / [New York \(NY\)](#) / [NY Consumer Directed Personal Assistance Program \(CDPAP\)](#)

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CDPAP Resources

Resources for Consumers & DRs

Resources for Personal Assistants

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Frequently Asked Questions (FAQ)

PPL Registration & Login Information

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CDPAP Facilitators

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CDPAP News

Consumer & Personal Assistant Stories

Contact Us

## NEW YORK

New York State Department of Health

# NY Consumer Directed Personal Assistance Program (CDPAP)

### IMPORTANT PROGRAM NOTICES

#### 2025 W-2s for CDPAP Personal Assistants

W-2s will be mailed by **January 31, 2026**. Personal assistants can now access their W-2s electronically by logging in to PPL@Home and navigating to the “Tax Documents” tab at the top. Please allow until February 15 for mailed W-2s to arrive. W-2s will not be reissued before February 15.

#### 2026 W-4 Forms for Personal Assistants

Personal assistants may notice that the 2026 IRS Form W-4 is now available in the Forms tab of PPL@Home. Currently, only the 2026 form is visible.

**This does not impact your withholding calculation.** The system is simply showing a blank 2026 form pre-populated with your address. Unless you update the 2026 form, your elections from your 2025 W-4 remain in place.

We will provide an update here when last year’s W-4 is available for viewing in PPL@Home. If you need a copy of your 2025 W-4 in the meantime, please contact PPL Customer Service at 1-833-247-5346.

**Please note:** You do not need to fill out the 2026 W-4 unless you claimed “Exempt” on your 2025 W-4.

CDPAP Training Update

<https://pplfirst.com/programs/new-york/ny-consumer-directed-personal-assistance-program-cdpap/>

## Get Help with Registration – Connect with a Facilitator!

- Registering the consumer and their Personal Assistants can be difficult. A Facilitator can help with this process.
- Facilitators are community-based organizations located throughout New York State who can provide ongoing customer service and EVV support with registering the consumer and PAs and using PPL.
- 40 CBOs from across NY including 11 Independent Living Centers tasked with providing culturally competent and localized support CDPAP consumers and workers.
- Facilitators are contracted and paid by PPL.
- Visit <https://pplfirst.com/cdpap-facilitators/> for more information.
- Consumers may request that their PPL case be aligned with a Facilitator by contacting PPL or using this Facilitator Selection Form [English](#) - [Español](#)

# Complicated, Multi-Step, Online Registration

## Consumer & Designated Representative (DR)

- Consumer must create an online account
- DR, if any, must create an online account
- Consumer/DR must complete profile, include names of PAs, sign MOU, sign DR form if any

## Personal Assistants (PAs)

- Each PA must create an online account
- Upload required documents – offer letter, PA agreement, DR form, IRS 2-4 form, State Form IT-2014-I, Payment method form
- Upload USCIS I-9 with verification and schedule a Zoom to verify.
- PA must complete a health assessment

Current PAs: Open Enrollment for new benefits from 4/15 – 5/15 for some PAs!

<https://pplfirst.com/cdpap-benefits-2026-full-time-wp/>

# Logging Time for Payment

- PAs must complete a training in EVV (***Electronic Visit Verification*** – federally required).
- PAs must log time worked using an **EVV**-compliant method
  1. Telephony
  2. Time4Care mobile app
  3. Use PPL @ Home website to enter backshifts if necessary
  4. Paper Timesheet Exception may be requested
- **Consumer or Designated Representative must approve time each week by noon on Sunday in order for the PA to be paid!**
  - If use paper timesheets, must do by **11:59 PM Saturday night**
- PAs are paid weekly, on Thursdays.
- PPL not permitted to limit overtime, but will reach out to PAs logging more than 40 hrs to voice concern.

Visit <https://pplfirst.com/cdpap-resources/>  
DOH compiled CDPAP resources for  
consumers available in [English](#) & [Español](#).

# Unpaid or Delayed Wages

Non-payment appears in PPL systems as “returned” or “pended.”

## Tips

- Make sure that consumer/DR approved shifts in PPL systems. Failure to approve shifts = delayed payment.
- Log into PPL @ Home and navigate to Time Sheet tab to review payments.
- Some reasons for “pended payments” are listed here: <https://pplfirst.com/cdpap-resources/> (click on Payroll and Payment on left – scroll down to *Pended Payments*)
- Reach out to a facilitator for help/training.
- Complain to SDOH, PPL, and elected officials!

# Litigation Challenging Wage Violations

## Calderon et. al v. PPL

25 CV 02320 (EDNY)

- Legal Aid NYC and Katz Banks Kumin LLP filed a wage and hour collective/class action on behalf of PPL workers in NYC, Westchester, Suffolk, Nassau counties.
- Amended complaint [here](#)
- Online survey for PPL workers [https://legalaid.co1.qualtrics.com/jfe/form/SV\\_5mW6i5wkHezDncW](https://legalaid.co1.qualtrics.com/jfe/form/SV_5mW6i5wkHezDncW)
- Legal Aid benefits hotline: 1-888-663-6880

## Flanagan et. al v. PPL

2025 CV 06225 (WDNY)

- Poricanin Law filed a wage and hour collective/class action on behalf of PPL workers in the rest of the state.
- Contact Poricanin Law at 315-269-1125 or complete this form <https://www.poricaninlaw.com/contact-us/>.

More info [here](#)

# No Service Authorization

- LDSS, MLTC or managed care plan are often delayed in sending a *service authorization* to PPL, without which the PA cannot clock in to be paid.
- Service authorizations must be renewed annually, following a mandatory reassessment by a nurse from the LDSS or plan.
- Consumers can check if they have a service authorization with PPL and view the details by logging into PPL@Home and navigating to the “Authorizations” tab.
- See [GIS 25 MA08 CDPAP Service Authorization Renewal Timelines](#) and [Service Authorization Renewal Timelines for CDPAP Medicaid Managed Care Plans](#)
  - DSS must submit authorization to PPL 10 days in advance of the end of the current service authorization; may take PPL 6 business days to process!
  - MLTC/MMC must submit authorization to PPL 7 days in advance of the end of the current service authorization; may take PPL 4 business days to process!

Complain to the Department of Health CDPAP line —and to the MLTC or Managed Care Complaint Units.

## PPL Complaint Email and Phone Numbers

- Email DOH at [statewideFI@health.ny.gov](mailto:statewideFI@health.ny.gov) (e-mail dedicated to CDPAP FI issues).
- For Consumers who are enrolled in a managed care or MLTC plan, call NYS DOH at **1-866-712-7197** (during standard business hours).
- For Consumers who get their Medicaid through their Local District of Social Services (HRA in New York City), call DOH at **518-474-5888** during standard business hours.

# PPL Guidance and Resources

## Official Guidance

- Service Authorization: [GIS 25 MA08](#) & [Service Authorization Renewal Timelines for CDPAP Medicaid Managed Care Plans](#)
- Aid Continuing: [GIS 25 MA07](#) & [MMCP Aid Continuing Guidance](#)
- [25 OHIP/ADM-01](#) CDPAP Statewide Fiscal Intermediary

## For Consumer & PAs

- PPL [Frequently Asked Questions](#)
- PPL [NY CDPAP](#)
- PPL [CDPAP Resources](#)
- **Facilitator Selection Form.** [English](#) - [Español](#)
- **CDPAP Resources for Consumers** for information on additional resources. (PDF) - [English](#) - [Español](#)

# NURSING HOME TRANSITION AND DIVERSION (NHTD) WAIVER CAP

## Nursing Home Transition & Diversion Waiver Cap

- Dec. 23, 2025 - CMS approved DOH's request to cap the number of people who may enroll in the Nursing Home Transition & Diversion (NHTD) Waiver, without a waiting list.
- Jan. 2026, enrollment is about 12,700, already exceeding the **approved cap of 9,400**.
- No new applications may be filed, but applications filed before the cap was approved should be processed. Details on those in the queue are not yet known.
- Many MLTC plans improperly referred members to NHTD who needed 24/7 care, so the plan could avoid the high cost. Will those referrals stop now?
- Inquiries: [nhtdwaiver@health.ny.gov](mailto:nhtdwaiver@health.ny.gov)

# NHTD Waiver References

- NYS webpage  
[https://www.health.ny.gov/facilities/long\\_term\\_care/nhtd/index.htm](https://www.health.ny.gov/facilities/long_term_care/nhtd/index.htm)
- NYHealthaccess.org article  
[https://nyhealthaccess.org/entry/129/#2. Nursing\\_Home\\_Transition\\_&\\_Diversion\\_\(NHTD\)\\_Waiver](https://nyhealthaccess.org/entry/129/#2. Nursing_Home_Transition_&_Diversion_(NHTD)_Waiver)
- Additional background:
  - Proposed [amendment of the "waiver,"](#) June 2025.
  - NYLAG submitted [these comments](#) opposing the enrollment cap.
  - DOH summarized and responded to the comments in a notice published in the [Dec. 3, 2025 State Register](#) (see page 97).

# 30-MONTH LOOK BACK FOR FINANCIAL ELIGIBILITY FOR MEDICAID WITH CBLTC

# 30-Month Lookback for Home Care, ALP

<b>Summary:</b>	30-month review of financials for MLTC enrollment, new applicants for PCS/CDPAP, ALP; uncompensated transfer results in a transfer penalty
<b>Authority:</b>	Enacted in the 2020-2021 Executive Budget, amending New York SSL § 366(5)(e)
<b>Procedural Posture:</b>	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
<b>Proposed Implementation:</b>	No date. If CMS were to approve, then SPA and new eligibility processes would need to be implemented.

\*[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt2/proposals/index.htm](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>

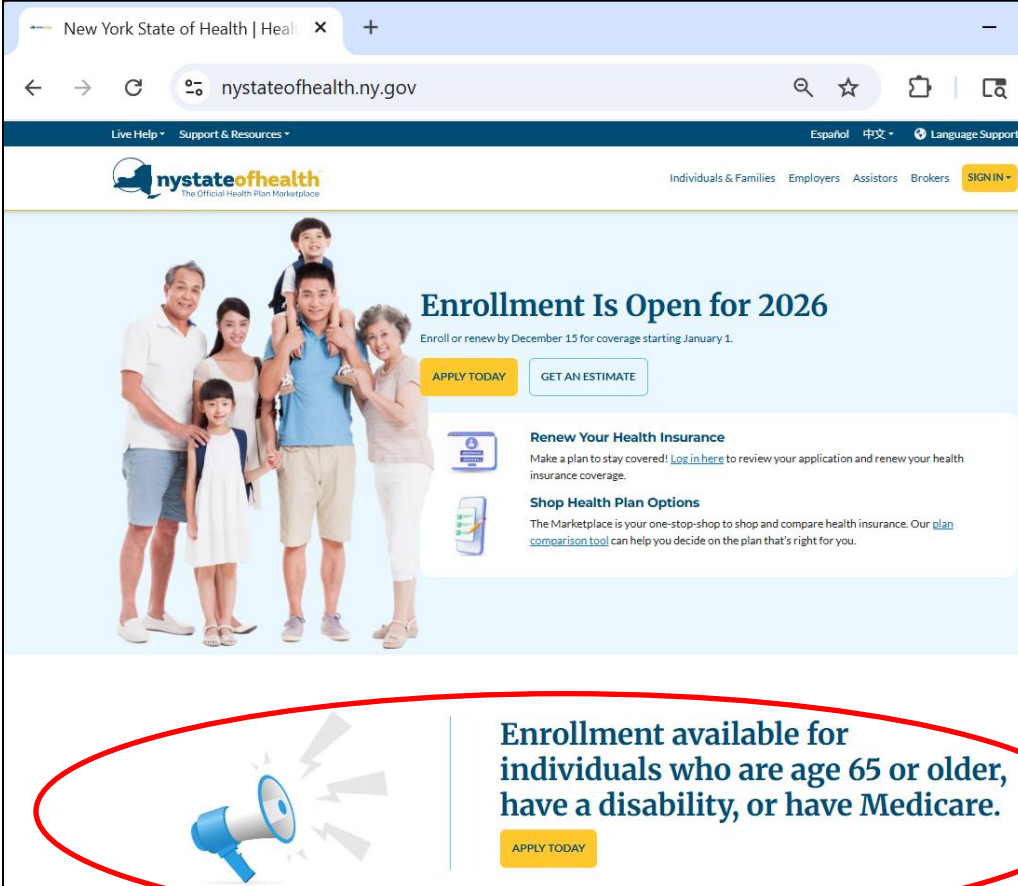
# MEDICAID ELIGIBILITY CASE MANAGEMENT (MECM)

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

- MECM is a back-end eligibility system.
  - “Eligibility system” means the system that processes applications and renewals to determine eligibility.
- 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.
- MECM handles applications and renewals for non-MAGI Medicaid and MSP. In the future, additional populations will be included.
  - MECM does not handle services, like approving someone’s physical therapy or reducing someone’s homecare hours.

# Where does MECM live?

- MECM is integrated into NYSOH, or the New York State of Health.
- Some clients may not realize they are in the new MECM system!



The screenshot shows the New York State of Health website. The main heading is "Enrollment Is Open for 2026" with a sub-heading "Enroll or renew by December 15 for coverage starting January 1." Below this are two buttons: "APPLY TODAY" and "GET AN ESTIMATE".

There are two main sections of text:

- Renew Your Health Insurance**: Make a plan to stay covered! [Log in here](#) to review your application and renew your health insurance coverage.
- Shop Health Plan Options**: The Marketplace is your one-stop-shop to shop and compare health insurance. Our [plan comparison tool](#) can help you decide on the plan that's right for you.

At the bottom, there is a callout box with a megaphone icon and the text: "Enrollment available for individuals who are age 65 or older, have a disability, or have Medicare." Below this text is an "APPLY TODAY" button. This entire callout box is circled in red.

# Why make this change?

- Self attestation & seamless data match
  - Users can self attest to some information without documentation, and the system will check other data sources to verify.
  - Users will be prompted to provide more information when the system can't verify from other data sources.
- Quicker results
  - There will be quicker eligibility determinations and more administrative (“ex parte”) renewals. Some will happen same day! **93% of new applications received real-time eligibility determinations.**
  - Administrative renewals happen automatically in the system without the Medicaid enrollee having to do any paperwork. (Goodbye renewal packets!)
- Higher MSP enrollment
  - Nationwide, only 60% of eligible people are enrolled in MSP.
- Legacy System (WMS) is outdated

# Who does this affect (as of 12/1/25)?

**Applications** for either or both of the following:

- Non-MAGI Medicaid cases without any of the following:
  - chronic care budgeting
  - long term care
  - pooled income trusts
  - surplus (“spend down”)
- MSP (Medicare Savings Program)

## **Case Transfers from NYSOH:**

- Non-MAGI cases (that meet criteria above) that were held on NYSOH during the unwind are transferred in batches.

## **Case Transfers from LDSS/HRA**

- Non-MAGI cases (that meet the criteria above) on WMS were transferred to MECM.

## Which cases stay at the District/HRA in WMS as of 4/15/2026?

- Surplus or spend down cases
- Pooled income trusts case
- MLTC/MAP/PACE cases
- CASA Home Care Cases
- Nursing Home Cases
- MBI-WPD cases

This is a non-exhaustive list! Over time, the aim is for these cases to move onto MECM/NYSOH.

How can I tell where my client's case lives?

**The notices & ID  
numbers!**



**NYSOH for  
MAGI Medicaid  
(on NYSOH)**

**MECM for  
Non-MAGI Medicaid and MSP  
(on NYSOH)**

**WMS for  
Non-MAGI Medicaid  
(at DSS/HRA)**

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

PROGRAM CODE = 5H9

NOTICE NUMBER: N006KF4829		DATE: <b>September 19, 2019</b>	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>		<b>CASE NAME / AND ADDRESS</b>  [REDACTED]
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	718-557-1399	
OR Agency Conference	718-637-2426	
Fair Hearing information and assistance	718-637-2426	
Record Access	718-637-2425	
Child/Teen Health Plan	718-557-1399	

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.

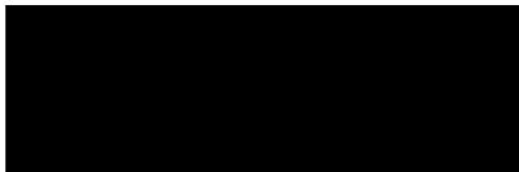
**We are discontinuing Medicaid because you or your representative did not return the recertification form by September 10, 2019.**

Reason

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

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

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



DATE 12/24/2024

CASE NUMBER [REDACTED]

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

CHECK PROGRAM AREA

- Home Care Services Program
- Managed Long Term Care Program

Dear Consumer:

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

ACCEPT your Medicaid application/recertification for full Medicaid coverage from: \_\_\_\_\_

For the following person(s): \_\_\_\_\_

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

For the following person(s): [REDACTED]

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

WE HAVE DETERMINED YOUR SPENDDOWN AS FOLLOWS:

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

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

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

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

WORKER	TITLE	SECTION
Melissa Neal	ES	MLTC

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

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

Each MECM case number begins with the letters “MC” and each has a Member ID beginning with the letters “PX.”



Contact us for questions or to find in-person help:  
1-855-355-5777 (TTY: 1-800-662-1220)  
nystateofhealth.ny.gov

Case Number: MC [REDACTED]  
Date of Notice: August 18, 2025  
Submission Date: August 18, 2025

### IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE

Member ID: PX [REDACTED] / CIN: [REDACTED]

#### Decision About Your Benefits

Starting August 01, 2025, you qualify for Medicaid without Long Term Care.

Starting September 01, 2025, you qualify for Medicare Savings Program - Qualified Medicare Beneficiary.

#### Action Needed:

Your Medicaid coverage does not require or allow you to enroll in a health plan. You can get services covered by Medicaid by using your New York State Benefit Identification card (Medicaid card). This can be at any provider that takes Medicaid.

**Make sure your providers accept Medicaid.** To have your services paid by Medicaid, you must use Medicaid providers. To find a Medicaid provider near you, please call the Medicaid Helpline at 1-800-541-2831.

#### Helpful Information:

- You may get your health insurance premiums paid by Medicaid. If you are enrolled or can enroll in employer group health insurance, call us for more information.
- Show your other health insurance or MEDICARE card and your Medicaid card when you get medical services. The provider must bill the other health insurance or MEDICARE before billing Medicaid.
- Medicaid may pay for extra benefits and services not covered by your other health insurance or MEDICARE if your provider takes Medicaid.
- You don't need to take any action right now. NY State of Health is checking data sources to verify your resource information, which we will use to confirm whether you still qualify. We will contact you if you need to send in additional proof of your resources.



Contact us for questions or to find in-person help:  
1-855-355-5777 (TTY: 1-800-662-1220)  
nystateofhealth.ny.gov

Case Number: MC [REDACTED]  
Date of Notice: December 01, 2025  
Submission Date: August 26, 2025

### IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE

Member ID: PX [REDACTED] / CIN: [REDACTED]

#### Decision About Your Benefits

You do not qualify for Medicaid without Long Term Care after August 31, 2025. If the Medicaid Program is paying for health insurance premiums (including Medicare), the payment of these premiums will end on the same date your Medicaid ends.

You do not qualify for Medicare Savings Program - Qualified Medicare Beneficiary after August 31, 2025. If the Medicaid Program is paying for health insurance premiums (including Medicare), the payment of these premiums will end on the same date your Medicaid ends.

#### Helpful Information:


- If your circumstances change, you may re-apply for health insurance.
- If you are enrolled in a health plan, you will no longer receive coverage through NY State of Health. You will get a separate notice confirming that your health plan coverage has ended.

#### How We Made Our Decision

We look at your household size, income, resources and other information listed in the application or a change you submitted on August 26, 2025, and information from state and federal data sources to decide if you qualify.

Note: The Medicare Savings Program does not look at your resources. If you think we made a mistake, contact us right away at 1-855-355-5777 (TTY: 1-800-662-1220).

Each NYSOH case number begins with the letters “AC” and each has a Marketplace ID beginning in the letters “HX.”

 **nystateofhealth**  
The Official Health Plan Marketplace

May 09, 2025  
Account ID: AC [REDACTED]

**IMPORTANT NOTICE  
ABOUT YOUR PLAN ENROLLMENT**

Dear [REDACTED]

This notice concerns your health insurance through NY State of Health as of May 08, 2025.  
**If any of the enrollment information listed below is not correct, please call us right away.**

---

<b>ENROLLED IN A MEDICAID PLAN:</b>	Plan Name: Healthfirst Insurance Company: Healthfirst Plan Type: Medical with Dental
<b>Member(s)</b>	<b>Coverage Information</b>
[REDACTED]	Your Premium: \$0 (free) per month Enrollment Start Date: May 01, 2025
<b>Marketplace ID:</b> HX [REDACTED]	
<b>CIN:</b> [REDACTED]	


---

For questions about what services and health care providers are covered, please call your insurance company at:

<b>Insurance Company / Plan Name</b>	<b>Phone:</b>
Healthfirst / Healthfirst	866-463-6743 TTY: 888-542-3821

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Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220) to get help in other languages or for help reading this notice. This notice is also available in other formats. Call for more information. To find a navigator or certified application assistor near you, visit <https://www.nystateofhealth.ny.gov> or call us.

 **nystateofhealth**  
The Official Health Plan Marketplace

Contact us for questions or to find in-person help:  
1-855-355-5777 (TTY: 1-800-662-1220)  
[nystateofhealth.ny.gov](https://www.nystateofhealth.ny.gov)

Account Number: AC [REDACTED]  
Date of Notice: April 22, 2025

**IMPORTANT NOTICE ABOUT YOUR ELIGIBILITY THROUGH NY STATE OF HEALTH**

Marketplace ID: HX [REDACTED] / CIN: [REDACTED]

**Starting May 01, 2025, you qualify for Medicaid coverage through a Managed Care Plan.**

Helpful Information:

- ▶ **We enrolled you into this product to keep you with the insurance company you had before.** Contact your insurance company if you have questions about covered services or providers.

You can choose to stay with your current health plan or switch to a different Medicaid Managed Care plan. If you pick a new plan, you have 90-days from the start date of your new enrollment to change your plan for any reason. After the 90-day grace period, you cannot change your plan for the next 9 months, unless you have a good reason.

**How We Made Our Decision**

NY State of Health looked at your household size, income and other information listed in your application, and information from state and federal data sources on April 21, 2025 to decide your eligibility.

If you think we made a mistake, contact us right away at 1-855-355-5777 (TTY: 1-800-662-1220).

Marketplace ID: HX [REDACTED] / CIN: [REDACTED]

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You can get help reading this notice in English or another language or get this notice in another format.

Call us at 1-855-355-5777 (TTY: 1-800-662-1220)

## MECM Resources

- NYHealthaccess.org article available [here](#).
- YouTube recording of 12/17/2025 MECM Presentation available [here](#).
- Presentation slides available [here](#).

# HR1 IMPACT

# Big Picture Impacts of HR 1

- The Budget Reconciliation Act of 2025 (H.R. 1/Public Law No. 119-21) passed Congress on July 3 and was signed into law on July 4.
- H.R. 1 is also called the One Big Beautiful Bill Act (OBBBA).
- Largest cut to Medicaid in history – \$990 billion (CBO estimate).
  - Medicare and ACA cuts push total well over \$1 trillion
- Some cuts go into effect immediately; some are delayed.

# POTENTIAL IMPLICATIONS FOR NEW YORK STATE



## Loss of Coverage

**Up to 1.5M**

New Yorkers may become uninsured or see changes in their coverage<sup>1</sup>



## Fiscal Impact to New York

**~\$13B** in estimated annual impacts for NYS



## Increased State Share of Medicaid

**\$3B** in new state funded Medicaid costs in FY2027



## Provider Losses

**Up to \$8B** in potential losses for NYS hospitals and **~\$300M** for health centers

# NY Health Insurance Landscape

**Non-MAGI  
Medicaid (65+ or  
disabled)**

**ACA Marketplace:  
Qualified Health  
Plan + Small  
Business Option**

**Medicare**

**MAGI Medicaid  
(ACA; under 65)**

**Essential Plan**

**Employer/Retiree  
Coverage**

**Child Health Plus  
(CHIP)**

# HR 1 & MAGI MEDICAID

**MAGI Medicaid  
(ACA) – Under 65**

## HR1: Provisions Directly Affecting MAGI (< 65, Not Disabled)

Effective 1/1/2027:

- Sec. 71107 – Increases frequency of eligibility determinations for MAGI “expansion population” to every 6 months (does not apply to non-MAGI, age 65+/ disabled)
- Sec. 71112 - Restricts retroactive coverage (currently 3 months) to:
  - **1 month** prior to application date for “expansion” population
- Sec. 71119 **Work requirements for “able-bodied” adults 19-64 years**
  - See next slides

## 2027: Medicaid Work Requirements (MAGI population; does not apply to non-MAGI)

Effective: January 1, 2027:

Adults aged 19-64 will be required to engage in work, education or volunteer activities of at least 80 hours per month to maintain eligibility.

**Qualifying Activities:** 80 hours per month of: work, SNAP-defined work program, community service, part-time education, or a combination. Or, individuals can qualify by earning \$580/month.

**Compliance Checks @ Application and Renewal:** NY will verify compliance one month prior to application. At renewal, NY will verify compliance for at least one month within every six-month period.

State may apply to delay until Dec. 31, 2028 if making a good faith effort to implement. Unlikely.

## 2027: Medicaid Work Requirements (MAGI population; does not apply to non-MAGI)

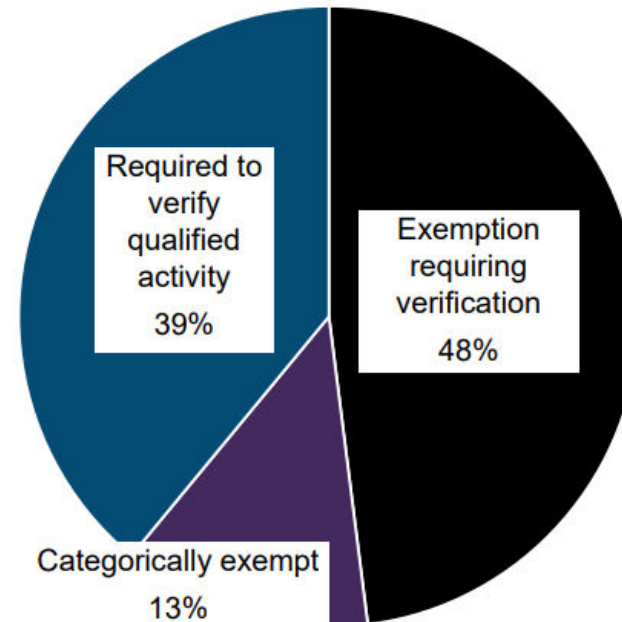
- Exempt groups include:
  - Parent/caretaker of child under 14 or a disabled individual
  - Pregnant or receiving Medicaid postpartum coverage
  - Foster youth and former foster youth up to age of 26
  - American Indian / Alaska Natives
  - Veterans with a disability rated as total
  - Recently incarcerated
  - Have Medicare
  - Meeting TANF or SNAP work requirements
  - Participation in a substance abuse program
  - Medically frail (to be defined by NYS)\*\*\*
- Optional Temp. Exemptions: Short Term Hardship (State *may* implement)
  - In hospital care, nursing facility services, etc.
  - Living in a county impacted by a federally declared emergency or disaster
  - Living in a county with a high unemployment rate
  - Traveling for medical care



## Work & Community Engagement Population Distribution (Preliminary Estimates)

Total	100%	2,000,000
Categorically exempt	~13%	260,000
Exemption requiring verification	~48%	957,000
Required to verify qualified activity	~39%	783,000

Medicaid Enrollees Subject to Work Requirements  
(N= 2 Million)



■ Exemption Requiring Verification ■ Categorically Exempt ■ Required to Verify Qualified Activity



# NY State of Health (NYSOH) Toolkit



## [Changes to Medicaid Coverage Starting January 2027](#) -

This webpage provides information for Medicaid enrollees about the changes that are coming and how they can prepare.



[Stay Connected with NY State of Health](#) - This webpage includes the latest news and updates for enrollees on H.R.1 and ways they can stay informed, such as signing up for email alerts and following NY State of Health on social media.

# NON-MAGI MEDICAID

Non-MAGI Medicaid  
(65+ or disabled)

## HR1: Provisions Directly Affecting Age 65+, Disabled

- Sec. 71108 eff. 1/1/2028: \$1 million home equity limit for Long Term Care applications, with no COLA increases, exempts agricultural land
- Sec. 71112 eff. 1/1/2027: Restricts retroactive coverage (now 3 mos.) to:
  - **2 months** before month of application for non-MAGI “non-Expansion” group and pregnant women and children in CHIP

# NY'S INITIAL RESPONSE TO REDUCED FEDERAL FUNDING FOR MEDICAID AND ACA

# NYS First Action In Response to HR1 Cuts-Limits Essential Plan Coverage in 2027

- With elimination of coverage for certain lawfully present immigrants in Oct. 2026, our expanded essential plan up to 250% FPL was looking at \$7.5B in federal funding reduction.
- 9/10/25: NYS announces plan to eliminate of the Essential Plan for those between 200-250% FPL. Makes formal request to CMS.
  - **This will leave ~450,000 New Yorker uninsured ~July 2026.**
- March 2026: CMS approved revival of our Basic Health Plan (1331 authority) termination the expanded eligibility to 200-250% FPL (1332 authority).
- NYS Budget Advocacy “Keeping New York Covered”: Bills to maintain Essential Plan coverage and preserve access to the NYSOH Marketplace for lawfully present immigrants set to lose coverage on 1/1/27.
  - <https://hcfany.org/wp-content/uploads/2026/04/CSS-Keeping-NY-Covered-By-County.pdf>

# 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)

# THANK YOU

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

