#	Topic	Question	Answer
1.	Duals	Of the approximately 8K dually eligible HARP members in WMS (non-MAGI) who are not in a plan participating in the IB-Dual program: • Do we have a sense of who of the 8K will be automatically recertified? • Does the 8K include individuals who are eligible for MLTC, MAP or PACE but have not been connected to a plan for various reasons?	• Individuals who receive SSI are automatically eligible for Medicaid because of their enrollment in this program and do not receive separate renewals through Medicaid. Individuals with SSDI may be automatically renewed if their SSDI is below the income eligibility level. • Yes, some of the individuals could be eligible for a MLTC plan.
2.	Duals	For individuals who were not default enrolled into MAP because there was not a sister MAP plan available in their county, what can be done to help them connect to an MLTC plan?	MLTC eligible individuals can contact New York Medicaid Choice 1-888-401-6582 for assistance in enrolling into an MLTC or other available MAP plan.
3.	Communications	Will Plans receive a copy of the consumer notices?	Plans do not receive a copy of the recertification notices. Plans receive their member's recertification dates and the recertification notice schedules.
4.	Eligibility	What does it mean that members who are in LDSS and eligible based on cash assistance will "not go through the unwind"? Does that mean they will not be sent notices and/or not have their eligibility redetermined at all?	Individuals who receive SSI and those with temporary assistance benefits are automatically eligible for Medicaid because of their enrollment in these programs and do not receive separate renewals through Medicaid. Notice of Medicaid auto-recertification will not be sent to these individuals.
5.	Eligibility	Will Medicaid recipients with exception code 95 be a part of the unwind program?	Yes.
6.	Eligibility	Are members with zero income and LDSS Medicaid ineligible for automatic renewal?	Yes. The CMS waiver for zero income is only available for enrollees with NY State of Health.
7.	Eligibility	Is the NYC Administration for Children Services population included in Medicaid recertification flexibilities?	Children in foster care receive Medicaid automatically. They are not included in the renewal process.
8.	Eligibility	Can providers use the recertification date within a 271 eMedNY eligibility file to track Medicaid recertification dates and ensure communication to patients?	If the eligibility end date in eMedNY is a date certain (not 12/31/9999) it is the same as the renewal date.

#	Topic	Question	Answer
9.	Eligibility	Are plans required to release to their contracted providers the recertification dates for any of their members who have seen that contracted provider for treatment in the last year whether they are "attributed" to that provider or not? If plans refuse to do this or do not do so timely, to whom do we report this?	Plans are not required to release recertification dates to contracted providers. Plans may provide this information to their contracted providers.
10.	Eligibility	Has NYS worked with HRA and LDSSs to hire more case managers to ensure cases are processed in a timely manner to prevent case closures?	HRA and LDSSs are working to be appropriately staffed for the unwind.
11.	Eligibility	We are a VFCA and we have over 100 residents in our care. 95% of them are on Medicaid with a MMCP. Unfortunately, not all counties change the address of the resident to our facility, so we do not always receive notifications. We are greatly concerned that we may miss notifications for the renewal of our residents Medicaid. We have limited access to governmental sites except for ePACES. How can we check to see when our residents are up for renewal and then process the renewal for them?	Coverage for children in foster care is automatically renewed.
12.	Eligibility	Will NYSOH and/or LDSS require documentation or some other means to discuss patient PHI with the individual's care manager or provider for purposes of ensuring all New Yorkers are smoothly transitioned to have health care coverage?	The provider needs to have written authorization to speak on the patient's behalf if the patient is not with them when they call NYSOH or a district. If they are together, the patient can provide verbal consent for the provider to speak on their behalf.
13.	Eligibility	Do OPWDD HCBS waiver enrollees have to enroll in Medicaid through NYSOH, LDSS, or both depending on individual circumstances?	OPWDD HCBS Waiver enrollees are not enrolled in Medicaid through NYSOH. OPWDD administers this waiver and applications are made to an OPWDD Developmental Disabilities Services Office (DDSO) or an OPWDD-authorized provider agency that serves county in which the individual lives. Information on how to apply can be found at: Apply for the Home and Community Based Services Waiver | Office for People With Developmental Disabilities (ny.gov).

#	Topic	Question	Answer
14.	Eligibility	If after submitting and receiving a receipt acknowledging documents, enrollees have received HRA notice stating they failed to submit documents and their coverage is disenrolled, what recourse do enrollees have in this instance?	If an individual disagrees with a decision by HRA, they have the right to request reconsideration of their case or a fair hearing. The notice they receive will explain these rights.
15.	Eligibility	Are child survivor benefits considered income?	Yes, this is countable income.
16.	Eligibility	How do homeless people with severe mental illness navigate Medicaid recertifications? How will this work when they have no address to receive their recertification notice?	LDSS's work with non-profit agencies or advocates within their counties to assist the homeless population. Many of the homeless require more than just Medicaid so many are on SNAP and would be renewed through the new PHE unwind SNAP renewal process. The districts use their county building address for residence; they are aware the individuals are homeless and have a need for coverage-they would use as many modalities as possible to reach the consumer or the person that has assisted them before taking any adverse action.
17.	Enrollment	During the unwind period, will clients have the option to switch their MCO plan versus being locked into the current MCO plan they may be enrolled in?	Yes. The lock-in rules do not change during the unwind period and are included in the member handbooks. Plan members can change their plan within the initial 90 days after plan enrollment for any reason. For the next nine months, lock-in applies unless there is a good cause for disenrolling. After one year, members can disenroll for any reason.
18.	Eligibility	If the child's family isn't eligible for Medicaid and the child is currently receiving HCBS through LDSS, does the family need to respond to LDSS regarding the child's Medicaid eligibility? (The child will stay on Medicaid as a Family of One.)	The Medicaid eligibility renewal process for children enrolled in the Consolidated Children's Waiver will not change. If the LDSS is requesting information to complete the renewal, the family should respond so that the renewal can be completed.
19.	Eligibility	Do parents who obtained Family of One Medicaid for their children for the purpose of HCBS waiver need to reapply using the same method as families with Medicaid, as their income, etc., may vary?	The Medicaid eligibility renewal process for children enrolled in the Consolidated Children's Waiver will not change. If the LDSS is requesting information to complete the renewal, the family should respond so that the renewal can be completed.

#	Topic	Question	Answer
20.	Eligibility	How will NYS handle Medicaid recertification for children who have active Waiver RE codes at the time of recertification, don't qualify under the MAGI budget but do qualify under Family of One budgeting? Will these cases be transferred to the LDSS and checked for Waiver RE codes?	The Medicaid eligibility renewal process for children enrolled in the Consolidated Children's Waiver will not change. If the LDSS is requesting information to complete the renewal, the family should respond so that the renewal can be completed.
21.	Eligibility	Who can care managers contact to ensure a child has an appropriate KK (Family of One) code? Some LDSS offices do not add this code to HCBS Family of One waiver children.	The LDSS will only place Children's Waiver K-codes on a members file if 1) the member previously did not have Medicaid, **AND** 2) the child was found Waiver eligible. The LDSS will first determine if the family is eligible for Community Medicaid and add the K-codes or if they are not found eligible, will conduct the Family of One budgeting and add the K-codes. Care managers should contact the NYS DOH Capacity Management unit at Capacitymanagement@health.ny.gov with any K-code questions or issues. If wanting to share PHI, please reach out to the Capacity Management Shared Mailbox through the HCS secure file transfer.
22.	Eligibility	What is the difference between MLTC and Medicaid Advantage Plus?	Here, MLTC means MLTC Medicaid Plan, also known as a Partial Capitation Plan. Medicaid Advantage Plus offers Medicaid and Medicare coverage in one health plan. Please see mltc_guide_e.pdf (ny.gov) for more information.
23.	Eligibility	Is there a way to see how a member is enrolled. whether via NYSOH or Medicaid/HRA?	Enrollees with NYSOH can log into their online account. Individuals enrolled with HRA can log into ACCESS HRA to see their enrollment.

#	Topic	Question	Answer
24.	Eligibility	When it is said individuals who are “mandatory for MLTC” will continue to be referred to HRA/LDSS, does “mandatory for MLTC” include: • Those dually eligible who remained in HARPs and at the time of transition had received at least one long term service and support (LTSS) in the past month? If yes, if their HARP did not have an aligned MAP plan in their county, were these individuals directed to HRA/LDSS, and what options did HRA/LDSS present to them? • Were those dually eligible in FFS Medicaid and Medicare found eligible for MAP by the NY Independent Eligibility Assessor (Maximus)? If yes, and there was not an aligned MAP plan in their county, is the only option to enroll in a MLTC partially capitated or PACE plan (much better option to meet BH needs) that serves their county or remain in FFS Medicaid and Medicare, and what options were presented to them?	Dual eligible (eligible for both Medicaid and Medicare) and over 21 years of age and need community based long-term care services for more than 120 days are mandatory for MLTC. Consumers who are MLTC mandatory have their Medicaid eligibility cases referred to HRA/LDSS from NYSOH. New York Medicaid Choice will assist with helping consumers with plan choice (MLTC Medicaid, MAP or PACE). Dual eligible consumers in fee for service who become mandatory for MLTC are assisted by New York Medicaid Choice to choose a plan.
25.	Eligibility	What recourse do families have if SSA does not update addresses after being notified?	Families may contact their LDSS for assistance with the address updates.
26.	Eligibility	What is the difference between a person's anniversary date and recertification date as listed on the ePACES page?	The anniversary date is related to the Utilization Threshold program. The recertification date is based on the individual’s Medicaid eligibility end date.
27.	Eligibility	For some members, ePACES says their Medicaid end dates are before June - should those be disregarded and instead use the June 30th end date?	Individuals with Medicaid end dates prior to June 30th will have their coverage automatically extended for 12 months.